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MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 31 January 2017
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

SUPPLEMENTARY AGENDA

7 Health and Wellbeing Board Risk Register (HWB.31.01.2017/7) (*Pages 3 - 6*)

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson – Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Executive Director Communities
Julia Burrows, Director of Public Health
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
Scott Green, Chief Superintendent, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Helen Jaggar, Chief Executive Berneslai Homes

Please contact Peter Mirfin on 01226 773147 or email governance@barnsley.gov.uk

Date Supplement Published – 25th January, 2017

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REPORT TO THE HEALTH AND WELLBEING BOARD

Date: 31st January 2017

REVIEW OF THE BARNSELY HEALTH AND WELLBEING BOARD RISK REGISTER

Report Sponsor:	Richard Lynch (Head of Commissioning, Governance and Partnerships) Barnsley MBC
Report Author:	Karen Sadler (Project Manager: Barnsley Health and Wellbeing Board)
Received by SSDG:	17 th January 2017
Date of Report:	24 th January 2017

1.0 Purpose of Report

1.1 To inform the Board of refinements to its Risk Register, following its recent consideration at the Senior Strategic Development Group (SSDG)

2.0 Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Consider and approve the refinements made to the Risk Register (*Please see Paragraph 3.4 and Appendix 1*).
- Recommend that any further refinements arising at today's meeting should be incorporated into the Register and that it be reviewed again by the Board at its meeting, scheduled for 6th June 2017.

3.0 Background and Context

- 3.1 At its meeting held on 9th August last year, the Board considered its Risk Register. This is one of a set of key documents, together with others, including its Terms of Reference, which will support the Board in successfully delivering the Borough's recently refreshed Health and Wellbeing Strategy, including the objectives and priorities of the Better Care Fund.
- 3.2 The Board's recommendation was that SSDG continues to monitor the Risk Register and that reports be periodically submitted to the Board to enable it to review and challenge progress.

- 3.3 Therefore, the Risk Register was reviewed by the SSDG earlier this month at which a number of refinements were recommended to reflect the level of progress and other developments, including the formulation of concurrent, related plans and strategies, which were impacting on current control measures and mitigating actions concerning individual risks in the Register.
- 3.4 As a result, the updated Risk Register is attached for the Board's consideration (*Please see Appendix 1*).

4.0 Resource Implications

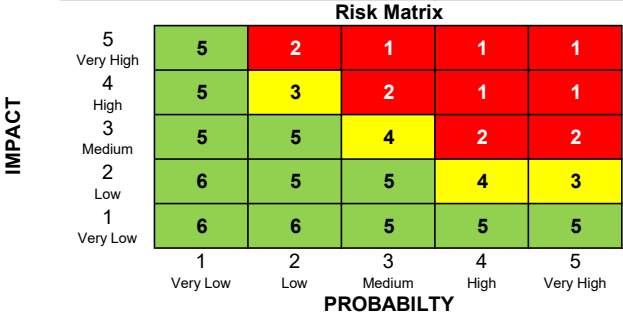
- 4.1 There are no resource implications directly arising through considering the Risk Register.

5.0 Appendices And Background Papers

- 5.1 Appendix 1: Barnsley Health and Wellbeing Board Risk Register (Updated on 25th January 2017)

H&WB - Risk Assessment Details 2016

Probability				
Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Less than a 5% chance of circumstances arising OR Has happened rarely / never	5% to 20% chance of circumstances arising OR Only likely to happen once every 3 or more years	20% to 40% chance of circumstances arising OR Likely to happen in the next 2 to 3 years OR Risk seldom encountered	40% to 70% chance of circumstances arising OR Likely to happen at some point in the next 1 to 2 years OR Risk occasionally encountered	More than a 70% chance of circumstances arising OR Potential occurrence OR Risk frequently encountered
Other Impacts				
Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Insignificant injury AND / OR Near miss, no damage incurred to Authority assets - Minimal or no effect on the achievement of Authority objectives AND / OR Minimal or no effect on the delivery of Service objectives - Little disruption to the delivery of services - Very confident the risk can be improved AND / OR Very achievable objective Very easily influenced Very tolerable / easy to accept - Insignificant environmental damage - Insignificant Reputational damage AND / OR No internal coverage / no social media attention	Minor injury - Little effect on the achievement of Authority objectives AND / OR Little effect of the delivery of Service objectives - Some disruption to the delivery of services - Confident the risk can be improved AND / OR Achievable objective Easily influenced Tolerable - Incident occurred, minor damage incurred to Authority assets - Minor damage to the immediate local environment - Minimal damage to Reputation (minimal negative coverage in local press) AND / OR Minimal internal negative coverage / minimal social media attention	Threat of violence or serious injury - Partial failure to achieve Authority objectives AND / OR Partial failure to achieve Service objectives - Significant disruption to the delivery of services - Moderate confident that the risk can be improved AND / OR Possible to achieve objective Able to influence Somewhat tolerable - Some damage incurred to Authority assets - Moderate damage to the immediate or wider local environment - Significant negative coverage in the local press or minimal negative coverage in regional press AND / OR Some internal negative coverage / some social media attention	Extensive multiple injuries - Significant impact on achieving Authority objectives AND / OR Significant impact on achieving Services objectives - Loss of critical services for more than 48 hours, but less than 7 days - Little confidence the risk can be improved AND / OR Unachievable objective Difficult to influence Out of tolerance but possible to accept - Significant damage incurred to Authority assets - Major damage to immediate or wider environment - Significant negative coverage in regional press AND / OR Significant internal coverage / significant social media attention	Fatality or multiple major injuries - Non-delivery of Authority objectives AND / OR Non-delivery of Service objectives - Loss of critical services for over 7 days - Very little confidence that the risk can be improved AND / OR Totally unachievable objective Very difficult to influence Out of tolerance - AND / OR Total loss of Authority assets - Significant damage to immediate or wider environment - Extensive negative coverage in national press and TV AND / OR Extensive internal coverage / Extensive social media attention
Financial Impact				
Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
< 1% of budget OR Up to £100,000	1% - 5% of budget OR Up to £250,000	6% - 10% of budget OR Up to £1m	11% - 20% of budget OR Up to £5m	> 20% of budget OR Over £5m



Risk Score	
Risk Score	RAG Rating
5 - 6	Green
3 - 4	Amber
1 - 2	Red

A '5X5' Risk matrix covering **Probability** and **Impact** (including 'Financial' and 'Other Impacts' is used when assessing the level of Risk.

This analysis should be undertaken by Managers and Supervisors **with experience in the area in question**.

The Risk 'Score' is identified by considering the probability of the event occurring, and the highest recorded impact of the risk, should it manifest.

BU 1: Health and Wellbeing Board - as at 25/01/2017													
Risk No	Risk Title	Risk Consequences	Risk Owner	Existing Control Measures	Current Score	Prob. & Impact	Target Score	Prob. & Impact	Risk Mitigation Action	Owner	% comp	Review Date	Recovery Plan
3453	Failure to ensure engagement and consultation with stakeholders	Lack of engagement with communities & partners could lead to a lack of buy-in to the objectives & priorities of the Strategy & a failure to achieve improvements in health & wellbeing'; Reputational and political implications for the Board;	Health and Wellbeing Board	Terms of reference for the HWB & SSDG agreed in June 2016 Health & Wellbeing Board Strategy 2016-2020 and Barnsley's Integrated Place Based Plan agreed by partners and in place from Decemeber 2016. Barnsley Communication & Engagement Group established	Category 3	P = L F = M OI = H	Category 5	P = VL F = M OI = M	Health & Wellbeing Board Strategy and Barnsley's Integrated Place Based Plan to be endorsed and adopted by all partner organisations. The actions from the HWBS & BIPBP have been brought together into a single action plan (Health & Wellbeing Action Plan). For each action, the health & wellbeing action plan identifies the SSDG lead, responsible partnership and other key senior officers. Progress reports against the actions are to be submitted bi-annually.	Karen Sadler	60%	01/06/17	
									A Barnsley communication plan is in development to utilise all communications channels across system. In February/March/April 2017 local conversations will be hosted by Healthwatch to engage the public in developing solutions to healthcare challenges.	Karen Sadler	60%	01/06/17	
3454	Failure to produce and refresh the JSNA	JSNA may not fully identify and reflect the changing needs of communities and thus not clearly identify inequalities and needs of vulnerable groups.	Health and Wellbeing Board	BU 15 includes research and business intelligence function; JSNA 2016 in place and will continue to be a living document; Joint Strategic Intelligence group & Joint Operational Intelligence group in place ;	Category 3	P = L F = L OI = H	Category 5	P = VL F = L OI = H	Identification of gaps relating to Equality issues within JSNA	Liz Pitt	10%	01/06/17	
3456	Ensuring that partners consider the strategic elements of the H&WB Strategy in their commissioning plans	Disjointed commissioning of services by partners; Requirements of communities and residents may suffer from poorly commissioned and/or ineffective delivery of services; Potential reputational and political issue for the Board;	Health and Wellbeing Board	Terms of reference for the HWB & SSDG agreed in June 2016 Health & Wellbeing Board Strategy 2016-2020 and Barnsley's Integrated Place Based Plan agreed by partners and in place from December 2016. The Adult Joint Commissioning Group & Children's Joint Commissioning are informed and engaged in delivering the HWBS & BIPBP	Category 4	P = M F = M OI = M	Category 5	P = M F = L OI = L	The health & wellbeing action plan is to be shared with and delivered by the responsible partnerships - Children & Young People's Trust, Children's Joint Commissioning Group, Stronger Communities Partnership, Safer Barnsley Partnership, Adult Joint Commissioning Group, Clinical Transformation Board/CCG Governing Body, Accountable Care Partnership Board, the Tobacco Alliance, Alcohol Alliance and Mental Health Alliance (if established)	Karen Sadler	5%	01/06/17	
									The role of the responsible partnerships in delivering the health & wellbeing action plan, to be reflected in their individual terms of reference.	Karen Sadler	5%	01/06/17	
3457	Failure to effectively manage partner relationships and expectations	The objectives & priorities of the Board (including delivery of the H&WS & BIPBP) may not be fully met. Potential for breakdown of partner working with the risk that this will impact upon organisations buy-in to the Strategy & a failure to promote the importance of improvements in health & wellbeing among staff & the public; Reputational and political implications for the Board;	Health and Wellbeing Board	Board membership includes partners; Senior Strategic Development Group established; Responsible delivery partnerships/boards established. Any concerns/issues/matters arising in these partnerships/boards can be escalated to SSDG; Protocol in place to ensure cover is in place in the event lead officers ca not attend meetings;	Category 3	P = L F = L OI = H	Category 6	P = VL F = L OI = L	The health & wellbeing action plan is to be shared with and delivered by the responsible partnerships (for details see above). Where established, each of the responsible partnerships have agreed terms of reference and working protocols in place. Any concerns/issues matters arising can be relayed to SSDG via bi-annual reporting process or via the escalation process.	Karen Sadler	50%	01/06/17	
3458	Failure to deliver health & wellbeing strategy and Barnsley's Integrated Place Based Plan priorities.	Reputational and political implications for the Board; Partners may become disenfranchised leading to tensions amongst board members; Loss of stakeholder / communities confidence in the Board's ability to deliver expected outcomes;	Health and Wellbeing Board	The actions from the HWBS & BIPBP have been brought together into a single action plan (Health & Wellbeing Action Plan). Responsible delivery partnerships/boards established. Protocol for delivery & monitoring of the health & wellbeing action plan agreed by SSDG in December 2016 & January 2017.	Category 3	P = L F = H OI = H	Category 5	P = L F = M OI = M	The health & wellbeing action plan is to be shared with and delivered by the responsible partnerships (for details see K6). Each of the responsible partnerships will be accountable for reporting progress against the health & wellbeing action plan on a bi-annual basis. The first progress reports are expected in February. A public progress report will be developed and submitted to the HWB in April, with the intention that the information is then uploaded onto the council health & wellbeing web page and publicised to the public.	Karen Sadler	60%	01/06/17	
3460	Failure to enable the delivery of a systems/service re-design & integrated pathways	Poor outcomes for Barnsley Communities and residents - expectations not met; Potential reputational and political issue for the Board;	Health and Wellbeing Board	Service integration is a primary goal of the HWBS & BIPBP and thus a core objective for many of the responsible partnerships/boards. Adult Joint Commissioning Board and Children Joint Commissioning Board in place Dedicated programmes such as the Better Care Fund, Pioneer Programme, Target Operating Model, Integrated Personalised Commissioning Demonstrator and Multi Specialist Community Provider Programme for Diabetes and Respiratory, are in place.	Category 4	P = M F = M OI = M	Category 5	P = L F = L OI = M	Accountable Care Partnership Board for Barnsley now in place	Lesley Smith	100%	01/06/17	
									Guidance for Improved Better Care Fund to be received and implemented. 2017/18 guidance still awaited.	Rachel Dickinson/ Lesley Smith	0%	01/06/17	
									TOM evaluated by KPMG - recommendations being delivered	Lennie Sahota	TBC	01/06/17	
3845	Failure to achieve the outcomes sought through the local Better Care Fund plan	Short term impact on reducing hospital, residential and nursing care admissions, delayed discharges and improving the re-enablement of older people living independently; Long term impact on transformation of health and social care;	Health and Wellbeing Board	Programmes identified in the BCF (Rightcare Barnsley Community Nursing Review, Intermediate Care Review Frequent Callers (YAS), BHNFT 7 Day Working, Personal health Budgets, Be Well Barnsley, Care Act, Implementation, Residential Care – Fair Fee Project, Social Care – Target Operating Model, Social Care Fund Transfer, Adult Learning Disability Transformation) are in place.	Category 3	P = L F = M OI = H	Category 5	P = L F = M OI = M	Guidance for Improved Better Care Fund to be received and implemented. 2017/18 guidance still awaited.	Rachel Dickinson/ Lesley Smith	0%	01/06/17	
4028	Failure to ensure there is an adequate focus on the resourcing and delivery of proactive services	Increased burden on reactive services; Missed opportunities to improve health and wellbeing for stakeholder via proactive services and arrangements;	Health and Wellbeing Board	BMBC reorganised into 'Future Council' operating model that includes a focus on proactive services rather than reactive services; SY&B STP, Barnsley's Health & Wellbeing Strategy and Integrated Place Based Plan all aim to increase proactive services (including the promotion of prevention, self help and early help) rather than reactive services.	Category 4	P = M F = M OI = M	Category 5	P = M F = L OI = L	Actions from the health & wellbeing Action plan include: • Development and delivery of All Age Early Help Strategy • Design an improved information and advice offer • Systematic approach to health literacy • Review effectiveness of Be Well Barnsley • Making Every Contact Count	SSDG	40%	01/06/17	