

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

10th March 2021

Subject: Risk Management: Health Reform and Public Health

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

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: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

1.0 Introduction

- 1.1 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.
- 1.2 The process of developing the registers is important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken account of 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.

- 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 toolkit on the KNet intranet site.

2.0 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.

3.0 Policy Framework

- 3.1 Risks highlighted in the risk registers relate to strategic priorities and outcomes featured in KCC's Interim Strategic Plan, 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.

4.0 Public Health-led Corporate Risks

- 4.1 The Director of Public Health is one of three designated Risk Owners for the corporate risk relating to development of Integrated Care System / Integrated Care Programme in Kent and Medway, along with the Corporate Director for Adult Social Care and Health and the Council's Strategic Commissioner.
- 4.2 On 11th of February 2021 the Government published a white paper; 'Integration and Innovation: working together to improve health and social care for all', which contains new proposals to join up health and care services and embed lessons learned from the coronavirus pandemic. The white paper sets out the proposals for legislation, building on the consultation already undertaken by NHS England. The Government intends to bring forward separate proposals on social care reform later this year. The local implications of this are being assessed with a view to updating the corporate risk, as necessary.
- 4.3 The Director of Public Health is the designated risk owner for the corporate risk relating to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNe) incidents, communicable diseases, and incidents with a public health implication. The risk is in the context of Coronavirus response and recovery and was escalated to corporate level in early 2020. The corporate risks are presented for comment in appendix 2.

5.0 Public Health and Health Reform Risk Profile

5.1 There are currently 27 risks featured on the Public Health risk register, eight of which are rated as 'High' (appendix 1). There are 21 risks added since last year, while five have been withdrawn. Many of the risks are discussed as part of regular items to the Cabinet Committee.

5.2 As expected, given the unprecedented challenges being experienced during the past year, there has been a number of changes to the Public Health risk register, which are listed below. All the new risks added relate to the impact of our response to the coronavirus pandemic, five of which have been rated as 'high' risk.

- PH0100 – COVID-19 Non delivery of Public health Services and functions; risk of inadequate capacity in the Public Health workforce and /or providers (High)
- PH0106 – COVID-19 Risk of reduced or delayed rate of screening and diagnosis linked to health outcomes. (High)
- PH0102 – Increased prevalence of Mental Health conditions. (High)
- PH0112 – Delivery of Kent Local Tracing Partnership Programme (High)
- PH0113 – Kent Local Tracing Partnership – potential demand and cost pressures (High)
- PH0095 – COVID-19 Potential for non-delivery of statutory duties - due to the impacts of the coronavirus response. (Medium)
- PH0098 – COVID-19 Reduced ability to identify safeguarding concerns whilst responding to the Coronavirus pandemic. (Medium)
- PH0099 – COVID-19 Supplier Sustainability. Risk that suppliers are unable to remain operational due to financial distress because of the impact of the coronavirus pandemic. (Medium)
- PH0101 – COVID-19 Supply chain – Non-delivery of medicine supplies and/or testing kits. (Medium)
- PH0103 – COVID-19 Negative health outcomes. Risk of long-term increase in health inequalities. (Medium)
- PH0104 – COVID-19 Risk of inequitable access to health improvement services. (Medium)
- PH0107 – COVID-19 Increased costs through adaptation of service delivery. (Medium)

- PH0110 – COVID-19 Compromised Access to Tier 4 Drug and Alcohol services. (Medium)
- PH0111 – COVID-19 School based screening services – Children not being able to have their vision and hearing screening due to school closures and capacity restraints. (Medium)
- PH0114 – Kent Local Tracing Partnership – ensuring/assuring the grant is spent in accordance with national guidelines. (Medium)
- PH0116 – Asymptomatic testing programme funding – budget management. (Medium)
- PH0117 – COVID-19 Asymptomatic testing funding – cost pressures associated with any increases in demand. (Medium)
- PH0105 – COVID-19 Data quality. (Low)
- PH0109 – KCHFT Partnership – finalisation of the partnership agreement has been delayed due to the pandemic – potential commissioning implications (Low)

5.3 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.

5.4 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. The 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?

6.0 Recommendation

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

7.0 Background Documents

7.1 KCC Risk Management Policy on KNet intranet site.

8.0 Contact Details

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