

**APPENDIX 2**



**CORPORATE RISKS OF RELEVANCE TO THE HEALTH  
REFORM AND PUBLIC HEALTH COMMITTEE**

**10<sup>th</sup> MARCH 2021**

## Health Reform and Public Health led Corporate Risks

### Summary Risk Profile

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

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since March 2020
CRR0050	CBRNE incidents, communicable diseases and incidents with a public health implication – KCC response to and recovery from the impacts of the Coronavirus public health emergency	High (25)	Medium (15)	↑
CRR0005	Development of Integrated Care System (ICS) / Integrated Care Programmes (ICPs) in Kent and Medway NHS system	Medium (12)	Medium (8)	↔

\*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.

\*\* Context of the risk has been changed, hence direct comparison of score not applicable.

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.

Likelihood & Impact Scales					
Likelihood	Very Unlikely (1)	Unlikely (2)	Possible (3)	Likely (4)	Very Likely (5)
Impact	Minor (1)	Moderate (2)	Significant (3)	Serious (4)	Major (5)

<b>Risk ID</b>	<b>CRR0050</b>	<b>Risk Title</b>	<b>CBRNE incidents, communicable diseases and incidents with a public health implication</b>			
<b>Source / Cause of risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
<p>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.</p> <p>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.</p>	<p>Insufficient capacity / resource to deliver response and recovery concurrently for a prolonged period, including potential future wave(s) of Coronavirus.</p>	<p>Potential increased harm or loss of life if response is not effective.</p> <p>Increased financial cost in terms of damage control and insurance costs.</p> <p>Adverse effect on local businesses and the Kent economy.</p> <p>Possible public unrest and significant reputational damage.</p> <p>Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.</p>	<p>On behalf of CMT:</p> <p>Andrew Scott-Clark, Director Public Health</p> <p><b>Responsible Cabinet Member(s):</b></p> <p>Clair Bell, Adult Social Care and Public Health</p>	<p>V. Likely (5)</p> <p><b>Target Residual Likelihood</b></p> <p>Possible (3)</p>	<p>Major (5)</p> <p><b>Target Residual Impact</b></p> <p>Major (5)</p>	
<b>Control Title</b>				<b>Control Owner</b>		
<p>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</p>				<p>Andrew Scott-Clark, Director Public Health</p>		

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.	Andrew Scott-Clark, Director Public Health	
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	
DPH now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Committee DPH has regular teleconferences with the local Public Health England office on the communication of infection control issues DPH or consultant attends newly formed Kent and Medway infection control committee	Andrew Scott-Clark, Director Public Health	
Utilising data sets from Public Health England to give a picture of Covid-19 across Kent	Andrew Scott-Clark, Director Public Health	
Multiple governance – e.g. Health Protection Board feeds into KRF Health and Care cell.	Andrew Scott-Clark, Director Public Health (KCC lead)	
There is coverage across Kent for Covid-19 testing, with regional and/or mobile testing sites.	Andrew Scott-Clark, Director Public Health	
Kent Resilience Forum Local Outbreak Control Plan published, building on existing health protection plans already in place between Kent County Council, Medway Council, Public Health England - South East, the 12 Kent District and Borough Council Environmental Health Teams, the Strategic Coordinating Group of the Kent Resilience Forum, Kent and Medway Clinical Commissioning Group and other key partners.	Andrew Scott-Clark, Director Public Health	
“Protect Kent and Medway, Play your Part” media campaign	Andrew Scott-Clark, Director Public Health (KCC lead)	
Kent Local Tracing Partnership, supporting Government Test and Trace scheme.	Andrew Scott-Clark, Director Public Health / Christina Starte, Head of Kent Communications	
<b>Action Title</b>	<b>Action Owner</b>	<b>Planned Completion Date</b>
Support mass testing and vaccination rollout.	Andrew Scott-Clark, Director Public Health	Ongoing

Risk ID	CRR0005	Risk Title	Development of ICS/ICPs in Kent and Medway NHS system			
<b>Source / Cause of Risk</b>	<b>Risk Event</b>	<b>Consequence</b>	<b>Risk Owner</b>	<b>Current Likelihood</b>	<b>Current Impact</b>	
The Kent & Medway NHS system is under significant pressure with increasing levels of demand driving across financial deficits across commissioner and provider budgets, placing pressure on the Kent & Medway NHS system control total.	Failure to develop more partnership and aligned health & social care services and commissioning at both ICS and ICP level places pressure on system finances and hinders highest possible quality of care	Further deterioration in the financial and service sustainability of health and social care services in Kent and Medway.	Richard Smith, Corporate Director Adult Social Care & Health (ASCH)	Possible (3)	Serious (4)	
In response the NHS in Kent and Medway has formed an Integrated Care System (ICS) with 8 CCGs merging to form the basis of the System Commissioner, above four ICPs (Integrated Care Partnerships) and 42 PCN's (Primary Care Networks).	Development of four ICP generates additional demand/work on strategic leadership of KCC, particularly in ASCH and Public Health which has significant opportunity costs, including impact on business as usual activity.	Additional budget pressures transferred to social care as system monies are used to close acute and primary care service gaps.	Clare Maynard, Interim Strategic Commissioner	<b>Target Residual Likelihood</b>	<b>Target Residual Impact</b>	
The policy intent of structural reform is to deliver better strategic planning and delivery of health and social care services at place-based community level and shift from acute to primary and community level services.	Multiple ICP's leads to differences in form, function and relationships between ICPs and the ICS and/or KCC which increases system complexity and leads to variation which increase costs/risks.	Legal challenge/judicial review of decisions and decision-making framework for joint decisions.	Andrew Scott-Clark, Director Public Health	Unlikely (2)	Serious (4)	
The relative roles and responsibilities between the proposed ICS and the emerging ICPs in Kent is still under development. The final legal structure and functional responsibilities of ICPs is still	System complexity leads to failure to meet statutory duties around the sufficiency of the care market, care	Social care and public health priorities not sufficiently factored into/shaping emerging ICS/ICP plans and priorities, weakening integrated approach.	<b>Responsible Cabinet Member(s):</b>  Roger Gough, Leader of the Council			
		Focus on structural changes workstreams prevents more agile	Clair Bell, Adult Social Care and Public Health			

under development and may require primary legislative change. Regulators (CQC / Ofsted) increasing review health and care services and the commissioning/performance of those services and 'system' level.	quality and safeguarding. 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.	improvements/joint working being undertaken. Reputational damage to either KCC or NHS or both in Kent. Adverse outcome from CQC local system review.
<b>Control Title</b>	<b>Control Owner</b>	
Health Reform and Public Health Cabinet Committee provides non-executive member oversight and input of KCC involvement in the STP	Ben Watts, General Counsel	
Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group	Richard Smith, Corporate Director ASCH Andrew Scott-Clark, Director Public Health Vincent Godfrey, Strategic Commissioner	
Senior KCC level officer representation on the East Kent, West, North and Medway & Swale ICP Development Boards	Richard Smith, Corporate Director ASCH	
County Council agreed framework for KCC engagement within the ICS/ICPs	Richard Smith, Corporate Director ASCH	
A joint KCC and Medway Health and Wellbeing Board for system-wide related matters/issues has been established	David Whittle, Director SPRCA	
Public Health Leadership for the STP Prevention workstream	Andrew Scott-Clark, Director Public Health	
Working through KCC Public Health partnership with the Kent Community Healthcare Foundation Trust (KCHFT) to ensure Public Health improvement programmes are linked and delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g. community pharmacy)	Andrew Scott-Clark, Director Public Health	

