

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

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 17<sup>th</sup> May 2022

Subject: **Risk Management: Health Reform and Public Health**

Classification: **Unrestricted**

**Past Pathway of Paper:** None

**Future Pathway of Paper:** 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(s):**

The Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

## **1. 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. 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 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. Public Health-led Corporate Risks**

- 4.1 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 was in the context of Coronavirus response and recovery and was originally escalated to corporate level in early 2020. The corporate risk is presented for comment in appendix 2.
- 4.2 The corporate risk has been reviewed with recently appointed Director of Public Health, and although there has been a reduction in the amount of public health support and resource required for key controls in relation to the management of Coronavirus, it was felt that a reduction in the risk rating was too soon, while there is a prevalence of variants and infection rates are still high in the County and UK as whole.

4.3 The Corporate Risk Team will be working with the Director of Public Health in coming months to redraft the corporate risk to reflect any new challenges presented as we continue to move towards recovery from the pandemic.

## **5. Public Health Risk Register**

5.1 Since the last risk report, we are still responding to an ever-changing risk profile in relation to the pandemic. We are still experiencing an impact post covid restrictions that could possibly have some built up latent demand, which is reflected in the slight reduction of risks currently on the register.

5.2 There are currently 18 risks featured on the Public Health risk register, three of which are rated as 'High', 13 medium and two low (appendix 2).

5.3 Key changes to the risk register are as follows:

- Risks PH0113 – tracing partnership increase demand and PH0112 – tracing partnership fail to deliver have been withdrawn as the track and trace service was halted in February.
- Risk PH0118 covid funded programmes has been added as this needs to be separate from the general Public Health Grant budget risk.

5.4 Public Health also has a role in the Integration Care System Risk (AH0040) on the Adult Social Care and Health risk register (Appendix 3)

5.5 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.

5.6 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. 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. Recommendation

### Recommendation:

**The Health Reform and Public Health Cabinet Committee** is asked to consider and comment on the risks presented in appendices 1, 2 and 3

## 6. Background Documents

6.1 KCC Risk Management Policy on KNet intranet site.

<http://knet/ourcouncil/Management-guides/Pages/MG2-managing-risk.aspx>

## 7. Contact details

### *Report Authors:*

*Pam McConnell  
Business Support Officer  
Tel 03000 417133  
[Pam.mcconnell@kent.gov.uk](mailto:Pam.mcconnell@kent.gov.uk)*

*Alison Petters  
Risk Manager, Strategic & Corporate Services  
Tel 03000 421913  
[Alison.petters@kent.gov.uk](mailto:Alison.petters@kent.gov.uk)*

### **Relevant Director:**

*Dr Anjan Ghosh  
Director of Public Health  
Tel 03000 412633  
[Anjan.ghosh@kent.gov.uk](mailto:Anjan.ghosh@kent.gov.uk)*