

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

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To: Health Reform and Public Health Cabinet Committee – 6th March 2020

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. 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. This risk is presented for comment in appendix 2.

- 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 guide 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, controls, 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 Strategic Statement 2015-2020, 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. Risks relating to Public Health

- 4.1 There are currently 11 risks featured on the Public Health risk register (appendix1), none of which are rated as 'High'. Some of the risks highlighted on the register are linked to risks on the Authority's Corporate Risk Register. For example, the risk of communicable disease outbreak is contained within the Civil Contingencies and Resilience risk. Many of the risks are discussed as part of regular items to the Cabinet Committee.
- 4.2 The partnership agreement between the authority and Kent Community Health NHS Foundation trust has now been extended for a further five years to enable the continued delivery of key public services, which KCC has a statutory responsibility such as Health Visiting, Sexual Health and NHS Health Checks Service.

4.3 Public Health Commissioners have undertaken Risk management training to ensure that there is consistency and understanding when reviewing risks.

4.4 Changes to the Public Health register are listed below with most of the new risks added are in respect of service demand against contracted values.

- PH0091 increased demand on services including Sexual health and Health visiting.
- PH0088 increased demand for drug and alcohol services creating waiting lists within the Tier 4 element of service provision.
- PH0089 increase in Buprenorphine drug costs, which is one of the main drugs used in Opioid substitution treatment and as such has seen an increase in its price.
- PH0092 NHS England (NHSE) funding HIV services and PrEP pilot – There is a shortfall from the funding provided by NHSE for the delivery of these services. It has been identified that there is a risk regarding the additional costs for clinic time and testing for PrEP should this transfer to local authorities.
- PH0090 Health Visitor and School Nurses recruitment; This is a national issue resulting from a decrease in Health Education England (HEE) funding for training places. However, these staffing vacancy rates have seen an improvement since it was added to the register and will continue to be monitored through contract monitoring.
- PH0093 KCHFT new systems; this temporary risk has been added to highlight the implementation of a new system used to record and report on the delivery of PH Services. As with any system change there is a risk to both service delivery and reporting.
- PH0087 Brexit this risk was added in relation to a no-deal exit from the European Union.
- PH0082 Compliance with the General Data Protection Regulations has been withdrawn as this is now part of all contracts and is reviewed through contract monitoring meetings

4.5 Given the risk of the Corona Virus (Covid19) Public Health are continuously monitoring the situation in Kent and should there be any cases in Kent that sees a change in a sustained transition then the CBRNE corporate risk would be escalated with a review of the controls and

4.6 Risk and action owners review these actions regularly, and the Directorate Management Team monitors this as part of regular quarterly risk reviews.

4.7 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.

4.8 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. Key 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?

5. Recommendation

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to consider and comment on the risks presented in appendix 1

6. Background Documents

6.1 KCC Risk Management Policy on KNet intranet site.

7. Contact details

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