

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 – 12 July 2022

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

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides an update on the changes to 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 Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

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 recently and the risk rating has been reduced slightly to reflect the national response alongside infections rates. There is still a need to maintain key controls in relation to the management of Coronavirus as prevalence and new variants are still fluctuating.

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 13 risks featured on the Public Health risk register, three of which are rated as 'High', 10 medium (appendix 1).

5.3 The following changes have been made:

- New risk
 - PH0119 – Non, reduced or delayed delivery of medication supplies and/or test kits. This is to replace PH0101 to reflect supply chain challenges post covid.
- Withdrawn risks:
 - PH0002 – Implementation of new models and recommissioning of services
 - PH0087 – EU transition
 - PH0101 – covid 19 – supply chain
 - PH0103 – Covid -19 – Negative health outcomes
 - PH0110 – Covid -19 – Tier 4 Drug & Alcohol Services
 - PH0111 – Covid -19 – School based screening services

5.4 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.

5.5 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 and 2.

7. Background Documents

7.1 KCC Risk Management Policy on KNet intranet site.

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

7. Contact details

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