

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

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To: Health Reform and Public Health Cabinet Committee – 16 March 2023

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 risks 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 the Council's Strategic Statement, 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 preparedness and response to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) incidents, communicable diseases, and incidents with a public health implication. The risk has been in the context of Coronavirus response and recovery and was escalated to corporate level in early 2020.
- 4.2 In the Summer of 2022 it was reported to this Committee that the risk rating had been reduced from the maximum rating of 25 to 20, but remaining a high rated risk, due to the concerns of a potential for a "twindemic" of influenza and covid virus with new variants. Monitoring of the position continues and as a result of a reduction in the prevalence of covid-19 cases in Kent and nationally, the relatively low severity of infections, and the effectiveness of the national vaccine programme the risk rating has been reduced further to 15 and is now a medium rated risk. This risk continues to be monitored and will reflect any impact or changes in the coming weeks and months. There are a number of

sub-variants in circulation with one of them XBB1.5 increasing at a higher rate which we are monitoring closely.

4.3 The corporate risk is presented for comment in appendix 1.

5. Public Health and Health Reform risk profile

5.1 There are currently six risks featured on the Public Health risk register, three of which are rated as 'High' (appendix 2). Following the last cabinet committee report the following risks have been reviewed and updated in response to either a combination of changes in demand, service provision and/or prevalence:

- PH0102 – increased prevalence of Mental Health conditions – this risk has been reviewed and updated to include an additional control to reflect the work in the Integrated Care Strategy.
- PH00090 – Difficulties in recruiting and retaining Public Health nursing staff – again the risk and its controls revised, with a new action put in place to look at creating a new nurse banding which would enable greater opportunity in career progression.

5.2 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.

5.3 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?
- Are the controls in place effective?
- Has the current risk level changed and if so, is it decreasing or increasing?
- Has the "target" residual level of risk been achieved?
- If risk levels are increasing what further actions might be needed?
- If risk levels 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:

6.1 The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

7. Background Documents

7.1 KCC Risk Management Policy on KNet intranet site.

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