

Full Risk Register

Risk Register - Public Health

Current Risk Level Summary

Green	1	Amber	5	Red	2	Total	8
Current Risk Level Changes							

0	1	0	0	0
0	0	1	2	0
0	0	0	0	2
0	0	1	1	0
0	0	0	0	0

Risk Ref	PH0005	Risk Title and Event	Assigned To	Last Review date	Next Review
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Health Inequalities

Anjan Ghosh

23/01/2026

23/04/2026

These areas have high rates of premature mortality (deaths occurring under the age of 75 years) due to causes such as cardiovascular disease, respiratory disease and alcohol-related disease and cancer; causes that are strongly linked to unhealthy behaviours such as poor diet, physical inactivity, smoking and excessive alcohol. The risk is that whilst health is improving in general these communities health would not improve at the same rate as less deprived communities.

Inequitable access to health improvement Services

There is a risk that some groups within the population may be disproportionately affected by national macro-economic conditions. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford bills and food and also struggle to access the services they need e.g. weight management and physical activity services.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent. Wider determinants such as the impact of the cost of living. Reduced screening rate e.g. in maternity (smoking) and sexual health (STIs) which could contribute to poor health outcomes. Increased demand on GP services and sexual health services may result in people having less access to contraception and emergency contraception.	The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years in women, compared to 83 years and 86 years respectively in the most affluent areas. These inequalities will lead to rising health and social care costs for the council and its partners amongst those groups least able to support themselves financially. Reduced screening will make it harder to identify health risks and intervene. For example, non delivery of vision screening, STI screening, late HIV diagnosis and non delivery of NHS health	High		<ul style="list-style-type: none"> Campaign plan in place for the 5 public health priorities. Communications work with Public Health consultants to drive public awareness and engagement using multi channel approach. Outreach of the campaigns is measured, and where possible impact is also assessed and reported to Health Reform and Public Health Cabinet Committee. Specific work around health inequalities is being targeted at specific communities Ensure that commissioning takes account of health inequalities when developing service based responses and looking at well recognised co-intersectional when targeting groups as a system. 'One You Kent'. 	Jo Allen	Control	Medium
		16			Anjan Ghosh	Control	9
		Serious (4)			Anjan Ghosh	Control	Significant (3)
		Likely (4)					Possible (3)

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	<p>checks may prevent identification of CVD, STIs, increase risk of poor outcomes and may prevent intervention.</p> <p>Potentially increasing the health inequality gap exacerbating a problem that already exist. Likely to have a significant toll on both their physical and mental health. Digital alternative service offerings may not be accessible due to certain groups not having access to resources required e.g. laptops, scales, smart phones.</p>		<ul style="list-style-type: none"> • Strategic piece of work around population health management with accompanied set of actions that will be implemented by the ICS working with PH. Anjan Ghosh • Kent Marmot Coastal region Programme to adopt a layered approach starting with two of the eight Marmot principles, 'creating fair employment and good work for all' and 'enabling young people and adults to maximise their capabilities and have control over their lives'. For the purposes of this programme, we will call them 'skills for work' and 'work and employment' Ellen Schwartz • Ensure that an analytical focus remains on the issue of health inequality, providing partners and commissioners with the detail needed to focus support on this issue Matthew Wagner • Strategic Commissioning will be leading a public health transformation programme across all services Victoria Tovey • Services continue to increase delivery, with the risk based approach being maintained. Additional funding has been received to enhance services ie. Drug and Alcohol, Smoking and Family Hub. More work is taking place in relation to campaigns and health promotion messages Victoria Tovey • Alternative methods of service delivery e.g. telephone, video. Supporting the target audience to have access to online communication and engagement methods. Targeted promotion of services to lower quartiles where engagement has been significantly impacted Victoria Tovey • Relevant workstreams to review/input into EQIAs Monitoring of engagement and alternative methods used as needed to ensure representation Victoria Tovey 	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>		
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Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review
PH0102	Increased prevalence of Mental Health conditions and Impact of well being and mental health.	Jessica Mookherjee	23/01/2026	23/04/2026
<p>It is anticipated that mental health conditions may develop/increase post Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living.</p> <p>Increased mental health conditions within health care staff could see a decrease in service capacity and have a long term effect on the individual as a result of increases in the cost of living, and post covid-19 pandemic.</p>				

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>Impact of wellbeing and mental health conditions may develop/increase due to experiences post Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living</p> <p>Health Care Staff Impact of wellbeing and mental health. It is anticipated that mental health conditions may develop/increase post Covid19 pandemic as and as result of the rising cost of living.</p>	<p>Countywide could see an increase in mental health conditions within the general population increasing pressure on services with demand greater than supply, which could lead to poorer outcomes in recovery</p> <p>Increases in suicide rates</p>	High		<ul style="list-style-type: none"> Joint work with NHS to target suicide prevention Development of a gambling strategy to tackle debt and poverty as a result of gambling. Closer working with partners to ensure services are embedded within the Integrated care strategy Regular communication of mental health information and open door policy for those who need additional support. Promote mental health & wellbeing awareness to general population and staff offer whatever support they can to help. Co-design is needed to bridge the gap between mental and physical health. Ensure stakeholders from mental health and those delivering psychological therapies are engaged to ensure that the approach is delivered in the most effective way to bring about change post covid 19 pandemic, and while in the midst of rising cost of living. 	Jessica Mookherjee	Control	Medium
		16			Jessica Mookherjee	Control	12
		Serious (4)			Jessica Mookherjee	Control	Significant (3)
		Likely (4)			Jessica Mookherjee	Control	Likely (4)
					Jessica Mookherjee	Control	

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Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review			
PH0001	CBRNE incidents, communicable diseases and emergency events/response with a Public Health implication	Anjan Ghosh	23/01/2026	23/04/2026			
<p>Failure to deliver suitable planning measures, respond to and manage these events when they occur. Insufficient capacity and/or resources to deliver response and recovery concurrently for a prolonged period, alongside other potential incidents, including potential future waves of unforeseen pandemics.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<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. The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza, avian influenza, MPOX or other novel unforeseen pandemics Ensuring that the Council works effectively with partners to respond to, and recover from, emergencies and service interruption is becoming increasingly important in light of recent national and international security threats and severe weather incidents.</p>	<p>Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs. Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.</p>	Medium		<ul style="list-style-type: none"> Communications and Public Health consultants work together on adhoc communications campaigns using multi-channel and multi-agency approach to maximise opportunities to engage with vulnerable groups when needs arise, for example management of outbreaks of disease, extreme weather, government interventions. 	Jo Allen	Control	Medium
		15		<ul style="list-style-type: none"> Utilising data sets from ONS and UKHSA and local health partner to give a picture of known and emerging communicable diseases across Kent. 	Anjan Ghosh	Control	12
		Major (5)		<ul style="list-style-type: none"> If all triggers are breached at a local level, the matter will be escalated to CMT and Health Protection Board to consider reinstating Kent and Medway Resilience Forum command structures for interventions and further measures contingent on central government guidance. 	Anjan Ghosh	Control	Serious (4)
		Possible (3)		<ul style="list-style-type: none"> KCC and local Kent and Medway 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 UK Health Security Agency office and the NHS on preparedness and maintaining business continuity 	Anjan Ghosh	Control	Possible (3)

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			<ul style="list-style-type: none"> Local Health Planning Group UK Health Security Agency work locally to ensure NHS are ready and have plans in place for example for Winter Flu, and Avian Flu 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Multiple governance – e.g. Health Protection Board , Kent Pandemic Response Cell 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> 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. 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and UK Health Security Agency planning and response is in place 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> National Pandemic framework is expected in 2025 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Director of Public Health (DPH) now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Board 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Public Health infection prevention and control nurse attends Kent and Medway Infection Control Committee 	Ellen Schwartz	Control		

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Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review				
PH0120	Cost pressure risk to public health budget	Anjan Ghosh	23/01/2026	23/04/2026				
Reduced provision of services including reducing contract values and potentially expected public health outcomes not met								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Annual increases to the core public health grant may not cover all pressures (inflation, NHS pay, overheads and other demands) therefore making it challenging to balance the public health budget. Additionally the annual increases often do not take into account demographic and morbidity changes which result in an increase demand on services. Increased / unexpected demand on services.	Impact on public health reserves	Medium		• Public Health service transformation programme is being conducted through 23/24 to further inform future Public Health commissioning plans. This process has been extended to be fully complete by September 2026	Anjan Ghosh	A -Accepted	01/04/2026	Medium
	Reduction in public health investment in other council services that contribute to public health outcomes	15 Major (5) Possible (3)						12 Serious (4) Possible (3)
	Poorer health outcomes for Kent residents and potentially increase health inequalities			• Would consider Lobbying nationally via ADPH's and OHID and letter to be sent by the Leader to Public Health Minister.	Anjan Ghosh	Control		
	Strain on relationships within strategic partnerships (especially with KCHFT and MTW)			• Temporarily draw on public health reserves	Anjan Ghosh	Control		
	Potential reputational damage with residents of Kent and wider stakeholders and elected Members			• A project to review all aspects of the Public Health Budget management and financial processes has commenced to ensure that these continue to be effective and efficient in line with the Consultant Led Model	Anjan Ghosh	Control		
	inability to support salary pressures within NHS providers			• Relationship within the Council directorates around potential reduction in Public Health investment	Anjan Ghosh	Control		
	Destabilisation of substance misuse services			• Whilst PH transformation is underway manage relationships with key strategic partners (KCHFT and MTW) and renegotiate contract values	Victoria Tovey	Control		

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PH0123	Provider Selection Regime	Victoria Tovey	12/01/2026	12/04/2026			
There is a risk of challenge from providers							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Provider selection regime changes the legal basis on which contracts need to be purchase and applies to all public health services.	Financial impact Legal challenge Strain on resource May impact on ability to continue partnerships as we have in the past	Medium 12 Significant (3) Likely (4)		<ul style="list-style-type: none"> • Templates and guidance is in place and in use by the service piloting prior to autumn wider launch - these need to be signed off by legal • All PSR procurements are going to CPOB for review • Staff attending training and webinar sessions • Engagement with Commercial and Procurement Team and Services to determine the wider impact of the regime on commissioning activities. • Working group is in place to support process development 	Clare Maynard Victoria Tovey Victoria Tovey Victoria Tovey Michael Bridger	Control Control Control Control	Low 6 Significant (3) Unlikely (2)
Need to take a risk based approach to manage both procurement and contractual changes.							

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Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review
PH0090	Difficulties in recruiting and retaining Public Health nursing staff.	Wendy Jeffreys	23/01/2026	23/03/2026

Service Failure

Kent is currently experiencing issues across all commissioned services in recruiting good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.

Training opportunities are not necessarily available to nurses. The role of the health visiting service is needing to respond to more complex needs alongside government policy change.

Kent's proximity to neighboring local authorities in maintaining salaries at a competitive level especially with those within the London Area.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Kent is currently experiencing issues across all commissioned services in recruiting and keeping good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.	Service delivery is impacted. Clinical and Safeguarding risk to children within the Health Visiting and School Public Health Service. Some visits may have to be postponed or reprioritised. Low levels of staffing in health visiting teams are impacting within specific districts.	Medium		• A safe staffing, safe working protocol has been agreed to effectively manage the workload of the Health Visiting teams in a safe and consistent manner.	Wendy Jeffreys	Control	Medium
		10		• Contract management meetings investigate any poor KPI reporting and meeting the set targets. This is usually reported as recruitment issues Escalation through usual routes to DPH.	Wendy Jeffreys	Control	8
		Moderate (2)		• KCHFT have introduced a mixed model approach to staffing and skillsets as per their internal health visiting strategy to respond to the current context. There is a mixture of bands 3,4 and 5 within the model.	Wendy Jeffreys	Control	Moderate (2)
		Very Likely (5)		• Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings.	Wendy Jeffreys	Control	Likely (4)
				• Bank staff are being utilised to support teams where possible to cover vacant posts and gaps in provision.	Wendy Jeffreys	Control	

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Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review				
PH0083	Public Health Ring Fenced Grant	Anjan Ghosh	23/01/2026	23/04/2026				
Ensuring/assuring the Public Health ring fenced grant and reserve is spent on public health functions and outcomes, in accordance within National Guidance.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Public Health Ring fenced Grant and reserve is spent in accordance within National Guidance.	If it does not comply with national guidance could result in the DPH not being able to sign the Annual Public Health Grant declaration which could result in an external audit taking place leading to similar consequences to that of Northamptonshire County Council (i.e. UKHSA seeking a return of Public Health Grant)	Medium 8 Serious (4) Unlikely (2)		<ul style="list-style-type: none"> Public Health transformation programme is being conducted from 2023/24 to 2026/27 to further inform future public health commissioning plans. QBOR: Quarterly Budgetary Oversight & Review takes place to review all PH grant originated spend. Agreed public Health funding towards other services within the Council that deliver on public health outcomes Agreed funding for Integrated commissioning team and analytics function and any other council directorate and services as relevant to support public health outcomes functions and outcomes DPH and Section 151 Officer are required to certify the statutory outturn has been spent in accordance with the Department of Health & Social care conditions of the ring fenced grant Continued budget monitoring through collaborative planning Commissioners to conduct regular contract monitoring meetings with providers Providers to complete timely monthly performance submissions to ensure delivery of outcomes Regular review of public health contracts, performance, quality and finance are delivering public health outcomes 	Anjan Ghosh Anjan Ghosh Anjan Ghosh Anjan Ghosh Anjan Ghosh Avtar Singh Victoria Tovey Victoria Tovey Victoria Tovey	A -Accepted Control Control Control Control Control Control Control Control	31/03/2026	Low 4 Moderate (2) Unlikely (2)

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Risk Ref	Risk Title and Event	Assigned To	Last Review da	Next Review			
PH0122	Public Health Service Transformation Programme	Victoria Tovey	12/01/2026	12/04/2026			
Continuity of business during transition phase							
Service delivery destabilised impacting wider council service							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>Kent and Medway ICB share some providers with KCC. K&M ICB are recommissioning all adults and children's community services contracts in similar timescales to the PHSTP. Providers may find their contractual funding arrangements change following recommissioning.</p> <p>Work pressures from business-as-usual activities conflicts with the timescales required to meet key governance steps within PHSTP.</p> <p>The need/requirement for public consultation may be identified late.</p> <p>Re-direction from decision makers regarding the most suitable procurement route and applicable procurement regulations.</p>	<p>Commissioning: Impact existing providers' the financial stability, overall viability and ability to deliver any required change to services; Reduction in choice of providers if they are no longer financially viable.</p> <p>Timescales: Delays in financial and public health outcomes.</p> <p>Overall: Impact on overall public health service offer and objectives of the transformation programme</p>	<p>Low</p> <p>6</p> <p>Significant (3)</p> <p>Unlikely (2)</p>		<ul style="list-style-type: none"> Standing item on Monthly KCHFT Exec Meeting prompting contract performance discussions. Regular liaison with ICB and other key partners Engagement with stakeholders is taking place, including various engagement events Using project and programme management good practice such as: <ul style="list-style-type: none"> Project manager and officer in post Service, programme and project level risk registers in place and are updated regularly. Monthly highlight reports to PHSTP Steering Group and Commercial & Transformation DMT Regular dialogue across internal KCC business partners (Integrated Commissioning, Commercial & Procurement, Communications, Consultations, Legal, Democratic Services, PH Business Support) to: <ul style="list-style-type: none"> Identify requirements Secure support where required Monitor, review and control timescales 	<p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>	<p>Low</p> <p>6</p> <p>Significant (3)</p> <p>Unlikely (2)</p>