First Line of Defence Management Control Note: reference made where possible to date last reported or reviewed	Second Line of Defence Corporate Oversight	Third Line of Defence Independent Assurance	Risk Strategic Directorate Policy/Process	Risk Number & Description	Directorate (if a Directorate risk)	Lead
A **A Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law**						
A1 **A1. Behaving with integrity** - Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the council - Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should building on the Seven Principles of Public Life (the Nolan Principles) - Leading by example and using the standard operating principles or values as a framework for decision making and other actions - Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively						
A1 The Seven Principles of Public Life (the Nolan Principles) are detailed in the Constitution to abide by	Constitution reported to ELT, Policy Resources & Growth Committee and then Full Council	Internal Audit; External Audit	Policy/Process			Executive Lead Officer Strategy, Governance & Law
A1 Code of Conduct for Members (reviewed at Audit & Standards Committee November 2016)	Cross Party Member Working Group including Independent Members review the Code of Conduct. Audit and Standards Committee agree changes, monitor actions and advise on complaints.	Local Government Ombudsman and the Courts would review if any challenge to the Code.	Policy/Process			Executive Lead Officer Strategy, Governance & Law
A1 Code of Conduct for Employees. Published on Wave and given to all new employees on joining. Policy/Process Head of Law	Revised Code presented to ELT and Audit & Standards Committee (last review April 2013)	Internal Audit	Policy/Process			Acting Head of Law
A1 Social Media Protocol for Members. Members notified of changes. Also referenced in Code of Conduct for Members. Social Networking Policy for Employees published on Wave and given to new employees on joining (last reviewed March 2016).	Audit & Standards Committee (last reviewed March 2016).	Internal Audit	Policy/Process			Acting Head of Law
A1 Audit & Standards Committee Terms of Reference and Annual Work Plan receives reports from the Monitoring Officer to review standards items relating to Members' behaviour	Full Council	Internal Audit External Audit	Policy/Process			Executive Lead Officer Strategy, Governance & Law

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A1	Whistleblowing Policy published on the Wave. Referenced in Code of Conduct for Employees and Staff Handbook which is given to new employees on joining. Also included as part of induction programme.	Audit & Standards Committee (last reviewed June 2015 when scope of Policy extended to include members of the Public).	Internal Audit	Policy/Process			Acting Head of Law
A1	Information Governance Strategy 2016-19 (P&R 11/12/15, A&S 12/1/16). Information Governance Policies (Various).	Information Governance Board (meets bi-monthly) and Senior Information Risk Owner ("SIRO") scrutiny (monthly meetings). *NB SIRO is Geoff Raw, Chief Executive.	We are subject to a number of compliance regimes which provide Independent Assurance in this area, the most important of these is the HSCIC IG Toolkit (March 2016). We are also audited (various).	Policy/Process			Senior Information Risk Owner and Executive Director Finance & Resources
A1	Financial Regulations and Procedures kept under review to reflect up to date position and published on Wave	Scheduled and reported to OGB, then, depending on significance of proposed changes, reported to ELT, Policy Resources & Growth Committee and then Full Council	Internal Audit programmes test all areas of control covered by Financial Regulations	Policy/Process			Assistant Director Finance
A1	Corporate Health & Safety Policy & Corporate Health & Safety Standards	Safety Management System of the corporate Health & Safety Committee is an element	Health & Safety Audits linked to Internal Audit; Health & Safety Executive (HSE); East Sussex Fire & Rescue Service (eg inspect compliance with CDM regulations)	Policy/Process			Head of Health & Safety
A1	Set of defined & embedded organisational values embedded in workforce policies and procedures as a framework for staff and reflected in council Constitution	Reported to ELT, Policy Resources & Growth Committee and then Full Council	Where applicable formal procedures would test and re-inforce expectations of behaviours	Policy/Process			Assistant Director Human Resources & Organisational Development
A2	**A2. Demonstrating strong commitment to ethical values:** - Seeking to establish, monitor and maintain the organisation's ethical standards and performance - Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the council's culture and operation - Developing and maintaining robust policies and procedures which place emphasiis on agreed ethical values - Ensuring that external providers or services on behalf of the council are required to act with integrity and in compliance with ethical standards expected by the organisation						
A2	Communites Equality and Third Sector team oversees and co-ordinates equality work across the council	Corporate Equality Steering Group (ESG) takes a strategic lead, comprising representatives of the Directorate Equality Groups (DEGs; Neighbourhoods, Communities and Equality (NCE) Committee from 2015 at the behest of the current Labour Administration.	Local Government Association review of Equality Framework for Local Government Brighton & Hove City Council (BHCC) Submission 2016	Policy/Process			Executive Director Neighbourhoods, Communities & Housing

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A2	Fairness Commission: Launched in September 2015, the commission explored issues that cause inequality and listened to the concerns of residents, community organisations and businesses across the city. The commission's findings will inform the council's budgets, so resources are used to tackle inequality	Neighbourhoods, Communities and Equalities (NCE) Committee July 2016; and October 2016	None	Policy/Process			Executive Director Neighbourhoods, Communities & Housing
A2	Workforce Equalities Report analyses recruitment and workforce data. Issues/adverse trends identified inform WEAP. Report presented to ELT (last report September 2016)	Workforce Equalities Report presented to PRG committee (last report October 2016)	Local Government Association review against the Equality Framework for Local Government. Last assessment in September 2016. Assessment against the Department for Work & Pensions Disability Confident Scheme (formerly Positive about Disabled People – Two Ticks) Employment Tribunals	Policy/Process			Assistant Director Human Resources & Organisational Development
A2	Workforce Equality Action Plan (WEAP) aims to develop a more diverse workforce and to address any disproportionate impact of recruitment and employment policies/ practices on individuals sharing a protected characteristic (particularly BME and disabled). Progress overseen and reviewed quarterly by Workforce Equalities Group.	Progress made against the WEAP is reported annually to ELT and Policy, Resources & Growth Committee (last report June 2016)	Local Government Association review against the Equality Framework for Local Government. Last assessment in September 2016. Assessment against the Department for Work & Pensions Disability Confident Scheme (formerly Positive about Disabled People – Two Ticks) Employment Tribunals	Policy/Process			Assistant Director Human Resources & Organisational Development
A2	Global HPO also carried out a separate review in schools and a separate Race Equality Action Plan for schools has been developed and work undertaken	Steering Group comprising of Ethinic Minority Achievement Service (EMAS), School Governors and HR have action plans for strands of work. Monitored through Directorate Equalities Group (DEG) and Workers Equality Group (WEG)	Ofsted Local Government Association review of Equality Framework for Local Government Brighton & Hove City Council (BHCC) Submission 2016	Policy/Process			Executive Director Neighbourhoods, Communities & Housing
A2	Annual Report of the Director of Public Health: identified the health of the population of Brighton & Hove and gaps in the health of the popultiaon. It is discussed and produced with partners and presented to ELT.	Health & Wellbeing Board	None	Policy/Process			Executive Director Health & Adult Social Care

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A3	**A3. Respecting the rule of law** - Ensuring members and staff demonstrate a strong commitment to the rule of law as well as adhering to relevant laws and regulations - Creating the conditions to ensure that the statutory officers and other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements - Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders - Dealing with breaches of legal and regulatory provisiions effectively - Ensuring corruption and misuse of power are dealt with effectively						
A3	Since 2011 the council has used a budget Equalities Impact Assessment (EIA) process to assess all proposals with a potential impact on service-users and (since 2014) on staff, define mitigating actions and assess cumulative impact across the council	Full budget council and PRG&G These documents form part of elected members' decision-making	All budget EIAs with impacts on service users are reviewed by communcity and voluntary sector group. Budget EIA with staff impacts are included in the staff consultation process	Policy/Process			Head of Communities & Equality
A3	Risk assessessments through Team Safety System highlights where risk actions are required in accordance with the Corporate Health & Safety Policy	Oversight and scrutiny by corporate health & safety team including health & safety audit checks Directorate Consultation Groups (DCGs) Corporate Health & Safety Group	Health & Safety Audits; linked to Internal Audit	Policy/Process			Executive Director Finance & Resources
A3	CMDB commissioned PIP to develop business case to invest using available powers to set up a trading company with the intent to improve the council's financial position and gerenate income to be an efficient, modern council. Options appraisal and market potential to be established	F&R Modernisation Board - will receive outline business case in Dec 16 CMDB - will receive outline business case Jan 17; PR&G decision/Full Council	Internal Audit External Audit	Policy/Process			Chief Executive
A3	The Audit & Standards Committee meet at least five times a year and reviews governance arrangements, including risk management and internal control	Full Council	Internal Audit External Audit	Policy/Process			Executive Director, Finance & Resources

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A3	1) A suite of Information Governance Policies has been approved; 2) An Information Governance training package has been rolled out across the entire organisation; 3) An Information Audit has been completed, including business impact assessments for the loss or compromise of Confidentiality, Integrity and Availability; 4) Physical access controls have been improved a result of the move to a new datacentre; 5) Cyber security controls introduced to minimize security risks and adoption of ITHC principles for internal security scanning.	1) The Senior Information Risk Owner ("SIRO") oversees the organisation's approach to Information Risk Management, setting the culture along with risk appetite and tolerances; 2) The Information Governance Board ("IGB") oversees and provides leadership on Information Risk Management and obligations arising from legislation such as the DPA 1998 & FOI 1998; 3) The Caldicott Guardians (CFS and ASC) have corporate responsibility for protecting the confidentiality of Health and Social Care service-user information and enabling appropriate information sharing; 4) The Information Governance Team operates as an independent function to provide to provide advice, guidance and oversight in key areas.	1) Internal and external ICT audits provide an objective evaluation of the design and effectiveness of ICTs internal controls; 2) IT Health Check (ITHC) performed by a 'CHECK'/'CREST' approved external service provider – covering both applications and infrastructure assurance; 3) Continued assurance from compliance regimes, including PSN CoCo, HSCIC IG Toolkit and PCI DSS Annual; 4) Oversight of Audit and Standards Committee.	Strategic	SR10 Information Governance Management		Senior Information Risk Owner and Executive Director Finance & Resources

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A3	1. Care Act implemented and procedures updated, guidance continues to come out in relation to the Care Act and Safeguarding; 2. Awareness through messages and training; 3. Good multi-agency work: multi agency safeguarding procedures promote joint working 4. Multi-agency audits of Safeguarding enquiries in place 5. DOLs Governance Group 6. Maintain the role and numbers of professional social workers through service redesign to ensure capacity; 7. Multi-agency training in place for better awareness, safeguarding enquiry management; 8. Highly motivated social workers; 9. Assessment of need using agreed threshold policies and procedures; 10. Staff provided with learning opportunities and undertake continuous professional development; 11. Working with Care Providers to ensure requests for Best Interest Assessments are appropriate and provides best and least restrictive practice;	1. Safeguarding Board workplan arising from review of Board. Independent Chair appointed; 2. Learning from Safeguarding Adult Reviews, coroners concerns and case review from national work; 3. Working with ADASS (association of directors of adult social services) on the impact of ongoing legal judgement and advice on DoLs ; 4. HASC Modernisation Board in place; 5. Executive Director HASC meets with Chief Executive 6. Reports on budget pressures to ELT;	CQC Inspection of in-house registered care services	Strategic	SR13 Keeping Vulnerable Adults safe from harm and abuse		Executive Director Health & Adult Social Care

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A3	Robust quality assurance processes embedded and reported on annually LSCB Work Plan established with strong leadership by the Independent Chair with aligned LSCB sub-group work plans Serious Case, Local Management and Child Death Reviews identify learning and action for improvement MASH launched in September 14 to provide robust risk assessments and information sharing between partner agencies SFSC programme targets support to the most vulnerable families Continuous professional development and training opportunities offered by the LSCB and good multi agency take up of training In line with the Government's Prevent Strategy, work with the Police, Statutory Partners, Third Sector Organisations and Communities to reduce radicalisation Threshold document, agreed by all agencies, signed off by Children and Young People Committee; and LSCB on 2 & 3rd June 2014 Continuous professional development and learning opportunities offered by the LSCB and good multi agency take up of training New model of practice (wef Oct 2015) for social work teams, with Pods in place to provide stability to service users Performance management across children's social work enables a more informed view on current activity and planning for future service	Early Help strategy in place and governance arrangements in place via LSCB and the MASH Board Quality Assurance within the city and also across key agencies monitored by the LSCB sub group The Child Review Board meetings quarterly and is an opportunity for Lead Members to receive information, provide challenge and comments on children's social care issues with Heads of Service, Assistant Director and Director for Children's Services Reports delivered to LSCB following robust auditing of multi-agency case files and safeguarding practice;	Ofsted inspected our social work arrangements in May 2015 and an action plan was developed to take forward recommendations. LGA Peer Review on Safeguarding recently completed in September 2016 which provided assurance (and helpful challenge) regarding progress against the Ofsted inspection report.	Strategic	SR15 Keeping children safe from harm and abuse		Executive Director Families, Children & Learning
A3	Risk assessments and method statements comply with best practice and corporate procedures Team Safety plans for each service Appropriate training for staff and Members Building User Groups Arrangement for fire wardens, fire evacuations with regular programme	Oversight and scrutiny by corporate health & safety team including health & safety audit checks Corporate Health & Safety Committee Corporate Health & Safety Group	External inspections by HSE, e.g. adhoc visit from HSE on 24th March 2016 to inspect waste collection service, 'went well with just verbal advice' received.	Directorate	DR 09 Ensuring best practice to meet Health & Safety standards	EEC	Assistant Director City Environmental Management

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A3	Greater focus on statutory responsibilities as implementation of Care Act and improved assurance for Deprivation of Liberty Safeguards DMT oversight Learning from others and legal judgements Key Performance Indicators (KPIs)	Escalate to ELT Performance monitoring reports to Members Safeguarding Board	Sector Led Improvement and Peer Review	Directorate	DR 05 Assurance of HASC statutory duties	HASC	Assistant Director Adult Social Care

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A3	Additional resources identified Bid to ELT to increase numbers of Best Interest Assessors (BIA's), ELT in August approved 8 new BIAs (to take the total to 10)- replaces outsourced BIAs Programme of regular training of BIA's Increased authorised signatories Increased legal resources Work to improve DoL's assessment undertaken Practice development groups for DoLS pre and post qualified staff (as run in Feb 2016) System developed for DoLS Authorisation monitoring to be held within assessment teams, launched January and completed for all services Regular training programme, e.g.quarterly training of BIAs at University, BHCC input into training program and contributes to delivery Design of Practice development groups for DoLS pre and post qualified BIAs from February 2016 Continual monitoring of demand for DoLs and performance against statutory timescales for referrals and renewals Some aspects of workflow now on Care First allowing audit and reports to be extracted	DoLS Authorisation monitoring system for SPFT launched to manage certain statutory tasks and overseen by Assessment Teams Quarterly performance monitoring meetings with Elected Members including scrutiny of performance and highlighting of risks	None	Directorate	DR 02 Meeting requirements of Deprivation of Liberty Safeguards (DoLS)	HASC	Assistant Director Adult Social Care

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A3	Housing Repairs: Regular Client/Contractor meetings between Council and Mears and other contractors Regular Fire and Health & Safety Board in partnership with East Sussex Fire & Rescue and Corporate Health & Safety team instigates process reviews around Asbestos; CDM Regs; ,Hoarders initiative Private Sector Housing licence 3000 Houses in Multiple Occupation (HMOs) and use triage system to check and health and safety and other arrangements Business Continuity Plans are submitted and receive overview from the Emergencies & Resilience Team who arrange table top testing DMT attended by Emergencies & Resilience Team on a quarterly based to provide progress updates after assessment of Directorate services' business continuity plans	Reports to Housing and New Homes Committee Corporate Health & Safety Committee receive reports on H&S Audits conducted by corporate Health & Safety team	Health & Safety Executive	Directorate	DR 03 Meeting Legislative duties in Service Delivery, whether direct or through Contractors	NCH	Head of Housing Strategy / Private Sector Housing
A3	Agreement at ELT that SGL will identify gaps in capacity and enable budget investment for recruitment and appointment SGL Resource Planning Briefings to Executive Leadership and Administration Orbis Public Law (OPL) arrangement OPL Executive Board includes ELO SGL	ELT and CMDB monitor SGL performance and provide support and challenge. OPL Joint committee	LEXCEL annual accreditation in July Law Society adhoc reviews Statutory KPIs for bereavement and registration services are reported annually to General Register Office, part of Identify & Passport Service. Last annual report submitted May 16 Elections Claim Unit verify efficiency of elections as and when. Last time Claim was submitted was Sept 16 for PCC election May 16	Directorate	DR 02 Skills & resources to lead and support the organisation	SGL	Executive Lead Officer Strategy, Governance & Law
B	**B Ensuring openness and comprehensive stakeholder engagements**						
B1	**B1. Openness** - Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness - Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for keeping a decision confidential should be justified - Providing clear reasonin g and evidece for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear - Using format and incomal consulation and engagement to determine the most appropriate and efective interventions/courses of action						

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B1	Information published under Local Government Transparency Code and to meet a requirement of the Localism Act, e.g. Workforce profile; Pay Policy Statement 2016/17. Code of Practice signed off by HR & Finance	Published on Council website Pay Policy approved by full Council (March 16)	None	Policy/Process			Assistant Director Human Resources & Organisational Development
B1	All Committees, Full Council have provisions on their agenda via petitions, questions and duptations. Some facilitated through the council website under 'Consultations - have your say'. Meetings of the full Council and the majority of committees are webcast live and recorded so that they can be viewed after they have taken place and enable anyone to find out what decisions have been made.	None	Benchmarking CIPFA performance data re. petitions.	Policy/Process			Head of Democratic Services
B1	Communications Protocol developed and reviewed after each Political Administration change	ELT Council Leaders Group	None	Policy/Process			Executive Lead Officer Strategy, Governance & Law
B1	1. Customer Feedback, including complaints and survey methods monitor council reputation, e.g. City Tracker, Media Monitoring 2. Increased joint commissioning with other public sector organisations to demonstrate value for money 3. Corporate Plan 2015-2019 emphasises working with Communities 4. Front line services work to manage down demand, as detailed in the Directorate Plans for Adult Services and children's Services 5. Organisational Restructure as agreed by P&R in May 2016 facilitates a new Executive Director, Health & Adult Social Care to work closely with CCG and Public Health England to ensure planning of delivery to our residents	1. Fairness Commission working with other public sector agencies and third sector organisations 2. 'Horizon scanning' by ELT and DMTs of legislative change affecting council service delivery, e.g. Academies White Paper 3. Officer Steering Group representing 5 biggest customer service functions meets regularly to analyse impact on citizens and plan improvements 4. CCG and council work on the Health & Wellbeing Board, including co-location at Hove Town Hall	None	Strategic	SR26 Council relationship with Citizens		Executive Director Finance & Resources

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B1	Annual Governance Statement (Audit & Standards Committee June 2016)	Signed by CE/Leader and published alongside Accounts 2015-16	External Audit	Policy/Process			Executive Lead Officer Strategy, Governance & Law
B1	Annual HROD Report (A&S June 2016)	ELT Audit &Standards Committee June 2016	Internal Audit External Audit	Policy/Process			Executive Director Finance & Resources
B1	Brighton & Hove Connected is our Local Strategic Partnership.	City Management Board	None	Policy/Process			Executive Lead Officer Strategy, Governance & Law
B1	Communites Equality and Third Sector team oversees and co-ordinates equality work across the council	Equality & Inclusion Partnership (EquIP) from 2014. Its overarching purpose is to drive improvements in collaboration between public services and local communities to reduce inequality and foster community resilience and activity. The council's lead member for Neighbourhoods, Communities and Equality and a Third Sector representative. Members include the Third Sector, health, education, councillors, council, and others (including business).	None	Policy/Process			
B1	Community Safety Team have management oversight and liaise with council services	Partnerships in the city supported by the council, focused on specific characteristics, include: * One Voice; * Racial Harassment Forum. The Forum and the council will continue to work collaboratively with BME and faith communities to address racist and religiously motivated incidents; * LGBT Community Safety Forum: This forum was formed to give the community a voice on a wide range of safety issues; * Disability Hate Incident Steering Group: this multi-agency partnership provides a strategic city overview for the work on disability hate incidents.	None	Policy/Process			

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B1	Strategic Risk Register published bi-annually (A&S June 2016) and reviewed by ELT every 6 months	Audit &Standards Committee receive Strategic Risk Register at least twice a year (June 16 and due in Jan 17) Strategic Risk Focus Items at each meeting per A&S Workplan	Internal Audit External Audit	None			Executive Lead Officer, Strategy, Governance & Law

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B2	**B2. Engaging stakeholders effectively, including individual citizens and service users effectively** - Establishing a clear policy on the type of issues that the council will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievements of intended outcomes - Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement - Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgroudns including reference to future needs - Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account- - Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity - Taking account of the impact of decisions on future generations of tax payers and service users						
B2	Corporate Plan 2015-2019 (June 2016) and Integrated 4 year planning	Full Council	Internal Audit External Audit	Policy/Process			
B2	Individual services collating feedback from their customers	Customer Insight Report developed by the Customer Experience Team in consultation with services and Customer Experience Steering Group – reviewed by the Executive Leadership Team	None	Policy/Process			
B2	Social Media Guidelines for Members and Employees (A&S March 2016)	Audit & Standards Committee Full Council	Internal Audit External Audit	Policy/Process			Executive Lead Officer Strategy, Governance & Law
B3	**B3. Engaging comprehensively with institutional stakeholders** - Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes of each stakeholder relations are clear so that outcomes are achieved successfully and sustainably - Developing formal and informal partnerships to allow for resources to be used more effectively - Ensuring that partnerships are based on trust; a shared commitment to change; a culture that promotes and accepts challenge among partners; and - That the added value of partnership working is explicit						
B3	Better Brighton and Hove is being established as an independent charity. The organisation's Terms of Reference and Deed of Collaboration with the Council clearly set out the principles of good governance and that any work undertaken by Better will not directly influence the executive or democratic responsibilities of the council.	All reports produced by Better will be subject to BHCC CEO approval and any recommendations made will be subject to the normal governance and democratic decision making process of council.	None	Policy & Process			Chief Executive

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B3	Better Care Finance and Performance Group monitors spend and performance.	1. Health & Wellbeing Board reviewed and governance arrangements in place to help deliver an integrated approach, including oversight of the Better Care Fund; 2. Better Care Plans in place. Section 75 signed off. 3. Partnership work agreed and submitted a Better Care Plan by the deadline in March 2014. Revised Better Care plan for 2016/17 submitted.	NHS England sign off Better Care Plan, submitted in May 2016.	Policy & Process			Executive Director Health & Adult Social Care
B3	Greater Brighton: became a formally recognised City Region in March 2014, covering the city of Brighton & Hove and the districts and boroughs of Adur, Lewes, Mid Sussex and Worthing, some 689,000 people.	Member and ELT approval of City Deal Agreement	Legally constituted Economic Board, which aims to protect and grow the economy, by coordinating economic development activities and investment at City Region level	Policy/Process			Executive Director Economy, Environment and Culture
B3	The City Management Board (CMB)	ELT at Brighton & Hove City Council; and equivalent arrangements may exist at partners' organisations	None	Policy/Process			Chief Executive
B3	Health & Wellbeing Board (HWB) identifies Clinical Commissioning Group as an equal member with the Council and there is representation from NHS England; and Health Watch. It is a partnership to plan for health, public health and adult and children's social care services across the city. Meeting are public and documents are published.	Health & Overview Scrutiny Committee	None	Policy/Process			Executive Director Health & Adult Social Care

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B3	1. Continued roll out of cluster working started in 3 of the 6 clusters. Social Care work aligned with GP clusters June 2016 and continue to be developed as part of the ongoing service redesign programme 2. Better Care Board established (high level and cross sector representation) and chaired by Executive Director Health & Adult Social Care, with oversight by Health & Wellbeing Board; 3. Better Care Finance and Performance Group monitors spend and performance.	1. Health & Wellbeing Board reviewed and governance arrangements in place to help deliver an integrated approach, including oversight of the Better Care Fund; 2. Better Care Plans in place. Section 75 signed off. 3. Partnership work agreed and submitted a Better Care Plan by the deadline in March 2014. Revised Better Care plan for 2016/17 submitted.	NHS England sign off Better Care Plan, submitted in May 2016.	Strategic	SR20 Ability of health and social care to integrate services at a local level to deliver timely and appropriate interventions		Executive Director Health & Adult Social Care
B3	* A City Employment & Skills Plan has been developed with the Learning Partnership; and the City Employment and Skills Partnership * LSCB full participatory role on safeguarding audits and on relevant subgroups * Governance arrangement in place in key partnership areas eg CSE * Children's Services Partnership Forum operating well * Participation in Learning Partnership and City Employment and Skills Partnership * School Partnership Advisers encourage school to school working including sharing of data and training, eg peer review challenge open to all primary headteachers * Joint Children's Health & Wellbeing Strategy agreed with Public Health and the CCG * Post section 75 agreement with SCT on Memorandum of Understanding and an Information Sharing Agreement * Early Help and Community based services outlined in Community & 3rd Sector prospectus and initiatives delivered, eg with CCG GP referral pilot to Early Help Hub	*There are clear escalation routes available eg CMB / HWBB *Governance arrangements in place in key partnership areas, eg CSE *LSCB operating successfully overseeing a range of partnership arrangements *Children's HWB Strategy part of wider HWB monitoring arrangements	*Joint inspection with Health Partners on our SEND arrangements successfully completed May 2016	Directorate	DR 02 Changes in effective partnership working affects our service delivery	FCL	Executive Director Families, Children & Learning

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B3	Working with CCG on a Care Home Programme and on the Better Care Fund to reduce hospital admissions and admissions into care homes and nursing homes. Commissioners worked with the care home market on a new fee structure,. Members agreed to an increase in fees and this will help secure capacity. New contract with home care providers also includes an increase in fees. New home care contract commenced Sept 16, further refinements agreed with providers, and this will help secure market capacity. Represented on ADASS regional group incl. East and West Sussex and Surrey re. more strategic marking planning for all client group Market Plan approved April 2016	Adult Social Care Modernisation Board receive progress monitoring reports on Market Plan	CCG and regional ADASS oversee delivery of Market Plan	Directorate	DR 03 Market capacity of Adult Social Care providers	HASC	Head of Commissioning
C	**C Defining Outcomes in terms of sustainable economic, social, and environmental benefits**						
C1	**C1. Defining outcomes** - Having a clear vision, which is an agreed formal statement of the organisation's prupose and intended outcomes containing appropriate performance indicators, which provide the basis for the council's overall strategy, planning and other decisions - Specifying the intended impact on, or changes for, stakeholders including citziens and service users. It could be immediately or over the course of a year or longer - Delivering defined outcomes on a sustainable basis within the resources that will be available - Identifying and managing risks to the achivement of outcomes - Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available						
C1	Joint Strategic Needs Assessment (JSNA): Ongoing process providing comprehensive analysis of current and future needs of local people to inform commissioning of services to improve outcomes and reduce inequalities. This work include Equality Impact Assessments (EIAs). Work done and planned by multi-agency steering group chaired by council officers.	Health & Wellbeing Board	None	Policy/Process			

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C1	Corporate Plan Directorate Plans Service Plans KPIs - both corporate and directorate Directorate Modernisation Boards/ Directorate Modernisations Programmes and Projects	Directorate & Corporate Performance Improvement Boards Corporate Modernisation Delivery Board Performance Oversight by Policy, Resources & Growth Committee	Internal Audit (May 2015, Reasonable Assurance opinion	Policy/Process			
C1	Project and programme management used to co-ordinate and deliver projects Engage with key partners on a project by project basis (eg Southern Water, UK Power Networks, Brighton & Hove Buses)	Corporate Investment Board meets monthly to oversee co-ordination and delivery of major projects. Cross-party Strategic Delivery Board meets monthly to oversee co-ordination and delivery of major projects	Projects funded by Government departments are overseen by the Greater Brighton Economic Board (quarterly) and Coast to Capital LEP governance arrangements (quarterly) / and by relevant government department (according to their timetable). No funding has been withdrawn to date.	Directorate	DR 07 Strategic Co-ordination & delivery of major regeneration and infrastructure projects	EEC	Executive Director Economy, Environment & Culture
C1	Planning Modenisation Board oversees the delivery of City Plan Stage 2 project Full consultation and engagement programme and partners and stakeholders	Corporate Modernisation Board oversees the Planning Modernisation Programme Public Sector Property Group (council lead - Angela Dymott) includes partners	Planning Advisory Service undertook a service peer review / audit April 2016. Draft City Plan Phase 2 will be submitted to the planning inspector for approval (due 2018)	Directorate	DR 10 Delivering the next stages of the City Plan	EEC	Executive Director Economy, Environment & Culture
C1	Policy or other officers analyse national policy and evaluate resource implications and impact on customers, service areas, department, council and the city (e.g. in relation to Housing & Planning Act, Food Safety Act 1990, Policing and Crime Act 2011) Established relationships with other local authorities to collaborate with and share learning and possibly resources Staff and management teams experienced in managing new policy areas, co-ordinating the necessary councillor approvals, and with the agility to implement change Liaison with corporate lead for significant change, e.g. Brexit	Business Planning and performance management reports to DMT to inform current position and likely impact of new policies Coordination with regional and national bodies and Central Government Departments eg Food Standards Agency Strategic and City Wide Risks reported through performance management framework New policy reported to and agreed at the relevant committees	Programme of annual audit inspections External ISO9000 accreditation inc external audits	Directorate	DR 06 Impact of Government Policy on Directorate contribution to delivery of Corporate Plan	NCH	Head of Income, Involvement and Improvement

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C1	Policy team being proactive in horizon scanning and awareness re strategic external changes affecting the council 'Week ahead' meetings focus on strategic themes include Policy Team Briefings to Executive Leadership and Administration Chief Executive and ELO SGL proposal to Leaders and Administration for bespoke training programme for Leaders Brighton & Hove City Council Directorates working alongside Clinical Commissioning Group on Health & Wellbeing Strategy, i.e. Health & Adult Service; and Families, Children & Learning Legal leading on Devolution Governance workstream	Corporate Leadership Board (ELT and Members) Health & Wellbeing Board Health Overview and Social Care overview	NHS England oversight of Better Care Government Intervention (Best Value Act) Local Government Ombudsman	Directorate	DR 05 Managing Directorate activity to support the council through substantive changes to operating environment	SGL	Executive Lead Officer Strategy, Governance & Law
C2	**C2. Sustainable economic, social, and environmental benefits** -Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision - Taking a longer term view with regard to decision making, taking account of risk and acting transparently when there are potential conflicts between the council's intended outcomes and short term factors such as the political cycle or financial constraints - Determining the wider public interest associated with balancing conflicting interests between achieving the various economis, social and environmental benefits, through consultation where possible in order to ensure appropriate trade-offs - Ensuring fair access to services						

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C2	Seafront Investment Programme and Strategic Delivery Board have been established and are actively considering seafront redevelopment opportunities including the Black Rock and King Alfred sites DfT funding secured for the redevelopment of the West Street / A259 Junction and Shelter Hall. Initial infrastructure work commenced late 2015 Coast Revival Funding secured to develop Madeira Drive Investment and Regeneration Plan HLF Funding secured for improvements to Volks Railway Seafront Arches and A259 infrastructure Phase 2 works completed June 2016 P&R approval to commence seafront landscaping around i360 and seafront arches. PR&G approval to enter into a conditional development agreement with Standard Life Investments for the Brighton Waterfront Project Installation of anti-climb fencing at Madeira Terraces November-December 2015 and continued work to minimise risk from potential structural failure.	Investment plan to underpin the Seafront Strategy and long term viability of the seafront infrastructure. Report to Policy, Resources & Growth Committee in October 2016; Corporate Investment Board; Cross-party Strategic Delivery Board.	Projects funded by Government departments are overseen by the Greater Brighton Economic Board (quarterly) and Coast to Capital LEP governance arrangements (quarterly) / and by relevant government department (according to their timetable). No funding has been withdrawn to date.	Strategic	SR23 Developing an investment strategy to refurbish and develop the city's major asset of the seafront		Executive Director Economy, Environment & Culture

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C2	The Council's Housing Strategy sets out objectives and action plan addressing identified housing needs in the City. This includes policy and investment prioritising: i) Improving Housing Supply; ii) Improving Housing Quality; iii) Improving Housing Support. This strategy has been agreed by Full Council. The City Plan also sets out housing targets across all tenures; policies on securing affordable housing through the planning system, residential development standards. Housing Revenue Account Asset Management Strategy is aligned to Housing Strategy in support of improving housing supply & housing quality. Greater Brighton Housing & Growth Working Group is aiming to accelerate delivery of new housing supply through freedoms and flexibilities sought as part of the wider GB Devolution proposals. The Student Housing Strategy is due for review in 2017, informed by our most recent analysis of student number assumptions and supply and demand for student accommodation in the City. Key controls include: 1. Housing Allocation Policy framework ensuring best use of existing council and registered provider resources through nomination of affordable housing to priority households. 2. Procurement of Temporary Accommodation and long term private sector housing lettings with private landlords in the city and wider city region for those to whom we owe a housing duty. 3. Our 'New Homes for Neighbourhoods' estate regeneration programme to deliver new affordable homes in the city. 4. Development of additional Housing Delivery Options: Living Wage Joint Venture with Hyde proposal to deliver 1,000 new lower cost homes for rental and sale; and, Housing Market Intervention / direct delivery through council wholly owned Special Purpose Vehicle. 5. Enabling delivery of new affordable homes in partnership with Registered Provider partners and the Homes & Communities Agency. 6. Improving supply through best use of existing HRA assets including conversions / hidden homes programme. 7. Bringing long term empty private sector homes back into use through our Empty Property Strategy. 8. Tenancy sustainment initiatives particularly for more	Corporate Investment Board Strategic Investment Board Cross Party Estates Regeneration Board Strategic Housing Partnership (cross sector)	Homes & Communities Agency - monitor and assure processes relating to affordable housing	Strategic	SR21 Housing Pressures		Executive Director Economy, Environment & Culture
D	**D Determining the interventions necessary to optimise the achievement of the intended outcome**						
D1	**D1. Determining interventions** *- Ensuring decision makers receive objective and rigourous analysis of a variety of options indicating how intended outcomes would be achieved and associated risk. Therefore ensuring best value is achieved however services are provided* *- Considering feedback from citizens and service users when making decisions about service improvements or where services are not longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts*						

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D1	Directorate Modernisation Boards - directorate management teams (DMT) plus other key officers. Significant directorate specific projects and programmes are reported to the appropriate Directorate Board.	Corporate Modernisation Delivery Board: Executive Leadership Team plus other key officers. Assesses programmes or projects that are cross-cutting and/or require significant support, politically sensitive, high risk, or likely to have significant capital or revenue implications.	Internal Audit; External Audit	Policy/Process			
D1	Communities, Equalities and Third Sector team co-ordinate and quality assure Equality Impact Assessments (EIAs) on any service changes with potential impacts on people relating to their protected charistics	Directorate equality groups have a role in ensuring completion of EIAs. Committee reoports include an equality implication section which refers to the EIA where relevant.	None	Policy/Process			Head of Communities & Equality

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D1	• ICT Infrastructure Programme is delivering core ICT infrastructure platforms to improve service flexibility, availability, business continuity and cybersecurity - this includes clear service levels, hybrid cloud platform, flexible connectivity options and robust cybersecurity. • Feedback and engagement from customers and partners is driving the development of services, including focus inside and outside of Digital First on mobile, digital and information sharing. • Alignment and prioritisation of project resources to modernisation requirements. • Established working relationships and governance (Informatics Oversight Committee) for cross social care and health system developments and resourcing, linked to Better Care and Digital Roadmap development. • Digital First programme has been reviewed. Experienced programmed team in place and growing. A clear timeline of work and savings up to April 17 has been established. Procurement of a new platform that will allow rapid development to take place will conclude by end of December 16. • Increased profile and presence in the city's digital community to enable the work with City and City region partners including Wired Sussex, Digital Catapult, Brighton University and Sussex University. Establishing cross sector relationships which support the ambitions of the City and channel opportunities to further establish Brighton & Hove as the Connected City. Includes joint development of research and investment bids in support of shared agendas and supporting devolution agenda. • Early work with Orbis partners to carry out joint procurement and align supply chain where possible. For example joint procurement of Microsoft Licensing Solutions Partner. • The close linking in of the partnership Digital Resilience project into the Digital First programme, Libraries, Services to Schools and Customer Service Centres work is ensuring that solutions to the risks of digital exclusion are well managed and sustainably implemented.	• Digital First programme approved at P&R/Council - incorporating current investments in Digital improving Customer Experience and Information Management Programme, target work to support the new corporate plan and ambitions identified by the board & strategic priorities engagement. • Corporate Modernisation Delivery Board overseeing alignment of programmes and projects to Corporate Plan aims and reviewing any gaps. Includes oversight of ICT Infrastructure, Workstyles and Digital First programmes. • Digital First Members Oversight Group - quarterly • Digital First programme board	• Internal and External Audit assurance of programme management and Capital Investment strategies.	Strategic	SR 18 Transition to modern, digital IT to improve service delivery		Executive Director Finance & Resources
D1	Performance Management processes to deliver Services and the Directorate Plan Teams aligned to deliver External bidding Modernisation programmes and 4 yr integrated service plans Working in partnership and collaboration	Performance frameworks, KPIS Corporate Modernisation Delivery Board Strategic delivery board Reports made to Committees including ETS, EDC and PR&G.	Report to Arts Council on programmes which they fund Museums accreditation reviewed and achieved Benchmarking across organisation Economic Partnership and Transport Partnership, council land external parties Volks railway annually inspected by HM Railway Inspectorate (HMRI) Seafront reviewed for Blue Flag accreditation for water and beach quality	Directorate	DR 02 Directorate's high profile impact on city	EEC	Executive Director Economy, Environment & Culture

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D1	EEC Directorate represented on Digital First Programme Board Specific focus on digital strands in modernisation programmes for EEC (particularly planning, Property & Design, City Clean & City Parks, Transport, and Royal Pavilion & Museums) Upgrade work on Visit Brighton website and application Maintaining booking services for RPM Maintaining digital expertise and cascading digital skills through other staff	Digital First Programme Board and cross-party modernisation oversight group.	Internal audit	Directorate	DR 01 Digital capability to meet customer expectations	EEC	Executive Director Economy, Environment & Culture
D2	**D2. Planning interventions** *- Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets* *- Engaging with internal and external stakeholders in determining how services and other courses of actions should be planned and delivered* *- Considering and monitoring risks facing each partner when working collaboratively, including sharing risks* *- Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances* *- Establishing appropriate key performance indicators KPIs) as part of the plannign process in orde to idnetify how th performanceo foservices nad projectgs is to be measured* *- Ensuring capacity exists to generate the information requried to review service quality regularly* *- Preparing budgets in accordance with objectives, strategies and the medium term financial plan* *- Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy*						

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D2	Consultation Framework embedded in organisaitonal change policy	Directorate Consultation Groups (DCGs) chaired by Executive Directors	Corporate Staff Consultation Forum chaired by Council Leader includes cross-party Members and Trade Unions	Policy/ Process			Assistant Director Human Resources & Organisational Development
D2	School Organisation Plan routinely reviewed internally and pupil forecasting element received independent assurance in 2015 Work has been ongoing on securing site for new secondary school 465 new primary school places (15.5 classes) added in last five years Two new free schools opened in city Four class junior site opened on Hove Police Station site September 2014 One new permanent form of entry opened in September 2014 at West Hove Infant School (Connaught) Following a public consultation two permanent additional forms of entry opened in September 2015 in primary schools serving areas of highest demand, with funding identified in the capital programme Council officers are working with schools where there are spare places to assist them in developing and sustaining strong partnership relationships with the primary schools in their catchment area;	Strategic Risk 17 agreed by ELT and last reviewed six monthly Audit & Standards Committee focus on all strategic risks Cross Party Working Group (supported by a group consisting of all ten secondary schools, the three colleges and the two universities with the local authority)has been meeting to develop proposals around a new secondary admissions process with full engagement exercise conducted in first half of 2016, proposals will be formally consulted on next year, once new school location known Secondary Continuing Education meeting established to raise awareness including and involving all schools, colleges and two city universities. This has focused on school organisation	In case of dispute over admissions arrangements the Office of the Schools Adjudicator will adjudicate 80% of schools are currently assessed by Ofsted as good or outstanding and a new School Improvement Strategy has been adopted to support the target of all schools being good or outstanding	Strategic	SR17 School Places Planning		Executive Director Families, Children & Learning

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D2	System of highway safety maintenance inspections and repairs to roads, footways and structures and other parts of transport infrastructure Monthly meetings with transport partners ,eg rail,bus operators Transport partnership bi-monthly Emergency Planning scenario testing to improve response if required Good arrangements with contractors to respond to and deal with emergencies Out of hours team respond to incidents and events on transport network Twitter, Facebook and social media accounts to alert road users Control Centre for CCTV cameras to deal with events on network, links to bus company and police	Self assessment, signed off by S151 officer and checked and audited by DfT. Assessed as Level One out of Three Levels of Highways Asset Management Plan (HAMP)	DfT inspection of HAMP towards Level 3 which affects funding for BHCC. Last visit May 16 Internal Audits e.g. Shelter Hall	Directorate	DR 05 Failure of city's Transport Infrastructure	EEC	Assistant Director City Transport
D2	1. School Organisation Plan routinely reviewed internally 2. Work has been ongoing on securing site for new secondary school	1. Strategic Risk 17 agreed by ELT and last reviewed six monthly 2. Audit & Standards Committee focus on all strategic risks 3. Cross Party Working Group has been meeting to develop proposals around a new secondary admissions process 4. Independent report in Spring 16 gave assurance on pupil forecasting methodology	In case of dispute the Office of the Schools Adjudicator will adjudicate DfE monitoring of 'preference met' data	Directorate	DR 07 There are not sufficient or suitable school places across the city (included in Strategic Risk Register as SR17)	FCL	Assistant Director Education & Skills
D2	Directorate and Public Health involved in STP Programme Board for East Surrey and Sussex and the Public health workstream	Members and ELT kept up to date of progress and likely impacts	NHS England LGA Association of Directors of Adult Social Service	Directorate	DR 10 The Sustainable Transformation Plan (STP) in NHS impacts on arrangements for working with external partners	HASC	Executive Director Health & Adult Social Care

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D2	Brighton & Hove Caring Together programme / Keeping People Well Subgroup Needs assessment / JSNA to inform and target action Performance managed though KPIs process Prevention highlighted as priority within development of STP	Health & Wellbeing Board	NHS England tbc	Directorate	DR 08 Improving City wide health and well-being outcomes and the impact on HASC demand management	HASC	Executive Director Health & Adult Social Care
D3	1. Support and challenge for secondary schools offered by LA team 2. Ensuring that forecasts of educational achievement are more robust 3. Secondary School Partnership focused on achievement 4. Categorisation leads to effective action plans	There are several KPIs around KS3&4 achievement that are monitored by FCL Performance Board and then ELT, P, R&G Committee	As at Q1 16/17 86% of our schools are judged to be good or outstanding by Ofsted 2016/17 GSCE results saw a further rise, above national averagess	Directorate	DR06 Children underachieve at Secondary and post 16 education within the City	FCL	Assistant Director Education & Skills
D3	**D3. Optimising achievement of intended outcomes** **-** Ensuring the medium term financial strategy integrates and balances service priorities, affordabillity and resource constraints - Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term - Ensuring the medium term financial strategy sets the context for ongoing decisions on signficant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage - Ensuring the achievement of 'social value' through service planning and commissioning						

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D3	Joint work with Lewes DC, Adur & Worthing DC Service redesign to maximise efficiency Corporate Moderanisation Programme Income generation e.g. memorials and sites (Woodland Valley) TBM monitoring to assure appropriate levels of Life Events services provided BPI Work with PIP to achieve efficiences through modernised services, identify whether services can be improved & streamline process prioritise and deliver 7 workstreams through Bereavement Programme Board, eg exploring ICCM accreditation Continue Joint working with police and pathogist service to ensure ongoing service delivery and resilience	Bereavement Programme Board oversees 7 workstreams and reports into Corporate Modernation Delivery Board Life Events KPIS reported through Corporate Performance Team to ELT Electoral Services meet statutory timeframe to deliver elections as and when required	Statutory KPIs for bereavement and registration services are reported annually to General Register Office, part of Identify & Passport Service. Last annual report submitted May 16 Elections Claim Unit verify efficiency of elections as and when. Last time Claim was submitted was Sept 16 for PCC election May 16	Directorate	DR06 - Resources affecting service resilience and impact on the front line delivery to customers using the Life Events services	SGL	Executive Lead Officer Strategy, Governance & Law

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D3	Meetings arranged to manage community care spend on a weekly basis Major service redesign programmes in Assessment and Provider services are in place with the aim of delivering the services four year savings targets. Learning Disability Review is looking at opportunities across Children's and Adult services Continue to develop integrated teams through the Better Care programme to work both in a more integrated way to reduce duplication and to deliver services in a proactive way in order to reduce demand DoLs Governance Group monitors demand and reports to DMT Closely monitored at DMT as part of 4 year Plan developed for Directorate TBM reports monthly at DMT Reviewing all planned spend for Public Health for 2016/17, 2017/18 , 2018/19 and 2019/20 to take account of public health specialist budget reductions and council savings targets totalling £6m by 2020 Public health internal priorities group to take a close look at spend against CIPFA and other benchmarking tools Spending plans reviewed to ensure they offer value for money	HASC Modernisation Board receive update reports on budget and programmes ELT budget discussions on TBM PR&G Committee TBM updates regularly and then for information to Audit & Standards Committee ED HASC reports to Chief Executive	Independent external benchmarking with comparator authorities in terms of unit cost and spend External Auditors Use of Resources Opinion Annual returns to DoH regarding public health spend against mandated and non-mandated services, confirming all ring fenced grant has been appropriately spent on public health activities. Last submitted September 2016.	Directorate	DR01 Financial Pressures	HASC	Executive Director Health & Adult Social Care

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D3	HRA financial model and Business Plan sets out income generation levels from existing HRA assets & available financing to develop new assets to inform the future Investment Strategy Monthly monitoring of TBM at reported to ELT and Leadership Board Significant areas of demand and budget pressures in Temporary Accommodation have detailed recovery plans which are are monitored at DMT Ongoing 2016/17 budget pressures are included in the budget strategy for 2017/18 to ensure they are recognised going forward Cross cutting BPI programme on Temporary Accommodation includes adults, childrens services and housing and is supported by PIP Housing Management Asset Strategy approved for next 30 years by P&R Committee in March 2016 Regulatory Services redesign for Emergency Planning and Resilience and management realignment to deliver 120K saving. Deliver a modernisation programme that includes streamlining of Enforcement activities	DMT, ELT, Leadership Board and Policy Resources & Growth Committee oversee budget position Routine reporting and progress reported to Modernisation Board and City Neighourhoods, Community Collaboration and Joint Enforcement Board Regular reports to Housing & New Homes Committee; and Area Panels In 16/17 financial year have presented to ELT and Members on significant areas of demand and budget pressure, e.g. Temporary Accommodation Corporate Modernisation Board oversee progress of BPI programme on Temporary Accommodation	External Audit EY opinion on VfM s151 officer's interaction with government	Directorate	DR02 Financial Stability to enable Directorate service delivery	NCH	Assistant Director Housing

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D3	*Effective TBM monitoring at DMT *Service redesign toolkit in use and any restructures agreed at DMT level	*Modernisation programme operating and scrutinised at Modernisation Board 6 weekly *Performance Board oversees the outcomes *Budgets discussed regularly at ELT and with Members at Leadership Board *Challenge provided at Budget Scrutiny Group *Annual budget setting process has full Member oversight and governance through committee system	* Internal Audit work on our Troubled Families submissions to ensure we are entitled to our Payments by Results funding. At the last audit (June 16) internal audit examined 10% of the claims going forward for payment from the Troubled Families Programme (TFP). All 10% were approved by audit and on that basis audit authorised 100% of all claims that went forward to the TFP. * Independent Report commissioned in late 2015 that provided assurance, examination and recommendations around FCL budget issues	Directorate	DR 03 Budget pressures are unmanageable	FCL	Executive Director Families, Children & Learning
D3	Budget mgt, Targeted Budget Management (TBM) process 4 year savings plan & Medium Term Financial Strategy Modernisation Programmes Review of fees and charges/ income generation	Corporate Modernisation Delivery Board PR&G Committee and Service Committees Budget Council Greater Brigton Economic Board Corporate Investment Board	Government depts. DCLG, Dft, CIPFA, DEFRA Environment Agency	Directorate	DR 03 Directorate income & budget	EEC	Executive Director Economy, Environment & Culture

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E Developing the entity's capacity including the capacity of its leadership and with invidivuals within it						
E1 **E1. Developing the entity's capacity** - Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness - Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieve effectively and efficiently - Recognising the benefits of partnership and collaborative working where added value can be achieved - Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources						
E1 Performance Improvement & Programmes team to support, coordinate and challenge programmes and projects delivery. Reporting to the Corporate Modernisation Delivery Board, Directorate Modernisation Boards are set up to drive the programmes and projects forward and deliver outcomes and benefits. Reporting to the Directorate Modernisation Boards, there are Programme and Project Boards responsible for planning, set-up and management of programmes and projects. Corporate Modernisation Network consisting of project/programme managers across the organisation work to map and manage project/programme dependencies and escalate any risks/issues to Corporate Modernisation Delivery Board.	Corporate Modernisation Delivery Board has been set up to initiate and lead programmes and projects that are intended to achieve the Corporate Plan priorities and principles including cross-cutting programmes and projects. The Board is chaired by the Chief Executive and consists of Executive Leadership Team and other key officers of the council. The Board regularly reviews risks escalated by individual programmes and projects and initiates mitigating actions. The Board ensures limited resources are effectively targeted. A cross-party Member Oversight Group monitor progress and provide support and challenge as required. The financial benefits are reported to the Policy, Resources & Growth Committee as part of TBM reports.	Internal audit. Last reviewed May 2016 - 'reasonable assurance'	Strategic	SR22 Modernising the Council		Chief Executive
E1 Brighton & Hove City Council is part of Greater Brighton and the Greater Brighton Economic Board has been established The City Council submitted a bid for devolution deal with government with Greater Brighton Economic Board partners in September 2015 Devolution Programme consisting of four streams submitted for approval to the Corporate Modernisation Board	Corporate oversight through the Modernisation Programme Governance	None	Strategic	SR27 Devolution		Executive Director Economy, Environment & Culture

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E1	Prioritisation to clear backlog Workstyles programme preparation including UNIFORM software Recruiting to vacant posts, planners Political briefings	Weekly performance updates to Planning Committee Chair	None	Directorate	DR 08 Planning Service Income & Service Delivery	EEC	Executive Director Economy, Environment & Culture
E1	Royal Pavilion & Museums (RPM) Trust established Service re-modelling ongoing to achieve efficiencies Increased effort to raise income in a climate of instability, e.g. rail network	EEC Committee oversight and PR&G Committee through TBM reports PR&G will receive an update report regarding future management of RPM	Museums Accreditation through Arts Council	Directorate	DR 11 Sustainable Funding Model for Royal Pavilion and Museums	EEC	Head of Royal Pavilion & Museums
E1	*Service redesign toolkit is in use *The new social work model of practice is continued to be reviewed with feedback from young people and families at the heart *Consultation processes are well planned and staff assured of hearing about changes direct first *Dedicated CPMO support on major change programmes e.g. review relating to Youth Service; Fostering;SEND review; and Children's Centres * DMT monitor success of service changes via customer feedback, budget compliance and staff survey results * Children Families & Learning input into Health & Wellbeing Strategy	*All restructures are signed off at DMT level *Where relevant service redesigns are reported to Corporate Modernisation Delivery Board (having been monitored via FCL Modernisation Board) * Some redesigns require committee sign off eg recommissioning a large service	*Ofsted inspect our social care arrangements and have praised the direction of our New Model of Delivery in social work in May 2015.	Directorate	DR 01 Service redesign doesn't lead to improved services	FCL	Executive Director Families, Children & Learning
E1	Work with City and City region partners including Wired Sussex, Digital Catapult, Brighton University and Sussex University to establish cross sector relationships which support the ambitions of the City and channel opportunities to further establish Brighton & Hove as the Connected City. Includes joint development of research and investment bids in support of shared agendas and supporting devolution agenda.	Governance of Early Help Hub and pathway now monitored through LSCB Governance of MASH though Multi-Agency MASH Board Proportion of children living in poverty is one of the key indicators regularly monitored by ELT / P, R & G Committee	Ofsted inspected and were assured in our Early Help provision in May 2015	Directorate	DR 04 Without good and effective Early Help services there is increased need of costly statutory interventions for children and families	FCL	Executive Director Families, Children & Learning

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	First Line of Defence Management Control Note: reference made where possible to date last reported or reviewed	Second Line of Defence Corporate Oversight	Third Line of Defence Independent Assurance	Risk Strategic Directorate Policy/Process	Risk Number & Description	Directorate (if a Directorate risk)	Lead
E1	Strong links and partnerships working across Children's Services, Adult Social Care, Schools and health commissioner in Public Health and CCG Strong consultative approach across all stakeholders in designing new integrated provision Inclusion of parents, young people and senior officers from all agencies in the SEND review governance board	SEND review board includes rep from capital team, HR, legal and finance Reports are taking through CYPS Committee on progress of SEND Review and for key decisions	Ofsted and CQC conducted joint inspection on our SEND arrangements and future proposals in May 2016 and were fully assured	Directorate	DR 08 Special Educational Needs and Disability Review recommendations are not implemented	FCL	Assistant Director Health & Disability
E1	Orbis leadership team includes BHCC's Executive Director of Finance & Resources. There is sufficient representation on Orbis work streams to enable BHCC to act as a founding partner whilst moving to integrated working service by service. Orbis Project Board meets regularly to assess progress, provide challenge and ensure consistency of approach. Project Manager assigned from Corporate Project Management Office. Regular s151 officer meetings with Orbis on agenda.	Regular reports to BHCC PR & G Committee and Orbis Joint Committee to ensure congruency with Council decisions.	None at present; but Internal Audit review may be sanctioned during 2017.	Directorate	DR 01 Orbis Integration	F&R	Executive Director Finance & Resources
E1	F&R part of Corporate Modernisation governance arrangements in place to ensure change capacity is prioritised including effective use of modernisation funding. Directorate plan under regular review. Away Day priorities embedded in revised plan (not yet complete).	Regular reporting to ELT / Corporate Management Team.	Potential for Internal Audit review (not yet in place). External Audit (EY) opinion on adequacy of management arrangements and VfM.	Directorate	DR 02 Capacity of F&R to meet the Council's expectations given the level of savings required in 2017/18	F&R	Executive Director Finance & Resources

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E1	Business Planning process and PDPS plans for all staff enable identification, prioritisation and management of workloads Stress Risk Assessments are available to team and services where specific problems or pressures are identified Bi-annual staff survey to monitor engagement and develop response plans and actions New report to document the work that each service is doing and resources being consumed - designed to inform customers and provide choice	Presentation of Workforce performance data to Corporate Management Team (CMT) level Exception Reporting of Data Insight Report to ELT Consideration of extra support and challenge to managers of those areas where problems exist	Internal Audit review subject to available resources and prioritisation.	Directorate	DR 03 Managing staff workload, improving team resilience and enabling staff flexibility	F&R	Assistant Director Human Resources & Organisational Development
E1	Regular programme meetings Regular liaison with service leads Communications strategy	Corporate Oversight by Members CFDA Board Regular ELT review	Internal Audit review	Directorate	DR 08 Delivery of Digital First objectives	F&R	Executive Director Finance & Resources
E1	Work on Better care integration, workforce, Care Act implementation, vfm programmes. Provider Review group oversees changes within provider services including IAH re-structure, CSTS changes, Learning Disabilities accommodation review, day service changes-continues into 2016/17 New contractual arrangements to increase rates paid to social care providers Ensuring use of the 2% precept that local authorities are able to collect to support capacity in the independent sector Social Work Health Check by Principal Social Worker - agreement to implement findings to retain and develop workforce Social Workers aligned with 6 GP Clusters. Multi-disciplinary working underway with positive feedback Learning Disabilities Provider Service review	HASC Modernisation Board meets regularly and oversees major changes Adults Assessment redesign board Health & Wellbeing Board and PR&G Committee oversight Workforce Development Board (HR) :	Better Care Board and Integrated Provider Board oversee the integration around Place Based Care National monitoring of better care plans ASC Workforce Strategy Board now established	Directorate	DR 04 Major changes affecting Social Care	HASC	Executive Director Health & Adult Social Care

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E1	Monthly review of complaints across Regulatory Services is done by each Service Manager at the end of each month Review of Customer Access and Complaints in Housing Service Monitoring of Mears contract & effectiveness of digital systems for housing repairs and maintenance In Libraries - new Libraries plan has actions and performance measures to monitor effectiveness of digital development	Housing ICT Board assessing issues arising on Housing systems, e.g. Locator, OHMS	BSI Accredited inspection of Regulatory Services inspection processes Housing Ombudsman	Directorate	DR 01 Improving Customer Services through efficient digital systems	NCH	Head of Libraries
E1	New weekly DMT with interim Director pending start of new Director in January 2017 Formulated business canvass models for each service and mapping resources, service delivery and changes for the future Routine review and stress testing of 3 year budget plans to ensure resources in place to deliver service and meet demand New Directorate Plan Service Delivery Plans	Budget management process and overview at DMT, ELT and Policy, Resources & Growth Committee	Internal Audit of Business Continuity, July 2016 resulted in audit opinion of limited assurance	Directorate	DR 04 Increased demands	NCH	Environmental Health Manager
E1	Head of Community Safety capacity increased to enable better focus on most serious/harmful crimes including stronger links with safeguarding responsibilities. Increased resources from Home Office for Prevent work enabling an increase in capacity. Potential increase in resources from Home Office for work to support DVSV, details in Autumn2016. Revised commissioning for DVSV support services with funding from prevention being used to fund front line service provision for high risk cases. Commissioned analysis from police of all violent crime to understand and make recommendations on how to manage increased reporting of incidents in relation to the night time economy.	The Safe in the City Partnership Board (Chaired by BHCC CEO) manages performance and holds stakeholders to account in relation to crime reduction and community safety. This is a statutory requirement.	Performance in relation to community safety and crime is monitored by the Home Office and reported to the NCE Committee.	Directorate	DR 05 Capacity to address Serious Crimes that cause the most harm is reducing	NCH	Head of Community Safety

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E1	Heads of service within SGL ensure PDP discussions take place as a minimum every 4 to 6 weeks to discuss workload, development needs and any concerns. Heads of service convey corporate messages and initiatives to staff to ensure common understanding of direction of SGL and how it supports the organisation Heads of service operate open door policy to provide timely support as necessary Heads of service and DMT collectively ensure that their staffing and other resources are appropriately deployed Chief Executive and ELO SGL agreed to recruit and protect budget for Policy and Scrutiny Team From July 2016 Policy Team contribute as part of the Advisory Support Group (ASG) on each Modernisation Programme Orbis Public Law (OPL) shared service arrangement operating, launched 4 April 2016	Executive Leadership Team and Corporate Modernisation Delivery Board monitor performance of SGL and provide support and challenge. Staff survey results of SGL	LEXCEL, annual accreditation around July 16 found that Legal Services were outstanding in 22 areas of practice. ISO accreditation for Democratic Services - September 16. Pass result (only pass/fail awarded) Law Society Regulatory Body - ongoing, adhoc review	Directorate	DR 01 Change, Capacity &Support for Staff	SGL	Executive Lead Officer Strategy, Governance & Law
E2	**E2. Developing the capability of the entity's leadership and other individuals** - Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained - Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body - Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority						
E2	Officer Delegations reviewed when there are proposals to change the officer structure	Scheduled and reported to OGB, then reported to ELT, Policy Resources & Growth Committee and then Full Council	Local Government Ombudsman and the Courts would review if any challenge to decision making under the Officer Scheme of Delegation.	Policy/Process			Acting Head of Law
E2	Constitution reviewed when there are proposals to change the officer structure	Scheduled and reported to OGB, then reported to ELT, Policy Resources & Growth Committee and then Full Council	Independent Members of Audit and Standards Committee involved in the review. Local Government Ombudsman and/or Courts would review if challenged.	Policy/Process			Executive Lead Officer Strategy, Governance & Law

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E3	**E3. Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks** by: * ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged * ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis * ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external - Ensuring that there are structures in place to encourage public participation - Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections - Holding staff to account through regular performance reviews which take account of training or development needs - Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing						
E3	HR & Organisational Development Programme for officers to meet operational needs and mandatory training requirements. E- Induction programme in place to bring together mandatory learning for new staff Performance Development Planning supported via and online tool kit resource for managers	Data insight reporting on key areas of performance including PDP completion to DMTS	None	Policy/Process			Assistant Director Human Resources & Organisational Development
E3	Bi-annual staff survey provides year-on-year comparable data on what it's like to work for the council and is used to support continuing improvements to people's working life and to modernise the services we provide to the city. Equality data is requested in the survey so trends by characteristic can be analysed	DMT review ELT review	Internal Audit	Policy/Process			Assistant Director Human Resources & Organisational Development
E3	Risk Management arangements including Risk Reporting Timetable sets out dates and responsiblities to review, update progress & report: Directorate Risk Register(s); Strategic Risk Register; City Wide Risk Register.	*Escalation to ELT *Modernisation Programme performance reports & highlight reports at CMDB	Internal Audit commissioned Assurance Review of Risk Management Arrangements, , concluded 'reasonable assurance' (Nov 16)	Policy/Process			Risk Management Lead

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E3	1. Compensation Panel (consisting of Head of Law, HR and Finance) formally signs off any severance/redundancy packages 2. Business Planning process including Directorate Plans applies delivery of Corporate Plan to each service area 3. Some statutory Performance Indicators (PIs) are Key PIs and are reported regularly to ELT, quarterly or annually 4. Other Management Information for example from the annual Staff Survey highlighting areas for focus 5. HR working with others to develop a people strategy taking into account organisational needs	ELT and City Management Board exchange details of working arrangements and changes to key personnel across organisations	None	Strategic	SR25 Organisational Capacity as a Result of Change		Executive Director of Finance & Resources
E3	Communication to staff in a timely way to keep them informed of changes & formal staff consultation as appropriate Training options encouraged Living our Values training undertaken by Senior Managers Annual Workforce Plans defined for each service areas in conjunction with HR Staff sickness patterns and trends reviewed quarterly at DMT PDPS and 121s 2015 Staff survey conducted and corporate timetable defined. Individual services to circulated finds for their areas to staff and Actions Plans to be defined and implemented ASC Newsletter published bi-monthly	ELT reports to monitor staff wellbeing and staff absences and compliance with PDPS	None	Directorate	DR 07 Engaging Staff in Change	HASC	Executive Director Health & Adult Social Care
F	**F Managing risks and performance through robust internal control and strong financial management**						
F1	**F1. Managing risk** - Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making - Implementing robust and integrated risk management arrangements and ensuring that they are working effectively - Ensuring that responsibilities for managing individual risks are clearly allocated						

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F1	1. A welfare reform team is in place to monitor welfare changes and to coordinate a corporate response to them 2. Ongoing meetings have been held with DWP about change to Universal Credit and go live date for Universal Credit for a limited cohort is 14th December 2015. Budget and digital support has been commssioned from the third sector to support Universal Credit claimants. Timing for more advanced roll out in Brighton and Hove expected between Summer 2017 and September 2018. 3. Information is provided to inform housing and children's services colleagues re changes to benefit cap policy and impact on funding of temporary accommodation. Analysis of impact of the changes to the benefit cap in 2016 has been done and a joint strategy to minimise the impact of these changes is being planned across services. 4. Council Tax Reduction (CTR) policy options provided to members to give the option to partially mitigate impact of Tax Credit changes on local CTR costs as part of CTR yearly process. Consultation has been undertaken and reports authored for committee and council. 5. Provide caseworking support directly to customers most significantly affected by the changes (specifically the benefit cap) 6. Regular links maintained with advice and voluntary sector so impacts on citizens can be judged 7. Modelling of specific policies being undertaken to assess the impact on customers in terms of numbers and change. 8. Feeding into other relevant council work streams, for example actions around the CESP and the communities	Welfare Reform meetings at CMT level booked in to track these changes and enable a corporate response, this incorporates a detailed risk register with progress of actions reviewed at programme boards.	None	Strategic	SR24 Welfare Reform		Executive Director Finance & Resources
F1	Regular meetings with other Directorate Leads Joint meetings Engagement with colleagues at an early stage Business Partner leads from Support Services	Corporate Management Team (CMT) meetings Escalation to ELT Modernisation Programme performance reports & highlight reports at CMDB Corporate Management Team (CMT) meetings	None	Directorate	DR 09 Working well with other council services	HASC	Executive Director Health & Adult Social Care

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F1	Project management being identified to research options for mobile solutions. Agreed priority for CFDA My Life site upgraded and launched 1 July 2016, involved redesign of graphics, improved search functionality and integrated with Council web site. t	CFDA Board ELT oversight of Strategic Register SR18 Issue escalated to ELT due to cost and service implications	None	Directorate	DR 11 IT Systems to enable modern working and effective delivery	HASC	Assistant Director Adult Social Care
F2	**F2. Managing performance** - Monitoring service delivery effectively including planning, specification, execution and independent post implementation review - Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook - Encouraging effective and constructive challenge and debate on policies and objectives to support balanced and effective decision making - Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement - Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (eg financial statements)						
F2	Business Continuity Plans and Emergency Plans (tactical plans) receive overview by Corporate Emergencies & Resilience Team Highways Winter Maintenance Plan Flood Risk Plans Safety Advisory Group for Event Planning Corporate Business Continuity Group and Building User Groups review tactical plans and resilience	EEC DMT review directorate business continuity plans Regular review of risk management actions and DRR per Risk Reporting Timetable Corporate Business Continuity Group review of incidents, and peer review of incidents EEC contributes to Major Incident Support Team (MIST) Sussex Resilience Forum consider National Risk Register and Sussex Risk Register (and Brighton & Hove risk register) and agree common process	Internal Audit	Directorate	DR 04 Emergency & Resilience Planning	EEC	Assistant Director City Environmental Management

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F2	Credit check on suppliers at procurement stage to verify their financial health Procurement Exercise requires contractors and suppliers to supply policies and procedures Contract management monitoring arrangements Regular review of supply frameworks Directorate Modernisation Programme Board reviews ICT and all EEC business cases Property & Design input into all corporate business cases which relate to service re-designs Statutory select list of contractors and consultants	Corporate Modernisation Board Corporate Procurement help & advice Corporate Investment Board Strategic Delivery Board	Internal Audit	Directorate	DR 06 Complex supply chain and reliance on contractors	EEC	Assistant Director City Environmental Management
F2	Joint networking with CCG on the costs of care Profiling the cost of care to the council Transforming Care steering group Costs scrutinise costs Market testing to secure appropriate provision Work with Housing to secure accommodation From Jan 2016 BHCC provides fortnightly updates to NHS on people in Brighton & Hove in specialist placements	NHS/LGA : Joint work on a Regional Transforming Care Programme for Surrey and Sussex (Links to STP .) Transforming Care Partnership Board has a regional oversight and drives activity/ monitoring	CCG lead on local Transforming Care Action Plan for Surrey, Sussex and Brighton & Hove which reported to and is scrutinised by NHS England and the LGA	Directorate	DR 06 Commissioning of community placements for people with a learning disability who are currently living in long term hospitals - availability of placements and costs	HASC	Head of Commissioning
F3	**F3.a Robust internal control** - Aligning the risk management strategy and policies on internal control with achieving objectives - Evaluating and monitoring risk management and internal control on a regular basis - Ensuring effective counter fraud and anti-corruption arrangements are in place - Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor - Ensuring an audit committee, which is independent of the executive and accountable to the governing body: * provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment * that its recommendations are listened to and acted upon						

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F3	Corporate Risk Assurance Framework (CRAF)	ELT sign off and reported to Leadership Board, Leaders' Group and then to Audit & Standards Committee (January 2017)	Internal Audit External Audit	Policy/Process			Risk Management Lead
F3	Officers' Governance Board Terms of Reference incorporate oversight of risk management and internal control and action planning to monitor the delivery of AGS actions	ELT	External Audit	Policy/Process			Executive Director Finance & Resources
F3	Counter Fraud Strategy & Framework (Audit & Standards 21/6/16) . Develop action plan and implement Programme of work set out in the audit plan determined on an assessment of risks, including fraud risks. Risk of fraud considered as part of designing work for specific audit assignments	Management review of the Conflicts of Interest returns Specialist corporate fraud team identify and pursue specific instances of fraud focused on high priority areas	External Audit	Policy/Process			Head of Internal Audit
F3	Audit & Standards Actions List compiled to record Audit &Standards Committee recommendations and requested actions. This occurs after each meeting	Audit & Standards Committee receive summary of actions taken in response to their recommendations	Internal Audit External Audit	Policy/Process			Executive Director Finance & Resources

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F3	**F3b. Managing data** - Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data - Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies - Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring						
F3	1) A suite of Information Governance Policies has been approved; 2) An Information Governance training package has been rolled out across the entire organisation; 3) An Information Audit has been completed, including business impact assessments for the loss or compromise of Confidentiality, Integrity and Availability; 4) Physical access controls have been improved a result of the move to a new datacentre; 5) Cyber security controls introduced to minimize security risks and adoption of ITHC principles for internal security scanning.	1) The Senior Information Risk Owner ("SIRO") oversees the organisation's approach to Information Risk Management, setting the culture along with risk appetite and tolerances; 2) The Information Governance Board ("IGB") oversees and provides leadership on Information Risk Management and obligations arising from legislation such as the DPA 1998 & FOI 1998; 3) The Caldicott Guardians (CFS and ASC) have corporate responsibility for protecting the confidentiality of Health and Social Care service-user information and enabling appropriate information sharing; 4) The Information Governance Team operates as an independent function to provide to provide advice, guidance and oversight in key areas.	1) Internal and external ICT audits provide an objective evaluation of the design and effectiveness of ICTs internal controls; 2) IT Health Check (ITHC) performed by a 'CHECK'/'CREST' approved external service provider – covering both applications and infrastructure assurance; 3) Continued assurance from compliance regimes, including PSN CoCo, HSCIC IG Toolkit and PCI DSS Annual; 4) Oversight of Audit and Standards Committee.	Strategic	SR10 Information Governance Management		SIRO and Executive Director Finance & Resources
F4	**F4. Strong public financial management** - Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance - Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls						

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F4	* Ongoing review of the adequacy of risk provisions and reserves to support the budget strategy and to ensure financial resilience; * Financial recovery planning introduced in May 2016 for demand-led services to help mitigate an in-year forecast overspend in 2016/17. * Consultation and engagement for budget proposals continues to include staff, partners, businesses and Community & Voluntary Sector;	* Modernisation portfolio including VfM projects/programmes reviewed by cross-party Member Oversight group; * Close alignment of Corporate Plan and Medium Term Financial Strategy (MTFS) and service and financial planning; * Ongoing review of the MTFS assumptions, the impact of legislative changes; cost and demand pressures; savings programmes; and income and grant assumptions; * Adoption of 4-year service & financial planning approach which sets out what services propose to Stop, Retain and redesign, or commercialise; * Close monitoring of council tax, business rates and other income and regular updating of forecasts; * Continued review of the adequacy of savings programmes alongside other budget measures to support the budget strategy; * Ongoing review and challenge of value for money including Member review, benchmarking, and external audit review; * The cross-party budget review group reviews monthly TBM performance, including financial recovery plans.	* Annual review by Ernst Young (external auditors) of VfM arrangements leading to an opinion in the annual audit report. * Internal audit reviews of budget management arrangements.	Strategic	SR2 Financial Outlook for the council		Executive Director Finance & Resources
G1	**G Implementing good practice in transparency, reporting, and audit to deliver effective accountability**						
G1	**G1. Implementing good practices in transparency** - Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate - Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand						

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G1	Decision Records in respect of Policy Committees. Regulatory committees, eg Licensing and Planning decisions are issued direct from the involved directorate to the client. For Audit & Standards there is an action sheet which is regularly monitored	Implementation of decisions through budget and performance management processes; complaints process	Internal Audit External Audit Formal appeals to Magistrates Court for licensing and can overtuirn decisiosn Planning Inspector appeals and can overturn decisions Policy decisions subject to Judicial Review	Policy/Process			Executive Lead Officer Strategy, Governance & Law
G1	Audit & Standards Annual Work Plan details progress reports e.g. annual review of internal audit arrangements, Strategic risks & HR OD	None	External Audit	Policy/Process			Head of Internal Audit
G2	**G2. Implementing good practices in reporting** - Reporting at least annually on performance, value for money amd stewardship of of resources to stakeholders in a timely and understandable way - Ensuring members and senior management own the results reported - Ensuring robust arrangments for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement) - Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate - Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timetely basis and the statements allow for comparison with other, similar organisations						
G2	Cross council input into Contracts Register Council publishes all payments to suppliers over £250 from April 2013 Contracts Register available on council website to provide full details of contracts	Corporate Procurement Team oversee	Internal Audit	Policy/Process			Assistant Director Finance
G2	Publication Scheme records FOI requests and how BHCC classify and deal with responses. Work underway to update guidance and approach	Information Governance Board ELT	Information Commissioner's Office	Policy/Process			Executive Director Finance & Resources
G2	Relevant set of statistical Performance Indicators against peer Comparator Groups reported to Directorate Management Teams and ELT six monthly (June 16)	Policy, Resources & Growth Committee review and provide challenge relating to performance against corporate indicator set	Corporate indicator set support Corporate Plan and is reviewed at part of Statement of Accounts by EY	Policy/Process			Head of Performance, Improvement and Programmes

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G2	**G3. Assurance and effectively accountability** - Ensuring that recommendations for corrective action made by external audit are acted upon - Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon - Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations - Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement - Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met						
G3	Internal Audit (IA) plan and charter requires compliance with public sector internal audit standards	Head of IA self-assessment of effectiveness compared to public sector internal audit standards to reported to Audit & Standards Committee.	External audit places reliance on IA work for audit of the financial statements. External assessment of IA planned for 2017/18.	Policy/Process			Executive Director Finance & Resources
G3	Data breaches collated by Information Governance team on ad-hoc basis, plus a quarterly review	IGB and ELT	Information Commissioner's Office	Policy/Process			Executive Director Finance & Resources
G3	Terms of Reference for each Thematic Strategic Partnership Each representative on Thematic Strategic Partnership Group reports and seeks approval of any actions relevant to their organisation through their organisation's normal decision making process Stakeholders have access to Brighton & Hove Connected website where most documents are published; and meetings are held in public	City Management Board chaired by B&HCC Chief Executive receives performance reports and the city wide risk register for approval on a six monthly basis Brighton & Hove Connected includes partnership organisation's Chief Executives; all political party leaders at Brighton & Hove City Council; council officers represented on the Executive Leadership Team	Internal Audit	Policy/Process			Executive Lead Officer, Strategy, Governance & Law