

# Brighton & Hove City Council

Appendix 1:

Strategic Risk Focus Report: SR13, SR20, SR32 and SR33

All

*Print Date: 04-Sep-2018*

### Initial Rating

LIKELIHOOD	IMPACT				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	0	0	0	0	0
Likely (4)	0	0	0	1	0
Possible (3)	0	0	0	2	0
Unlikely (2)	0	0	0	0	1
Almost Impossible (1)	0	0	0	0	0

### Revised Rating

LIKELIHOOD	IMPACT				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	0	0	0	0	0
Likely (4)	0	0	0	0	0
Possible (3)	0	0	2	1	0
Unlikely (2)	0	0	0	0	1
Almost Impossible (1)	0	0	0	0	0

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1 - 3
Low
Monitor periodically

4 - 7
Moderate
Monitor if the risk levels increase

8 - 14
Significant
Review and ensure effective controls

15 - 25
High
Immediate action required & need to escalate to the management level above

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR13	<b>Not keeping vulnerable adults safe from harm and abuse</b>	Executive Director Health and Adult Social Care Assistant Director Adult Social Care Head of Adult Safeguarding	BHCC Strategic Risk, Legislative	25/07/18	Threat	Treat	Amber L3 x I4	Amber L3 x I3		Revised: Uncertain

### Causes

Link to Corporate Plan: Our Purpose – A Good Life; Ensuring a City for all ages, inclusive of everyone and protecting the most vulnerable. Keeping vulnerable adults safe from harm and abuse is a responsibility of the council. Brighton & Hove City Council has a statutory duty to co-ordinate safeguarding work across the city and the Safeguarding Adults Board. This work links partnerships across the Police and Health and Social Care providers. Under the Care Act, since 2015, the Local Authority has a statutory duty to enquire, or cause others to enquire, if it believes a person with care and support needs is experiencing or is at risk of harm and abuse and cannot protect themselves. In 2017/18 971 safeguarding enquiries were completed by the adult assessment service.

The Care and Support Statutory Guidance makes requirements regarding ‘Making Safeguarding Personal’ setting expectations for safeguarding work to be ‘person led and outcomes focussed.’

Due to a national legal judgement in early 2014 on Deprivation of Liberty Safeguards (DoLS) the council has seen a significant increase in requests for Standard Authorisations for deprivations of liberty; numbers have increased significantly testing the council's capacity to deliver.

### Potential Consequence(s)

- \* Failure to keep vulnerable adults safe from harm or abuse will pose risk to vulnerable citizens
- \* Failure to meet statutory duties could result in legal challenge
- \* Failure to respond to a more personalised approach could result in challenge
- \* Inadequate budget provision could result failure to meet statutory requirements

### Existing Controls

First Line of Defence: Management Controls

1. Local Safeguarding Adults Board (LSAB) work plan established, with independent leadership, with aligned LSAB sub group work plans
2. Multi agency safeguarding adult procedures in place, for preventing, identifying, reporting and investigating allegations of harm and abuse, in line with

Care Act requirements and endorsed by all 3 Sussex Safeguarding Adults Boards. Continuous professional development plan in place for social work qualified staff, including a training programme and Practice Development Groups, for Care Act and Mental Capacity Act requirements. Impact of assessment staff training monitored through Audit Moderation panel.

3. 'What to do if you or someone you know are being abused or neglected' leaflet produced by LSAB, available on LSAB members websites and hard copies distributed. Adults Safeguarding information on all LSAB member websites, including how to raise a concern and relevant contact details. The BHCC website has a Safeguarding Adult section, with information for the public regarding recognising abuse, how to report.
4. E-learning on Safeguarding Adults basic awareness is available for all BHCC staff, and Independent and Voluntary sector organisations.
5. Core training in safeguarding and mental capacity available via BHCC Workforce Development Team for all provider services (Independent and Voluntary Sector) who provide an adult social care function.
6. For Adult Social Care (ASC) staff who have contact with vulnerable people, Safeguarding Awareness Training is Mandatory.
7. BHCC Quality Monitoring Team oversee process in place to monitor quality of adult social care providers, in partnership with Clinical Commissioning Group (CCG), and Care Quality Commission (CQC).
8. Violence Against Women and Girls training programme available for LSAB member organisations, and ASC Assessment Service staff enabled to attend.
9. Dedicated Principal Social Work post for adult services, ensuring well trained, motivated social work service, meeting continuous professional development requirements in line with Social Work Professional Capabilities Framework, including expectations for professional supervision.
10. Senior Social Work/Operational Management authorisation of all Mental Capacity assessments undertaken in ASC Assessment Service.
11. Named Enquiry Supervisor for all Safeguarding Enquiries undertaken in ASC Assessment Service.
12. Deprivation of Liberty Safeguards (DoLS) Team to lead and co-ordinate all DoLS referrals in line with statutory requirements.
13. Approved Mental Health Practitioner (AMHP) Operations Manager overseeing the AMHP Team, to meet all relevant statutory requirements.

#### Second Line of Defence: Corporate Oversight

- 1 Quality Assurance across key agencies, monitored by the Independently Chaired LSAB, with annual progress report on the LSAB work plan published.
- 2 Multi agency, and single agency safeguarding audits undertaken. The Safeguarding Adult Review sub group of the LSAB continues to meet monthly, and considers referrals for Safeguarding Adult Reviews, as well as looking at relevant coroner's rulings for the area.
3. Quarterly audit framework for adult social work service monitoring safeguarding enquiry practice are monitored by Audit Moderation Panel, and Corporate Performance Indicator (KPI) to monitor number of Safeguarding Enquiries not meeting Practice Standards
5. Care Governance Board overseeing Quality Monitoring.
6. Learning from Safeguarding Adult Reviews (SARs), monitored through SAR sub group of the LSAB.
7. Yearly Social Work Health Check undertaken jointly by Principal Social Workers in both Adult Social Care; and Families, Children & Learning
8. LSAB Independent Chair meets quarterly with Chief Executive
9. LSAB annual report to Health and Wellbeing Board, includes statutory progress report on LSAB work plan.
10. Pan Sussex Safeguarding adults procedures group, meets quarterly, to review and update Sussex Safeguarding Adults procedures regularly, ensuring they are legally compliant and responsive to local and national practice development and learning.
11. Dols Governance/Mental Health Act Group, meets quarterly, attended by Assistant Director and Head of Adult Safeguarding, to ensure activity under DOLs and the Mental Health Act is quality assured, meets legal requirements, and activity is delivered with an efficient use of resources.
12. Departmental Management Team and HASC Modernisation Board oversee developments and monitor risks to Department.

13. Working with ADASS (association of directors of adult social services) on monitoring the impact of DoLs work to Local Authorities following the Supreme Court ruling in 2014 (P v Cheshire West Council and P&Q v Surrey County Council).

Third Line of Defence: Independent Assurance

CQC Inspection of in-house registered care services, ongoing. Information on council website re. inspection results: <https://www.brighton-hove.gov.uk/content/social-care/getting-touch-and-how-were-doing/adult-social-care-inspection-reports-council>

LGA/ADASS Peer review programme – Sector Led Improvement Peer Review undertaken 2013, ‘Safeguarding and Self Directed Support’. Action Plan completed June 2014. ADASS are currently considering the plan for further peer reviews and are responsible for developing the review programme.



Reason for Uncertainty in Effectiveness of Controls: Despite efforts there are no guarantees that there will not be incidents.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Advance level Safeguarding training to be developed and rolled out to senior and experienced social workers	Head of Adult Safeguarding	50	01/01/19	01/06/18	01/01/19
<b>Comments:</b> Course content is being developed and is being consulted on with stakeholders. Dates have been booked for delivery Autumn/Winter 2018					
Continue to learn from Safeguarding Adult Reviews, coroners inquests and case reviews	Head of Adult Safeguarding	75	31/03/19	01/04/15	31/03/19

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p><b>Comments:</b> Updated June 2018</p> <p>A Safeguarding Adults Review was undertaken (called SAR X), written by an Independent Author commissioned by the Local Safeguarding Adults Board (LSAB) following the death of a person who was homeless, who was at times not engaging with support agencies, and with a Personality Disorder. The review was commissioned by the LSAB in April 2016.</p> <p>The SAR Sub Group of the LSAB (Chaired by B&amp;H HealthWatch) has finalised the SAR X Action plan.</p> <p>The SAR X Action Plan is reviewed and monitored via the SAR Sub Group, which reports to the LSAB. The SAR Sub Group will monitor the completion of the Action Plan. Last reviewed at the SAR Sub Group 09/05/2018 and noted to be on target for completion.</p> <p>SAR X summary is published on the LSAB website <a href="http://brightonandhovelscb.org.uk/safeguarding-adults-board/safeguarding-adults-reviews/">http://brightonandhovelscb.org.uk/safeguarding-adults-board/safeguarding-adults-reviews/</a>.</p> <p>A briefing regarding SAR X has been completed, and has been circulated to all LSAB member organisations for staff awareness.</p> <p>A multi agency audit has been completed by the LSAB for a number of people identified as homeless/rough sleeping. An Action Plan has been drawn up from this audit, which has agreed at the Quality Assurance Sub Group of the LSAB on 23rd October 2017. Progress on the Action Plan is be monitored through the Quality Assurance Sub Group and reported to the LSAB, and is noted as on target for completion.</p> <p>A further multi agency audit has been completed November 2017 regarding safeguarding enquiries where there has been allegations of sexual abuse/violence. A report of initial findings and recommendations was be taken to the Quality Assurance sub group on 22/01/2017 for agreement. An action plan has been drawn up and is monitoring through the Quality Assurance sub Group.</p> <p>The next planned audit is on Mental Health Capacity and is scheduled for July-August 18.</p> <p>Learning from a safeguarding Adult Review undertaken by the East Sussex Safeguarding Adults Board has been shared, as a learning briefing, with member organisations of the B&amp;H SAB, and a presentation and discussion session regarding the learning specific to care home providers was held at the Care Home Forum 06/06/2018.</p>					
Performance Indicator for assessment service staff attendance on core training sessions to be monitored through the Statutory Duties Training Group.	Head of Adult Safeguarding	75	30/01/19	20/01/17	30/01/19

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p><b>Comments:</b> Lead Enquiry Officer (LEO) training for safeguarding adults was developed by the Professional Standards and Safeguarding Team, to build on training rolled out in 2015 when the Care Act started, and on on-going Practice Development Groups. From July 2017 a two day training course is delivered every two months, facilitated by Practice Managers in the Safeguarding and Professional Standards Team. The sessions July 2017 - June 2018 have been fully subscribed to and were well received by attendees as they felt it would support their practice. The position planned by January 2019 is that that every social worker undertaking the Lead Enquiry Officer role will have completed the new training and the expectation is that that all new postholders will undertake the training when in post. The training content and coverage is monitored via the Statutory Duties Training group, chaired by the Principal Social Worker for Adults.</p>					
<p>Programme of Prevent training to be rolled out to all Assessment Service staff in contact with citizens, Senior Social Workers and Operations Managers, and Registered Managers of provider services. All relevant staff to have attended training by April 2019.</p>	<p>Head of Adult Safeguarding</p>	<p>65</p>	<p>29/03/19</p>	<p>20/01/17</p>	<p>29/03/19</p>
<p><b>Comments:</b> 97 staff have been trained so far, which is 65% of the target workforce (150). Further courses are in place throughout 2018/2019. Aim for full completion by April 2019.</p>					

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Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR20	<b>Inability to integrate health and social care services at a local level and deliver timely and appropriate interventions</b>	Executive Director Health and Adult Social Care Interim Head of Adult Social Care Commissioning Assistant Director Adult Social Care Assistant Director - Integrated Services	BHCC Strategic Risk, Economic / Financial	25/07/18	Threat	Treat	 L3 x I4	 L3 x I3		Revised: Uncertain

Causes

Link to Corporate Plan Priority 3: Health and wellbeing

The ability of the health and social care system to progress with integrated teams and to commission appropriate services to support early intervention and ongoing care.

Potential Consequence(s)

If parties do not work together as agreed, or organisation's priorities change, it will affect delivery of performance targets. Any failure of delivery will impact on the Acute Trusts' costs and our ability to release efficiency savings to create new services.

Existing Controls



First Line of Defence: Management Controls

1. The CCG operates across 6 Clusters. From April 2017 three Social Care District teams support these Clusters so that social care operational work is aligned
2. Better Care Board established (high level and cross sector representation) and co-chaired by Executive Director Health & Adult Social Care and CCG Director of Commissioning, with oversight by Health & Wellbeing Board
3. Finance and Performance Board monitors spend and performance
4. Health & Social Care Integration Board (HSCB) jointly chaired by CCG and BHCC meets monthly to identify and plan for delivery of integrated services

Second Line of Defence: Corporate Oversight

1. Health & Wellbeing (HW) Board reviewed and governance arrangements in place to help deliver an integrated approach, including oversight of the Better Care Plan
2. Better Care Plans in place. Section 75 signed off
3. Partnership work agreed and submits and annual Better Care Plan since the deadline in March 2014. Revised Better Care plan for 2017-19 submitted and approved

Third Line of Defence - Independent Assurance

1. NHS England signed Better Care Plan, submitted Nov 2017 (approved with 2 conditions, addressed).
  2. Quarterly Better Care submissions to NHS England ongoing
  3. internal Audit - No specific Internal Audit work in 2017/18. Some independent assurance on this risk is provided by NHS England
- In 2016/17 our work reviewing the Better Care Fund gave Limited Assurance. The audit on Public Health concluded Reasonable Assurance.

Reason for Uncertainty of Effectiveness of Controls - Partners' budgets are often determined by Government.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Develop 2nd Tier of Mental Health Integrated Services with SPFT to involve BHCC staff being seconded to SPFT within the framework for the revised S75 agreement.	Assistant Director Adult Social Care	100	30/06/18	01/04/16	30/06/18
<b>Comments:</b> All relevant BHCC social worker staff already seconded and working alongside SPFT. Final S75 agreement approved by HW Board 30/6/18					

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Further develop and simplify Integrated Discharge Pathways with service users and their families, involving partners BSUH, SCFT, CCG, Independent Providers, Third Sector and other local authorities	Assistant Director - Integrated Services	65	31/03/19	01/04/16	31/03/19
<p><b>Comments:</b> HASC's Assistant Director, Integration represents BHCC to develop this work to enable efficiency, a person centred approach and reduce duplication. An operational group meets (CUCORG) and reports to the Accident &amp; Emergency (A&amp;E) Delivery Board; Progress is also monitored through CATO (Caring Together). A co-produced progress update report will be reported to the A&amp;E Delivery Board on 28 June 18.</p>					
Further integration with Primary Care Clusters	Assistant Director - Integrated Services	25	31/03/19	01/04/16	31/03/19
<p><b>Comments:</b> Meetings have taken place between the Health &amp; Social Care Integration Board and representatives of the Clinical Commissioning Group (CCG). Development of further integration programmes of work as directed by the Board have received support from the council's Corporate Programme Management Office , however due to operational demands other priorities have taken precedence and work is on hold at this time, and recommencement will be reviewed.</p>					
Plan Admission Avoidance with SCFT to extend delivery of social care responsibilities and enable more effective services	Assistant Director - Integrated Services	100	28/02/18	02/01/18	28/02/18
<p><b>Comments:</b> In November 2017 social Care staff moved into the Sussex Community Trust premises to form the Referral Management Hub which has delivered improved outcomes.</p>					
Robust Section 75 agreements to be reviewed.	Executive Director Health and Adult Social Care	75	30/04/18	23/03/16	31/03/19

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p><b>Comments:</b> We entered into a shadow year from April 2018 for the integration of health and social care. Robust s75 agreements are in place to support this shadow year. There are two Section 75 (s75) agreements: 1) Better Care which is led by the CCG and was reviewed with CCG, signed off between the council and the CCG at end of March 18; and 2) with the Sussex Partnership Foundation Trust (SPFT) agreed in May 2016 with a slight change to risk share and budget and from 2018 an updated S75 agreement is working towards completion.</p>					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR32	<b>Sub-standard health &amp; safety measures lead to personal injury, prosecution, financial losses and reputational damage</b>	Executive Director of Finance & Resources Head of Health and Safety Head of Housing Strategy, Property & Investment	BHCC Strategic Risk	25/07/18	Threat	Treat	Amber L2 x I5	Amber L2 x I5		Revised: Adequate

#### Causes

To ensure that the council meets the requirements of law and controls the likelihood and impact of risks which have potential to cause harm to residents, visitors and stakeholders there must be robust oversight of arrangements in delivering services and procuring goods to meet health and safety (H&S) legislation and other regulatory requirements. This is challenged by reducing resources, increasing demands and changes to our operating environment.

#### Potential Consequence(s)

- \* Actual and potential harm
- \* Custodial sentences for duty holders
- \* Fines and litigation
- \* Resources wasted
- \* Decisions made are challenged
- \* Increased costs of rectifying mistakes
- \* Financial stability of organisation compromised
- \* Reputational damage

#### Existing Controls

First Line of Defence: Management Controls

1. Health & Safety (H&S) policy which sets out roles, responsibility and arrangements
2. Access to competent advice (Health & Safety team) including technical fire safety lead investigation of all health & safety incidents
3. Safety management framework - Team Safety

#### 4. H&S Training core programme

5. Fire Risk Assessments (FRAs) in place on council buildings with a programme of review which is monitored by Head of Health and Safety and AD Property and Design

6. Wellbeing Steering Group managed by Health & Safety team - stronger links to staff issues, e.g. the causes stress and anxiety

7. Property & Design team check of cladding on all non housing buildings in the operational portfolio, eg. civic officers, historic (museums and libraries) , social care, schools, sports pavilions etc. and the non-operational commercial portfolio

8. Housing Fire Health and Safety Board (Council, East Sussex Fire & Rescue Service & Mears) continue to oversee co-ordination of resources and manage actions through to completion. Enhanced fire risk assessments have been carried out on High Rise blocks impacted by fire door issues emerging from the Grenfell Inquiry. The enforcing authority are supportive of our approach.

9. Newly established Economy, Environment and Culture health & safety board which oversees co-ordination of resources to manage risk and emerging safety issues

#### Second Line of Defence - Corporate Oversight

1. Corporate H&S Committee, meets quarterly.

2. Managers complete Health & Safety checklists linked to Team Safety plans

3. H&S audit programme

4. Housing, Fire, Health & Safety Board meets regularly includes representation from East Sussex Fire & Rescue Service, the council's health & safety, Communications and Building Control and housing managers

5. H&S representation at Risk Management Steering Group/Safety Advisory Group/Major Incident Support Team (MIST)

6. Community initiatives partnership, governance and escalation through members' existing governance structures

#### Third Line of Defence: Independent Assurance

1. Post Grenfell tragedy information required by Ministry of Housing Communities and Local Government (MHCLG) in relation to council owned blocks has been provided.

Conference call held with MHCLG on 7 September 17 regarding our approach and the work we've done since Grenfell, in particular in relation to purpose built private sector blocks. The Ministry of Housing Communities and Local Government and East Sussex Fire and Rescue Service continue to be supportive of the approach being taken by the council and information being provided to date (see also update included in first line of defence item 8 above).

We have collated responses to DCLG to a list of questions to allow DCLG to complete a new burdens assessment with regard to the private sector building data collection they have asked LAs to complete. ELT updated on DCLG requests for information and approach concerning purpose built private sector blocks (January 2018).

2. Department for Education (DfE) undertook on-line survey of construction of schools premises, returned by the council 30/6/17.

3. Health & Safety Executive (HSE) - last HSE visits: as part of National Waste Initiatives at Depot in 2016 resulted in minor recommendations which were actioned. HSE HSE Control of Vibration unannounced inspection in City Parks in October 2017, linked to national focus on work related health, update: areas for improvement identified which has led to development of an action plan with assigned leads and timescales for action. Progress is tracked by the newly established EEC health & safety board. The Health & Safety Executive are satisfied with the approach being taken and progress being made.

4. East Sussex Fire & Rescue Service (ESFRS) Regulatory Reform (Fire Safety) Order - ESFRS undertake citywide audits according to a prioritised programme which includes a range of council buildings. No inspections of council buildings have led to the need for enforcement action. All Council high rise buildings have been visited by ESFRS.
5. Council reported to Ministry of Housing Communities & Local Government (MHCLG) on private sector blocks visual inspections.
6. Internal Audit - No specific Internal Audit work in 2017/18. Independent assurance on this risk is available from the inspections carried out by the HSE and East Sussex Fire and Rescue Authority.

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR33	<b>Not providing adequate housing and support for people with significant and complex needs</b>	Executive Director Health and Adult Social Care Interim Head of Adult Social Care Commissioning Assistant Director - Integrated Services Head of Adult Safeguarding	BHCC Strategic Risk	25/07/18	Threat	Treat	 L4 x I4	 L3 x I4		Revised: Adequate

Causes

Link to Corporate Plan: Our Purpose - A Good Life; Ensuring a City for all ages, inclusive of everyone and protecting the most vulnerable.  
 Lack of affordable housing within the city and housing benefit changes  
 Unclear needs assessment for clients in this group and likely demand  
 Cross planning across organisations and services is complex  
 Services are not able to cope with demand.

Potential Consequence(s)

People are placed in inappropriate accommodation which may present a danger or risk to them or others  
 People may not get the appropriate services and support to address their needs  
 Placing people in unsuitable accommodation for their needs  
 Failure to review ongoing needs of individuals and their family once initially housed  
 Clients are not supported appropriately  
 Public services deal with the effect, e.g. hospital admissions, anti-social behaviour, self-harm  
 Increased financial pressures are ongoing  
 Outcomes for services and clients are not achieved.

Existing Controls

#### First Line of Defence - Management Controls

Housing Strategy.

Rough Sleeping Strategy.

Greater cross-directorate recognition of pressures and delivery issues between housing and adult social care led by Executive Directors (EDs) and senior officers.

Commissioning process for rough sleeping and single homeless persons has reached a conclusion and the services will be commissioned and reviewed. Agreement at Strategic Accommodation Board (SAB) to start transition planning five years earlier to ensure there is sufficient lead time to create the necessary provision.

#### Second Line of Defence - Corporate Oversight

1. Strategic Accommodation Board (SAB) formed in 2018 and meets bi-monthly chaired by ED HASC formed of ED Neighbourhood, Communities & Housing (NCH), senior directorate representatives to supplement housing strategy and enable focus on vulnerable adults and children. Strategic action plan now being developed focusing upon available council sites and Clinical Commissioning Group (CCG) also attend as co-strategic partner.
2. Rough Sleeping Strategy Board, cross organisational, meets quarterly, chaired by Head of Policy & Partnerships on behalf of City Management Board.
3. SAB active learning from current cases escalated by officers or others e.g. the Local Government & Social Care Ombudsman (LGSCO).
4. Health & Wellbeing Board; Housing Committee.

#### Third Line of Defence - Independent Assurance

1. Independently chaired Local Safeguarding Adults Board meets quarterly and provides an annual report to the Health & Wellbeing Board.
2. Independently chaired Local Safeguarding Children Board meets quarterly and provides an annual report to the Health & Wellbeing Board.
3. Internal Audit - This is a new risk (March 2018). No specific Internal Audit work.
4. Assurance on this risk is provided by the Local Safeguarding Adults Board and the Local Safeguarding Children Board both of which are independently chaired.

<b>Risk Action</b>	<b>Responsible Officer</b>	<b>Progress %</b>	<b>Due Date</b>	<b>Start Date</b>	<b>End Date</b>
Conduct in-depth Joint Strategic Needs Assessment on people with multiple and complex needs agreed as a priority by Health & Wellbeing Board (March 18)	Director of Public Health	10	31/03/19	02/07/18	31/03/19
<b>Comments:</b> Health & Wellbeing Board approved 2018/19 programme with resources identified.					



Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Develop and roll out communication with Tier 4 managers to be aware of Strategic Accommodation Board to improve escalation of cases to SAB in order to inform SAB's understanding of cases	Executive Director Health and Adult Social Care	10	31/12/18	12/07/18	31/12/18
<b>Comments:</b> This work has been agreed by ED HASC and will be raised at SAB for further input					
Needs Assessment using Public Health data and other intelligence to inform adult social care commissioning - demands analysed, resource availability and reported to Strategic Board and communicated to provider market and partners to develop capacity	Interim Head of Adult Social Care Commissioning	10	30/03/19	01/02/18	30/03/19
<b>Comments:</b> Some analysis provided to Strategic Accommodation Board, e.g implementation agreed Learning Disability accommodation review undertaken and reported to Health & Wellbeing Board on 6/3/18. The HASC Directorate Plan contains action on the Market Position Statement as a priority. The Market Position Statement will be reported to Health & Wellbeing Board in September 2018.					
Service Review of inhouse hostel provision to ensure it meets future needs	Assistant Director - Integrated Services	50	31/03/19	12/03/18	31/03/19
<b>Comments:</b> Members agreed a decision to keep in-house hostels in place. Review of future policy in line with new model and continual review to ensure delivery is in line with specifications .					
Strategic Accommodation Board to inform internal and external relevant stakeholders about what the city requires to meet needs of vulnerable adults and children.	Executive Director Health and Adult Social Care	10	31/03/19	07/09/17	31/03/19

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p><b>Comments:</b> Strategic Accommodation Board (SAB) has been established and first met September 2017 and by August 2018 a work plan has been developed to inform the work of the SAB.</p>					