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HELA

Fit3 Strategic Programme – Update

A Paper by Simon Longbottom

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Issue

1. To update HELA on Fit3's significant progress since the last meeting and to endorse the Roadmap and Local Authority (LA) partners involvement.

Timing

2. Immediate. Project delivery proposals for 2005/06 within HSE have advanced to such a stage that we are now clear on how we would like Local Authority contributions to help HSC/E to deliver its strategy and central government targets. Timing is urgent to meet LA planning demands.

Recommendation

3. That HELA members support the proposed project portfolio described at Annex 1 and encourage LAs to align their health and safety interventions to HSC's priorities as defined by the portfolio, taking into account the local priorities that exist.

Background

4. The Fit for work, fit for life, fit for tomorrow (Fit3) strategic programme has been designed to deliver HSC/E's PSA target to improve health and safety outcomes, achieving by 2007/08, against a baseline of 2004/05:

- A 3% reduction in the incidence rate of work related fatal and major injuries;
- A 6% reduction in the incidence rate of cases of work related ill health;
- A 9% reduction in the incidence rate of days lost due to work related injuries and ill health.

5. Each programme has analysed the statistical data available to determine the areas of business where there is the largest amount of case generation and therefore the greatest scope for incidence reduction. A suite of interventions has been designed which collectively should deliver the required target contribution to achieve each element of the PSA target. This has drawn on practitioner input from both HSE and LAs provided by means of a network of delivery partners who ‘buddy’ each programme, at both programme and project design level and by contribution to the governance through membership of programme boards.
6. Interventions have been modelled using a process of intervention logic modelling. This has provided an estimate of the inputs necessary (staff resources, communications spend etc.) to achieve the awareness raising (initial outcome) needed for a proportion of that audience to change their behaviour and manage risk better (intermediate outcome) so that ultimately a reduction in incidence rates is achieved (final outcome).
7. As well as providing estimates of initial resource required, intervention logic modelling gives us a way to measure the progress of the programme – how much and by when. This performance information is being gathered using a suite of employer and employee survey work.
8. This proposed project portfolio was discussed and agreed at a meeting of programme teams and delivery partners from both FOD and LA’s on 14-15 September. A significant amount of case generation lies within the LA enforced sector and thus targeted LA involvement is crucial to the success of the programme. LA involvement in what will be new areas of work for some is requested, including intervention on stress in the financial services sector; and on skin disease in food preparation, hair and beauty and floristry. HSE will provide the briefing and training support required.
9. Projects for which LA contribution is requested were collated and discussed at a meeting of FOD LA Partnership Managers on 21 September. Some of these build on the apparent early success of existing partnership work including Backs! 2005 and Moving Goods Safely in London.
10. Following the Ashford meeting, it was agreed that a summary of all the requested contributions would be drafted for discussion between the partnership managers and their regional LA associations. This is still work in progress and more detail will be provided to Partnership Managers for discussion with regional LA Associations in the near future, but the current version is attached at Annex 1.
11. Importantly, this document will make clear how LAs are being asked to contribute. It will allow for LAs to plan the broad priorities for 2006/07.
12. The current version of the overall Fit3 Roadmap, which summarises activity across HSE as well as anticipated LA contributions, is attached for information at Annex 2.

Argument

13. The next steps are for agreement to be reached between individual LAs and partnership managers as to the contribution they are able to commit to in 2006/07. It is anticipated that these contributions will vary regionally with the spread of business activity and the impact this has on local health and safety priorities. For example, we can anticipate the need for more interventions in logistics/warehousing to tackle workplace transport risk in central England where many of the distribution hubs are located. Other businesses are more evenly spread with the size of the local population.

14. It is proposed that these commitments will be recorded in delivery plans formulated between now and December, along with the mechanism for recording and reporting progress and outcomes. LAs are already using topic based inspection and IRF forms in common with FOD, and it is hoped that this data can be entered onto a central database by April 2006.

15. Once agreed, the overall LA contribution will be calculated for programme management purposes and to ensure there are no major resourcing gaps. This will be discussed at the December meeting of the LA partnership managers in Edinburgh.

16. The format of the delivery plans has still to be agreed, but it might be as simple as a standard form on which the agreed contributions can be recorded against the full menu of Fit3 projects. The objective is to provide a clear and concise document for operational staff that contains links to or all the guidance/instruction they will need.

Consultation

17. This paper draws on material discussed with LASP. The portfolio of projects was discussed with LA colleagues at Daventry and with LA colleagues and Programme Managers at Ashford meetings. The Fit3 Roadmap has been endorsed by the Fit3 Strategic Programme Board and the Health and Safety Commission.

Presentation

18. None arising from this paper.

Costs and Benefits

19. There are no significant costs directly associated with this paper and the development of the Fit3 Roadmap. There will be benefits for business as HSE develops a coordinated approach to delivery to minimise the number of separate interventions to target stakeholders. These benefits are difficult to measure in the short term but we will evaluate our interventions as the strategic programme develops further.

Financial/Resource Implications for HSE

20. There are no financial/resource implications from this paper. We are not seeking additional resources from LAs, HSE is trying to maximise the impact of LA interventions.

Environmental Implications

21. None.

Other Implications

22. The LA strategic enabling programme has enabled us to make real progress in the last couple of months to involve and engage LA representatives in the planning of the Fit3 programme. We are aware however that failure to engage early means that there is more limited scope for LAs to support delivery of Fit3 in the current year because they have already committed resources to other priorities. However, although some programmes notably slips and trips and MSD, has already achieved significant outcomes through joint working.

Action

23. HELA is asked to support the proposed project portfolio and to encourage LAs to align their health and safety interventions to HSC's priorities as defined by the portfolio.

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