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HELA

A Strategy for Work-place Health and Safety in Great Britain

A Paper by Brian Etheridge

Issue

1. Further consultation on HSC's emerging strategy.

Timing

2. Consultation was launched on 8 October and will finish on 1 December.

Recommendation

3. HELA notes the Commission's draft strategy and, in particular, the proposal concerning LAs (page 11) and considers how it wants to contribute to its further development.

Background

4. A small working group reviewed the relationship between HSE and LAs and sought wider views in a short consultation exercise in September. Despite the limited time for comments, over 140 responses were received in time to inform the Commission's consideration of an overall strategy for health and safety on September 23. The outcome of the Commission's consideration is a draft strategy for further consultation which is attached for information and discussion at Annex 1. A short hand note of the responses to the LA consultation exercise is at Annex 2. A full analysis will be published on HSE's web site in due course.

Argument

5. The Commission is suggesting that it move to a more genuine partnership with LAs to be expressed in a high level document with revised working arrangements endorsed by LA senior managers and political leaders. The exact parameters of the model need to be worked up and decisions need to be taken on the extant work on reviewing the EA Regs and developing further the scope of HELA.

Action

6. HELA is invited to discuss the proposals and agree how it would like to respond to the further development of the detail of the strategy and, in particular, the proposal concerning the relationship between HSE and LAs.



A Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond

During the summer, the Health and Safety Executive (HSE) consulted a wide range of stakeholders on some of the challenges faced by the health and safety system at the start of the 21st century. Their views have enabled us, the Health and Safety Commission (HSC), to make firm proposals for change and these are now set out in this document.

This is a proposed new strategy for the health and safety system to 2010 and beyond in which we want to see health and safety as a cornerstone of a civilised society. But there is still work to be done in fleshing out the detail and turning this strategy into a business plan.

To help us get there, we welcome your comments. There is a feedback form on page 11 that we are asking you to return to us **by 1 December at the latest.**

CHAIR'S PREFACE

This strategy builds on success. Great Britain has one of the best health and safety records in the world. We should be justly proud of that. But, in a changing world, we cannot stand still. Where appropriate, we must change – and, if necessary, change radically - to remain effective and relevant.

The HSC will continue to lead that change by setting out a shared view of what we are trying to achieve, why, and how we intend to achieve it. Our role is to promote and champion the strategy. *'Revitalising Health and Safety'*, launched in June 2000, began this process. It saw HSE begin to look beyond its own business to the health and safety system as a whole. It set targets, to which we remain committed, and emphasised delivery through programme working. These are still valid and are incorporated in what we now propose.

The new strategy also recognises that HSE and local authorities (LAs) cannot do it all. Some things they do now will need to be done differently (or not at all) in the future. They need to focus on outcomes having regard to the risks, to organise themselves behind a limited number of properly resourced programmes of activity with publicised goals and milestones.

This means ensuring that resources are used efficiently and effectively through better targeting, evidence based policies and more evaluation of what is done. It also means developing a greater understanding, reliance and trust in others and, with them, developing new and innovative approaches. If we find our strategic objectives cannot be achieved within our present legal framework, we will not back away from seeking Ministerial and Parliamentary support for change.

There are strong moral, social, business and economic cases for a properly designed and executed health and safety system. This strategy will enable health and safety at work to make an increasingly important contribution to the broader agenda in areas such as:

- employment and productivity– by keeping those at work healthy and in work;
- education – by instilling an appropriate understanding of risk management from an early age, a skill that has benefits in many aspects of life;
- health and rehabilitation – by contributing to the nation's health and well being and dealing with health inequalities;
- public service reform – by reducing sickness in the public sector and so enhancing its delivery of services to the public.

I commend this strategy to you and look forward to receiving your reactions to it. Our next task is to present the strategy to government and seek its agreement. The Commission recognises that the key challenge is delivery and we will continue to engage with you on the detailed implementation.

Bill Callaghan

Bill Callaghan
Chair HSC

OUR 7 POINT STRATEGY

- **The strategy is about the health and safety system in Great Britain as a whole, not just HSC, HSE and LAs. HSE's role is to stimulate, orchestrate, audit, assure, and take appropriate action when things go wrong - reserving its involvement for that which only it can do.**
- **HSE recognises that it must change. More of the same, even with increased efficiency, will not deal with health issues or the changing world of work. We need to strengthen our links to keeping people in, or getting them back to, work.**
- **Communications and reputation management will be major interventions in their own right and crucial in making the case that health and safety is an enabler, not a hindrance.**
- **We need new methods to help firms, large and small. HSE will move away from the automatic presumption of producing general written guidance towards specific, targeted support and advice directed to the areas of greatest need. Because stakeholders tell us we need to separate enforcement from support and advice to be effective, much of this will be produced or distributed by others rather than by HSE.**
- **This is a strategy about hard choices and priorities. We have finite resources. HSE, working with LAs, will develop a new interventions strategy. We will give priority to those activities that only the enforcing authorities can carry out and will ensure that appropriate action is taken when things go wrong. Where the proper management of risks can be assured, we will not intervene.**
- **We wish to see the development of occupational health and safety advice and support outside HSE with national coverage that is active in preventing ill-health, promoting rehabilitation, and getting people back to work more quickly.**
- **We will not back away, where necessary, from redesigning health and safety institutions and their respective roles to achieve any of the above.**

The context to the new strategy is set out on pages 6 to 8. The strategy is on pages 9 to 11. What success looks like, the roles of key stakeholders and what happens next are on pages 12 and 13. A feedback form is on page 14.

CONTEXT

1. The Health and Safety at Work etc. Act 1974 was a radical and far sighted piece of legislation. For the first time, it established for all employers general duties for health, safety and welfare. Its goal setting approach was based on the conclusion of the Robens report that those who created the risks were best able to manage them. Employee consultation was a key part of this approach. Two key bodies were set up to work together to take this forward – the Health and Safety Commission (HSC) and Health and Safety Executive (HSE).
2. HSC currently conducts and sponsors research; promotes training; provides an information and advisory service; and submits proposals for new or revised regulations and approved codes of practice. HSE supports HSC in this endeavour and, with LAs, enforces the law. Our work depends on a good understanding of science, technology and evidence. This information and knowledge are open and available.
3. This regime has helped cut workplace fatalities by around two-thirds since the 1970s.
4. The context for this strategy is how to make risk management relevant to the modern and changing world of work. We cannot live in a risk free society but risks should be properly managed and controlled. Since 1974, the workplace and the world around it have changed significantly. There are fewer large firms and far more small ones – over 90% of the 3.5 million or so businesses employ less than 10 people. The manufacturing sector has been exposed to intense international competition. The service sector has become more important. Information technology has become part of our daily lives at work and at home. Public attitudes to risk and redress, blame and compensation, have changed. The new challenges in health and safety are almost all health rather than safety related and much of the pressure for change in our legislation comes from Europe rather than from home. And crucially, the rate of improvement in safety has now slowed.
5. This has led us to re-examine our approach, to ensure that the things that we do and the way we do them will be relevant for the future. We have made some important conclusions.

Key drivers for change

- Currently, there is no coherent direction to the overall health and safety system. HSC, HSE and LAs cannot/should not do it all. There is agreement that boundaries and direction need to be set.
- HSE and LAs are spread too thinly and need to be targeted to where they can have the most impact.
- HSC, HSE and LAs have done a great job on safety. Because of the changing economy, there is a huge job to do on health. Of the 40 million days lost to occupational ill health and injury in 2001/2, 33 million were attributable to ill-health. Our traditional interventions are less effective when dealing with health than when dealing with safety.
- Many firms are scared of HSE and LAs. This fear motivates them to seek help but there is nowhere they are happy to go to get it.

- If we want long-term gains, we need hearts and minds not grudging acceptance.
- Our strategy must address five big strategic issues:
 - health;
 - our role in public protection and security;
 - the role of LAs;
 - a changing economy in a changing world;
 - business and reputation management.

A new vision, mission and high level aims

6. In the light of the above, we established and communicated a new direction. HSC's **vision** is to gain recognition of health and safety as a cornerstone of a civilised society and, with that, to achieve a record of workplace health and safety that leads the world.

7. The **mission** is for HSC/E, working with LAs, to protect people's health and safety by ensuring that risks in the changing workplace are properly controlled.

8. HSC/E's **continuing aims**:

- protect people by providing information and advice; promoting and assuring a goal-setting system of regulation; undertaking and encouraging research and enforcing the law where necessary;
- influence organisations to embrace high standards of health and safety and to recognise the social and economic benefits;
- work with business to prevent catastrophic failures in major hazard industries; and
- seek to optimise the use of resources to deliver our mission and vision.

9. HSC/E's **new aims**:

- develop new ways to establish and maintain an effective health and safety culture in a changing economy, so that all employers take their responsibilities seriously, the workforce is fully involved and risks are properly managed;
- do more to address the new and emerging work-related health issues;
- achieve higher levels of recognition and respect for health and safety as an integral part of a modern, competitive business and public sector and as a contribution to social justice and inclusion; and
- exemplify public sector best practice in managing our resources.

Developing a new strategy

10. We then began work on establishing a new strategy to underpin this new direction. Three separate short external consultations took place between June and August: a

written consultation among traditional stakeholders; regional events of different types suited to local circumstances and facilitated by HSE's Regional Directors and the Directors for Scotland and Wales; and a small number of targeted focus groups among 'hard to reach groups' such as non-unionised workers and small firms. Over 250 responses were received from 'traditional' stakeholders, details of which can be found on HSE's web site. Soundings also took place with HSE staff.

11. The results of these consultations can be summarised as follows:

- broadly, there appears to be agreement (with a few strong objections, chiefly from those who believe funding for enforcement should be greatly increased) that the five big strategic issues identified by HSC are correct. But there is no agreement on what should be done about them;
- 80% of traditional consultees offered views about where more should be done. 50% offered a view on where HSE could do less, but there was no consensus;
- traditional consultees either liked, or did not object to, our range of publications. Hard to reach employers indicated that they did not like our publications, particularly the longer ones, which they found too complex and time-consuming;
- hard to reach groups indicated they want support and help rather than written guidance. Many were wary about approaching enforcers for help for fear of "opening a can of worms". There appears to be a low awareness of existing confidential advice services such as HSE's Infoline;
- hard to reach groups indicated that fear is the key motivator for taking action on health and safety. Fear of enforcement is the prime motivator, but fear of being sued is also prominent. This is supported by limited earlier research findings;
- discussion with HSE staff suggested a good deal of support for providing a support and advice service that is perceived as independent from the regulator.

12. Evidence is being gathered from a wide range of sources to identify the health and safety interventions that work best in different situations. Gaps in our knowledge are being identified and filled. Further work is needed to put current information into context, in particular, on the most appropriate mix of interventions for a changing economy and workforce. This work showed in particular that:

- the available HSE studies show that a range of interventions (inspection/enforcement, information/advice and campaigns) has an impact in particular circumstances. They generally do not compare the impact and value for money of different types of intervention;
- various studies report that employers are motivated to change business practices to improve health and safety primarily to comply with legislation. Fear of enforcement/penalties may deter in some situations;
- there is evidence of the value of face-to-face advice and information over leaflets and mail shots. However, small and medium sized enterprises (SMEs) in particular have indicated a reluctance to contact HSE for advice if this is likely to trigger an enforcement visit.

13. But we need more information about what works. HSE has made a major investment to improve the quality of its evaluation programme and further research is in progress.

14. Work of HSE is being ordered into strategic programmes to aid management of delivery, resource allocation and clarity of priorities.

OUR STRATEGY

The strategy is about the health and safety system in Great Britain as a whole, not just HSC, HSE and LAs. HSE's role is to stimulate, orchestrate, audit, assure, and take appropriate action when things go wrong - reserving its involvement for that which only it can do.

1. The strategy should define the health and safety system of this country for the future. In practice, HSC will own the vision, promote it and make sure it happens. But it is not axiomatic that we should do this through our own actions or the actions of HSE and LAs. This strategy signals our intention to understand and value more the contributions and effect of others.

2. HSE's part would be limited to where it has the skills, expertise and evidence and where it, rather than others, would be the principal driver for change. It will have to develop this part working with LAs. Its role as enabler and facilitator will increase.

3. It signals opportunities for HSC to develop our role as more of a champion and advocate for the system as a whole.

HSC will become a strong communicator and influencer, aiming to ensure that the business and societal benefits of health and safety, and the roles of the regulators and others, are better understood. It will use its statistical, scientific and other research evidence bases to inform and to persuade.

4. The strategy also signals our intention to concentrate on activities directly related to work and a determined move away from areas that are better regulated by others or by other means – including civil law.

5. HSE will not be proactive in enforcing in those areas of public safety where others have regulatory responsibilities or where legal remedies under the Health and Safety at Work Act have been used in the absence of more specific legislation. It will promote a debate about where gaps need to be filled by others and by other means.

6. We will consider where and how HSC/E might strengthen and add value to the system, recognise its gaps and limitations, and debate with others how to fill them. But HSE and LAs will continue to enforce the law, in accordance with HSC's published Enforcement Policy.

HSE recognises that it must change. More of the same, even with increased efficiency, will not deal with health issues or the changing world of work. We need to strengthen our links to keeping people in, or getting them back to, work.

7. Significant advances have been made in pressing down on the causes of safety failures using existing tools and methods. But results have slowed down and we still need to get real leverage on health issues, particularly the newly emerging ones. There must be a natural limit to the effectiveness of existing approaches in a constantly and rapidly changing business environment and economy. If we have not already reached that point, we will surely do so. The big issues of the past and their remedy were clear. The big issues of today are less clear-cut.

We do not see new regulation as the automatic response.

Further gains will require new and innovative approaches and a clear understanding of the evidence to demonstrate their benefit.

Communications and reputation management will be major interventions in their own right and crucial in making the case that health and safety is an enabler, not a hindrance.

8. In HSE, we have created one of the biggest information giving machines in Government. In its time, it has served us well in getting messages across. There is still a place for information, but others may be better placed than we are to give it.

Our message of risk management is too often confused with a desire to avoid risk. Audiences have become more sophisticated and need to be engaged in two-way dialogue not just talked at. We recognise that the media will challenge burdensome and heavy-handed regulation. We need to use the full range of media, not just the written word.

HSC will become more proactive in securing respect for the health and safety system and HSE more robust in defending its reputation and the good opinion of the general public in health and safety matters.

HSE must become more adept at dealing with different audiences in different ways to get the right health and safety message across.

We need new methods to help firms, large and small. HSE will move away from the automatic presumption of producing general written guidance towards specific, targeted support and advice directed to the areas of greatest need. Because stakeholders tell us we need to separate enforcement from support and advice to be effective, much of this will be produced or distributed by others rather than by HSE.

9. Business perceives HSE as an organisation of experts, talking to experts in big firms and devising approaches and guidance for the same experts. They see HSE as a body that asks them to evaluate and understand their risks while reserving the right to be judgmental when this approach goes wrong. HSE draws back from giving them prescriptive advice.

Our goal is not to have a risk free society but one where risk is properly appreciated, understood and managed.

We will find ways to make risk assessment relevant to all of our stakeholders, to ensure sensible risk management and to simplify the concept wherever possible. This means that, if there is a cadre of business that responds better to a level of prescription, we should use it as a relevant tool. Goal setting standards are more flexible and promote innovation. But we should not shy away from degrees of prescription where that serves a real need for business.

10. Some firms, particularly smaller firms, do not want to approach HSE because of fear and because it doesn't talk their language. By definition, smaller firms do not have the management resources and in-house expertise that larger firms have. And, given other pressures on them, they think that further health and safety requirements are unreasonable. They say they want to comply (even if it means doing what's right without understanding it). As such, they present a potentially untapped market willing to make significant health and safety improvements.

HSE and LA inspectors will continue naturally and properly to offer advice in the course of their enforcement activities but the evidence points to the need to develop channels of support and advice separate from enforcement, much of which need not involve HSE directly.

This is a strategy about hard choices and priorities. We have finite resources. HSE, working with LAs, will develop a new interventions strategy. We will give priority to those activities that only the enforcing authorities can carry out and will ensure that appropriate action is taken when things go wrong. Where the proper management of risks can be assured, we will not intervene.

11. We are committed to reducing HSE's activities in areas where they have the least effect and where others have regulatory responsibilities, for example, issues around public safety. This will be reflected in its priorities. HSE will concentrate on the areas that need tackling most and deliver in these through well-resourced efficient programmes of activity and we will ask LAs to do the same.

HSE will set out and agree with LAs a clear evidence based interventions strategy which recognises market needs, reduces duplication, targets its response and embraces fully the contributions of: inspection, enforcement, workplace safety representatives, insurance, guidance, design, and support.

HSE will review its major hazards regimes to ensure that its interventions continue to remain relevant and proportionate to the changing nature of the major hazards industries in Great Britain.

We wish to see the development of occupational health and safety advice and support outside HSE with national coverage that is active in preventing ill health, promoting rehabilitation, and getting people back to work more quickly.

12. HSE has recognised the need for different skills to identify, assess, and manage health issues and the potential weaknesses of its existing approaches. We want to see a much greater emphasis on rehabilitation as a contribution to the wider government agenda. We will work with others – employers, the insurance industry and health professionals - to bring this about.

We will push for the development of mechanisms to enable and make available occupational health and safety advice and support for all; and guidance for employers on sickness management and vocational rehabilitation. We will give greater emphasis to the role of health and safety in the public sector and to Government as an employer.

We will not back away, where necessary, from redesigning health and safety institutions and their respective roles to achieve any of the above.

13. We are supported in our work by well-established institutional arrangements – many dating back to the origins of the Act. The roles of HSE and LAs as enforcers are underpinned by standing Advisory Committees and the HSE and LA Enforcement Liaison Committee (HELA). In implementing the above changes, we will have to revisit the effectiveness and value of these institutions to ensure that they are fit for purpose to meet our new aspirations.

Recognising the important contribution of LAs has led us to rethink the current partnership arrangements. There is no lasting logic to the current division of enforcement responsibilities. The arrangements are complex, confusing and based on boundaries that have no relevance in the modern business world. Continuing to differentiate the respective roles of HSE and LAs on this basis would miss the opportunity to improve their collective contribution to health and safety.

We aim to move to a more genuine partnership expressed in a high level document with revised working arrangements endorsed by LA senior managers and political leaders.

This partnership would be based on an understanding of the value of local versus central interventions with coherence to both approaches. A model emerges in which the priority sectors and some large firms would benefit from a coordinated national approach directed through HSE led programmes. The remaining sectors, and all of the issues within them, would be addressed by local, joint decision-making and joint action among LAs and HSE working to more sensible divisions of enforcement and agreed targets.

WHERE WE WANT TO BE IN 10 YEARS TIME

14. A world in which health and safety is a cornerstone of a civilised society. This means:

- the '*Revitalising*' targets have been met and a culture of continuous improvement is more widespread;
- the contribution of health and safety management to society is better understood. There is broad agreement about the economic and moral case for occupational health and safety among both the social partners and public at large;
- risk assessment, and employee involvement and consultation, are more widespread and so the regulators are no longer the principal drivers for improvement;
- high quality channels for business support and advice are well used and highly regarded.

WHAT THIS MIGHT LOOK LIKE FOR KEY STAKEHOLDERS

15. HSC – the trusted voice of health and safety, a facilitator for action, an advocate of sensible risk management based on everyday examples, with a more complex approach reserved for those who can benefit from the 'tolerability of risk framework'.

HSE – developing and responding to a public debate about the role of a regulator in a changing world and changing economy. And, as a matter of choice, focussing its efforts on interventions where they can achieve the greatest impact.

LAs - competent, consistent, committed, enforcement partners with HSE, developing a range of services to deal with small firms.

Ministers –the window to Whitehall, championing health and safety among their colleagues as a contributor to the wider agenda and the development of improved public services.

The devolved administrations – supporting the GB framework for health and safety and identifying the links and dependencies with their devolved responsibilities.

Employers – routinely reporting health and safety performance information as part of their commitment to corporate social responsibility and engaging with safety representatives who have a leading role in local health and safety management.

Employees – well informed and taking responsibility for the health and safety of others as well as their own.

The public – understand and supporting the role of HSC, HSE and LAs.

Trade unions – working with others to develop guidance outside of the HSE framework and to support a national framework of safety representatives.

Safety Representatives – their involvement in local health and safety management is the norm.

Trade associations - working with employee representatives to develop, agree and communicate industry specific advice and guidance and promoting common standards among their membership.

Insurance industry - an active partner in regulating business risks through more involvement in the system and by promoting financial incentives.

Media – informed commentators.

Safety professionals – taking the debate outside of mainstream health and safety forums and helping to demystify it.

HSE and LA staff – clear about what they are doing, and not doing, and why.

WHAT HAPPENS NEXT?

16. We are committed to submitting our overall strategy to Ministers at the end of this calendar year. There will still be work to do to turn the strategy into a reality. We aim to prepare, publish and consult on a detailed business plan next year.

FEEDBACK FORM

Name	
Address	
e-mail	
Organisation	
Industry	
Your role – e.g. self- employed, health and safety professional, employer, employee etc.	
How many people are in your organisation?	
<p><i>This strategy covers a number of years. For the issues we have identified, what do you think should be the priorities for action, and why?</i></p>	
<p><i>We have assembled available evidence on health and safety interventions (e.g. inspection, enforcement, advice and campaigns) and will be looking for more. Please use the space below to tell us about any evidence that you have about the effectiveness of health and safety interventions – positive or negative.</i></p>	
<p><i>To do more of some things we need to do less of others. What 3 things do you think HSE should stop doing during the next year, and why?</i></p>	

We will anonymise and publish comments we receive. If you do not wish yours published please tick here.

Please send your views **no later than 1 December 2003** to:

Strategy
HSE Strategy & Intelligence Division
8NW, Rose Court,
2 Southwark Bridge
London SE1 9HS

Or e-mail your comments to: sid.consult@hse.gsi.gov.uk

REVIEW OF THE RELATIONSHIP BETWEEN HSE AND LOCAL AUTHORITIES – RESULTS OF DISCUSSIONS TO DATE

LA/HSE specific (separate but related to the main exercise) :

- HSE/LA joint working group to formulate ideas (inc LACORS, COSLA, WLGA, LGA, HELA members)
- ‘Dipstick’ interviews of approx 20 field practioners by Radical
- Meeting between Allan Davies and Unions
- LA specific discussion document – 28 August to 19 September (to date 50 responses inc 2 unions)
- Have offered to meet key stakeholders where time has been tight.

Overall strategy document – included question of LAs

- a ‘traditional’ written consultation between 23 June and 13 August among HSE’s usual stakeholders, plus the ‘top 350’ companies and unions (c.250 responses including 10 from unions – nothing from the TUC – Annex 1);
- regional events of different types suited to local circumstances and facilitated by HSE’s Regional Directors and the Directors for Scotland and Wales.

Outline summary of findings to date :

LA/HSE WG – support a genuine and improved partnership

Radical exercise – little enthusiasm for moving away from partnership – recognition that much improvement could be made to existing system but stress need for joint solutions.

LA specific discussion document – some support for LA lead, some support for HSE lead, majority favour ‘partnership’

Responses of some key stakeholders to date :

LGA – LAs could and should take on more responsibility (plus resources)

COSLA – partnership with genuine ‘joined up’ working

ODPM – taking responsibility away from LAs is not in line with current Govt. thinking on ‘new localism’ but support need for some consistent national standards in some areas.

Unions (Prospect, Unison) – HSE to take on a greater role

Emerging thinking:

Majority of LA respondents favour improved new partnership.

