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## HEALTH AND SAFETY COMMISSION

### REGIONALISATION – A STRATEGIC DEBATE

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#### Issue

1. A strategic discussion on proposals for a project on the impact of regionalisation on HSC/E and its opportunities.

#### Timing

2. This discussion will inform our thinking on how to take this issue forward. There are no detailed proposals as yet.

#### Recommendation

3. That the Commission has a wide-ranging discussion to inform the development of more structured proposals in due course

#### Background

4. The 'Your Region, Your Choice' White Paper sets out the Government's plans to decentralise power and strengthen regional policy. There will be a referendum on the establishment of a Regional Assembly in the North-East on November 4th. Referendums in the North-West and Yorkshire have been postponed until after the publication of a report by the Electoral Commission on issues affecting postal ballots.
5. Health and Safety will be part of the general 'Health' portfolio in the regions (as it currently is at the GLA).
6. Great Britain is diverse in terms of its economic and demographic characteristics: much of Government's national policy is applied through its Regional Government Offices in England, and through the devolved administrations in Scotland and Wales (with London being a somewhat "special" entity with limited real devolved power but a particular focus as

the capital city exercised through a politically active Mayor). The Government agenda for creating further regional assemblies will start to build up momentum this autumn.

7. The Strategy commits HSC/E to:
  - working in a closer partnership with local authorities (LAs)
  - examining its institutions and ways of working and implement change where they militate against effective partnership working;
  - develop new ways to maintain an effective health and safety culture in a changing economy;
  - becoming more adept at dealing with different audiences in different ways and ensure effective two-way communication.
  - improving its contribution to health and rehabilitation by contributing to the nation's health and well-being and dealing with health inequalities and
  - concentrating resources where they have the greatest impact.
  
8. HSC already recognises the fact that Great Britain is a collection of local regions. There are directors for Scotland, Wales and the English regions and, in terms of stakeholder engagement & communications, two Commissioners have been allocated to take a lead in the areas of local government and the devolved administrations.

### **Argument**

9. HSC/E are GB bodies operating under reserved legislation and corporate policy, especially with respect to regulation and enforcement: but the distribution of accidents and ill health are not uniform across the country.
  
10. Work has already taken place and continues, in Scotland, Wales & London to progress the Regional agenda. There is an emerging need, however, to examine HSC/E's relationship with other parts of England where regional identity and government is less defined and less established.
  
11. HSC needs to examine its relations with the regions in order to anticipate the envisaged decentralisation. Amongst the issues to consider are to what extent it is appropriate for the HSE regional organisation to interpret the national strategy through debate and engagement with regional partners or stakeholder organisations. The consequence may be some variation in priorities, and different regional mechanisms for delivering national outcomes. What boundaries would HSC wish to put on this exercise of internal HSE devolution? What role should the Commission itself play?

### **Some Further Questions**

12. Given Government policy, is it clear that we need to look at regionalisation and its implications on HSC/E & LAs? What are the costs and benefits of a do-nothing scenario?
13. Are fundamental changes to enforcement, policy-making and communications necessary or do we simply make presentational changes?
14. If the level of regional government were to be put on a scale, it is clear that Scotland and Wales would be at one end with perhaps the Southern regions of England at the other with London in the middle. Is it fair to say that we need to be raising the priority of the less developed end of this scale while learning from the experience of the more developed end?
15. Does HSC need a Commissioner to take a lead in stakeholder engagement for the English regions or is the current allocation of a Commissioner for Devolved Administrations sufficient? What role should the Commission play in driving forward any regional agenda?
16. A key aspect of Government policy is offering 'choice'. Is this relevant to HSE and its work with the regions? Should we be offering the regions more choice and how would this manifest itself? How does HSC manage the balance between national consistency and regional flexibility?
17. Should regional stakeholders be able to influence HSC Strategy from the bottom-up?
18. What precisely should the role of the Regional Directors (and their support staff) be? Is it reactive, essentially a gateway for regional stakeholders to enter the organisation or should their role be more active? What support, if any, is needed to ensure that RDs are outward facing and not FOD-centred.
19. Currently, the following pairs of English regions are brigaded together by HSE: Wales and the South West, the West and East Midlands, the North East and Yorkshire and the South East and East. Will this be appropriate should each region have a regional assembly and identity?
20. How does HSE present itself on the Internet? Do we need separate web pages for the regions or even separate web sites? Do the different HSE regions need a distinct corporate image and associated branding?
21. Does regionalisation represent an opportunity to work closer with other regulators? The extent to which HSE works with other regulators is the subject of a separate discussion but greater involvement on a regional level and becoming involved in the wider local health agenda seems to point toward more partnership working.

22. Should HSE add a regional element to the development of the 'Business Case for Health and Safety'? If we accept that different regions will have different development plans, priorities, targets, business mix and socio-economic diversity, shouldn't this be incorporated into the work?
23. If HSE is to work effectively with the regions, it needs to learn how to work with the regional stakeholders. Should we invest in secondments? Are secondments necessary and financially viable for each region or just one?

### **Financial/Resource Implications for HSC/E**

24. This will depend largely on the extent to which we develop the regional role in line with issues above. The Commission may want to take a view on the criteria we should be using to determine the cost benefit analysis as much of the work at the regional level may not produce easy to measure, immediate or obviously tangible improvements in health and safety.
25. Closer working with regional partners and the 'mainstreaming' of health and safety issues into regional business plans offers the opportunity to increase resource efficiency via the sort of 'gearing' envisaged in the Strategy itself.

### **Other Implications**

26. Closer working with the regions should not be about creating additional layers of bureaucracy or perpetuating a 'meetings' culture'.

### **Consultation**

27. This is a strategic discussion and has not been the subject of any formal discussion. If the Commission believes there is an issue to pursue, we will develop a project including more formal consultation.

### **Presentation**

28. Nothing in this paper should be taken as HSC or HSE policy at this stage.

## Annex 1

### Background Information – Key Regional Stakeholders

The 9 English regions are: **London, South West, South East, East, West Midlands, East Midlands, North West, North East, Yorkshire/Humberside**

**ODPM** has responsibility for the regions. Nick Raynsford is Minister for Local & Regional Government.

Their aim is to promote sustainable development in the English regions.

Two key objectives are:

To work with the full range of government departments and policies to increase social inclusion, neighbourhood renewal and regional prosperity

To provide for effective devolved decision making within a framework of National targets and policies.

The key representatives of the Government at regional level are the 9 **Government Offices (GOs)** for the regions. Funded & staffed by 10 depts (including DWP). They are coordinated centrally by the **Regional Co-ordination Unit**; established in 2000 within ODPM. As well as managing the network, the Regional Co-ordination Unit works to raise its profile, promote its ability to deliver Government policies in the Regions and make it more representative of Government as a whole. The Regional Co-ordination Unit also ensures that regional concerns and interests are properly reflected in central Government.

**Regional Development Agencies (RDAs)** exist in the 8 regions outside of London. Lead responsibility is with the DTI. They provide co-ordinated regional economic development & regeneration.

Each RDA is supported by a **Chamber** – a voluntary grouping of stakeholders. All chambers have adopted the name: 'Assembly'. Made up of 70% Local Authorities, 30% from CBI, TUC, education, small business sector, parish councils, NHS.

Originally their role was to scrutinise RDAs by being a mandatory legal consultee to the RDAs regional economic strategies.

Now involved in the development of the regional sustainable development frameworks, transport & waste strategies and planning.

In 2001 - £15M awarded to the chambers to enhance their scrutiny role thus increasing regional accountability. Also to develop role as a strategic focal point for the regions. This includes developing activities involving other regional partners, including the Government Offices, and regional sustainable development round tables.

**Regional Observatories** produce, analyse, organise & disseminate information & intelligence to inform regional policy and strategy. Their aim is to enable evidence-based policy and decision-making.

They can help to: provide regional intelligence & forecasting, identify key regional indicators, provide access to key datasets, inform of recent regional developments, facilitate joint working, commission research to fill data gaps. Together, they have formed the **Association of Regional Observatories** which provides a focal point for consultation, lobbying and joint working and to promote awareness of the observatories. The main functions of the ARO are to: champion regional data requirements & work closely with policymakers.

## Annex 2

### Background Information – Recent Timetable

1998 - Government of Wales Act & Scotland Act passed.

July 1<sup>st</sup> 1999 – Scottish Executive, Scottish Parliament and National Assembly of Wales convened. This date marks the transfer of powers in devolved matters, previously exercised by the SoS for Scotland and SoS for Wales and other UK ministers.

1999 – **RDAs** set up in the 8 regions outside of London.

2000 – PIU report: '**The role of central government at regional level**' published. The first document to outline the objective of joining up central government within the regions in order to improve the delivery of Government objectives concerning education, health, crime and disorder, business competitiveness, sustainable development and social exclusion. Advocated the coordination of GOs to enable central government input into regional or local cross cutting strategies, develop such strategies and ensure that any action by one Government department, affecting the region or individual local areas, takes into account of the action's implications on other Government department policies.

2000 - **GLA** established. Made up of the **Mayor** who has an executive role making decisions on behalf of the GLA, a separately elected **London Assembly** which has a scrutiny role and the **GLA Group** made up of: TFL, the Met. Police Assoc., London Development Agency and the Fire & Emergency Planning Authority.

The **LDA** is responsible for furthering the economic development & regeneration of London, promoting business efficiency, investment and competitiveness; promoting employment; enhancing & developing the skills of local people and contributing to sustainable development. Produces an **Economic Development Strategy**, which is revised on a three-year cycle.

2000- Mayor of London creates the **London Health Commission**. It has no statutory powers or funding. Its work programme is delivered through the resources and expertise of its members and partners.

Published a strategy in 2000 outlining priorities. Current priorities issues: Health inequalities, wider determinants of health, transport  
Current priority groups: Black Minority Ethnic communities, children, disabled  
Current priority Approaches: Health impact assessment, regeneration, and community development.

2000 – '**Saving Lives: Our Healthier Nation**' published. Suggests the establishment of 9 regional **Public Health Observatories** in order to address the issue of regional health inequality. Each PHO has the lead in different

priority areas. South West PHO leads on accidents & injuries, London leads on Inequality

2002 – Government policy on regional governance published in the **Your Choice Your Region White Paper**. Provides for directly elected regional assemblies for those regions that want them. Voters will be able to have a greater say in local issues as they affect them. Building on devolution elsewhere offering more accountable, streamlined, joined-up government.

2002/03 – ODPM carries out sounding exercise and discovered that different regions have different levels of interest. As a result, it was announced that North East, North West and Yorkshire/Humberside would have referendums in Autumn 04. No other referendums until after next general election.

2003 **Regional Assemblies Preparation Act** – empowers ODPM to order review of local government where referenda are being considered and provides legal authority for the referenda.

May 2004 The Boundary Committee publishes final recommendations for unitary government in the North-East, North-West and Yorkshire regions.

July 2004 John Prescott sets a November 4<sup>th</sup> date for the referendums in the three Northern regions.

July 2004 ODPM announces the postponement of the referendums in the North-West and Yorkshire & Humberside due to the concerns raised about all-postal ballots. The Opposition claim that this is a 'cynical ploy to spare the Government's humiliation' in regions where it would be unlikely to win support for its agenda. The referendum in the North-East will proceed as planned. The re-scheduled dates for the remaining referendums will be announced after the publication of the Electoral Commission's report into the June pilots and their recommendations for future all-postal ballots; this should be before Parliament returns in September.