

Health and Safety Commission Paper			HSC/05/45
Meeting Date:	26 July 2005	Open Government Status:	Fully Open
Type of Paper:	Above the line	Paper File Ref:	
Exemptions:	None		

## HEALTH AND SAFETY COMMISSION

### LAs and HSE Working Together Strategic Enabling Programme: Proposals for Governance and Liaison arrangements between HSC, HSE and Local Authorities

#### A Paper by Nick Cull, Chair of the Project Working Group

Cleared by Justin McCracken on 11 July 2005

#### Issue

1. Proposals for governance and liaison arrangements to sustain the LA:HSE partnership.

#### Timing

2. If the proposals are accepted, implementation would start from Autumn 2005.

#### Recommendation

3. The Commission is invited to:
  - a) Agree the proposals for reform summarised in Annex 1;
  - b) Support the proposal that LACORS receives additional funding and to consider whether a contribution from HSC/E is appropriate;
  - c) Convey its support for the proposals to the Chairs of the three Local Authority Associations; and
  - d) Note that a progress report on the implementation of those proposals will be brought to the Commission in February 2006.

#### Background

4. As part of the Strategic Programme, a project to develop governance and liaison proposals for sustaining the new LA:HSE partnership was established. A Working Group including a Commissioner, local authority elected members, and LA and HSE officers was formed. Nick Cull, formerly Executive Director of LACOTS and Director of Information and Research with the Local Government Association, was appointed as independent Chair.

5. An extensive consultation process revealed broad support for the aims and aspirations of the partnership. Consultees were constructive and forward looking in their views about future arrangements. The most important strands to emerge were that:

- There were fundamental differences between HSE and LAs in terms of organisational focus, structure and accountability.
- HSE and LA contribution will not be identical but each has a distinct and valuable contribution to make and will derive clear benefits from greater collaboration.
- Current contribution by LAs and the HSE (to the partnership) is patchy and capable of significant improvement.
- Local government does not feel an equal partner (to HSE) and needs a greater involvement in programme development.

- Regulation needs to be higher on the agenda of local authorities.
- There is no connectivity (in England) between LA representatives on HELA and regional/local arrangements.

6. The Working Group has now agreed its final report and recommendations. A list of proposals is attached at Annex 1 together with a schematic outlining LA input to programme planning at Annex 2. The full report of the Working Group is at Annex 3 and, where appropriate, relevant paragraphs of the report are identified in this paper.

7. If the proposals are accepted, further work will be needed to work up the required operational detail. It is also recognised that regular review and evaluation will be needed to ensure continuing fitness for purpose.

### **Argument**

8. The essential purpose of the LA:HSE partnership is to bring about an improvement in health and safety outcomes by achieving more complementary and targeted effort on HSC priorities. These proposals setting out the key next steps will assist that aim by creating conditions conducive to effective partnership working.

9. From the consultation process, subsequent analysis and debate, three priority issues emerged, namely to:

- Enhance local government's influence with the Commission,
- Improve local government's participation in the development and implementation of HSE policies and programmes, and
- Provide a (more) coherent structure for formal LA:HSE engagement at national, regional and local levels.

### Proposals

#### **Key proposal 1 – enhancing local government's influence with the Commission (para 16 – 31 inc.)**

10. While there is a Commissioner with a local government background and remit, there is no forum for local government representatives to meet with the Commission. Such a forum would have two distinct purposes. First, to enable a dialogue on local government's contribution to Commission strategies. Second, to review the effectiveness of the partnership and its impact on improved health and safety outcomes.

11. Constraints on the Commission's time are appreciated. However, local government is a key strategic partner with a unique role among stakeholders as a co-regulator with HSE. The Working Group consider that the importance of securing an improved partnership between LAs and HSE merits the Commission's commitment to regular meetings with local government representatives.

12. The proposal is to establish a Local Government Panel (LGP), comprising Elected Members, through nominations from each GB local government association (LAA), to meet with the Commission twice a year. An Autumn meeting to take a forward look at the Commission's strategy and factors influencing local government's contribution to it. A Spring meeting with an emphasis on reviewing the performance of the partnership in the previous year. An annual Partnership Report would be prepared jointly by HSE and LACORS (on behalf of the Associations), including monitoring partnership arrangements

(planning, delivery, audit as well as the state of the partnership) and outcomes.

13. On the local government side, the outcome of those meetings would be formally reported to each local government association for necessary action and communication to member authorities.

14. Important benefits of the LGP would be to raise the profile of health and safety enforcement in the local government community, strengthening the link between LA enforcement and HSC Strategy, and demonstrating how the principles of effective enforcement, advocated by Phillip Hampton, can be furthered in terms of effective central:local government partnerships.

**Key proposal 2 – improving local government’s participation in the development and implementation of HSE policies and programmes (paras 32 – 45 inc.)**

15. HSE have recognised the need to improve local authority participation in programme development. While there are excellent examples of such involvement, the practice is not embedded in HSE practice. In too many instances local authorities are either not involved at all or involved too late in the process. Furthermore, the timing and communication of programme information is recognised as in need of improvement, both by local authorities and HSE personnel.

16. As a consequence opportunities are lost for local authority contributions to HSE-led programmes. However there is a general willingness on the part of authorities to participate in delivery if the plans can be shared at an early stage.

17. The Working Group believe a fuller and more consistent involvement of local authorities, especially at the earlier phases of programme development, absolutely fundamental to realise partnership benefits. The chart and explanatory notes attached at Annex 2 illustrates the levels at which this enhanced involvement would operate.

18. Two documents would be produced each year setting out the forward plan of HSE programmes, for endorsement by an HSE:LA body (recast HELA) and communicated throughout the partnership. These documents and the process leading to their production should lead to a significant and direct improvement in joint planning and delivery at regional and local levels.

19. Introducing these arrangements at this stage of the year presents real challenges for the Strategic Programmes, but they are willing to work to this timetable, accepting that the products will be improved next year when adequate time can be allowed. It is also unlikely that it will be possible to get relevant LA input at all levels as early as necessary and a consequence of these proposals is that Local Government will have to make significant resource available to reflect their involvement and influence.

**Key proposal 3 – providing a more coherent structure for local authority:HSE engagement at GB, national, regional and local levels (paras 46 – 62 inc.)**

20. Coherent engagement between HSE and LA personnel at all levels is essential to the effective operation of the partnership. The production of joint delivery plans is a vital step to the better use of combined resources, to achieve desired outcomes.

21. At local and regional levels, liaison arrangements are either in place or in the process of being established. The Working Group thought they should be given time to mature without prescribing a specific format. However, the sharing of best practice is essential, with a model schema being considered in a year or so. HSE investment in Partnership Managers is viewed as a valuable catalyst for progressing liaison and hopefully will continue.

22. At the GB level, HELA has made a significant contribution to the HSE:LA partnership over many years. However, a smaller, more focussed body is now needed with the prime remit to “strategically manage the partnership”. HELA should divest itself of its sub-committees. Improved HSE:LACORS liaison arrangements must ensure that issues of relevance to the partnership are effectively processed, eg through ‘task and finish’ groups.

23. From a local government perspective there is a need to correct the gap in connectivity between HELA and regional arrangements. To achieve this it is proposed that local government nominations to HELA should be through the LACORS Health and Safety Policy Forum rather than LAA nomination as at present. This proposal would reduce local authority representation on HELA. The Working Group hope that a smaller local authority representation would be matched by the HSE while maintaining seniority of representation.

### **Consultation**

24. Extensive consultation as detailed in Annex 3 (report) was carried out. LACoRS (including H&S Policy Forum), HELA, Steering Group and Programme Board members and the Fit3 Programme were key groups consulted. It is believed that they attract support.

### **Presentation**

25. Revised governance and liaison arrangements will be widely publicised to stakeholders including within HSE and to LAs.

### **Costs and Benefits**

26. The benefits and costs of the proposals are as set out in paras 10-23 and 27-28 of this paper.

### **Financial/Resource Implications for HSE/LACORS**

27. Many of the Working Group’s proposals (paras 63-68) are reliant on enhanced support from LACORS (acting on behalf of the local authority associations). This will require an uplift in LACORS resources dedicated to the health and safety function. The Commission is asked to support this increase in resource and to consider whether a contribution from the HSE budget might be appropriate.

28. LACORS role in health and safety enforcement is of recent origin. Implementation of these proposals would result in a further expansion. This development of LACORS role touches upon functions currently undertaken by the HSE, notably the Local Authority Unit. This suggests that a review of respective HSE:LACORS roles to support the partnership is necessary not only to avoid duplication but also to provide a clear understanding of ‘who does what’ to local authorities and HSE operational personnel. This review must be completed so that the arrangements can be clarified before the LA/HSE SP ends, and so that they take account of other work streams e.g. revised enforcement demarcation.

**Environmental Implications**

29. None.

**Other Implications**

30. None.

**Action**

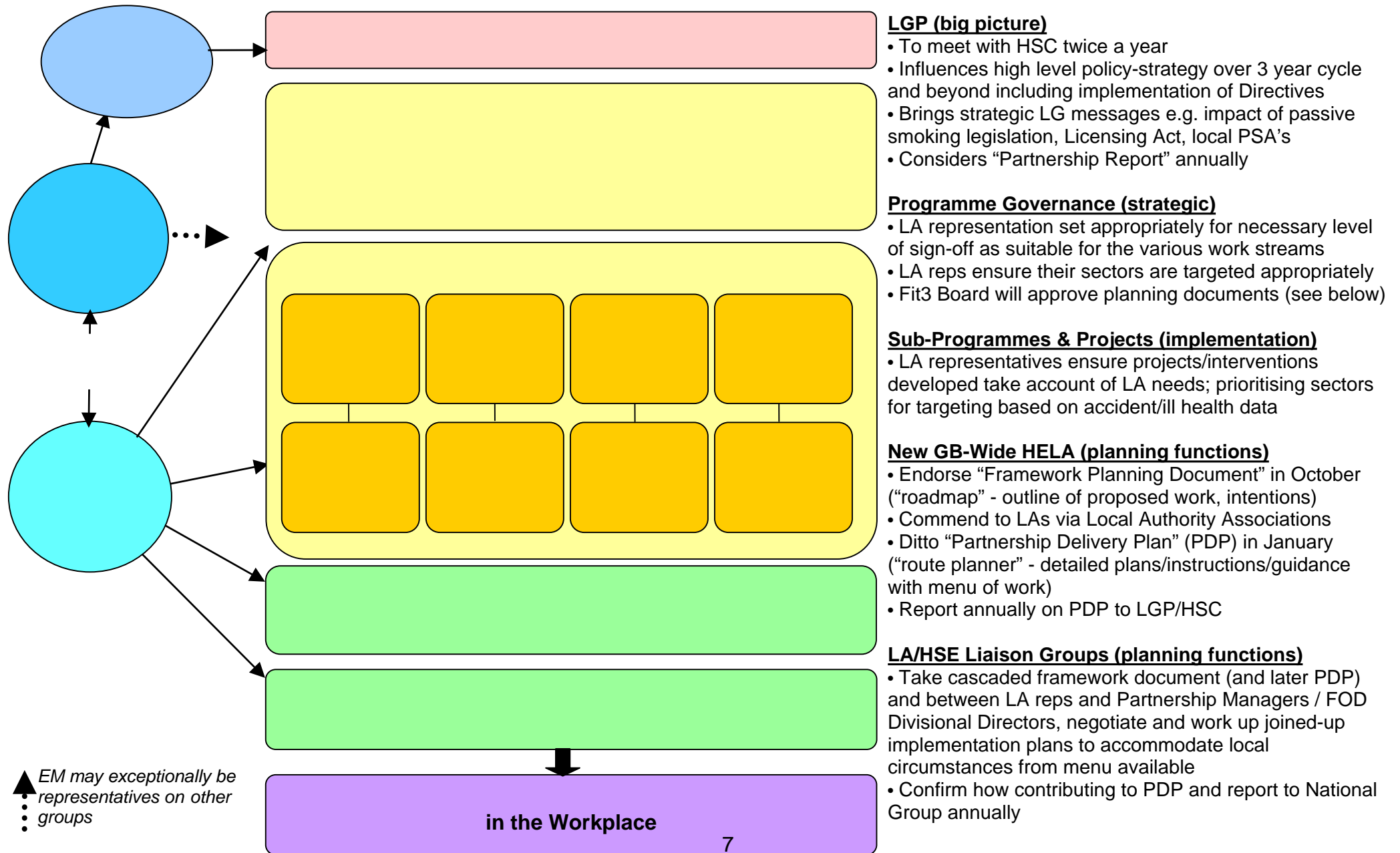
31. The Commission is invited to:

- Agree that the proposals for revised governance and liaison arrangements between HSC/E and LAs provide a sound framework for the future that will sustain partnership working; and
- Comment on the recommendations as set out in paragraph 3 of this paper.

### Summary of Proposals from Liaison and Governance Working Group

	Proposal	WG Report	HSC Paper
		Relevant paragraphs relating to proposals	
1.	GB wide, elected member Panel to be established and to meet with Commission twice yearly, first meeting Autumn 2005	22 – 29 inc	12
2.	Implement enhanced local authority participation in HSE programmes	40	18
3.	Partnership Framework Document (“roadmap”) to be produced, for endorsement by HELA and commendation to local authorities via LAAs in October each year. First edition to be produced in October 05	42	19
4.	Partnership Delivery Plan Document (“routeplanner”) to be produced, for endorsement by HELA and commendation to local authorities via LAAs in January each year.	43	19
5.	Pilot a regional Partnership Board involving elected members and/or Chief executives of local authorities	50	
6.	Capture and share best practice of regional/local liaison arrangements. Produce model schema.	51	21
7.	LACORS Policy Forum to nominate representatives to HELA (replacing local authority association nomination process)	56	23
8.	Establish smaller, more focussed HELA with senior HSE representation	57	22
9.	Review local:regional:national liaison arrangements in 12 months	58	19
10.	Disband HELA Technical Sub – Group and manage its remit through Task and Finish Groups	60	22
11.	Transform PELG into Advisory Committee	61	22
12.	Establish joint HSE:LACORS issue management process and publicise its work dynamically	62	22
13.	Increase LACORS health and safety resources	65	25
14.	Review , clarify and publicise respective roles of LACORS and HSE as a consequence of other proposals and in respect of local authority liaison activities	66	26
15.	HSE and LACORS to produce jointly an Annual Partnership Report for approval by HELA and subsequent discussion at LGP:HSC meeting.	71	12

## Annex 2 - LA/HSE Planning Delivery Relationships



## **Annex 3**

# **LA/HSE Working Together Strategic Enabling Programme: Governance and Liaison Project**

**Report of Working Group  
June 2005**

<b>Summary of Proposals</b>		
	<b>Proposal</b>	<b>WG Report paras</b>
1.	GB wide, elected member Panel to be established and to meet with Commission twice yearly, first meeting Autumn 2005	22 – 29 inc
2.	Implement enhanced local authority participation in HSE programmes	40
3.	Partnership Framework Document (“roadmap”) to be produced, for endorsement by HELA and commendation to local authorities via LAAs in October each year. First edition to be produced in October 05	42
4.	Partnership Delivery Plan Document (“routeplanner”) to be produced, for endorsement by HELA and commendation to local authorities via LAAs in January each year.	43
5.	Pilot a regional Partnership Board involving elected members and/or Chief executives of local authorities	50
6.	Capture and share best practice of regional/local liaison arrangements. Produce model schema.	51
7.	LACORS Policy Forum to nominate representatives to HELA (replacing local authority association nomination process)	56
8.	Establish smaller, more focussed HELA with senior HSE representation	57
9.	Review local:regional:national liaison arrangements in 12 months	58
10.	Disband HELA Technical Sub – Group and manage its remit through Task and Finish Groups	60
11.	Transform PELG into Advisory Committee	61
12.	Establish joint HSE:LACORS issue management process and publicise its work dynamically	62
13.	Increase LACORS health and safety resources	65
14.	Review , clarify and publicise respective roles of LACORS and HSE as a consequence of other proposals and in respect of local authority liaison activities	66
15.	HSE and LACORS to produce jointly an Annual Partnership Report for approval by HELA and subsequent discussion at LGP:HSC meeting.	71

## Introduction and Background

1. The overall purpose of the Programme is to embed, nurture and sustain partnership working between the Health and Safety Executive, and local authorities. This project relates to governance and liaison arrangements to support that partnership working.
2. The Terms of Reference for the Project are set out at Annex 1.
3. The Health and Safety Commission (HSC) Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond, has a vision of achieving “... **a record of workplace health and safety that leads the world.**” One of the HSC’s strategic themes includes the Health and Safety Executive (HSE) and local authorities (LAs) working in closer partnership. A more effective partnership is regarded as a significant contributor to improved workplace health and safety. It will help deliver that HSC vision.
4. For local authorities there are specific benefits of an improved partnership with the HSE. These include:-
  - Increased clout, eg in supporting contentious enforcement actions
  - Staff development opportunities and resources
  - Assistance in tackling local community priorities
  - Access to technical and scientific support
5. Correspondingly for the HSE, the benefits of an improved partnership with LAs include:-
  - Assistance in planning operational activities
  - Improved consistency with LAs
  - Greater flexibility allowing improved response to local needs
  - Better information and sector knowledge as an aid to intelligent enforcement
6. Realising partnership benefits therefore is critical for the HSE, LAs, the HSC and most importantly the wider community.
7. Major differences exist between LAs and the HSE in terms of structure, purpose and focus. Cultural issues are therefore as important, if not more so, than structural arrangements and processes. However effective governance and liaison is fundamental to ensure the partnership realises its potential, that trust and ownership are nurtured, and that opportunities exist for mutual challenge.
8. The proposals set out in this paper have evolved following wide consultation with HSE, and local authority personnel at a variety of levels, as well as elected members (see Annex 2). While there are inevitable and

predictable differences of view there is every reason to believe that the proposals put forward in this paper will find broad support.

9. A Working Group (Annex 1), chaired by Nick Cull, was established as part of the Governance and Liaison project and officer and elected member nominees invited from the three GB local authority associations (LAAs) and from the HSE. The Group met on two occasions and has endorsed the proposals set out in this paper.

10. Finally, while the proposals are put forward to address the specific governance and liaison issues of partnership working between HSE and local authorities, regard as also been had to the wider recommendations of Phillip Hampton, and the regulatory relationship between central and local government.

#### Summary perceptions and conclusions following consultations

11. The views and comments of consultees have been of immense help in identifying the issues to be considered and proposals to address them.

12. The perceptions of consultees are more about what needs to be put in place than a critique of the adequacy of existing arrangements. All consultees were constructive and forward-looking in their comments, which in itself a positive message about the future of the partnership.

13. The following provides a collation and summary of consultee views:-

- i. While HSE and LA contributions to the partnership are not identical, each has a distinct and valuable contribution to make to health and safety.
- ii. Although HSE overall is a large organisation with a number of distinct functions, in its regulatory role it is regarded as single purpose, highly structured and centrally driven focussing on national targets. It is accountable to the Health and Safety Commission (HSC), which in turn has an accountability to the Secretary of State for Work and Pensions.
- iii. In contrast, LAs are multi-purpose, autonomous and diverse organisations that focus on the needs of local communities. Local authorities are responsible to their local communities through locally elected councillors.
- iv. The differences in culture and focus between the HSE and LAs are not fully appreciated (by the other organisation) or fully exploited by the partnership as it currently exists in the delivery of health and safety outcomes. This diminishes the effectiveness of the partnership.
- v. There is widespread support for the objectives of the partnership; access to HSE technical support for example will be popular. However,

the uptake of local authorities in partnership activities will be gradual and the highest levels of engagement a very long-term objective. This should not detract from the overall purpose of the partnership but should shape realistic aspirations and targets.

- vi. The HSE is seen by LAs as organisationally very close to the HSC. As a consequence the latter do not regard themselves as equal partners with the HSE.
- vii. Field support provided to LAs by HSE has been variable and capable of improvement in some areas.
- viii. HSE hasn't involved local authorities sufficiently or early enough in the development of policies and programmes which impact on them or where they could make a contribution. HSE and LA planning processes are not adequately integrated or synchronised. LA engagement and ownership has therefore not been fully realised and this is reflected in activity and performance at the local "field operational" level. (Similar comments were made by HSE operational personnel in respect of their own organisation).
- ix. LA contribution to health and safety generally and to specific programmes has been patchy. This is not always a function of size but often attributable to the enthusiasm of key individuals within local authorities. This points up a need for the better engagement of senior managers and elected members in local authorities in the value of the health and safety function, and the benefits of partnership working. The contribution of health and safety regulatory activities to broader community agendas such as "health improvement", "safer communities" and "economic vitality" has not always been fully recognised or promoted.
- x. LAs have not been adequately influencing or contributing to the national Health and Safety agenda, its policies and programmes, and there are questions about their capacity to do so.
- xi. Regulation generally (and health and safety particularly) is not sufficiently high on the agenda of LAs to engage the attention of leading members, Chief Executives and Strategic Directors. Limited resources for regulatory services are subject to competition between health and safety and other regulatory functions such as food where a fundamentally different and more prescriptive approach is taken (by central government) to local authority responsibilities.
- xii. LA performance is though (gradually) improving and it is recognised that Gershon/Hampton factors will act as a further catalyst for improvement.
- xiii. There is no clear connectivity or accountability (in England) between national HSE/LA discussion (currently HELA), and regional HSE/LA

engagement and activity. As a consequence channels of representation and communication are imperfect and inadequate.

- xiv. HELA is considered too large and cumbersome, and needs to focus more on debating higher-level strategic issues.
- xv. LACORS involvement in health and safety issues is relatively new and not sufficiently well known or understood. But the LACORS brand has a high credibility and a more extensive involvement would be broadly welcomed.
- xvi. There is a lack of clarity and some confusion around the respective roles of LACORS and the LAU, the relationship of the LAU to HELA, of the LAU to the HSE and of the Sector with responsibility for operational policy in the LA-enforced sectors (i.e. part of the Commercial and Consumer Services, Transportation and Utilities Sector, CACTUS). The roles and responsibilities of these key actors in the health and safety arena need clarifying. In part this is a consequence of LACORS recent involvement in health and safety.
- xvii. The situation in Scotland and Wales differs from that in England. First, there are more structured and connected “regional” arrangements. Second, while health and safety is a reserved matter it is being considered against devolved issues such as health that places it in a “hybrid” category.
- xviii. A contentious issue among the local authority community is the importance and value to regulatory performance of accountability measures imposed by central government, eg ring fenced resources, prescriptive inspection targets.

#### Key issues

14. Flowing from an analysis of the above and the consultations more broadly, three priority issues emerge. These are to:-

- **enhance** local government’s influence with the Commission,
- **improve** local government’s participation in the development and implementation of HSE policies and programmes, and
- **provide** a (more) coherent structure for formal local authority:HSE engagement at national, regional and local levels.

#### Influences and limiting conditions

15. Any proposals to address these three issues should be considered against the following:-

- The need to avoid creating overly complex arrangements with consequential implications for expectations and support. The proposed arrangements can be refined if necessary in the light of operational experience.
- It is important to recognise that the project is primarily concerned with the regulatory roles of the HSE and LAs and therefore avoid spilling over into the latter's duty holder or employer roles. The regulatory contribution to these however cannot be ignored.
- The Phillip Hampton recommendations and principles seem certain to alter the landscape of regulation, and central:local regulatory roles and responsibilities over the next two or three years. The partnership presents an opportunity to demonstrate effective working between central and local government. The proposals in this paper should therefore have some "read across" application to other regulatory areas.
- The regulatory world (and that of central and local government more broadly) is rapidly changing. The proposals are therefore acknowledged as being by way of "next steps" to progress the partnership agenda. The Working Group accepts that these proposals will need revisiting in the medium term and testing against the changing environment in which the partnership operates.

## Proposals

### **Key Issue 1 - Enhancing local government's influence with the Health and Safety Commission**

16. At present there is no recognised forum for local government representatives to meet with the Commission on a regular basis to influence the development of health and safety strategies that have a relevance to local authorities and their regulatory responsibilities. The Working Group considers that the absence of such a forum militates against effective local government engagement.

17. There is one Commissioner with a local government background and remit. However s/he has to reflect the wider health and safety interests of local government (as regulator, employer and duty holder) as well as participating in broader Commission decisions.

18. The relationship between the HSC/HSE and local government is changing. The Commission's strategy envisages a closer relationship between HSE and local authorities to deliver improvements in workplace health and safety. Local government is unique among health and safety stakeholders in having a shared enforcement responsibility with the HSE. Not only, therefore, is it important to retain the current local government representation on the Commission but also there are strong arguments in favour of an increased representation.

19. In any event the existing arrangement of a single Commissioner with a local government background needs supporting.

20. There have been meetings between local government elected members and Commissioners but these have been infrequent.

21. A Steering Group comprising two HSC Commissioners and local authority elected members from England, Scotland and Wales was established as a part of the Working Together Programme. This has been extremely beneficial in engaging the interests of councillors. However, there is no presumption that the Steering Group will continue after the completion of the programme.

22. The proposal therefore is to establish a panel of elected members (LGP), nominated by the Local Authority Associations (LAAs), to meet with the Commission in their specific role as regulators of health and safety legislation.

23. An LGP approximating to but no greater than the size of the Commission is proposed.

24. The prime purpose of those meetings would be to:-

- Create an HSC:LG dialogue around strategic issues such as local government funding pressures, local PSAs and LAAs, major local government agendas and the relevance of all this to health and safety (enforcement).
- Contribute to the development of the HSC strategy and commend its adoption by the Local Authority Associations as a context to regional and local partnership negotiations on specific operational activities.
- Discuss local government health and safety performance and specifically engagement with the HSE in respect of partnership objectives

25. It is proposed that LGP:Commission meetings be held twice yearly. One meeting to take place in late autumn with a forward looking agenda, after the provisional local government finance settlement for the following year is known. The second meeting in late spring with a focus on reviewing the previous year's activity and in particular the effectiveness of the HSE:LA partnership (see paras 71 and 72).

26. The LGP should include councillors nominated by the LGA, COSLA and the WLGA, ie GB wide. This will help identify a cadre of councillors with a health and safety regulatory focus, and assist the sharing of experience within GB. LACORS should co-ordinate this nomination process.

27. To ensure the necessary local government linkages are maintained it is proposed that the LGP meet with the national HSE:LA (HELA) officer group (paras 54 – 57 inc.) and the HSC commissioner(s) with a local government responsibility, at least twice a year, those meetings timed to inform Panel meetings with the Commission.

28. The outcome of the LGP:Commission meetings should be the subject of a formal report back to each GB Local Authority Association.

29. There does not appear to be any reason why the first meeting of the LGP and HSC could not take place in Autumn 2005.

30. Establishing an LGP would provide a positive contribution to the implementation of Hampton proposals and the further development of central:local government liaison on health and safety regulatory functions.

31. However, a strong caution is needed that if the LGP is created, its elected members will require consistent, high quality support to ensure they are able to make best use of their meetings with the Commission. (see paras 63 – 66 inc.)

## **Key Issue 2 - Improving local government's participation in the development and implementation of HSE policies and programmes**

32. This is in many senses the most crucial proposal. The overriding purpose of the partnership is to provide more effective use of joint resources and by doing so improve the delivery of health and safety outcomes. The current Strategic Programmes were developed by HSE in response to the Commission's Strategy to 2010 and beyond, published in February 2004. Where there is potential for LA input, such Strategic Programmes must have effective LA participation in their design, if local authorities are to develop a sense of shared ownership and translate into effective local action plans.

33. The HSE has recognised the need to improve local authority participation in programme development and a number of initiatives have been taken to do so. However, while some programmes have excellent local authority involvement, current participation is not yet embedded in HSE practice, and remains inconsistent and inadequate overall. And there is a view among HSE staff that there is considerable room for improvement in the provision of programme information and its timing to field staff, which better planning would address.

34. A consequence of the above deficiencies is that opportunities are being lost for local authority contributions to Strategic Programmes despite a general willingness on the part of authorities to participate.

35. Improved processes are needed which address three issues:-

- Participation by LAs in the formation and development of Programmes at a variety of levels
- Agreed processes for local government to sign off formally its engagement with programmes
- Clear, widely understood processes for communicating signed off programmes to local authorities (and HSE staff)

36. A pictorial representation and explanatory notes of proposed local authority participation in programme design and development is provided at Annex 3. Participation is envisaged at three broad levels.

37. First, the longer-term strategic level, effected principally through dialogue between the LGP and HSC, contributing to HSC strategies and objectives.

38. Second, the (national) design and shaping of Strategic Programmes. Local government participation would be mainly but not exclusively through officers, selected for their expertise in the relevant programme area.

39. Third, the detailed design of implementation plans in Scotland/Wales/Regions and locally, negotiated between local authority officers and HSE field personnel.

40. The Working Group proposes that the structure of local authority participation in Strategic Programme development as set out in the above paragraphs be adopted and implemented.

41. It is also proposed that two documents be produced each year providing information on Strategic Programmes where local authority involvement is invited.

42. The first, the Framework Planning Document (“Roadmap”), would provide an outline indication of programmes’ intended activities for the field, for the following financial year, where local authority participation is invited. This will assist local authorities in developing broader budget strategies.

43. The second document, The Partnership Delivery Plan (“Route Planner”), would provide firm proposals about the menu of work, with detailed guidance, to assist local authorities in the development of their service business plans for the following financial year.

44. Each document should be presented to HELA (see paras 54 – 57 inc.) for endorsement and commendation to the Local Authority Associations for their endorsement and communication to individual local authorities. The Framework Planning Document should have a deadline of distribution to local authorities by 31 October, the Partnership Delivery Plan by 31 January.

45. The above recommendations require speedy implementation as the programme development process continues. The Working Group propose that every effort should be made to produce the first Framework Planning Document this October (2005) even if there are shortcomings in current local authority engagement.

### **Key Issue 3 - Providing a more coherent structure for local authority:HSE engagement at GB, National, Regional and Local levels**

46. Although programme development and implementation is not the only issue of engagement in the HSE:LA partnership it should be the spine around which the partnership functions. A structure to reflect and sustain engagement at national and regional/local levels as proposed in par 40 is therefore needed.

47. At the local/regional level, liaison arrangements between local authorities and the HSE are in place and being refined. These are based on sub-regional groups involving all authorities and then regional arrangements usually involving representative (officer) arrangements. Predictably there is considerable variation in the modus operandi and effectiveness of each group. In some regions thought is also being given to the creation of higher level representative groups involving Chief Executives and/or elected members.

48. It is not considered appropriate to propose a prescribed form of liaison below the GB-wide level. This must be a matter for local choice. There is a question as to what other organisations, apart from local authorities and the HSE, if any, should be included in these local/regional meetings. Again this must be a matter of local determination but an acid test of “relevance and contribution” needs to be applied.

49. The recent introduction of Partnership Managers by the HSE is clearly having an impact in facilitating improved links and relationships with local authorities. The Working Group hope this investment by HSE will continue as an important feature of embedding the partnership at the local level. Other membership needs to be determined by HSE but could include representation from the Enforcement Liaison Officer function, who are key to providing operational support to local authorities.

50. There may be merit in one region piloting a higher level Board arrangement involving elected members to explore its strengths and drawbacks. However, as a principle the Working Group consider the better use of local authority councillor’s time and status would be in ambassadorial roles where these are needed, for example in chairing meetings with external organisations.

51. As there is likely to be considerable adjustment and fine tuning of local/regional arrangements in the short term, it is recommended that a process for capturing and sharing best practice be developed and that during the next twelve months, a model schema be promoted as an aid to consistency and effectiveness. These tasks would best be carried out by LACORS.

52. On the local authority side, regional representatives of Heads of Service and Managers of Health and Safety services meet in the LACORS Policy Forum. This maintains and completes the local:regional:national chain of accountability and representation. Unfortunately there is no existing link

between this Forum and HELA, other than through LACORS officers. English Local authority representatives on HELA are nominated by the LGA and do not have specific constituencies.

53. There are two ways in which this gap in connectivity could be rectified. The first is that members of the LACORS Health and Safety Policy Forum could meet, en bloc, with HSE representatives to comprise a newly constituted HELA. This has attractions by involving all regional representatives.

54. However this option would create a HELA that is even larger than the existing body. HELA as it currently operates may be regarded as too large for effective decision-making. If local authority involvement in programme development is enhanced through participation in a range of Programme Boards, it should be possible to operate with a smaller HELA focussed on key strategic decisions. A recast HELA should have “the strategic management of the Partnership” as its key role.

55. The Working Group favours the second option of the Policy Forum nominating representatives from its membership to form the Local Authority side of HELA, along with Local Authority Association and LACORS officers. If by way of example, two England Policy Forum representatives, and one each from Scotland and Wales were nominated that would comprise a reduction in existing HELA numbers. It is likely that HSE representation will include senior policy and operational managers, LAU and CACTUS.

56. There are different views about the retention of the acronym HELA. One school of thought suggests that a new beginning warrants a new branding. The other is that HELA has developed as a credible brand that is well known to local authorities. The latter may well be correct although it is probably fair to say that HELA has been used by the HSE as a brand by default. However, assuming that a new local authority constitution is agreed then there may be merit in retaining HELA as a brand.

57. One characteristic of HELA which has assisted its credibility within the wider local government community has been its co-chairing by a Deputy Director General of the HSE. The Working Group propose that this senior representation on new HELA continues and HSE representatives match those of local government both numerically and in terms of relevance.

58. The above local:regional:national arrangements for local authorities will need to be reviewed, perhaps after a year or so, to ensure their fitness for purpose in terms of the objectives of partnership working.

59. HELA currently operates with a Technical Sub-Committee and a Petroleum Enforcement Liaison Group (PELG).

60. The Working Group considers that the Technical Sub-Committee should be disbanded and its work allocated to Task and Finish Groups involving local government representation where appropriate.

61. PELG should be transformed into an Advisory Committee, with appropriate local government representation, meeting as and when there are relevant issues for discussion and decision.

62. The overall effect of the above proposals is the need for close agenda and issue management between local government and the HSE. It is therefore proposed that LACORS and the relevant section(s) of the HSE develop a clear arrangement with the necessary protocols to agree how issues which have a potential local government impact are processed, directed and handled. A dynamic position statement of current issues and how they are being dealt with should be made available, via the appropriate website, to local authorities and HSE personnel.

## **Consequential issues and proposals**

### **- LACORS capacity**

63. The proposals in this report, if accepted, will demand considerable additional local government activity and resource. LACORS is considered the appropriate organisation to undertake the majority of that activity given its GB Health and Safety remit on behalf of the LAAs. Four specific additional tasks it would need to carry out are to:-

- Act as broker in identifying participation in programme development by appropriately qualified local authority personnel (although not necessarily from regulatory services)
- Provide briefing and other support for elected members in their meetings with the Commission
- Liaise with the HSE on issue and agenda management
- Ensure the effective operation, communication and best practice sharing of regional liaison groups

64. This work will not be possible within LACORS current health and safety resource base other than through a transfer of resources from other regulatory areas which may be regarded as unacceptable at the present time.

65. Additional resources will therefore be needed and are recommended by the Working Group. An initial estimate of this resource is 2 or 3 fte staff, circa £100,000 pa, based on LACORS existing dedicated health and safety resource and activities. There appear to be two possibilities for securing this extra funding, not mutually exclusive.

66. First through an increase in LACORS top slice grant for 2006/07 as it is accepted that local government should make a clear and significant contribution to the extra responsibilities. Second through a contribution from the HSC/HSE budget, either in cash terms or resource in kind. As there are

likely to be changes in local authority liaison activity within the HSE as a consequence of Working Group proposals, there may be a prospect of staffing resource transfer to LACORS.

#### **- Roles of LACORS and the LAU**

67. As LACORS has been a recent entrant to the health and safety regulatory arena and there is a proposal that their current role be further expanded, there is a strong case now to clarify that role in relation to that of the HSE (specifically the LAU and also CACTUS). It is important for three reasons:-

- to avoid duplication of effort
- to maximise consistency of guidance and advice
- to ensure a clear understanding as “who does what” among practitioners in both HSE and local authorities

68. It is therefore proposed that a review be undertaken, after the consideration of other proposals in this report, to clarify and publicise the respective roles of LACORS and the HSE (LAU and CACTUS) in respect of supporting and liaising with local authorities.

#### **- Partnership accountability and performance measures**

69. There is an ongoing debate about performance indicators and accountability arrangements for regulatory services. One view, favoured more by the professions and practitioners within local authorities, prefers narrow indicators, service specific auditing arrangements and prescriptive funding arrangements. The alternative view prefers broader indicators and more flexible funding arrangements.

70. In considering the purpose and objectives of the partnership, the Working Group favours the latter view with less reliance on narrow targets (such as inspection figures) and hopes that broader outcome measures can be developed to demonstrate partnership effectiveness.

71. The Working Group propose that an annual Partnership Report be produced jointly by the HSE and LACORS (as agents of local government). That Partnership Report should contain a mixture of information relating to the performance of the HSE and local authorities in contributing to health and safety programmes, and information relating to the effectiveness of the partnership itself.

72. The latter element of the Partnership Report should include information relevant to partnership benefits for each party (see paras 4 and 5) and information relating to the operation of the partnership such as the

publication of programme reports (see paras 42 and 43), the engagement of local authorities in programme development and operation.

73. The Partnership Report should be approved by HELA and subsequently presented to the HSC and LGP.

## Annex 1

### Governance and Liaison Project – Terms of reference of Working Group

A Working Group will be established from nominees of HSC, HSE and local government representative bodies, under a Chairman agreed by all interests. It will be supported by staff from the LASP Programme team and LACORS.

Taking account of:

- the needs of the future partnership between LAs and HSE as envisaged by the Statement of Intent
- the needs of LAs for clear and authoritative guidance from HSC on expectations, priorities, minimum standards, monitoring and intervention in relation to their role as enforcing authorities
- in particular, the needs of LA practitioners for support and guidance on technical and enforcement issues
- the experience and views of HELA and LAU, and
- the unfinished review of HELA conducted in 2003.

The Working Group should:

- establish what the governance and liaison arrangements should be to meet, and sustain, the new partnership between HSE and LAs
- define the roles and responsibilities of the bodies/structures involved, the competencies required of their membership, and members' tenure
- describe the accountabilities e.g. to HSC, LGAs, LACORS and reporting arrangements; and

make recommendations to HSC by Spring\* 2005 following consultation with the LA/HSE Programme Board, HELA and the Steering Group.

\*Note subsequently agreed to go to July HSC as no relevant HSC meeting in June

Extra milestones for the HSE-initiated elements of the two additional projects incorporated in this brief:

- a) involvement of LAs in policy and strategy development (1.5); and**
- b) integrating the operational work of LAs with HSE strategic programmes (7.3)**

- HSC agreed the paper outlining HSE's approach to involving LAs in November 2004
- Outcome of LACORS mapping exercise to be taken forward with Policy/Strategic programme staff to get relevant engagement by July 2005
- Session to familiarise Policy/Strategic programme staff with LA context, needs and how to engage by July 2005

- Devise arrangements to keep LA dimension routinely a part of Policy/Strategic programme's staff remit, September 2005.

### **Working Group Membership**

Nick Cull, (ex LACORS and LGA) - Chair  
Joyce Edmond-Smith, HSC Commissioner  
Cllr Caroline Seymour, LGA  
Cllr Graham Brown, WLGA  
Brian Etheridge, HSE  
Peter Brown, HSE  
Allan Davies, HSE (LAU)  
Chris Snaith, HSE  
Robert Scourfield, LB of Camden  
Paul Osbourne, Powys CC  
Malcolm Mathias, East Riding of Yorkshire Council  
Mark Du Val, LACORS  
Nick Clack, LACORS

Note; Nominations were invited from COSLA but the timing of meetings proved difficult for anyone to attend. The Chair however maintained contact with COSLA officials on the development of Working Group proposals.

## **Annex 2**

### **Individuals and Groups consulted about work of Working Group**

#### **1. Telephone/face to face conversations**

##### **Local Authority Officers**

Bill Myers, LGA HELA nominee (Joint HELA Chair)  
Janet Russell, LGA HELA nominee  
Alan Craft, LGA HELA nominee  
Phil Winsor, LGA HELA nominee  
Peter Foley, LGA HELA nominee  
Stephen Driscoll, LGA HELA nominee  
Rod Denley-Jones, WLGA HELA nominee  
John Arthur, COSLA HELA nominee

##### **Local Authority Association**

###### **- elected members**

Alison Hay, COSLA

###### **- officials**

John Rees, LGA  
Trish O'Flynn, LGA  
Susan Perkins, WLGA,  
James Fowlie, COSLA

##### **HSC Commissioners**

Margaret Burns

##### **HSE**

Timothy Walker  
Justin McCracken  
Jonathan Rees  
Tony Hetherington  
Brian Etheridge  
Phil Scott  
Giles Denham  
Gareth Broughton  
Gerry Kasprzok

## **- Partnership Managers**

David Bryant  
Janet Francis  
Alan Craddock  
Bernadette Cadman  
David Cole  
Peter Dodd  
Steve Coppel

---

## **2. Written contributions to consultations**

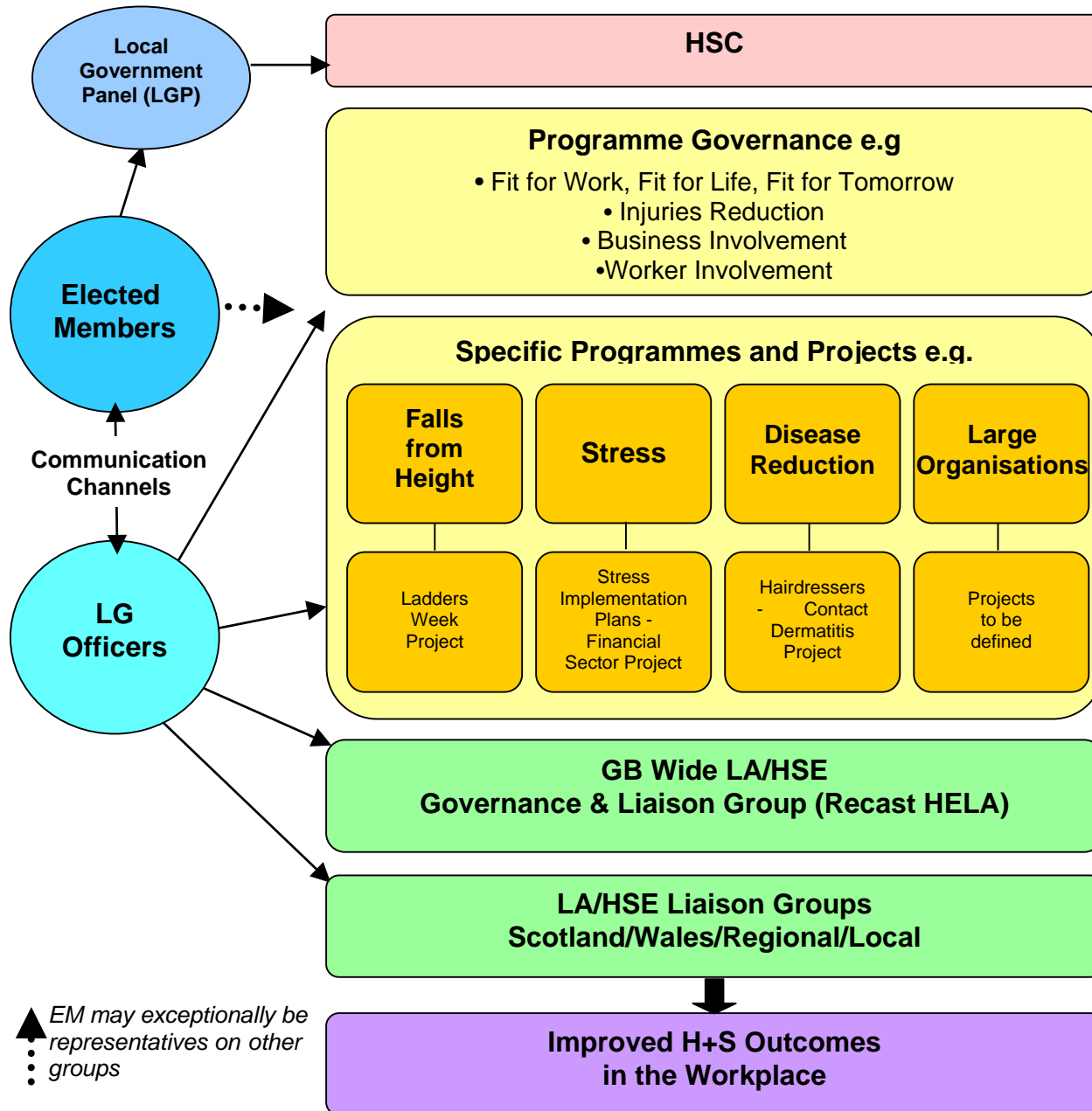
A consultation paper was distributed to all Heads of Environmental Health inviting the submission of written comments.

6 submissions were received from Organisations and Groups (e.g. Local Authority Associations, Health and safety Liaison Groups); 2 from individual local authorities and 2 from individuals.

## **3. Meetings at which Working Group Project discussed**

HELA (7 June 05)  
LACORS Health and Safety Policy Forum (8 June 05)  
LACORS Health and Safety Groups (27 May 05)  
LASP Steering Group (23 May 05)  
LASP Programme Board (26 April 05)

## Annex 2 - LA/HSE Planning Delivery Relationships



### LGP (big picture)

- To meet with HSC twice a year
- Influences high level policy-strategy over 3 year cycle and beyond including implementation of Directives
- Brings strategic LG messages e.g. impact of passive smoking legislation, Licensing Act, local PSA's
- Considers "Partnership Report" annually

### Programme Governance (strategic)

- LA representation set appropriately for necessary level of sign-off as suitable for the various work streams
- LA reps ensure their sectors are targeted appropriately
- Fit3 Board will approve planning documents (see below)

### Sub-Programmes & Projects (implementation)

- LA representatives ensure projects/interventions developed take account of LA needs; prioritising sectors for targeting based on accident/ill health data

### New GB-Wide HELA (planning functions)

- Endorse "Framework Planning Document" in October ("roadmap" - outline of proposed work, intentions)
- Commend to LAs via Local Authority Associations
- Ditto "Partnership Delivery Plan" (PDP) in January ("route planner" - detailed plans/instructions/guidance with menu of work)
- Report annually on PDP to LGP/HSC

### LA/HSE Liaison Groups (planning functions)

- Take cascaded framework document (and later PDP) and between LA reps and Partnership Managers / FOD Divisional Directors, negotiate and work up joined-up implementation plans to accommodate local circumstances from menu available
- Confirm how contributing to PDP and report to National Group annually