

Health and Safety Commission Paper		HSC/05/96	
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

Fit for work, fit for life, fit for tomorrow strategic programme: progress with implementation

A Paper by Jane Willis

Advisor(s): Simon Longbottom

Cleared by Jonathan Rees on 12 July 2005

Issue

1. Progress with implementation of the Fit3 strategic programme.

Timing

2. Routine.

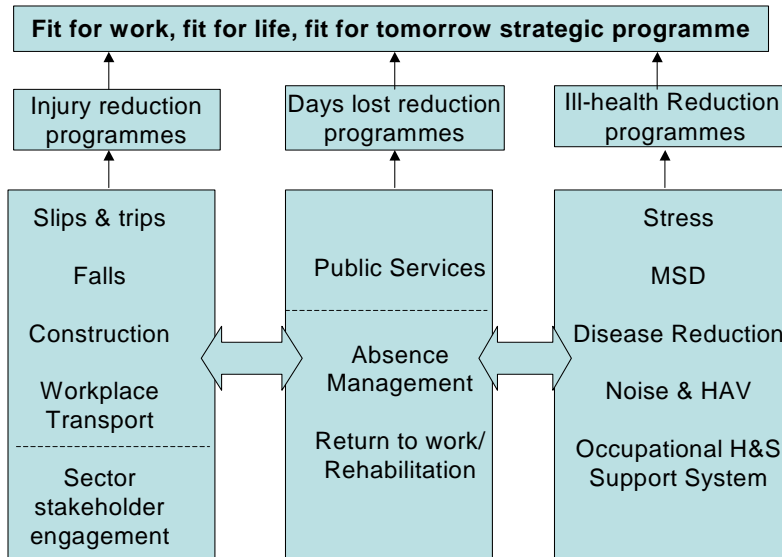
Recommendation

3. The Commission is invited to note progress with implementation of the Fit3 programme and in particular to:
 - a) Note the progress made with ongoing analytical and programme design/planning work and the implications for new ways of working in support of the HSC strategy;
 - b) Note that the annual statistical release for 2004/05 in November is unlikely to demonstrate clear progress towards achievement of the PSA targets, and that work is ongoing to develop additional leading indicators;
 - c) Note the governance arrangements now in place for the strategic programme;
 - d) Agree the proposed roles of Commissioners as ambassadors and champions for the programme in their work with stakeholders and confirm expressions of interest.

Background

4. At the January Commission meeting, I described the new Fit3 programme structure. The new programme draws together workstreams formerly contained within the Hazards, Sector and Better Health at Work Strategic Programmes, which in turn had taken forward the original priority programmes based on the outcome of *Revitalising* and the HSC strategy. The component programmes have been allocated targets

aligned with the three elements of the PSA target. These represent the contribution that the programmes need to make in their respective areas if we are to achieve the overall targets, providing us with greater clarity and accountability in each case.



Argument

Progress

Planning

5. Each of the Fit3 component programme teams has been provided with analytical support through CoSAS Programme Support Teams (PSTs) comprising economic, social science and statistical specialists. The PSTs have been working with programme teams to describe and populate intervention logic models (ILMs) for each programme within the Fit3 suite.
6. This method of modelling is a planning tool that helps the programmes to identify the awareness and behavioural change required, as a precursor to the final outcome of reduced incidence, in terms of how much and by when. These changes can be measured as leading indicators through suitably designed survey work. When complete, this modelling will provide trajectories against which the progress of the programme towards delivery can be measured. We should have established trajectories within the next 2-3 months, but evidence will take longer to collect.
7. ILM work introduces a rigour to programme design by challenging some of the assumptions made on the impact of chosen interventions. It also provides an indication of the scale of awareness raising and behavioural change needed if we are to realise the PSA targets, along with the estimated resources required. Programmes need to rely to a much greater extent on national publicity and communications campaigns to raise awareness and achieve sustained behavioural change.

8. Each programme will achieve a contribution toward incidence reduction, but it is likely that there will continue to be a shortfall throughout the PSA period. Interventions are needed as far upstream as possible, through design and supply, influencing senior managers in larger organisations. Links with the business and worker involvement programmes are being improved to inform intervention design.
9. The role of formal enforcement to support the programme is also being considered within the enforcement programme: the extent to which it might be aligned to Fit3, the level appropriate and the potential for more proactive enforcement (especially prosecution, driven currently by incident selection criteria).
10. At SP level, an overall Fit3 'roadmap' based on the component programme project portfolios, is being drafted illustrating the major blocks of activity to assist planning with our delivery partners in FOD and LAs and ensure coordinated sector engagement.

Skills

11. On skills, we have:
 - Appointed a full-time programme consultant (ex-OGC) to help develop the strategic programme office and achieve programme management skills transfer. Component programmes have also strengthened their programme management arrangements;
 - Specified the job requirements and competencies needed for new staff to fill needs for project design, communication, marketing, and influencing work;
 - Recruited new policy and delivery managers (B4s) to fill current vacancies in the programme teams.

Governance

12. On governance, we have:
 - Established a strategic programme board including external representation from DWP and LACoRS;
 - Agreed arrangements for improved engagement in all parts of HSE's business life cycle by FOD and LA delivery partners. The LA aspects are considered in paper HSC/05/45 on Partnership Governance arrangements, also to be taken at this meeting;
 - Scheduled a joint FOD/programme team planning event for 14/15 September to 'sign off' the Fit3 roadmap for years 2 and 3 of the PSA period. Similarly the roadmap will be discussed and agreed in the autumn at the replacement HELA meeting.

Challenges

13. The programme faces several continuing challenges:

Planning

- Communication and publicity must to be properly integrated with inspection and stakeholder engagement work to maximise impact and delivery of this activity needs to be coordinated between programmes to avoid multiple contacts and messages reaching the same audience. We aim to achieve this through broad-

sector engagement plans, focusing on health and safety risk management using hazard programme issues as benchmark standards;

- We have yet to achieve fully integrated working with our key delivery partners in FOD and LAs, and a shared commitment to the objectives of the programme amongst all HSE staff. There are a number of cultural and organisational hurdles to overcome first which will take time to resolve;
- We need to influence other government departments to convince them that we have shared objectives with synergies we can exploit, enabling us to deliver through others in partnership, for example with DoH on an occupational health strategy and DWP on incapacity benefit;
- Changing a large number of people's behaviour takes time. By re-skilling and gearing up our intervention activity we might be able to achieve the numerical PSA target reductions, but this is difficult in a 3-year timescale.

Skills

- Effective publicity, communications, marketing, relationship management and influencing work requires new skills that will be difficult to acquire and effectively utilise within the timescale of the PSA;
- Re-skilling and gearing imposes significant pressure on finite resources and we are likely to have difficulty in meeting these needs in future years;

Governance

- The nature of partnership working means that the Fit3 programme needs to work closely with over 400 LAs, whose priorities do not necessarily align with our own. We can develop and agree a menu of activities with LA input from which they can select to marry with their local priorities. However, there is no guarantee that all LAs will agree to, or be in a position to, contribute to the extent needed by programmes to meet PSA targets.

14. The scale of the challenge is illustrated by the number of incidents we need to prevent:

- Approximately 920 fewer fatal and major injuries;
- Approximately 0.5 million fewer cases of ill health;
- 3.6 million fewer days lost.

Role of Commissioners

15. We recommend that the Chair and Commissioners use their influence to act as ambassadors and champions for the programme. If agreed we would establish close links between the Chair and Commissioners and programmes through the HSC's newly appointed strategy manager, Neil Stone. The role of Commissioners as sponsors is referred to in HSC/05/98.

Consultation

16. This paper draws extensively on material already presented to the RDG. The issues relating to engagement with FOD and LA delivery partners have been discussed with the relevant senior managers.

Presentation

17. Management of the delivery programme is primarily an internal matter although it does underline our commitment to the HSC strategy to invest resources in those areas where we can make the greatest impact, to embrace partnership working and to make more effective use of communications.

Costs and Benefits

18. The discipline of drawing up ILMs focuses attention on quantifying the resources needed to achieve the outcome required. This should enable us to assess the costs and benefits of our programme interventions in a far more structured way in future.

Financial/Resource Implications for HSE

19. The Executive will consider the implications at its Resources and Delivery Group next month, and a paper on strategic resourcing for next year is planned for the October Commission meeting.

Environmental Implications

20. None

Other Implications

21. None

Action

22. The Commission is asked to note the progress made with the strategic programme and to agree the recommendation made in paragraph 3.