

Meeting between Health and Safety Commission (HSC) and Local Government Panel (LGP)

Tuesday 6 November 2007, Rose Court, Globe room

Aim of meeting

The continuing aim of these meetings is to facilitate regular political level discussion between HSC and local government. The last meeting was held on 15 May 2007 (an informal note is attached at Annex A).

There are two topics for discussion at this meeting:

- The LA/HSE partnership – a stocktake
- Communications, including on sensible risk

Short papers to aid discussion and setting some strategic level questions are annexed, including a brief on Local Area Agreements (LAAs).

Format and timing

Judith Hackitt will chair this meeting.

1330 LUNCH in the Rose room - HSC & LGP join each other for lunch and informal discussion.

1400 MEETING in the Globe room.

1530 (approx) FINISH

Attendees

HSC: Judith Hackitt (HSC Chair), Sandy Blair, Robin Dahlberg, Danny Carrigan, Judith Donovan, Sayeed Khan, John Spanswick, Hugh Robertson and Elizabeth Snape (to be confirmed). Apologies: John Longworth

LGP: Cllr Geoffrey Theobald (LACORS Chairman), Cllr Ann Lucas (LGA); Cllr Roland Domleo (LGA), Cllr Graham Brown (LGA). Apologies: Sandy Scott (COSLA), Keith Evans (WLGA).

Officials: HSE: Justin McCracken, Jonathan Rees, Phil Scott (to be confirmed)

LACORS: Derek Allen, Mark du Val and Sarah Bull (to be confirmed)

LAU/LACORS/HSC Secretariat 1 Nov 2007

Informal note of the Meeting between the Local Government Panel and Health and Safety Commission

15 May 2007

Present:

LGP: Cllr Geoffrey Theobald (Chair); Cllr Graham Brown; Cllr Roland Domleo; Cllr Ann Lucas.

HSC: Bill Callaghan; Sandy Blair; Danny Carrigan; Judith Donovan; Sayeed Khan; Robin Dahlberg; Liz Snape.

LACORS: Derek Allen; Mark Du Val; Charles Loft.

HSE: Phil Scott; Giles Denham, Neal Stone.

Apologies:

Cllr Caroline Seymour; John Longworth; John Spanswick; Hugh Robertson

1. The Chair explained the informal nature of the meeting and that there was only one item to be discussed, the proposed merger of HSC and HSE and its implications for the relationship between HSC and LGP.
2. BC said that the merger proposals had been approved at that morning's HSC meeting and that he would now ask the Minister to take the next steps. The first of these would be for DWP to draw up a consultative document.

Local government representation on the new body:

3. HSC favoured a new body consisting of between 9 and 11 non-executive members and a chair.
4. There had been a variety of views on local government representation among commissioners, but the proposal that one member should be appointed following consultation with bodies representing local government had been agreed.
5. Under existing arrangements, three commissioners were appointed following consultation with employer organisations, three following consultation with organisations representing employees and three following consultation with 'various bodies'. In practice one from the last category had always been appointed to hold the 'local government' brief.
6. The LGP took the view that there should be two non-executives with a local government brief. One of these should be a serving councillor recommended by LGA/LACORS and one a serving officer.

7. BC said that that the consultation was now entering a new stage at which LGP could make representations on this. HSC had acknowledged it may need to be more flexible on numbers and that there should be a seat on the new body for LAs. He expected that DWP would look at the job descriptions of commissioners as part of the merger reorganisation. It would be up to ministers to decide on how many commissioners were to be allotted to each category but, in his view, while it would be important to build in flexibility, there would need to be parity between employers and employees and their representation should remain significant overall.

8. JD added that commissioners were appointed as individuals not as representatives and the HSC had agreed that this should be the case with non-executives on the new body.

Name of merged body:

9. Commissioners explained that while there had been differing opinions among them over whether the new organisation should have a new name, they had decided to recommend using Health and Safety Executive. Reasons for this were: agreement early on that change would not be radical; perception of HSE as a strong brand and concern at reaction from staff and public to the perceived cost of unnecessary re-branding.

10. In discussion there was support for some of the points in para 9 from some LGP members; but it was also suggested that the merger presented a rare opportunity to take stock and to signal a change; in the circumstances a new name might give local authorities a positive sense of ownership and partnership. HSC/E's proposal to recommend to minister continuing use of the HSE brand was noted.

Local Government's role in HSC policy-making:

11. GT asked how the HSC envisioned the new organisation working. In particular how would local government be given an opportunity to influence the development of policy and how would HELA and the LGP fit in?

12. BC said that whatever happened there needed to be a constructive relationship and one that enabled HSE to tap into the wealth of local government experience and knowledge.

In discussion the following points were made:

13. There had been massive change in the last ten years on the operational side and that while there was still room for further progress it was on the policy development side that there was the greatest need for change;

14. It was important that the changed arrangements on the ground were reflected in partnership at HSC/LGP level;

15. Although the LACORS policy forum was making progress at officer level, the LGP and new HELA were at an early stage;
16. The local government role in policy-making tended to be reactive, with HSC policy developed by HSE and local government consulted at a late stage. It was important that local government involved in the early stages of policy development;
17. Local authorities increasingly have a leadership role to play, for example, on taking forward the health and well-being agenda. There was a growing sense within local government that they have much more to contribute to policy development and delivery;
18. It was sometimes difficult for councillors and officers to get health and safety onto LA agendas and this would remain a problem if this opportunity to involve councillors and LA officers in policy making was missed;
19. It might be a good idea for LGP members to attend HSC meetings to hear speakers and in LGP papers being sent to the HSC;
20. It was important to establish the principle that LAs have a role in developing policy. It was suggested that LAs should find the capacity to do so.

There was agreement that:

21. Local government should be able to put papers to HSC rather than simply responding to HSE papers;

LGP terms of reference and meeting format :

22. HSC/LGP meetings should not deal with detailed papers prepared by officers but with a small number of issues (no more than three) at a formative stage and probably involving a smaller number of commissioners;
23. It would be necessary to revisit the LGP terms of reference in light of the planned HSC/E governance changes and to consider how the policy-development aspect of partnership could work at officer level. BC suggested that he and GT and officials would need to reflect on how to take this forward. It was important that LGP members felt that they had a significant role to play and that LGP/HSC meeting were not just undertaking a tick box exercise;
24. Essential that the LGP facilitated and enabled top-level political dialogue between HSC and local government;
25. Agreed that papers on the HSC/E merger and on the development and communication of key LGP messages were suitable topics for the next meeting.

26. GT welcomed the positive tone of the meeting, the positive progress that had been made and paid tribute to BC who would have stepped down as HSC Chair before the next meeting.

Date and time of next meeting : 2pm on Tuesday 6 November 2007 (to be confirmed)

HSC/LGP MEETING 6 NOV 2007 THE LA/HSE PARTNERSHIP – A STOCKTAKE

Background

1 At their meeting in May the HSC/LGP indicated that they wished to discuss the state of the LA/HSE partnership at their next meeting.

2 HSE and LACoRS have prepared a “stocktake” of the partnership, reflecting the position in summer 2007. The short executive summary is attached, and the full document (28 pp) can be found at:

<http://www.hse.gov.uk/lau/lahse.pdf>

3 The stocktake paper has been widely distributed and discussed since its completion at the end of August.

Discussion

4 LGP/HSC members have requested short papers to seed strategic discussion. The following points may be a helpful start in relation to the partnership:

- what should be the longer term vision for the partnership?
- what are the main risks and opportunities in moving towards it?
- how might HSC/LGP members help meet the challenges identified in the “stocktake” (and any others they may identify)?
- how might HSC/LGP members help raise the profile of the partnership, and of H&S generally, with councillors?
- in particular, how might HSC/LGP members support the efforts to get H&S included as a contributing element to relevant Local Area Agreements and LAs’ strategic objectives?

29 Oct 2007

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THE LA/HSE PARTNERSHIP – A STOCKTAKE

A note by Phil Scott, HSE, and Mark DuVal, LACoRS

Why this stocktake?

This note sets out our view of the current state of the LA/HSE partnership. It reports the activities and achievements of 2006-07 (the first year in which operational plans were systematically drawn up to include the partnership) against an overall assessment of the health of the partnership, the underpinning arrangements, and current challenges. The note foreshadows a fuller evaluation of the partnership which has been planned for next summer.

This stocktake was promised following HSE's "Fundamental Review" as a timely milestone along the partnership road. As well as the value of keeping a collective eye on progress, and on the costs and benefits of the partnership, this note has four further related objectives:

- to contribute to the high-level communications about the partnership, with Local Government and in HSC/E, and with the other stakeholders who have an interest, such as BRE, other regulators and the devolved administrations);
- to fulfil a commitment to HSC/LGP (the senior/political level governance forum for the partnership) to provide a review of partnership progress for their meeting in autumn 2007;
- to provide an up-to-date setting for the process of partnership planning for 2008-09;
- to seek a steer on the approach to the evaluation due next year.

We have aimed to keep the core issues from the stocktake relatively short. However, our wish also to do justice to the range and substance of partnership activities in the field, and to provide a progress report on the main workstreams, has resulted in a couple of substantial annexes. We assume that readers will be aware of the background and early history of the partnership. There is considerable material for those who wish to remind themselves of this, much of it available electronically. A short list of relevant documents is at Annex 1.

Our current view of the partnership

We would like to offer our own assessment of the current state of the partnership, against which readers may judge the information, views and comments which follow. We believe that:

- the partnership is well on the way to becoming embedded as "the way we do business". New governance arrangements, after one or two "wobbles", are now working well. Strong support from the

HSC, HSE senior staff, and local government institutions remains the bedrock on which continued progress can be built;

- **there is a significant body of partnership activities – joint plans, projects, initiatives, trials and routine business – taking place in the field, aimed squarely at the health and safety targets which we share. There is growing acknowledgement that the LA contribution to the HSC programmes and priorities – hundreds of staff-years of effort – is vital, rather than simply a “nice to have”;**
- **the relationships which underpin this work, at the centre and in the field, have improved out of all recognition from the very patchy picture which existed before the partnership programme, though challenges remain on both sides;**
- **the relatively low priority given to health and safety regulation by local authorities, against their many other responsibilities and local community priorities, means that we will always need work hard with councillors and LA senior managers to maintain the profile and importance of health and safety;**
- **we are nevertheless encouraged by the positive reaction to the partnership by other regulators and those involved in the Better Regulation agenda, and we continue to see our contribution to this work as a priority. There are however some weighty “better regulation” issues to be resolved, not least in ensuring consistent risk-based approaches to inspection, investigation and enforcement practice, and in regulating large, multi-site businesses effectively and efficiently;**
- **there remain other significant challenges – the level of resources required to maintain the partnership’s momentum; communications between LAs and HSE, and within both “organisations”; finding better ways of identifying, reporting on, and giving credit to the substantial efforts made by LAs; and not least, the need for LAs to respond to local priorities alongside those set from the centre – public safety being a good example of an issue which is a priority for LAs whereas (major hazard risks aside) it is not a major objective of the Commission’s strategy;**
- **the changing relationship between the devolved administrations and their local authorities represents a further, political, challenge to which the partnership is likely to need to respond;**
- **we have a reasonably robust basis (a “balanced scorecard” approach) for undertaking the fuller assessment of the partnership planned for next summer. This will aim to include such “hard” measures of costs and benefits as we can reasonably determine.**

Mark DuVal Phil Scott

August 2007

HSC/LGP MEETING 6 NOV 2007 COMMUNICATIONS ON SENSIBLE RISK

Background

- 1 The sensible risk campaign was launched in the summer of 2006 with a high-profile media event at which the sensible risk principles were published.
- 2 Since then, a number of initiatives have been carried forward including the publication of simplified guidance on risk assessment, sample risk assessments and the production of the “myth of the month” on HSE’s website.
- 3 And in July this year, the “Sign up to sensible risk” initiative was jointly launched for England and Wales by HSE, LGA and SOLACE (with Scotland to follow).
- 4 A summary of progress to date on sensible risk is attached as an annex.

Discussion

- 5 LGP/HSC members have requested short papers to seed strategic discussion. The following points may be a helpful start in relation to the sensible risk campaign:
 - i. What are the challenges we face in delivering the sensible risk campaign e.g. stemming the continuing flow of negative health and safety stories such as the disillusioned pop\film star leaving Britain
 - ii. How might those challenges be best met by HSC, by LGP and jointly e.g. by raising the profile of the campaign

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BRIEF SUMMARY OF THE ACTIONS TO DATE ON SENSIBLE RISK

Up to end 2006: debate, research and launch of the principles

- a) Opening up the issues via events conferences and an online debate.
- b) Research of opinion and drivers for disproportionate decisions.
- c) Stakeholder engagement and alliance building.
- d) Development, agreement and launch of principles of sensible risk management, achieving significant mainstream media attention.
- e) Development and launch of revised risk assessment guidance and materials, including '5 steps to risk assessment'
- f) Development and launch of first example risk assessments

January 2007 – date: embedding in selected areas

Monitoring suggests that stories of excessive health and safety continue, with the vast majority still focussing on issues of public safety, not worker health and safety. On change is evident – HSE is named less frequently, instead coverage is now more likely to identify a local authority or insurance company as being the cause of the perceived problem.

Summary

- g) **Myth of the Month** now in its 6th month. 250,000 myths have been accessed by 165,000 visits. Average viewing time is good at 45+ seconds, suggesting each myth is read in full. 'Print a poster' and 'email to a friend' functions recently added. Coverage received in many publications / websites. Extremely positive response from Better Regulation Executive (BRE) and other stakeholders. The feature receives regular fan mail and suggestions for future myths.
- h) **'Sign up to sensible risk'** initiative launched in July in England and Wales by Geoffrey Podger with LGA and SOLACE Wales. (Scotland due to follow). The campaign aims to get LA Chief Executives sending a message down through their organisations and out to their communities through local media. Four signed-up initially, 50 more have put themselves forward with more contacting us each day.
- i) **Example risk assessments** are now being taken forward by an associated project – 7 examples are now live and more due shortly. Promotion via trade media being achieved. Good response from a wide range of stakeholders, including BRE etc.
- j) **Reactive rebuttals** continue where media coverage has specifically named HSE / health and safety regulations and misrepresented them. Robust rebuttals appear on the 'setting the record straight' web pages

on a case by case basis – check the following link for the latest position - <http://www.hse.gov.uk/press/record.htm>. Press office have also expended considerable time dealing with related stories that do not make it to press.

- k) **Risk and bureaucracy in schools.** Work with Department for Children, Schools and Families, the Schools Implementation Review Unit (IRU) and other stakeholders to cut unnecessary duplication of paperwork and shift the focus from trivial pupil safety towards significant staff health and wellbeing risks. Unfortunately, this has not moved forward as planned, despite a good deal of work by HSE and enthusiasm from IRU. In some quarters, there has been an unwillingness to face up to the fact that there are challenges to be tackled. A new angle is being tried.
- l) **HSE complaints handling review.** HSE's Strategy Division (SD) and Field Operations Directorate (FOD) HQ worked jointly on a review of complaints selection criteria, with a view to reducing contact with duty holders over trivial issues. The review was completed, with the Board agreeing that two options should be developed – this is being taken forward by FOD HQ with SD maintaining a watching brief.