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<b>LOCAL GOVERNMENT LEADERSHIP IN THE DELIVERY OF THE HEALTH AND SAFETY STRATEGY IN ENGLAND AND WALES</b>			

## Purpose of the paper

1. In preparation for this afternoon's meeting of the Local Government Panel (LGP), this paper invites the Board to:
  - a) recognise the importance of Local Authorities (LAs) as a key stakeholder group to the successful delivery of the Strategy for health and safety; and
  - b) consider, given the current political and financial environment, what can realistically be expected from LAs.
2. Within 1b) to ask the Board to:
  - a) support the proposals from local government stakeholders to improve health and safety leadership within LAs across England and Wales;
  - b) provide a steer on the governance and other arrangements for delivering these proposals;
  - c) continue to support HSE's own priorities for its work with LAs as duty-holders within the context of the HSW Act; and
  - d) note the current position and progress of the HSE/LA regulatory partnership.

## Background

3. HSE is working with stakeholders and LAs in Scotland, and will bring an update on the totality of this work to the September Board meeting.
4. There are over 400 LAs across Wales, Scotland and England which vary hugely in size and complexity. The national policies for local government are devolved, and there are consequently differences in the delivery of services and the policies that apply..
5. Annex 1 provides information on the organisation of local government. Just under ten percent of the workforce – about 2.2 million people - is employed by local government – excluding those employed by contractors/partners to/of LAs. Every authority is under pressure to meet the efficiency agenda and 'do more for less'.
6. As major employers and procurers, commissioners and deliverers of services, LAs have a direct effect on standards – for workers across a range of sectors and for those, including service users, affected by their work activities. LAs have diverse responsibilities including Education, Social Services, Land use planning, Highways, Leisure and Countryside. Their influence on health and safety and delivery of the Strategy is therefore hugely significant. Many services and functions are delivered through third parties; local government spends over £40 billion on contracts, from constructing roads to provision of leisure services, equating to over 40% of all annual

expenditure. LAs would be expected to take health and safety into account when devising and letting contracts and to have contract monitoring arrangements in place to ensure standards are met. There are also numerous opportunities to exert influence at all levels of the supply chain and as policy makers and standard setters.

7. Historically, HSE and LAs have engaged across three of their principal roles:
  - a) **as co-regulators** – where a partnership has developed that harnesses the joint resources of HSE and LAs to the delivery of strategic goals (see Annex 2);
  - b) **as dutyholders**, through central stakeholder engagement, local interventions with individual LAs and/or regional groups, and supply chain initiatives (see Annex 3); and
  - c) **as influencers of performance** – for example, through partnership initiatives.

### Risk profile of local authorities

8. A statistical analysis of the health and safety risk profile of local government in GB for the period 2003/04 to 2008/09 confirms the areas which HSE has regarded as priorities. The largest occupational sectors in terms of numbers employed are social services (approx. 15% of the total number employed in local government) and education (approx. 50%). Given their size, these two sectors account for a large proportion of the total injuries observed in local government employees (each approx. 15% of total).

9. Considering the much smaller proportion of employees working in the refuse sector (approx. 1% of total), these activities contributed disproportionately significantly to the total injuries (approx. 14% of total). The activities with the highest number of fatalities over the period 2002/03 to 2008/09 were construction/maintenance (14), refuse (12) and elementary occupations (eg labourers, cleaners) (10). Thus, HSE's priorities for this sector continue to be waste and recycling, construction and building maintenance, and social care.

10. The Board is receiving a report on progress with waste and recycling at this meeting. A further developed strategy for the health and social care sectors has already been requested by the Board and is scheduled for the October meeting. A revised strategy and plan for other parts of the public sector including Education is also being worked up.

11. Even given the successes outlined in Annexes 2 and 3, the Board may find it helpful to bear in mind:

- a) local government is under enormous pressures from all sides – the expectations of residents, tight budgets, central government initiatives and targets, and local priorities – all adding to the ever more complex picture of competing demands which inevitably impact on the time senior managers have to focus on health and safety and the importance they assign to it;
- b) the Health and Safety Commission established a Local Authority Forum in 2001 to provide the strategic direction for this sector but without the involvement of operational local government leaders it lost impetus;

- c) in March 2010, HSE facilitated a workshop with LGE, WLGA, and COSLA which brought together opinion shapers from across local government and invited them to debate issues and agree what local authorities' priorities as employers ought to be. The workshop identified a wide range of priority topics from which a number of common themes could form the basis of a new strategy for local government. Drawing on this workshop, the LGE (on behalf of themselves and the WLGA) have submitted a paper for the LGP's consideration entitled: "*Delivering the GB strategy: local government as part of the solution*" which is attached at Annex 4;
- d) that although the workshop in March was supported by CoSLA, for geographical reasons only a small number of local authority officers and councillors were able to attend to represent CoSLA. In Scotland HSE are engaging with CoSLA and exploring options for hosting a similar workshop in Scotland later this year. This will provide an opportunity to debate the strategy themes and priorities as they relate to Scottish LAs.
- e) local government expects to identify and set its own priorities. Hitherto, the Local Government Association, (LGA), Local Government Employers (LGE), Welsh Local Government Association (WLGA), Convention of Scottish Local Authorities (CoSLA), LG Regulation (formerly LACoRS) and the LGP have had crucial roles in helping local leaders fulfil their health and safety responsibilities and contribute to the Strategy. However, the operating environment for all organisations across local and central government generally is uncertain and in a state of flux. Past roles, responsibilities, priorities and capacities to influence may not be taken for granted in future.
- f) It has proved difficult to capture the interest of LA Chief Executives. We know that LA senior management teams have a crucial role in setting culture, risk appetite and empowering staff. Elected Members also have an essential role in setting local policy. Any work by LGP partners and HSE will therefore need to consider how best to persuade and engage a significant number of LA Chief Executives and Elected Members to be exemplars and proponents of sensible health and safety management.
- g) From the LA perspective the many approaches from, and relationships with, HSE at both national and local levels has not always been optimally co-ordinated.

## **Argument**

11. As can be seen from the examples of successful initiatives in Annexes 2 and 3, LAs have made and will continue to make important contributions to the Strategy through their roles as regulators, major employers, clients and service delivery partners with other organisations. HSE welcomes these contributions, and wishes to maintain and enhance its productive working relationship with LAs. on these issues.

### *Supporting local government stakeholders work on health and safety leadership*

12. The LGE paper on leadership for the LGP shows commitment from this sector and ownership of the work to deliver the Strategy and to *be part of the solution*.

Success from the LGE/WLGA proposals will be evidenced by competent, confident risk awareness and management within LAs; measures could be:

- Chief Executives' awareness of Institute of Directors' Guidance;
- Number of LA policies on public safety promoting sensible risk management;
- Health and safety standards integrated into service delivery contracts in a non-bureaucratic way that adds value for all parties;
- LAs compliance with the Section 18 standard as regulators;
- A specified number of Chief Executives acting as ambassadors for sensible risk management.

13. Many LAs are already exemplary employers. However, there remains more to be done to embed health and safety leadership and the LGE paper at Annex 4 proposes an approach that is led by local government. HSE officials are involved in this work.

#### *HSE's priorities for LAs as duty-holders*

14. HSE will continue to focus its attention as a regulator across LAs on construction, waste and recycling, social care and education. LAs are key duty holders in respect of the duty to manage asbestos across their property portfolio including schools. Work to strengthen proportionate health and safety management in schools needs to continue. Innovative approaches as set out in Annex 3 will remain a key method of delivery eg Estates Excellence.

#### *HSE/LA regulatory partnership*

15. The co-regulator partnership between HSE and local authorities has been running successfully for six years. A renewed Statement of Commitment to this partnership was signed by LACoRS (now Local Government Regulation (LG Regulation)) and HSE in 2009. It sets out a commitment to improved standards of partnership working to secure jointly improvements in workplace health and safety. HSE continues to work closely with LAs to implement the Strategy across LA enforced businesses – in particular to support both SMEs, and to encourage leadership from leading and influential businesses.

### **Action**

16. The Board is asked to:

- a) recognise the importance of Local Authorities (LAs) as a key stakeholder group to the successful delivery of the Strategy for health and safety; and to consider, given the current political and financial environment, what can realistically be expected from LAs;
- b) support the proposals from the LGE/WLGA to improve health and safety leadership within LAs across England and Wales;
- c) continue to support HSE's own priorities for its work with LAs as duty-holders particularly on waste and recycling, construction and building maintenance, social care, and education; and
- d) note the current position and progress of the HSE/LA regulatory partnership.

17. With regard to leadership and governance, the Board is asked to consider, in the light of the current economic and political climate and what is likely to be achievable,:

- To what extent should the LGP and its members be encouraged to provide the leadership, governance and direction for the proposals from the LGE?
- Should the LGP be invited to develop an intervention strategy and tactical plan for improving health and safety leadership within local government, and if so, how to monitor progress against that plan?

### **Paper clearance**

18. Kevin Myers and the SMT at their 7<sup>th</sup> July meeting.

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## **The organisation of local government – overview compiled by HSE's Public Services Sector**

### **Structure**

Local government is structured in two contrasting ways. In Scotland, Wales and parts of England, a single tier "all purpose council" (Unitary, Metropolitan or London Borough) is responsible for all local authority functions. The remainder of England has a two-tier system, in which two separate councils divide responsibilities between district and county councils. Often there is an additional tier of parish or town councils as well.

Therefore, England's counties often have two and sometimes three levels of local government. Each county has an elected county council providing strategic and more costly services like social services and education. Each county is divided into several districts, each with its own elected district council providing local services such as the collection of council taxes and non-domestic rates, housing benefits, health and housing.

Some of the councils are called borough or city councils. These titles are ceremonial and indicate that the authority has a Royal Charter and a Mayor. Many district councils are further divided into elected parish or town councils. A town council is a parish council with a mayor. Parishes deal with matters including allotments, footpaths, bus shelters, litter and dog fouling.

In addition to London's 32 London Boroughs and The City of London Corporation, the Greater London Authority acts in a strategic way on behalf of the capital to promote its special needs.

Local authorities are created by Acts of Parliament, they may be abolished by Parliament and their powers are determined by Parliament.

### **Service Provision**

Councils provide three types of service to their communities:

- statutory services – such as refuse collection that are mandatory
- regulatory services – such as licensing and trading standards – these are also mandatory
- discretionary services – such as promoting tourism – that councils may choose to provide

The table below shows the responsibilities that each type of local authority has.

	Joint Authorities	Met Councils	London Boroughs	District Councils	Unitary Authorities	County Councils
Education		•	•		•	•
Housing		•	•	•	•	
Planning Applications		•	•	•	•	
Strategic Planning		•	•		•	•
Transport Planning		•			•	•
Passenger Transport	•				•	•
Highways		•	•		•	•
Fire	•				•	• (*)
Social Services		•	•		•	•
Libraries		•	•		•	•
Leisure & Recreation		•	•	•	•	
Waste Collection		•	•	•	•	
Waste Disposal	•				•	•
Environmental Health		•	•	•	•	
Revenue Collection		•	•	•	•	

(\*) Joint fire authorities operate in counties with a unitary authority in them.

Contracted-out services remain the statutory responsibility of the councils.

## Revenue

Local authorities raise income in a number of different ways, with the Council Tax raising around 25% of total revenue. The rest is made up of central government grants which, at around 48%, form the majority of local government revenue. The Non Domestic Rate, set by central government raises about 25% of local authority revenue. The remainder is made up by charges for services and reserves.

## Elections

Councillors are elected for a four-year term unless they are elected at a by-election, in which case they must stand again at the next election. County councils are divided into electoral divisions, with one county councillor representing each division. Elections are held once every four years for all the seats on the council.

Metropolitan districts are divided into wards, each usually represented by three councillors. One third of the seats are up for election within each election cycle.

District councils in 'two tier' structures are divided into wards and also have a choice concerning their election cycle. They may adopt either the metropolitan district

system described above, or all the seats in the council can be contested once every four years.

London boroughs are divided into wards and elections are held once every four years, but follow a different cycle from the rest of the country.

## **Governance**

Central government oversees many of the activities of local government. Communities and Local Government (CLG) is the government department responsible for national policy on local government in England.

In Scotland the Scottish Government Directorate for Public Services Reform is responsible for structures and funding of local government, supporting the delivery of positive local outcomes (through Single Outcome Agreements) and effective governance and management in local government.

Many of the services they run are inspected and audited by relevant inspectorates such as the Audit Commission (England), Audit Scotland (Scotland) etc.

All day-to-day services are run by the local authority.

Councils are bound by ministerial directives and regulations. Many of the services they run are inspected and audited by relevant inspectorates such as the Audit Commission. Some of the decisions they reach may be subject to an appeal to a minister or a government department and decisions can be challenged in the courts.

## **Comprehensive Area Assessment (CAA).**

Under the last administration Comprehensive Area Assessments (CAA) were used to assess how well local public services performed. The government has announced that Comprehensive Area Assessment is to be abolished. The details and timing are yet to be announced. Central to the CAA is the Local Area Agreement (LAA), which forms part of the vision and delivery priorities for each place.

Everywhere in England currently has a LAA. Delivery partners in the community include the LAs, health trusts, education establishments, private organisations and the third sector, who form a Local Strategic Partnership (LSP) and work together towards shared outcomes for their citizens. The LAAs are designed to drive improvement and effective partnership working whilst reducing burdens from central government and increasing direct accountability to communities. A set of 198 National Indicators (NI) are the measures by which central Government has performance managed local government outcomes working either alone or in partnership. Some NIs are mandatory for certain authorities, others are selected by the local partnership.

CAAs and LAAs do not exist in Scotland. Single Outcome Agreements (SOAs) are agreements between the Scottish Government and Community Planning Partnerships (CPPs) (which comprise LAs, Health Boards, The Enterprise Networks and Police, Fire and Regional Transport Partnerships as statutory partners).. The SOAs set out how each will work in the future towards improving outcomes for their communities. The Scottish Government has agreed SOAs with all 32 CPPs. The

following description is from COSLAs Single Outcome Agreement (SOAs) Guidance 2009 & Key Messages <http://www.improvementservice.org.uk/single-outcome-agreements/>

## **Council Decision Making**

The full council meeting is the sovereign body of the council where all councillors meet to debate and take decisions. Traditionally, full council received recommendations from various committees, which it accepted, rejected or amended. The Local Government Act 2000 (England and Wales only) changed this for most authorities, introducing a system that separated the decision-making executive from the monitoring and representative functions of the council.

Full council:

- makes decisions on the constitution
- decides policy framework
- decides the budget
- appoints chief officers.

## **Political arrangements**

The Local Government and Public Involvement in Health Act 2007 (England and Wales only), requires councils to adopt one of two political management arrangements:

- leader and cabinet executive: or
- mayor and cabinet executive.

District councils in areas where the population is less than 85,000 are able to continue with a modified committee system with a requirement for overview and scrutiny. It means that a council's executive decision-making arrangements can come under one single party. The executive mayor or cabinet is responsible for:

- agreeing new policy and the budget
- conducting strategic service reviews
- promoting the council's interests in partnership
- implementing decisions of the full council with the council's officers.

There are some areas of service delivery where the executive does not have responsibility. Quasi-judicial and regulatory functions such as development control, planning applications and licensing decisions are delegated from the council to separate decision-making committees.

## **Plans**

The executive is required to set out its programme of work in a forward plan. The plan will include all key decisions due to be made by the executive in the following four months.

## **Officer roles**

Officers are employees of the council. Officers may be delegated by councillors to make policy decisions. They are led by a chief executive and senior managers who are appointed directly by councillors. Council employees might include teachers; refuse collectors, social workers and domiciliary care providers.

## **Statutory officers**

Local authorities are required by law to designate a senior manager as the 'head of paid service'. This will usually be the chief executive. This person is responsible to councillors for the staffing of the council, ensuring the work of the different departments is co-ordinated, and making sure the organisation runs efficiently. There must also be a monitoring officer responsible for warning councillors about anything the council does that is likely to lead to legal action or to a finding of maladministration by the ombudsman.

The council must also have a 'Section 151 officer', usually the director of finance, whose task is to monitor all the financial affairs of the council. This officer has the power to stop the council from spending money if they think it is unwise or unlawful. All three of these posts are statutorily protected, which means councillors cannot dismiss the post holders without an independent inquiry.

## **Senior managers**

The chief executive is the main link between the senior managers of individual departments and between senior managers and councillors. Chief executives advise councillors on procedure, legislation and policy.

The chief executive leads a management team that is responsible for the corporate management of the authority and also meets regularly with the executive or cabinet.

Senior managers or directors lead the individual departments of the council. They may also be called chief officers. Senior managers are responsible for advising the cabinet and scrutiny committees on policy and are responsible for implementing councillors' decisions and for service performance. "Portfolio Holders" or Lead Councillors, have responsibilities for various service areas and will liaise closely with the relevant Chief Officers.

## **Community leadership and engagement**

Community leadership is at the heart of modern local government and councils are taking on new responsibilities for working in partnership with other organisations, including the voluntary and community sector, to improve services and the quality of life of citizens. In England and Wales the Local Government Act 2000 introduced a general power of 'wellbeing' in relation to economic, environmental and social issues. The Local Government in Scotland Act 2003 introduced the equivalent in Scotland. This had a significant impact on the community leadership roles of councils and councillors.

## **Principal local authority stakeholders**

### *Local Government Association (LGA) and Welsh Local Government Association (WLGA)*

The LGA and WLGA promote the interests of local authorities in England and Wales. They exist to promote better local government and are voluntary lobbying organisations. They work with and for member authorities to help them to put local councils at the heart of the drive to improve public services and to work with government to ensure that the policy, legislative and financial context in which they operate supports that objective.

The WLGA represents the interests of local government and promotes local democracy in Wales. It represents the 22 local authorities in Wales, and the 4 police authorities, 3 fire and rescue authorities and 3 national park authorities are associate members.

### *Local Government Employers (LGE)*

The LGE was created by the Local Government Association in April 2006. It works with local authorities, regional employers and other bodies to lead and create solutions on pay, pensions and the employment contract, including health, safety and wellbeing.

### *Local Government Regulation (LG Regulation) (Formerly Local Authorities Coordinators of Regulatory Services (LACoRS))*

LG Regulation as part of the LGA Group\*, is the local government central body responsible for overseeing local authority regulatory and related services in the UK.

### *Improvement and Development Agency (IDeA)*

The IDeA works for local government improvement so councils can serve people and places better. They are part of the LGA Group. IDeA use experienced councillors and senior officers, known as peers, who support and challenge councils to improve themselves. They enable councils to share good practice through the national Beacons scheme and regional local government networks. The best ideas are put on the IDeA Knowledge website. (IDeA) offers expert national support at a regional level. Through Regional Improvement and Efficiency Partnerships (RIEPs) and Regional Associates, the IDeA provides top-tier representation and experience in each region.

### *Convention of Scottish Local Authorities (CoSLA)*

CoSLA, is the representative voice of Scottish local government and also acts as the employers' association on behalf of all Scottish councils. It fulfils a similar role to the LGA and LGE in England and the WLGA in Wales but is an independent organisation.

### *Society of Personnel Directors Scotland*

This group is for senior personnel officers who contribute to corporate personnel policies as part of the development and implementation of personnel/human resource strategy primarily in local government in Scotland but also in fire and police services.

*Society of Local Authority Chief Executives and Senior Managers - SOLACE*  
SOLACE is the representative body for senior strategic managers working in the public sector. The Society promotes public sector management excellence and provides professional development for its Members who come from all areas of the public sector. Whilst the vast majority of its members work in local government, it also has members operating in senior positions in health authorities, police and fire authorities and central government. SOLACE spans all of the UK, having membership in Northern Ireland, Wales, Scotland and England.

The 'Improvement Service' is a partnership between COSLA and SOLACE which was set up in 2005 to help improve the efficiency, quality and accountability of local public services in Scotland by providing advice, consultancy and programme support to councils and their partners. Its purpose is to help councils and their partners to improve the health, quality of life and opportunities of people in Scotland through community leadership, strong local governance and the delivery of high quality, efficient, local services.

\* *The Leadership Centre for Local Government and Local Partnerships*, are other organisations within the LGA group

## **LAs as regulators contributing to delivery of the strategy**

### **Background**

The strong co-regulator partnership between HSE and local authorities has been running successfully for six years. In addition to a unit dedicated to maintaining and improving the co-regulator relationship (HSE's Local Authority Unit – LAU), there is also a Partnership Team within each HSE region.

A renewed Statement of Commitment to the regulatory partnership was signed by LACORS and HSE in 2009. It sets out a commitment to improved standards of partnership working to help us deliver and further secure improvements in workplace health and safety.

On 6 July 2010 LACORS changed its name to Local Government Regulation (LG Regulation).

LAU works closely with LG Regulation at a national level contributing to the various national forums (HELA, LG Regulation's Health & Safety Policy Forum, Chairs of Liaison Groups). This is supplemented by the Partnership Teams at a local level working with county liaison groups and individual LAs. In addition to regular meetings between LAU, LG Regulation and the Partnership Managers, the annual round of regional conferences bring LG Regulation, LAU and the Partnership Teams together with local LA representatives.

### **LAs as stakeholders - complying with the Section 18 Standard**

Under Section 18 of HSWA LAs are under a statutory duty to make adequate arrangements for H&S enforcement. A Section 18 Standard has been developed and all LAs should be able to demonstrate their compliance with the Standard by the end of March 2011.

When considering LAs as key stakeholders to the successful embedding and delivery of the strategy, a visible commitment will be seen by ensuring compliance with the section 18 Standard.

Compliance with the standard is determined by self assessment followed by peer review. HSE's partnership managers have a supporting and advisory role in the peer review process. As we may expect some LAs to have difficulty in complying with the standard HSE has agreed with LG Regulation to undertake some research using available evidence. Once those struggling LAs are identified LG Regulation will explore ways in which these LAs can be encouraged.

### **Delivering the strategy**

Through their regulatory function, (both proactive work and complaint and accident investigation role) LAs have a direct effect on the achievement of the health and safety strategic goals. Each year, in consultation with LAs, a joint FOD/LA delivery portfolio is developed of proactive work on national priorities. LAs use this to

develop their own work plans along with inclusion of local priorities selected for political or community reasons. LAs' participation in national priority work can be influenced by the evidence base for this work, the impact on community well-being and the fit with their other priorities.

This year the second half of each regional conference will be a planning event where the strategic priorities for 2011/12 will be discussed and a commitment to delivery requested. Plans for the conferences are in the process of being finalised: HSE Board members will provide the keynote address at each event, which will be hosted by the appropriate Regional Director.

### **LG Regulation's role in helping deliver the strategy**

LG Regulation's role is to raise the profile of, amongst other areas, health and safety, with councillors in particular, sharing good practice, contributing to a wide range of projects and initiatives. They provide support, co-ordination and promotion of local health and safety regulation, representing Local Government's interests on behalf of the Local Government Association (LGA), Welsh Local Government Association (WLGA) and the Convention of Scottish Local Authorities (COSLA).

More specifically in their role in helping deliver the strategy, in addition to planning, LG Regulation is represented on the "Strategy Action Teams" and the Strategic Coordinating Group which presents the opportunity to influence HSE and represent LA interests more widely.

They can assist in the engagement of local government as a means of furthering the partnership and delivering the strategy through the Local government Panel (LGP): the high level political group comprised of senior councillors nominated by the LGA, WLGA and COSLA plus the Chair of LG Regulation.

## **Contributions LAs make to health and safety performance in all their various capacities and roles**

### **Influencing performance through wider regulator activities - Engagement with local authorities on construction issues (LACE)**

The LACE project was established to review the extent to which Local Authorities (LAs) influenced construction health and safety standards and to explore the scope for expansion of that role. The project has assisted and supported joint working between HSE Construction Inspectors and LA staff, including Environmental Health (Health and Safety), Building Control, Planning and Highways.

In the early stages, the project involved encouraging a relatively small number of “pathfinder” LAs to undertake work that would contribute to improving standards construction health and safety standards. The aim was to build on the enthusiasm of these “pathfinders” to generate the momentum to develop a critical mass of LAs who saw that taking action to improve construction health and safety was a legitimate and beneficial aspect of their business. Example of contributions include:

- *Building Control* - establishing links from BC websites to targeted information on HSE’s construction webpages, to make it easier for dutyholders, especially smaller firms and small clients, to obtain health and safety information. Around 30% of LA BC Departments have established links to date with a further 30% target for the current year.
- *Building Control* – negotiating an Agreement for Cooperation in England and Wales between HSE and the Building Control Alliance, representing all BC professionals. Final acceptance of the draft, including arrangements for BC professionals to report to HSE serious health and safety concerns identified during the course of their work, is imminent, with local agreements established with a number of BC Departments in advance of a National Agreement.
- *Highways* - introduction of standard scaffolding licensing conditions, including health and safety requirements, into licences for scaffolding on public highways. This has been achieved in the South West and East of England Regions, with discussions underway at National level and should not only improve public safety, but also reduce the burden of compliance for scaffolders by establishing consistent licensing requirements across LA boundaries.

### **Influencing business performance through health and safety initiatives: Estates Excellence**

Estates Excellence is a pilot health, safety and risk management initiative supported by the Health & Safety Executive (HSE), Local Authorities and Fire and Rescue Services working in partnership with a range of South East businesses, trade associations, insurance companies, landlords and other professionals to bring free advice and support to local areas to help businesses.

The overall aim of ‘Estates Excellence’ is to assist businesses and other duty holders, including commercial property owners, to sensibly control their risks to

health and safety and help them deliver reductions in injury and ill-health rates by providing risk based support, guidance and tools through a range of partner led interventions.

Through knowledge and support, the project aims to break down the perceived and actual burdens involved in successfully managing health and safety, ensuring that business can identify and gain the financial benefit such as reduced absenteeism and the associated costs.

Key to the project is the partnership of regulators and other stakeholders working together. Irrespective of their enforcing authority, small businesses (eg under 50 employees) on an estate will receive an advisory visit ("Benchmarking" visit) and helped to work through an assessment tool (Knowledge and Information Tool) to identify their key risks and where they are in relation to recognised standards of health & safety and other business critical issues like security, and fire.

Local authorities have supported this work even where they do not have a health and safety regulatory function. Kent County Council are one such example where ten visiting officers participated in the benchmarking visits. Their contributions demonstrate their interest in working with wider partners, and their work to support small businesses across the county. Kent CC are also involved as a stakeholder within the South East Health and Safety Strategy Forum, and have led on a sharing best practice on 'absence management'. Kent Fire Brigade were involved with an equivalent number of visiting officers, as were a number of district LAs.

## **Influencing health and safety performance through procurement**

### **1. Waste and recycling**

A targeted programme of work with the waste and recycling industry (2009-2013) was approved by the HSE Board in December 2008. Although there are a number of work streams within that programme a key project is influencing local authorities so that occupational health and safety becomes an integral part of the procurement and management of municipal waste/ recycling contracts/services.

HSE in consultation with the industry, local authorities' representative bodies and other central Government Departments and agencies has produced specific guidance aimed at local authorities when procuring and managing waste services, together with associated practical case studies and other supporting information. The objective is that occupational health and safety becomes an integral part of the procurement and management of municipal waste/ recycling contracts/services. The guidance is structured to reflect the key stages of the contract management process and outlines a number of key features and principles of good practice associated with each of these steps. Although the guidance does focus on collection activities, the principles can be applied across the board to all waste services and activities and some of the case study examples reflect that. The guidance was launched at eight regional and national events delivered in January and February 2010.

While this initiative is specifically focused on procurement and management of waste services, the generic themes of the guidance and HSE interventions are equally applicable to other services procured or managed by local authorities - for example

construction procurement and the procurement of social care services by commercial providers. This project will provide useful intelligence on how to influence local authority and contractors performance across a wide range of procured services.

## **2. Construction – Kerb stones**

HSE has been working in partnership with the construction industry since the 1990s to bring about improvements in risk management by developing solutions together, and one aspect of this is work involving local authorities using the supply chain model. This process demonstrates an effective relationship between HSE and the industry, notably with local authorities and other stakeholders as clients, contractors, suppliers, and designers.

The value of this cohesive approach is that by working together all the supply chain agrees a reasonably achievable and practical way to deal with a specific health risk issue. This partnership approach with local authorities has had particular success in the manual handling of kerbs which:

- encourages the use of lifting equipment for kerbs on road building, repair and hard landscaping and the substitution where appropriate of concrete materials with lighter substitutes; and,
- reducing dust exposure during kerb, paving and block cutting - by establishing a clear control hierarchy involving use of water suppression of dust, ventilation control and use of personal respiratory protection.

## **3. Safety Schemes in Procurement (SSIP) Forum**

The SSIP Forum was established to formalise arrangements to secure mutual recognition between bodies supplying a third party assessment of health and safety standards, at the pre qualification stage. This is important because all SME groups in construction recognise the burden of unnecessary paperwork, and duplication of effort that currently exists, as clients often insist on prequalification for health and safety being done "their way". The leading body in approaching HSE to form the SSIP Forum was CHAS, the Contractors Health and Safety Assessment Scheme, which is owned by a local authority - Merton Borough Council.

A group of 11 further member schemes has now joined the founder members, CHAS, NHBC, Exor and Constructionline in signing up to the agreements that assure mutual recognition.

The SSIP Forum was launched publicly in November 2009, under the Chairmanship of John Murphy of Merton Borough Council, CHAS Scheme manager. Apart from the leadership demonstrated from the Local Authority sector in getting the mutual recognition arrangements established, Local authorities outside London have also been active in adopting and promoting the SSIP principles, examples of these are Cardiff Council, Wigan Council, Bexley Council, Doncaster Council and Buckinghamshire Council.

## **Influencing performance through stakeholder engagement – Prioritising health and safety risks for local authorities**

In March 2010, HSE facilitated a workshop with LGE, WLGA, and COSLA which brought together opinion shapers from across local government and invited them to debate issues and agree what local authorities' priorities as employers ought to be. The workshop identified a wide range of priority topics from which a number of common themes could form the basis of a new strategy for local government.

For such an approach to succeed it was clear that any approach needed to include a framework to reflect and incorporate local priorities. Key priorities included managing contracts and partnerships, competence and leading on health and safety.

Ownership from senior managers and elected members is essential, and historically this has proved difficult and innovative approaches are needed. Delegates suggested HSE has a role to play in engaging direct with Chief Executives at the local level. Drawing on this workshop, the LGE (on behalf of themselves and the WLGA) will put a paper to this afternoon's LGP entitled: "*Delivering the GB strategy: local government as part of the solution*" (Annex 4)

## **Influencing health and safety performance through regulatory partnerships**

### **1. Local authority contribution to Hidden Killer**

The local authority /HSE Partnership was formally established in 2004 with a Statement of Intent that set out local government and HSE's commitment, as regulators, to working together to help deliver HSE's Strategy for workplace health and safety for Great Britain. This is one example of how local authorities contributed to the Asbestos Hidden Killer campaign through the partnership with HSE.

The aim of the Hidden Killer campaign was to raise awareness of the dangers of asbestos to general tradesmen, plumbers, electricians and joiners and inform them of the potential risk of working on buildings that might contain asbestos. LA contributions played a huge part in realising the success of the campaign.

- 46 councils contacted the HSE campaign team directly. Between them, they ordered campaign material to distribute and display including 8810 packs, 4550 leaflets plus A3 posters.
- Many councils, including Allerdale, Knowsley, Glasgow, London Borough of Sutton, Chesterfield Borough Council and Staffordshire County Council sent a mail shot to hundreds of local tradesmen and businesses about the campaign.
- Bristol City Council, London Borough of Sutton, North Cornwall District Council and Chesterfield Borough Council all visited local DIY stores and building merchants and encouraged them to display posters and promote the campaign packs to customers.
- North Cornwall District Council made 300 business support visits as part of the campaign.
- Bristol City Council sent campaign packs to all of the Council's contractors (nearly 300) and received many requests for more as a result.

- Bath and North East Somerset Council, Taunton Deane and Sefton Metropolitan Borough Council delivered asbestos awareness training sessions at local colleges to students and lecturers of building related topics (building technicians, carpenters, plumbers, electricians, engineers and painters and decorators).

## 2. WorkWell Dorset

In its 2009 report on the health and safety regime, the Better Regulation Executive (BRE) focused on the skew in regulatory targeting, the so-called ‘twin peaks’ effect, where higher risk sectors are inspected periodically by HSE inspectors, and lower risk premises by LA inspectors. In between these “peaks”, there is a misalignment of regulatory resource for medium risk premises (e.g. motor vehicle repair, dry cleaners, High Street printers, small-scale construction) allocated to HSE to regulate but falling below FOD priorities for intervention.

WorkWell Dorset has been exploring a range of interventions intended to level out the twin peaks, match the available resource more effectively to risk and make best use of the strengths of both local and regionally organised regulators.

Dorset is made up of eight Local Authorities including two unitary authorities and six districts. The latter are currently pursuing Pathfinder status as a way of improving collaboration and shared-service provision. The project team estimated that the resources available to health and safety regulation in Dorset in 2009 were 50 LA officers (though only 10 FTE) and around 4 FOD inspectors (of which 2 operate out of the Poole office, the other 2 from Bristol).

The work in Dorset aims to draw together one comprehensive, joined-up workplan across HSE and Local Authorities. The foundation for the project has been an analysis of intelligence to pinpoint the risks in Dorset, and the resource available to tackle those risks. Planned proactive and reactive interventions have sought to match resource to risk through a set of joint processes and structures.

Key products include:

- *Risk profile* of Dorset, statistical analysis from CSAG highlighting important local categories of injury or ill-health, industry types and sectors, ensuring our proactive interventions are appropriately targeted;
- *Resource profile* of all health and safety regulators working in Dorset, based on the RDNA tool, and captured in a Regulators’ Database and Directory, distributed to all health and safety regulators in Dorset to promote partnership, networking and knowledge exchange.
- *Resource tracker*, to keep tabs on flexible and joint working, and ensure that there is a fair give and take between authorities themselves and with HSE.
- *Major Investigation Team*, made up of flexibly warranted LA and HSE inspectors, able to respond to high demand incidents (e.g. fatalities) across the county.
- *Complaint handling*, single, consistent, risk-based filter and procedure for 8 LAs,.
- *Investigation and enforcement procedures*, consistent county-wide.
- *SME interventions*, a template for delivery tested in 2 joint-delivered campaigns, targeted at local risk, and a methodology to select and deliver on future targets.
- *County Delivery Plan/ for 2010/11/ Governance structures* to ensure successful joint delivery / *WorkWell toolkit*.

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Trim reference:			
Keywords:	Local Government, strategy, delivery,		
<b>Delivering the GB strategy; Local government as part of the solution</b>			

### Purpose of the paper

1. This paper outlines the current and proposed future activity to develop a strategy, working in partnership with key stakeholders, to facilitate local government in England and Wales making their contribution towards the delivery of the GB strategy. The proposed strategy will express the aspiration that local government will be recognised as a health safety and well being exemplar. Further, it captures the collective contribution local government can make, not only as employers but as procurers of goods and services and the influence it can bring to bear on the supply chain.
2. The paper will also describe the proposed strategy framework and delivery mechanisms together with proposed themes and possible interventions.
3. It is hoped that the Panel will agree with the approach and endorse the proposal as the way forward.

### Background

4. In 2000, HSE recognised local government as a key employment sector to deliver the improvement targets articulated in the Revitalising Health and Safety strategy. The Local Authority Forum was established in 2001 to take forward the necessary work. The forum drew its members from the employers groupings for England, Scotland and Wales and the principal local government trade unions. The forum was chaired by HSE, who also provided the secretariat, Joyce Edmond-Smith the then Local Government commissioner also attended to provide the link with the HSC.
5. Initially the forum was very active in drawing to the attention of local government leaders (both officer and elected member) the crucial role they played in securing the health and safety of their workforce and the action they should be taking personally to achieve this. The forum also provided a valuable conduit through which HSE could communicate their intervention plans with local authorities.
6. Over time, with changes of membership, the forum lost impetus and became less influential. In 2007 HSE made the decision to withdraw support for the forum. Clearly, a new approach to engage the key stakeholders within the local government community was required. Whilst, options were being

considered, HSE and the employers grouping continued to meet informally on a bi-lateral basis.

7. The development of the GB strategy provided the catalyst for increased activity by HSE and employers groupings to develop a new way forward. Sir Steve Bullock, LGA HR Panel Chair spoke at the strategy launch event and signed the pledge on behalf of the LGA group. Thus, providing a visible expression of support for the strategy and demonstrating leadership to local government, suggesting very strongly that individual councils should sign up.
8. The role of councils in delivering the strategy, has been given additional prominence centrally by Steve Sumner of LGE addressing HSE's board and Judith Hackitt attending LGA HR panel.
9. Further, close work between HSE and employers groups resulted in a local government leadership and delivery workshop in March 2010. Addressed by Judith Hackitt and attended by HSE staff, employers' representatives and local government officers and elected members, the workshop identified health and safety priorities and considered possible delivery mechanisms. A report of the workshop is attached as Annex One to this paper.
10. In response to the workshop the Local Government Employers National Health and Safety Practitioners panel set up a task and finish group to develop the way forward. The group is identifying and developing a strategic framework for interventions at a national, regional and individual local authority level. A note of the outcome of the first meeting is attached as Annex Two to this paper.
11. This work is being progressed against a backdrop of financial uncertainty within the public sector and local government specifically. It is also a period of rapid change in local government as councils seek to develop innovative ways of delivering better services with fewer resources e.g. Total place. There is a greater push for future decision making to be more local with councils taking more responsibility for setting their priorities.
12. The starting point for any council in confronting the challenges ahead is a safe, healthy, well motivated and productive workforce and therefore a clear vision and commitment to health, safety and well-being and delivery of the GB strategy goals is more relevant than ever.
13. This work further builds upon action already taken by councils to enhance the health and well being of their workforce. There by responding to the challenges posed by national health work and well being strategy, Dame Carol Black's review of the health of working people "Working for a healthier tomorrow" and the Government's response "Improving health and work: Changing lives".

## **Argument**

13. The task and finish group had its first meeting and has proposed a way forward in developing a framework for the local government response to the

GB strategy. The structure of the framework is appended as Annex Three to this paper.

14. The framework will take the form of a vision and a high level statement signed off by the LGA HR panel and supported by HSE. There will be an annual theme to provide focus for action. An annual work plan will be developed which will provide for action at the national, regional and individual local authority level. The proposed theme for the first year is 'effective leadership', both officer and elected members.
15. A tool kit will be developed for each strategic goal as an aide memoir to enable councils to assess their progress in delivering the relevant actions against the strategic requirements.
16. The framework proposal will be consulted upon using LGE's national health and safety practitioner panel. This panel will coordinate national activity with other stakeholders including HSE and Public Services Specialist Group of IOSH and representatives of the panel will encourage regional activity through their local networks. To be successful this approach will benefit from the support of a senior HSE FOD inspector to engage with and support the regional networks activities. This already occurs in some regions but it not the case across all English regions.
17. The strategy framework is intended to be web based allowing for the development of case studies showcasing examples of good practice from local government.
18. This approach has been approved by the LGA HR Panel at their meeting of 24<sup>th</sup> June 2010.
19. In terms of governance, it is important that the LGA HR panel are kept informed of progress on the development of the framework and proposed activities. LGE will ensure that they are fully briefed through progress papers. In addition a new link between the LGP and LGA HR panel is provided by Cllr Bagchi, Deputy chair of the HR panel. As work develops through the LGP it may be appropriate for further meetings of LGA HR panel Chair, Sir Steve Bullock and Judith Hackitt, HSE's chair to discuss progress.
20. Progress in delivering the strategy will be measured using a series of leading and lagging indicators including accident and ill health data and implementation of policy initiatives relating to health and safety at work. However, due to problems with the coding of RIDDOR reported accidents there may be difficulty with year on year comparisons of accident data. This is an issue which will require resolution to enable the tracking of trends over time with confidence in the data. Though, it is recognised that local authorities will be examining their own accident and ill health data to determine their priorities locally.

## **Action**

21. The panel are asked to recognise and acknowledge the distance of travel to date and the work done to get to this point. From the dissolution of the Local Authority Forum, through the leadership workshop, to the establishment of the practitioners panel task and finish group, and the drafting of the delivery framework and this paper for approval by the LGA HR Panel and Local Government Panel.
22. Further, to support and endorse the proposed action to ensure that councils are fully engaged in contributing to the delivery of the GB strategy and that local government are seen as part of the solution.

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**LGE Paper - Annex One - Attached as a separate PDF document**

***Engage and deliver: effective leadership on health and safety strategy in local government. Report and overview of workshop held in Solihull 10 March 2010***

## LGE Paper – Annex Two

### Update on first meeting of the LGE/WLGA National Practitioner Panel's Working Group 12th May 2010 - Local government strategy development and delivery

1 The Working Group was convened at the April meeting of the LGE National Health and safety Practitioner Panel (NPP) at which Ruth Sleigh, HSE presented a brief paper in conjunction with Steve Sumner (LGE) and Jonathan Lloyd (WLGA) on the main outcomes from the joint leadership workshop in Solihull on 10th March.

2 The WG was tasked with developing and consulting on a local government (LG) strategy and framework for delivery, including the GB Strategy Themes, across LG in England and Wales. Steve, representing LGE, chaired the meeting. Jonathan Lloyd represented the WLGA, Ruth Sleigh represented HSE and two of the three volunteer LA representatives from the NPP were present.

3 The outcomes are set out below. The suggested approach focuses on local priorities for individual LAs as well as national themes. Engagement with stakeholders to date has convinced us that ownership and agreement by individual LAs is critical for success of an overall strategy.

- Agreement in principle to produce an overarching high level document setting out a LG sector strategy, including how to address and deliver the key LG priorities (i.e. based on those identified for further consultation at the workshop) and GB Strategy themes. The group will consult and seek formal support of the LGE/LGA\* and WLGA\* for this. HSE will explore how Chair might provide a statement of support. \*already signed the strategy pledge.
- A draft delivery plan will set out the process and actions to be taken at national, regional and local LA level. It is proposed to base the framework for consulting, engaging and delivering on the existing national and regional LGE practitioner group structure, with governance possibly provided by the LGA HR Panel and/or HSE LG Panel. Other routes will be explored. HSE will have input as well as IOSH Public Services Group (PSG) - Ruth and Steve currently sit on the PSG Committee. There may be other consultees but the aim is to keep the delivery work moving and secure some short term 'quick wins'.
- The emphasis will be on communicating and sharing examples of good practice - not in setting a rigid standard. A self-evaluation matrix for each strategy theme is being developed for consultation as a framework to 'benchmark' and demonstrate progress.
- Delivery will be phased, probably with an annual change of emphasis on a GB Strategy theme and beginning with, 'securing effective leadership'. However the delivery plan will also consider actions that could deliver quick wins on any of the themes or which might achieve impact across more than one theme. As a starting point on leadership the working group will consider options for engaging with SMTs and Elected Members making effective use of existing resources such as IoD and IOSH guidance as well as intermediaries, i.e. SOLACE, IoD etc.

4 The group is considering how to engage with the main LG unions as an overall element of its approach as well as part of the WI theme. However, this initial scoping and drafting work is being progressed in the context of duties of the employer.

## **LGE Paper - Annex Three**

### **Strategic Framework for local government contribution to the GB strategy; Be part of the solution**

#### **Foreword**

Statement of endorsement by Sir Steve Bullock, Chair LGA HR Panel  
Statement of support from Judith Hackitt, Chair HSE

#### **Vision**

To capture the collective contribution of local government as employers and procurers of goods and services to deliver the strategic goals of the GB strategy and to be recognised as exemplars in health, safety and well being.

#### **Introduction**

##### **High level statement of commitment between stakeholders**

##### **Annual themes**

Year one; Securing effective local government leadership (officer and elected member)  
Later themes to be agreed

##### **Planned interventions to support annual theme**

National  
Regional  
Individual councils

##### **Annual review of progress**

##### **Supporting tool kit and examples**

Strategic goal aide memoire  
Good practice case studies