

# An evaluation of the local authority programme joint authorisation pilot project

Transfer of enforcement responsibilities in the motor vehicle  
repair and dry-cleaning sectors

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repair and dry-cleaning sectors

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During 2006 the Health and Safety Executive (HSE) ran a pilot initiative at Peterborough City Council which involved handing over inspection responsibilities from HSE in two industrial sectors. This transfer was the first of its kind: neither HSE nor the local authority had prior experience of a large-scale handover on a premises-by-premises basis.

This independent report examines the effect of these pilot activities. It has two main components. Firstly, a process evaluation which assesses the way in which the pilot programme has been delivered, the way in which staff have been supported, the challenges that they have faced, and the successes they have experienced. Secondly, an impact evaluation, leading to a costs and benefits analysis, which investigates the extent to which the service has resulted in a cost-effective improvement in outcomes.

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# CONTENTS

|   |            |
|---|------------|
| <b>Executive Summary</b>                    | <b>vii</b> |
| <b>1 Introduction</b>                       | <b>1</b>   |
| 1.1 Background                              | 1          |
| 1.2 Details of the evaluation               | 1          |
| 1.3 Evaluation methodology                  | 3          |
| 1.4 Remainder of this report                | 4          |
| <b>2 Details of the LA Pilot</b>            | <b>5</b>   |
| 2.1 Background to the pilot                 | 5          |
| 2.2 Peterborough                            | 6          |
| 2.3 Sectors under transfer                  | 7          |
| 2.4 Description of stakeholders             | 9          |
| 2.5 PCC stakeholders                        | 10         |
| <b>3 Training and preparation</b>           | <b>13</b>  |
| 3.1 Administrative issues                   | 13         |
| 3.2 Training                                | 15         |
| 3.3 Chapter Summary                         | 17         |
| <b>4 Implementation</b>                     | <b>19</b>  |
| 4.1 Background                              | 19         |
| 4.2 Visits to premises                      | 19         |
| 4.3 Enforcement activities                  | 21         |
| 4.4 Workload and job satisfaction           | 22         |
| 4.5 Chapter summary                         | 23         |
| <b>5 Partnership working</b>                | <b>25</b>  |
| 5.1 PCC and HSE partnership working         | 25         |
| 5.2 Enforcement                             | 25         |
| 5.3 Accident reporting                      | 26         |
| 5.4 Joint working                           | 26         |
| 5.5 Potential for wider roll-out            | 29         |
| 5.6 Chapter summary                         | 30         |
| <b>6 Duty-holder perspectives</b>           | <b>31</b>  |
| 6.1 Introduction                            | 31         |
| 6.2 Health and safety awareness             | 31         |
| 6.3 Communication                           | 32         |
| 6.4 Inspections                             | 32         |
| 6.5 Follow-up activities                    | 34         |
| 6.6 Joint working                           | 35         |
| 6.7 Duty-holders in the dry-cleaning sector | 35         |
| 6.8 Other stakeholder perspectives          | 36         |
| 6.9 Chapter summary                         | 37         |

|          |   |           |
|----------|---|-----------|
| <b>7</b> | <b>Cost-benefit analysis</b>  | <b>39</b> |
| 7.1      | Introduction  | 39        |
| 7.2      | One-off set up costs  | 39        |
| 7.3      | Ongoing costs   | 43        |
| 7.4      | Costs to duty-holders   | 46        |
| 7.5      | Ongoing enforcement benefits  | 48        |
| 7.6      | Summary   | 56        |
| <b>8</b> | <b>General conclusions</b>  | <b>59</b> |
| 8.1      | Introduction  | 59        |
| 8.2      | Setting up the pilot  | 59        |
| 8.3      | Implementation  | 60        |
| 8.4      | Partnership working   | 61        |
| 8.5      | Duty-holder perspectives  | 62        |
| 8.6      | Wider perspectives  | 63        |
| 8.7      | Emerging themes   | 64        |
| 8.8      | The future  | 65        |
| 8.9      | Conclusions and Recommendations   | 67        |
|          | <b>Appendix 1 Abbreviations</b>   | <b>69</b> |
|          | <b>appendix 2 Activity map</b>  | <b>70</b> |
|          | <b>Appendix 3 Participants in duty-holder interviews</b>                          | <b>73</b> |
|          | <b>Appendix 4 Future ongoing costs</b>  | <b>74</b> |
|          | <b>Appendix 5 Pilot activity as a proportion of overall workload</b>              | <b>75</b> |
|          | <b>Appendix 6 Summary of costs to duty-holders</b>                                | <b>76</b> |
|          | <b>Appendix 7 Legal requirements and recommendations listed in sample letters</b> | <b>77</b> |

# EXECUTIVE SUMMARY

## INTRODUCTION

Between November 2005 and November 2006, the Health and Safety Executive (HSE) ran a pilot initiative with the Environmental Health Department at Peterborough City Council (PCC), which involved handing over enforcement responsibilities from HSE in two industrial sectors. In order to examine the effect of these pilot activities, the HSE commissioned a research team led by the Institute for Employment Studies (IES) to conduct an evaluation. This report is the final output of that evaluation and it considers the progress made by the PCC pilot to date. An in-depth process evaluation is presented, together with a more limited impact evaluation which considers cost-benefit aspects of the pilot and potential long-term outcomes.

## BACKGROUND

Several policy initiatives have formed the foundation for this pilot, including HSE's 'Revitalising Health and Safety' document which set targets for reducing the occurrence of accidents and ill-health in the workplace, and the Hampton Review which made recommendations to reduce the burden of regulatory enforcement on businesses.

Of particular relevance is HSE's Local Authority Strategic Programme (LASP) which aims to establish arrangements for working with local authorities in an effective partnership. The current pilot is consistent with LASP's objectives of 'developing an effective and coherent partnership between HSE and LAs, based on the principle of making the best use of their respective strengths, and applying collective resources in the best way to tackle national, regional and local priorities for health and safety' and 'examining and adapting as necessary the institutions and legal framework which currently underpin the relationship between HSC, HSE and LAs.'

The pilot represents a general move to concentrate resource-intensive activities, such as inspections, on high-risk sectors where there is greater potential for impact in terms of reductions in occurrences of work-related ill-health and accidents. The motor vehicle repair and dry-cleaning industries were selected for the pilot as PCC already had experience of visiting premises where these activities may be going on.

## THE PILOT MODEL

For the one-year duration of the pilot PCC assumed enforcement responsibility for two identified industries: the motor vehicle repair (MVR) and dry-cleaning sectors. The handover, which took place under Regulation 5 of the Health and Safety (Enforcing Authority) Regulations 1998 (EA Regs.), affected 163 employers in the Peterborough region. As well as testing the local authority's ability to enforce in these sectors, the pilot also enabled HSE to test a new way of working with local authorities and establish the level of support and input required in these circumstances.

## ABOUT THIS EVALUATION

The overall aim of this evaluation has been to provide detailed evidence to the local authority (LA) programme team and PCC about the early outcomes associated with the transfer of enforcement opportunities from HSE to LA inspectors in Peterborough. It also aims to provide insights into the procedural and process issues involved in the handover. The evaluation has two main components:

**A process evaluation:** which assesses the way in which the pilot programme has been delivered, the way in which staff have been supported, the challenges that they have faced and the successes they have experienced. This explores whether the pilot was designed and delivered in the best way, and identifies learning points for future delivery.



**An impact evaluation, leading to a costs and benefits analysis:** which investigates the extent to which the service has resulted in a cost-effective improvement in outcomes. This part of the evaluation assesses whether the pilot is a method of service delivery worth adopting more widely.

The evaluation team carried out semi-structured interviews with key staff within PCC and HSE in order to understand and document their experiences of the pilot. A sample of duty-holders from the two transferred sectors were also interviewed so that perceptions of the pilot could be obtained from a customer perspective.

An additional output of the evaluation was an ‘activity map’ which outlined the desired outcomes of the pilot and tracked progress towards these outcomes.

## **TRAINING AND PREPARATION**

This transfer was the first of its kind: neither HSE nor the LA had prior experience of a large-scale handover of responsibility for enforcing health and safety in the MVR sector (MVR premises comprised 98% of premises involved in this transfer). Despite this, most aspects of preparation for the handover proceeded without any hindrance. This was facilitated by PCC team’s unequivocal support for the transfer from its conception. The inspectors in Peterborough readily accepted the prospect of undertaking the training necessary to carry out their new responsibilities and saw the pilot as an opportunity for their own career development.

However, not all of the feedback regarding training was positive, and several important points concerning enforcement were not dealt with satisfactorily until relatively late-on in the pilot. Ideally, PCC inspectors would have benefited from a bespoke training package which covered procedural as well as technical aspects of their new responsibilities.

## **IMPLEMENTATION**

The detailed preparation for the pilot enabled its implementation on the ground to proceed smoothly. However, some issues were dealt with on an ad hoc basis, particularly in relation to enforcement, an area where differences in working culture between LA and HSE inspectors (and within HSE inspectors themselves) became evident. In particular, a general tendency for LA inspectors to be less formal and less punitive than their HSE counterparts was noted.

All staff spoke of their job satisfaction improving on a personal level. Overall there was a willingness to embrace any challenges the pilot posed, and there was a view that their new inspection duties were more fulfilling than the activities they had (partially) replaced.

## **PARTNERSHIP WORKING**

Senior members of the Peterborough team had worked successfully in partnership with HSE before the pilot, and the transfer of responsibilities allowed them to build on existing relationships in a positive way. HSE staff continued to provide support and advice to PCC throughout the pilot and were viewed as helpful and approachable.

The evaluation also allowed some exploration of the practicalities of joint working within local authorities. A number of concerns were raised in relation to implementing joint working, including training requirements, and the need for better communication with duty-holders.

## **DUTY-HOLDER PERSPECTIVES**

In the main, duty-holders did not have a strong view about the handover, and the manner in which it was communicated and implemented appeared to be effective. The majority expressed a positive view about having a local expert to turn to: many seemed to value the prospect of having a familiar ‘face’ or ‘name’ in the locality. Any differences in the way that HSE and PCC conducted

inspections were not apparent to duty-holders, in part because many of them had not received inspections prior to the pilot. Importantly, duty-holders were by and large satisfied with the inspectors' level of knowledge and professionalism.

## **COST-BENEFIT ISSUES**

The total cost of running the pilot was estimated at just over £55,000. Eighty-three per cent of these costs were met by Peterborough City Council. Twenty-eight per cent of the total expenses identified in this analysis were attributable to set-up costs.

The key benefits that were identified are those resulting from inspection and enforcement. The pilot has set the foundation to enable a targeted, consistent and proportionate level of enforcement to be applied, particularly in the MVR sector.

Other important benefits of the pilot are less easily quantifiable in actual or monetary terms and, in any case, may not be observable for several years after the pilot has ended. Although initial Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) data suggests that fewer incidents occurred among transferred premises during the pilot than might have been expected, longer-term analysis would be necessary to substantiate this. Benefits to health as a consequence of increased enforcement (such as reduced exposure to isocyanate paints in MVR workshops) are also important, yet difficult to quantify and would require analysis beyond the scope of this pilot.

The financial impact upon the piloted sectors is not clear since no systematic data collection took place in relation to duty-holder expenditure. However, the evaluation makes some predictions of overall costs to premises on the basis of estimated expenditure on remedying non-compliances, and the effect of the inspection itself on business turnover.

## **CONCLUSIONS**

The pilot succeeded in demonstrating the potential for LA inspectors to assume regulatory responsibilities in sectors which have traditionally been enforced by HSE, especially when provided with appropriate training and support, as was the case in Peterborough.

The LA staff responded to the challenges of the pilot in a positive manner and the pilot exemplified effective partnership working between local authorities and HSE. However, its success may be in part due to the fact that PCC came forward to be involved in the pilot and it remains to be seen whether this willingness is typical of other LAs.

The choice of sectors appeared to be appropriate to the skills-base of LA inspectors. The pilot allowed them to build on their existing knowledge of the MVR and dry-cleaning sectors, and therefore did not involve a complete change of work practices.

The pilot cannot be judged in relation to its ability to replace the current HSE level of delivery at comparable costs. Rather, it represents an overall enhancement of service with every premises receiving inspection and advice, and providing the foundation for a consistent, targeted and proportionate approach. Therefore the pilot does not represent a saving in simple monetary terms and it is important to consider its wider benefits.

These include:

- more effective utilisation of PCC health and safety inspectors (and arguably more efficient use of local residents' council taxes)
- improved utilisation of regional HSE staff allowing them to redeploy resources to other priority activities

- improved health and safety management in the transferred sectors and a consequent potential reduction in work related ill-health and accident rate
- improved skills base and operating efficiency in PPC staff.

## **RECOMMENDATIONS**

This evaluation recommends that Peterborough retain their existing responsibilities in order to gain maximum advantage of their enhanced skills and the relationships they have built up with duty-holders in the transferred sectors.

The possibility of extending the pilot to other areas of the UK should also be considered, bearing in mind the following caveats:

- As with the current pilot, extensive consultation with stakeholders should precede any future initiatives of this type. In particular, it is important to obtain 'buy in' from key members of LA and HSE personnel to ensure commitment to new ways of working.
- The political implications of financing HSE activities locally would need to be considered more carefully than has been the case to date, in particular any concerns of elected council members would need to be addressed.
- The training needs of LA staff should be carefully considered before tasking them with new sectors, and may necessitate a bespoke package. Agreed protocols should be drawn up for scenarios where LAs' and HSE's approaches to enforcement may differ.
- HSE may wish to consider including mobile repair outfits in any future LA handovers involving the MVR sector. This would enhance garage and workshop owners' perception that they are operating on a 'level playing field' with potentially less compliant competitors.

Regarding the dry-cleaning sector specifically, a strong case can be made the transfer of health and safety enforcement responsibilities to other LAs. This component of the pilot presented no identifiable major challenges to inspectors within PCC. Moreover, this would involve the handover of a relatively small number of premises within each LA (ten in the case of Peterborough), and would utilise a pre-existing skills and knowledge base among LA inspectors.

The evaluation also highlighted the need for regulators to ensure that duty-holders understand their roles and responsibilities during inspections to avoid confusion. This is a general point which applies to visits made where joint inspections or training may be taking place, as well as visits carried out as part of LA pilots.

Finally, in order to properly assess the benefits of the pilot it is important for HSE to monitor work-related sickness absence and accident statistics in the transferred sectors over the next five years to allow comparisons to be made between Peterborough and similar local authorities over the long-term.

# 1 INTRODUCTION

Between November 2005 and December 2006, the Health and Safety Executive (HSE) ran a pilot initiative with the Environmental Health Department at Peterborough City Council (PCC), which involved handing over inspection responsibilities from HSE in two industrial sectors. In order to understand these pilot activities, the HSE has commissioned a research team led by the Institute for Employment Studies (IES) to conduct an evaluation. This report is the final output of that evaluation and it considers the progress made by the PCC pilot to date.

## 1.1 BACKGROUND

### 1.1.1 Objectives of the pilot

For the one-year duration of the pilot, Peterborough City Council assumed enforcement responsibility for two identified industries: the motor vehicle repair (MVR) and dry-cleaning sectors. The handover, which took place under Regulation 5 of the Health and Safety (Enforcing Authority) Regulations 1998 (EA Regs.), affected 163 employers in the Peterborough region. As well as testing the local authority's ability to enforce in these sectors, the pilot also enabled HSE to test a new way of working with local authorities and establish the level of support and input required in these circumstances.

This evaluation was commissioned to measure and record the outcomes of the handover and provide some estimates of the impact of the initiative.

### 1.1.2 Objectives of the evaluation

The Transfer of Enforcement Responsibility in the Motor Vehicle Repair and Dry-Cleaning Sectors was commissioned in January 2006 by the Health and Safety Executive (HSE). The Institute for Employment Studies (IES) was commissioned to conduct the evaluation according to an Evaluation Research Specification prepared by HSE. The overall aim of this evaluation is to provide detailed evidence to the local authority (LA) programme team and to PCC about the early outcomes associated with the transfer of enforcement opportunities from HSE to LA inspectors in Peterborough, as well as insights into the procedural and process issues involved in the handover.

## 1.2 DETAILS OF THE EVALUATION

This evaluation has two main components.

**A process evaluation:** to monitor and assess the way in which the pilot programme has been delivered, the way in which staff have been supported, the challenges that they have faced and the successes they have experienced. Was the pilot designed and delivered in the best way, and if not, what are the learning points for future delivery?

**An impact evaluation, leading to a costs and benefits analysis:** to assess the extent to which the service has resulted in a cost-effective improvement in outcomes. In other words – was the pilot a method of service delivery worth adopting more widely?

In practice, there has been some cross-over between the two elements of the evaluation, and some evaluation activities/data collection have informed both aspects. Our emphasis however has been on providing HSE with a practical evaluation of how well the pilot has worked in terms of implementation and delivery. Therefore this report provides a comprehensive process evaluation and a more limited impact evaluation, the details of which are described in the next section.

### **1.2.1 Process evaluation**

In essence, the process evaluation considers whether the service delivered was in itself fit for the purpose, and whether it reached those to whom it was intended and provided them with services that they valued. We have also investigated whether good relationships and partnership working were developed between the health and safety regulators involved.

The process evaluation addresses:

- the impact of the new responsibilities on workload priorities and existing enforcement activities
- the delivery experiences of front-line and managerial staff in order to understand the pressures involved in the development of relationships with duty-holders in the two sectors involved, and between enforcement regulators in the different organisations
- the role of partnership working, the sustainability of partnerships, and the experiences of those involved in partnership working
- user satisfaction with the services received, and the comparative perceived value of various pilot elements
- any barriers to success which can be identified either due to the way in which the pilot was delivered, the nature of the two target sectors, or the broader design of the pilot.

Basically, this evaluation component provides a measure of the operational success and failure of the pilots, and the factors that have affected this. It also enables us to understand whether there was anything about the mode of delivery in PCC, or the two employer sectors involved, that might differ from what would be offered in other areas or sectors, and, therefore, could affect any wider roll out of the transfer of responsibilities.

### **1.2.2 Impact evaluation/cost benefit**

The impact component of the evaluation provides an overview of the resource cost implications within PCC and, where relevant, to HSE. This also encompasses some qualitative aspects of the initiative. This part of the evaluation has focused on the immediate and interim effects of the changeover: any more final, longer term outcomes are beyond its scope. This is obviously a limitation of the evaluation, but there are a number of questions that we have been able to address. These include:

- the cost benefit implications of the transfer of responsibilities from the perspective of both the LA and the HSE where data is available
- the level of inspection activities undertaken through the pilot
- the extent of non-compliant behaviour, and the level of enforcement activity initiated by the PCC pilot staff
- workload transfer to PCC from the HSE
- skills improvements amongst the LA staff
- examples of improved duty-holder awareness of compliant behaviour.

It is important to note that there was no potential control group against which the outcomes of the pilot could be compared. This would have involved collecting information from a city council which is not operating the pilot scheme and potentially its duty-holders within the relevant sectors. This was felt to lie beyond the scope of the current evaluation.

Also, it was not possible to collect data before the activities started which would have enabled comparisons to be made over time. Where retrospective data has been available however, it has been reported alongside relevant data from the pilot duration.

### **1.3 EVALUATION METHODOLOGY**

#### **1.3.1 Activity mapping**

The first task for the evaluation was to fully understand the changes that had been made or were underway as part of the pilot. We therefore engaged very quickly with the key stakeholders (eg PCC staff and relevant HSE inspectors) in mapping out the responsibilities and activities that were in place prior to the start of the pilot, and the responsibilities and activities brought in through the pilot. Plotting these changes and determining where the wider effects of change could be expected was an important first stage in finalising the overall evaluation design.

The first activity for the evaluation, and its first output, was an ‘activity map’, which outlined the desired outcomes of the pilot and tracked progress towards these outcomes. The finalised activity map is included as an appendix. This was updated throughout the evaluation.

#### **1.3.2 Interviews with PCC stakeholders**

Understanding the experiences of staff within PCC and HSE played a central part in the evaluation. The evaluation team met with all relevant staff to discuss these experiences. Interviews were carried out face-to-face and contact was maintained until the pilot activity ended in December 2006. We timetabled two visits by an IES researcher to PCC over the course of the evaluation. As part of each visit we spoke to:

- the four key team members within PCC, each of whom had new enforcement responsibilities under the transfer
- more senior management who could provide a view of how the pilot fits with other PCC activities
- PCC’s pollution control staff who were in discussions with their health and safety colleagues regarding the opportunities for joint site visits.

The visits were, therefore, timed to fall as soon as possible after the start of the evaluation (April 2006), and towards the end of the pilot (September 2006). The first visit enabled us to produce the first draft of the activity map, and understand the progress so far (eg training and support offered in the pilot set up), and to identify emerging issues. The final visit allowed the PCC team to reflect on their progress, and highlight aspects of the pilot that have been most challenging and where they have experienced the greatest successes.

We also spoke to other stakeholders affected by the changes at an early stage of pilot activity. These participants included the HSE Partnership Officer for Peterborough and inspectors at HSE’s regional office in Luton. Those individuals were visited on only one occasion, early on in the pilot.

#### **1.3.3 Duty-holder interviews**

After discussions between IES and HSE it was decided that instead of conducting a survey, the most effective and cost-efficient method of collecting data from duty-holders was to conduct in depth semi-structured interviews with them. IES staff interviewed a total of ten duty-holders (representing approximately seven per cent of the target population for the initiative) in order to obtain an overview of their experiences. Each individual was visited on only one occasion to avoid

duty-holders becoming ‘overexposed’ through contact with the evaluation team and PCC, possibly compromising their willingness to co-operate with the pilot itself.

Lists of premises involved in the transfer were obtained from a database held by PCC, and we contacted approximately 50 of these in order to secure a quota of ten interviews. We involved duty-holders from both sectors, and from different size bands, whose activities collectively presented a broad range of potential health and safety risks. We also involved those who have been affected by the pilot in different ways (for instance those who had/had not had to make health and safety improvements as a result of an inspection).

### **1.3.4 Analysis of management information data**

A key part of the handover process was the transfer of data about the duty-holders covered. The pilot staff kept records of their contacts with the duty-holders involved. This data along with management information data showing allocation of time to various pilot activities was analysed as part of the evaluation.

### **1.3.5 Other sources of evaluation material**

A member of the evaluation team was invited as an observer to the bi-monthly partnership meetings and, when this was not possible, we were given access to the minutes of these meetings as a way of keeping informed. In addition to our visits to Peterborough, we were kept up to date with progress through more informal contact by e-mail or phone. This allowed us to understand the key decisions about the activities of the pilot and helped us to contextualise the evidence from the impact evaluation.

## **1.4 REMAINDER OF THIS REPORT**

The remainder of this report is structured as follows:

- Chapter 2 summarises HSE policy initiatives which have led to the development of the Peterborough pilot and provides some technical background on the transferred sectors.
- Chapters 3-6 consider the implications of the pilot for HSE and PCC stakeholders, and present data obtained from direct face-to-face interview with individuals. Those chapters primarily deal with the process component of the evaluation:
  - Chapter 3 considers training delivery and preparation for the pilot
  - Chapter 4 presents points arising in relation to implementation and day-to-day running of the pilot
  - Chapter 5 discusses experiences of partnership working during the pilot
  - Chapter 6 presents results from interviews with a sample of duty-holders in the Peterborough area.
- Chapter 7 provides a cost-benefit analysis drawing upon relevant financial data and PCC management information data. It also serves to provide a summary of the impact aspects of the evaluation.
- Chapter 8 presents the overall conclusions of the evaluation.

## 2 DETAILS OF THE LA PILOT

This chapter sets out how the pilot arose from recent policy developments which have impacted on working relationships between HSE and local authority regulators. It also provides some technical background on the transferred sectors, and therefore provides some context to the results presented in the remainder of the report.

### 2.1 BACKGROUND TO THE PILOT

Several policy initiatives both within and outside the Health and Safety Executive have formed the foundation for this pilot. This section provides a broad outline of relevant activities.

#### 2.1.1 Revitalising Health and Safety

In June 2000, the Government and Health and Safety Commission sought to inject new impetus to better health and safety in all workplaces and launched a 10-year strategy. ‘Revitalising Health and Safety’ contains the first ever targets for Great Britain’s health and safety system, namely that by 2010:

- the number of working days lost from work-related injury and ill-health to be reduced by 30 per cent
- the incident rate of fatal and major injury accidents to be reduced by ten per cent
- the incidence rate of cases of work-related ill-health to be reduced by 20 per cent.

Of particular relevance to this pilot, ‘Revitalising ...’ also emphasised the need for:

- more positive engagement with small firms
- wider partnership between HSE and local authorities working on health and safety issues.

#### 2.1.2 The Hampton Review

The Hampton Review was commissioned after the 2004 Budget and examined the burden of regulatory enforcement on businesses. Following consultation with over 200 businesses and stakeholders, the Hampton Review made several recommendations which are relevant to health and safety inspections including:

- concentrating more on advice than inspection outside high risk areas
- ensuring that no inspections take place without good reason
- introducing more joint working with more communication between regulators to ensure that the regulatory burden on businesses is minimised.

HSE has embraced the Hampton agenda which is largely consistent with HSE’s general strategy of regulating in a manner that is proportionate to the risks being managed. This requires targeting and prioritising enforcement activities effectively, and concentrating resource-intensive activities, such as inspections, on high-risk sectors where there is greater potential for impact in terms of reductions in occurrences of work-related ill-health and accidents.



### 2.1.3 Local Authorities Strategic Enabling Programme

HSE's LA Strategic Programme aims to establish arrangements for working together with local authorities in an effective partnership. A 'Statement of Intent' was agreed in July 2004 between HSC/E and LA representative bodies, setting out the aims and high-level commitments for working in partnership. Part of this involves 'research identifying training and support needs of local authority enforcement officers resulting in a programme of training and guidance to aid joint working and reduce inconsistencies'<sup>1</sup>. The way that these training and support needs have been addressed in the pilot are considered in this evaluation.

As a consequence of the 'Statement of Intent' a number of schemes have been trialled in local authorities involving the use of flexible warrants. These pilots have allowed LA inspectors to exercise their powers in premises or spheres of activity that would normally be dealt with by HSE officials. Their aim is to:

- increase the flexibility and responsiveness of health and safety regulators to situations of significant risk
- remove inefficiencies in administration that result from the prescription regulations that allocate responsibility
- improve communication and co-operation between health and safety regulators.

It is important to emphasise that the Peterborough pilot scheme is distinct from the flexible warrant pilots despite sharing the same broad objectives of the Strategic Enabling Programme. In the case of PCC, the handover of new responsibilities was confined to the motor vehicle repair and dry-cleaning industries, with the explicit intention of targeting the most serious hazards associated with work activities in these sectors.

## 2.2 PETERBOROUGH

This section summarises some characteristics of the region involved in this pilot and provides some context to some of the findings reported in later chapters.

### 2.2.1 The City of Peterborough

#### Demographics

The population of Peterborough has, over the last few years, grown much faster than the national average, mainly due to immigration. Peterborough's 168,000 strong population is a diverse mix of minority ethnic communities. Peterborough has the highest proportion of new migrants originating from Eastern Europe in the country, many of whom are believed to work in the agriculture, food packing and manufacturing industries<sup>2</sup>. The East of England Regional Assembly<sup>3</sup> estimate that 16,000 Eastern Europeans live in Peterborough. More established communities include those of Asian, Afro-Caribbean, Italian and Portuguese origin.

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<sup>1</sup> [www.publications.parliament.uk/pa/cm200506/cmselect/cmworpen/1143/6052403.htm](http://www.publications.parliament.uk/pa/cm200506/cmselect/cmworpen/1143/6052403.htm)

<sup>2</sup> [www.dailymail.co.uk/pages/live/articles/news/news.html?in\\_article\\_id=402024&in\\_page\\_id=1770](http://www.dailymail.co.uk/pages/live/articles/news/news.html?in_article_id=402024&in_page_id=1770)

<sup>3</sup> [www.eera.gov.uk/](http://www.eera.gov.uk/)

Although not central to the aims of the pilot, the ethnic mix of the local workforce is not completely irrelevant: a recent HSE report revealed<sup>1</sup> that migrants are more likely to be working in sectors or occupations where there are existing health and safety concerns and that in some cases language difficulties may place these workers at greater risk.

## Industry profile

Peterborough is an expanding city with good transport links and a predominantly service-industry employment profile. According to PCC, some large manufacturers remain but there is a proliferation of call centres, depots and regional offices. The leisure and retail sectors are also developing to meet the needs of the growing population.

### 2.2.2 Peterborough City Council

Regulatory activities within local government services tend to be individually organised according to resources and local characteristics, and it is important to bear this in mind when considering the replicability of the Peterborough pilot scheme to other local authorities.

Peterborough is a unitary authority, meaning it is run independently of Cambridgeshire County Council and forms a single tier of local government responsible for almost all local government functions within the Peterborough area. PCC employ four full-time health and safety professionals, who form part of the Environmental Health Department within the Councils Environmental and Public Protection Services. Before the pilot their regulatory responsibilities were confined to offices, shops, warehouses, catering services, the leisure and recreation industry, and consumer services.

### 2.2.3 How the pilot arose

The evaluation team understand that lead members of the PCC team volunteered themselves for the pilot through discussions with their Partnership Manager, assigned to them as part of the LA strategic enabling programme. For a period of around two years prior to the pilot, HSE inspectors from the Regional Office had conducted some joint visits to premises with Peterborough inspectors, and they had expressed their willingness to test out a process whereby responsibilities could be shared. Officers in Peterborough believed that this would allow them to enhance their professional skills and use their resources more optimally.

## 2.3 SECTORS UNDER TRANSFER

The industries most appropriate for handover were identified as motor vehicle repair (MVR) and dry-cleaning. These sectors are of interest as the LA already had experience of visiting premises where these activities may be going on (eg launderettes, or supermarkets where dry-cleaning is not the main activity) or in visiting premises with very similar characteristics (eg retail premises offering tyre and exhaust services). This situation arose because, at present, the main determinant of enforcing responsibility (ie whether by HSE or the LA) is by 'main activity'. With respect to the motor vehicle industry LAs previously inspected premises that mainly carried out sales activities, but may have carried out some repairs. With respect to dry-cleaning, those housed by supermarkets are on premises which LA inspectors would be inspecting as a matter of routine in relation to health and safety in a food retail premises.

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<sup>1</sup> *Migrant workers in England and Wales: An assessment of migrant worker health and safety risks. HSE Research Report 502. [www.hse.gov.uk/research/rrpdf/rr502.pdf](http://www.hse.gov.uk/research/rrpdf/rr502.pdf)*

### 2.3.1 Health and safety in the MVR sector

According to HSE figures, in 2001 the MVR industry employed just over 170,000 people across about 44,000 businesses in the UK. The industry is dominated by small and medium-sized enterprises (SMEs) with over half the workforce employed in either zero-employee businesses, eg sole traders or partnerships, or businesses employing less than ten people. Companies with less than 50 people account for approximately 83 per cent of the workforce<sup>1</sup>.

#### Risks to Health

Exposure to vehicle spray paints containing isocyanates is one of the main causes of occupational asthma in the UK. MVR paint sprayers have an 80 times higher risk of developing asthma compared with the UK working population as a whole. The ‘Revitalising ...’ strategy document set a target for occupational asthma of a reduction of 30 per cent in newly incident cases by 2010. This requires targeting the MVR industry, where these cases most commonly originate, as a priority.

Duty-holders are obliged to ensure that exposure is as low as is reasonably practicable at all times and provide health surveillance for those who are exposed. This involves consultation with a suitable occupational health professional and regular monitoring of health where required. Personal protective equipment (PPE) such as air fed masks can reduce risk of exposure, as can the use of ventilated spray booths. The mechanisms used to supply air to this equipment need to be checked regularly by a suitable professional and duty-holders are required to obtain documentation to show that this has been done.

Other major risks to health in the industry include:

- **musculoskeletal injuries** – eg from lifting or carrying heavy and/or awkward objects
- **dermatitis** – eg through the use of paints and other chemicals
- **vibration white finger** – eg through use of hand-held portable power tools.

#### Risk of Accidents

HSE figures show that the MVR industry has ‘fatal’ and ‘all injuries’ accident rates higher than the average for the whole of manufacturing. Over the three years from 2001 to 2003, nearly 5,500 injuries were reported to the HSE and LAs from businesses where the main activity was MVR. During the same period there were 16 fatal injuries to workers and almost 1,200 other major/serious injuries, some involving members of the public. The actual figures for serious and less serious injuries are likely to be much higher than those quoted due to considerable under reporting to the enforcing authorities<sup>2</sup>.

There are a range of factors which characterise accidents on MVR premises. These include:

- **manual handling** – eg through lifting/carrying heavy and/or awkward objects
- **slips and trips** – eg on uneven floors or due to poor housekeeping; failure to promptly clear up oil/water spillages
- **injuries as a result of being struck**– eg by falling objects, moving vehicles
- **falls from height** – eg from vehicles/raised storage areas/ladders or into inspection pits

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<sup>1</sup> [www.hse.gov.uk/mvr/](http://www.hse.gov.uk/mvr/)

<sup>2</sup> [www.hse.gov.uk/mvr/index.htm](http://www.hse.gov.uk/mvr/index.htm)

- **workplace transport** – eg movement of vehicles inside/outside/around the premises
- **lift collapse** – engineers/insurers must carry out lift inspections, and report dangerous faults.

HSE require that vehicle lifts and ramps should receive a thorough examination every six months and that monitoring arrangements should also be in place to ensure that such examinations actually happen. Lift accidents can easily lead to fatalities. In 2005 HSE brought a successful prosecution against a car dealership based in Peterborough after an employee escaped a crush incident with seconds to spare after a ramp collapsed<sup>1</sup>.

#### Additional areas of expertise required by PCC staff

The training required by the PCC staff in order to carry out their new inspections mainly surrounded the measures needed to reduce risks of isocyanate exposure and the use of health surveillance in preventing and monitoring occupational asthma. Other new areas of knowledge required were largely procedural and concerned with maintaining consistency of approach with existing HSE practices.

### 2.3.2 Health and safety in the dry-cleaning sector

No training specific to this industry was necessary for Peterborough staff as the activities of the new premises did not differ from those (within supermarkets) they already inspected in the area. Also, in Scotland the responsibility for dry-cleaning inspections has already been passed to LAs so this element of the pilot was anticipated to be relatively straightforward.

There are obvious chemical hazards in the dry-cleaning industry and launderette business, notably perchloroethylene, a cleaning solvent. Breathing in perchloroethylene vapours above set limits may cause headache, fatigue, light-headedness, nausea and other effects so it is important to control and monitor exposure. Chemical spillage also has serious consequences for the environment so pollution control in this industry is critical. Despite the obvious chemical risks, musculo-skeletal injuries are by far the most common adverse health consequences of working in this industry, mainly due to manual handling of heavy and awkward loads. Many of these premises are small and cluttered, so injury from slips and trips is another significant risk.

Since the dry-cleaning sector is a relatively safe industry and the handover only affected ten businesses in Peterborough, the focus of this evaluation on this sector has been proportionate to this.

## 2.4 DESCRIPTION OF STAKEHOLDERS

A considerable number of HSE personnel were involved in the decision to pilot the new inspection arrangements in Peterborough. It was not possible for the evaluation team to involve all of these individuals in the evaluation: instead we targeted specific individuals identified by HSE whose role was judged to be key in either setting up or implementing the pilot arrangements.

### 2.4.1 HSE stakeholders

Luton Regional Office

Peterborough falls within the boundaries of the area managed by the Luton Regional Office of HSE's Field Operations Division (FOD). We interviewed the Principal Inspector there who is

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<sup>1</sup> [www.hse.gov.uk/press/2005/e05075.htm](http://www.hse.gov.uk/press/2005/e05075.htm)

responsible for LA liaison and whose area of speciality was the MVR sector. The other inspectors in this office also contributed to the evaluation, two of whom had been involved in training Peterborough inspectors (ie they had been shadowed by PCC staff on inspections), and one of whom, prior to the pilot, had provided support and advice to Peterborough on health and safety issues in the manufacturing sector in a ‘buddy’ style role.

### HSE Local Authorities Unit (LAU)

A Partnership Officer at HSE’s LAU, who acts as a day-to-day contact point for pilot authorities including Peterborough, contributed valuable background information about the pilot, and was able to comment on strategic aspects of the initiative.

## **2.5 PCC STAKEHOLDERS**

A number of personnel at PCC participated in the evaluation. We spoke to all of those involved in implementing the pilot, apart from the administrative team who were responsible for compiling lists of premises and maintaining records of inspections.

### **2.5.1 Health and Safety Inspection Team**

PCC’s health and safety team carried out all of the operational aspects of the pilot and were central to its outcome. Throughout the pilot the team consisted of two Environmental Health Officers (EHOs) and two Safety Inspectors (SIs) all of whom specialise in occupational health and safety. One of the EHOs has managerial responsibility for the team and does not routinely carry out site visits. Her duties include mainly office-based activities such as planning work programmes, managing the Health and Safety Service Plan and monitoring performance of the inspection team.

The majority of site visits were carried out by the second EHO and the two SIs. In general, the EHO tends to visit higher-risk premises than those visited by her colleagues (although she carried out all of the visits to dry-cleaning premises involved in the pilot). She took responsibility for managing many aspects of the pilot including administering and processing results from a questionnaire sent to MVR duty-holders before its launch.

One of the SIs has a background in engineering, the other in manufacturing. These officers do not have the authority to serve notices, so an EHO (often the Team Leader) is required to visit the site to authorise these.

The role of the various team members varies although, in all cases, day-to-day responsibilities of the field-based staff are principally focused around carrying out inspections and responding to complaints.

### **2.5.2 Other personnel at PPC**

Other members of staff at PPC contributed to the evaluation in a more minor way but provided valuable background information.

#### **Management**

The Head of Environmental and Public Protection Services (EPPS) manages a wide range of services provided by PPC including health and safety. He was able to provide a top-level perspective on the changes, and was party to comments made from elected members of the council.

## Pollution Control

Local authority pollution control inspectors enforce under the Environmental Protection Act, Part 1. They monitor levels of airborne pollutants such as N<sub>2</sub>O and carbon monoxide, and issue permits to industrial sites that allow regulated industrial processes to be undertaken. In the MVR industry their concerns surround spraying equipment which must comply with the Solvents Emitted Directive under Part I of the Environmental Protection Act 1990. In dry-cleaning premises they are responsible for enforcing the Solvent Emissions Regulations 2004 (SED Regs), which have been introduced to limit emissions of volatile organic compounds (VOCs) through the use of organic solvents. This gives effect to the European Directive 1999/13/EC, which is commonly referred to as the Solvent Emissions Directive.

Pollution control professionals were not directly affected by the pilot, however the Council's intention to carry out increased joint working has some bearing on their day-to-day work. The PPC Head of Pollution Control and a Pollution Control Officer were able to speak to us on our visits.

## Duty-holders

The perspectives of the duty-holders of MVR and dry-cleaning premises were important for evaluating the pilot. As customers and tax-payers their responses to visits and follow-up actions are an important consideration and the evaluation provided this population, especially those without an affiliation to trade groups or members of the council itself, with their only opportunity to comment on the pilot.



### 3 TRAINING AND PREPARATION

One of the key issues for the pilot was ensuring a smooth handover of responsibilities from the HSE Regional Office to the local authority. This involved completing necessary paperwork relating to the legal aspects of the transfer and delivering appropriate training to the inspectors at PPC that would equip them to fulfil their new responsibilities. In this chapter these preparatory processes are discussed in detail.

#### 3.1 ADMINISTRATIVE ISSUES

The transfer was enabled on 23 October 2005 and new codes were created for the time recording system at PCC. Most administrative procedures progressed smoothly apart from some issues concerning the transferral of premises details onto the PCC electronic database. There were widespread inaccuracies in the HSE list of premises and considerable time was required to correct these. Staff reported many of the MVR premises on the database had closed or were 'just not there'. These errors led to some confusion: some businesses were not on HSE records, but were later discovered in the area by PCC staff. These 'new' premises needed to be added to the database which meant that 20-30 more premises than originally anticipated were included in the pilot.

Several members of the inspection team commented that a wholesale sector handover (as opposed to premises-by-premises handover) would have been easier and would have prevented their administration staff from getting 'bogged down in lists'.

*'There are a set of regulations that don't allow transfer of a sector as such. Lots of admin was involved as new premises were identified by PCC: they did the transfer in one "job lot" then another. It was slow and it was time-consuming.'*

(Inspector, HSE)

The problems that PCC experienced with out-of-date or incomplete listings of premises were all resolved over the course of the pilot. It seems likely that some inaccuracy of record keeping was inevitable given the relatively low frequency of inspections made by HSE to these premises prior to the pilot.

##### 3.1.1 Early support for the pilot

None of the PCC health and safety inspection team viewed their involvement in the pilot as an imposition or an unwanted responsibility and saw the handover of the sectors in question as a positive step forward. In some respects, the move was not regarded as a radical departure from their normal duties. The local authority staff pointed out that the criteria that determines whether an organisation is HSE or LA-regulated can be somewhat ambiguous: they frequently inspect similar properties due to the fact that a distinction is made on the basis of 'main activity'. This is potentially confusing as sometimes it is not clear whether the 'main activity' of an organisation should be defined by the main area of staff expertise, or the activity with the largest turnover.

*'Under the enforcing regs, we had been doing tyre and exhaust for a few years already, it's a bit of a grey area as regards a premises' main activity, so what would happen is that both agencies would visit or none – the transfer eliminates that, inspectors are now clear.'*

(Inspector, PCC)

All of the PCC staff embraced the pilot as a challenge and felt confident that it would be a success. There was a widely-held view that that the local knowledge possessed by local authority staff would serve as an advantage and there was also a perception that 'HSE didn't visit these places anyway'. There was also general agreement that the handover represented improved utilisation of resources and would allow HSE to focus their efforts on higher risk activities.



The views of HSE stakeholders were mixed. The pilot was described as ‘a high-level policy decision which would increase partnership working and engagement with duty-holders’, and it was understood that the initiative was consistent with the aims of the LA Strategic Enabling Programme. However, some HSE staff seemed unconvinced that the pilot represented a change for the better, and expressed doubts as to whether the set-up costs could be justified. An inspector inaccurately suggested that the pilot’s intentions run contrary to Hampton’s recommendations regarding reducing the burden on businesses.

*‘Bear in mind that businesses are getting more attention as a result of this, it goes against Hampton. We are not supposed to visit them without “good reason”.’*

(Inspector, HSE)

Typically there is some level of scepticism in all organisations undergoing change, especially when the benefits of a new initiative have not been communicated clearly. This underlines the importance of making the benefits of change clear to all stakeholders, especially those involved in facilitating it.

### **3.1.2 Publicity and communications**

One of the EHOs at Peterborough took sole responsibility for publicising the pilot. The primary means of communicating the pilot to employers was via letter which was sent to all of the premises involved in the transfer, several months ahead of the launch. MVR premises were also sent a questionnaire which assessed the various risk factors present at individual premises. The letter and questionnaire are included as an appendix. One of the HSE inspectors was dubious about the utility of the questionnaire that PCC sent out to MVR premises. He commented that this ‘was representative of a local authority approach’ and may have been unnecessary. PCC staff viewed this as an important means of gathering information about new premises, especially given some of the inaccuracies on the HSE database that they had been given. Relevant publications and the local media were also used to publicise the transfer.

*‘We used two paint-spraying publications: one that body shops subscribe to, but others picked up the on the news themselves ... for instance the Health and Safety bulletin came to us. We told the local papers though, and put it in council magazines and in the EHO professional publication.’*

(Inspector, PCC)

There was a general perception that communication activities had been effective and had involved minimal expense. We return to the topic of communication in Chapter 6 where we report on the measures used to publicise the transfer from the perspective of duty-holders.

### **3.1.3 Pilot meetings**

Several meetings were held in advance of the handover which were attended by senior PCC inspectors and HSE representatives. These allowed stakeholders to discuss progress and anticipate possible barriers to success. Most of the stakeholders we spoke to viewed these meetings as a necessary part of the handover process. Only one participant expressed a negative view, which was perhaps related to the fact that this particular individual’s presence had been required at all meetings necessitating a considerable amount of travelling.

*‘The handover process was very resource intensive: there seemed to be a lack of progress in the meetings held during the run-up.’*

(Inspector, HSE)

This 'lack of progress' may have just been a subjective perception: the evaluation team member was able to attend only one of these meetings, but this addressed a number of important issues. Minutes were supplied for the remaining meetings which indicated progress on a number of agenda items at each of these. Costs associated with these meetings are discussed alongside other cost issues which are covered in Chapter 7.

## **3.2 TRAINING**

Training formed a major component of preparation for the pilot. A combination of existing training programmes and techniques were utilised to meet the needs of the PCC team.

### **3.2.1 New areas of expertise**

In order to undertake their new responsibilities the team at PCC required training in two main respects.

- New areas of technical expertise, principally:
  - compressors used for air-driven equipment such as air fed masks and spray guns
  - risks associated with isocyanate chemicals
  - associated health surveillance procedures.
- New procedures, in particular enforcing and inspecting in MVR premises in a manner that was consistent with that of their HSE colleagues.

All of the PCC inspection staff confirmed that they were already familiar with equipment vehicle lifts and, to some extent, compressors since these types of equipment are often present in the tyre and exhaust fitting premises that have always been under the remit of the local authority.

No training was required in relation to the dry-cleaning premises involved in the transfer. Due to the similarity between premises that were already under PCC responsibility and those included in the pilot, no new areas of knowledge needed to be acquired.

### **3.2.2 Training prior to pilot**

The various elements of the training the PCC team received specifically for the pilot can be summarised as follows:

- each member of the team attended an MVR Safety and Health Awareness Day (SHAD); some team members attended in Nottingham, others in Horsham, West Sussex
- the two EHOs attended a day of Health and Safety Awareness training at Suffolk College
- each of the operational PCC staff shadowed 2-3 inspections led by an HSE inspector from the regional office: these visits took place at MVR premises where paint spraying was undertaken
- the PCC team accepted an offer of free training. from a private health and safety consultant which was provided on a 'no strings' basis
- an 'Implementation Training Day' was held at PCC, where the Health and Safety Team shared information from guidance booklets and set aside time to watch a training video.

Most of these training events tended to concentrate on technical rather than procedural aspects of enforcing in the MVR sector, although the shadowing exercise allowed PCC inspectors to observe HSE inspectors dealing directly with duty-holders and handling non-compliances. Throughout the

pilot, the regular partnership meetings served to provide a forum where queries could be raised and solutions shared.

### 3.2.3 Adequacy of training

The PCC team expressed a range of opinions about various components of the training that they received prior to the pilot, ranging from ‘very good’ to ‘not at all thorough’ and ‘not technical enough’. As regards technical elements of the training, one senior member of the PCC staff felt that the formal training package was lacking and that it had been necessary to supplement this with reading around the subject.

*‘It would have been good to have had more information and training up-front ... it’s been more like a drip-feed.’*

(Inspector, PCC)

Examples of topics that should have been included in the formal training included activities that take place in MVR premises such as welding and management of fuel. The majority of the PCC inspectors were generally in agreement that the main areas of technical expertise required for MVR premises inspections were covered by the SHADs. Shadowing the HSE inspectors at work was also felt to have been helpful, but perceived differences in the way non-compliances were handled by different inspectors gave rise to some confusion regarding enforcement practices. This issue will be returned to later in the report.

Other interviewees generally considered the level of training and groundwork provided to staff to be adequate, although some senior staff felt they could have benefited from being given more information on relevant case law. This point indicates that management staff as well as operational staff need to be equipped to deal with this type of organisational change.

### 3.2.4 Peer review exercise

A ‘peer review exercise’ took place in June in an attempt to clear up areas of confusion in relation to inspection, primarily focusing on procedures for dealing with non-compliances. The PCC inspection team were particularly keen to clarify the circumstances under which enforcement action should be undertaken. The exercise provided an opportunity to share experiences and establish best practice.

*‘The peer review increased understanding of enforcing practice... it would have been better earlier.’*

(Inspector, PCC)

All the PCC staff we spoke to agreed the peer review exercise was helpful and that it cleared up a lot of misapprehensions and misunderstandings. One commented:

*‘We found we were more similar than we had thought, HSE staff have the same problems as we do.’*

(Inspector, PCC)

As well as confirming some general guidelines, the exercise also showed that some situations were best dealt with on a case-by-case basis, that inspection was not always a precise science and that the best course of action was sometimes down to an individual officers’ judgement.

### **3.3 CHAPTER SUMMARY**

There were some bureaucratic difficulties associated with the transfer process. Some were probably inevitable given that the transfer of MVR premised was the first of its kind: neither the HSE nor the LA had prior experience of a large-scale handover of enforcement responsibilities in this sector. Other aspects of preparation for the handover, such as generating publicity and attending pilot meetings, proceeded without any hindrance, although some members of HSE staff felt that the pilot meetings had made undue demands upon their time.

Within the PCC team there appeared to be unequivocal support for the transfer, although this was perhaps to be expected given that they had originally come forward to participate in the pilot. The messages coming from the Regional Office were less positive, although we were only able to gain an initial view early on in the pilot.

Feedback from PCC staff regarding the training they had received was mixed, and several important areas were not dealt with satisfactorily until the peer review exercise, which was provided relatively late-on in the pilot, on a post-hoc basis. With the benefit of hindsight the Principal Inspector at the HSE regional office was of the view that a bespoke training package should have been created and that this should be considered as an option if the pilot is extended to other regions. The next chapter deals with the day-to-day running of the pilot and therefore concentrates primarily on the experiences of PCC staff.



## **4 IMPLEMENTATION**

This chapter deals with the operational aspects of the pilot, focusing on the day-to-day experiences of the PCC inspectors. We also discuss inspectors' perceptions of the nature of their relationships with duty-holders, as well as the impact of the pilot on workload and job satisfaction.

### **4.1 BACKGROUND**

Three PCC inspectors carried out visits to transferred premises on a day-to-day basis, comprising one EHO and two other officers. The second EHO on the team performed a managerial role and was primarily office based. If one of the junior inspectors needed to serve a notice on a premises the office-based EHO would need to accompany them on a re-visit to authorise this.

During the first nine months of the pilot, the Head of Environmental and Public Protection Services (EPPS) oversaw the activities of the EHO Health and Safety Team, while the post of Section Head of Environmental Health was vacant. He did not have day-to-day responsibility for managing officers: throughout the pilot he remained chiefly concerned with the department's image to business and elected members. In August 2006, towards the end of the pilot, a new Section Head of Environmental Health was recruited. Since the pilot was firmly embedded by the time he was in post he had minimal involvement in its implementation.

The administrative team continuously updated the list of premises as new or newly defunct, and MVR premises were being discovered throughout the duration of the pilot. The inspectors contributed information to this database regarding visits, follow-up visits, non-compliances and actions taken.

### **4.2 VISITS TO PREMISES**

On the whole, staff reflected positively on their experiences of visiting premises involved in the pilot. They felt that their remit was clear and their programme of visits was easily incorporated into their new work schedule.

#### **4.2.1 Schedule of inspections**

The first 'wave' of visits were initially made to MVR companies who failed to respond to the survey questionnaire that was sent out with the letter informing them of the pilot. Information contained in the completed questionnaires had enabled an estimate of risk to be made for each respondent's premises. Since no estimate could be derived for the non-respondents, it was felt that visits to those premises should be prioritised. Inspectors reported that several visits had been made to premises listed on HSE's database that were no longer there, which had wasted officer time.

All ten of the dry-cleaners were inspected early on in the pilot. One EHO undertook all of the visits in this sector.

#### **4.2.2 Content of inspections**

MVR premises

The inspections on MVR premises and were carried out by topic, covering the following priority areas:

- occupational asthma
- contact dermatitis

- musculoskeletal disorders
- slips and trips
- falls from height
- workplace transport
- occupational stress
- hand-arm vibration
- noise.

The inspections addressed industry-specific risk areas such as vehicle lifts, paint spraying equipment and PPE. In many other respects, the inspections for the piloted premises did not represent a radical departure from inspections normally undertaken by the local authority inspections and utilised a range of pre-existing skills and expertise.

#### Dry-cleaning premises

As with the MVR premises, topic inspections to dry-cleaning premises were carried out with particular attention to industry-specific hazards such as exposure to perchloroethylene and manual handling. All of the dry-cleaning duty-holders were provided with information on the new requirement to have a statutory permit under the EU Solvent Emissions Directive<sup>1</sup>. Follow-up inspections took place so that inspectors could verify that changes had been made to meet legal requirements that were identified on the first visit.

#### 4.2.3 Interaction with duty-holders

The Peterborough inspection team reported a generally positive response from duty-holders. In most cases their experience of working in the new sectors met their expectations and in some cases expectations were exceeded. More than one member of the team remarked that they had some doubts as to how well they would be received by the sector.

*'We had low expectations about some of the ropier companies ... you expect some "Mr Angry's" but we didn't get many at all.'*

(Inspector, PCC)

*'We thought backstreet premises (as opposed to dealerships) would be a mess ... that they would not have a clue ... but this has not turned out to be the case. Our perceptions of this have changed, they are pleased to see us. They were also pleased with the info packs.'*

(Inspector, PCC)

*'I was quietly surprised ... there were good standards across the [MVR] sector, we expected to be serving notices left right and centre.'*

(Inspector, PCC)

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<sup>1</sup> All new dry-cleaning installations using organic solvents (in particular perchloroethylene (PER), hydrocarbon solvent (HSC) and siloxane) must have a permit before operations commence. However, if a business opened before 1st April 2001 it must have completed an application form by the 31st October 2006, to ensure compliance with the requirements of the SED Regulations/PPC Regulations by 31 October 2007. Recently new legislation, the Solvent Emissions Regulations 2004 (SED Regs), has been introduced to limit further emissions of VOCs through the use of organic solvents. This gives effects to European Directive 1999/13/EC, which is commonly referred to as the Solvent Emissions Directive.

















































































































## APPENDIX 2 ACTIVITY MAP<sup>1</sup>

| Stage  | What is the process? (core ILM <sup>2</sup> )  | How much needs to be achieved and by when? (trajectory planning)   | What is HSE/PCC intending to do? (activity planning)  | What HSE/PCC resources will be needed and by when? (resource planning)  | What evidence is needed to track progress towards the target? (performance managing)  | Progress against outcome  |
|--|--|--|---|---|---|---|
| Impacts / Final Outcomes<br><br>What are we trying to achieve? | Increase the flexibility and responsiveness of H&S regulators to situations of significant risk<br>HSE better able to ensure activities are directed to priority areas<br>PCC able to utilise H&S expertise within EHO team more effectively<br>Improved communication, co-operation and partnership working between HSE and LAs | HSE/PCC to determine appropriate sectors for transfer and timetable for handover<br>PCC to carry out inspections of all transferred premises by end of pilot period.<br>(Premises who did not return PCC questionnaire included in first wave of visits) | PCC/HSE to attend regular pilot group meetings to agree conditions for handover<br>HSE Luton office to transfer designated MVR and dry-cleaning premises to PCC<br>PCC to reprioritise H&S team workload to accommodate new inspection duties | HSE/PCC to provide time for training and meetings during lead-up and implementation of pilot<br>HSE to provide back-up and support to Peterborough inspectors throughout pilot duration<br>Main forum for HSE/PCC communication throughout the pilot will be Pilot Group Meetings, held approx every two months in P'boro | Minutes of HSE/PCC Partnership meetings<br>PCC survey of duty-holders<br>Service-level case studies <sup>3</sup><br>Duty-holder <sup>4</sup> interviews<br>Stakeholder <sup>5</sup> interviews<br>PCC time recording and management information | Pilot group meetings ongoing.<br>Premises have been transferred as of 23/10/05 and inspections are in progress.<br>Back-up support from HSE ongoing.<br>Several premises have been identified to be transferred back to HSE (03/05/06) <sup>6</sup> |
|  | Reduce regulatory burden to business (in line with Hampton's <sup>7</sup> recommendations)   | Continuation of joint working where feasible   | EHOs to undertake joint visits with fire protection service and pollution control technicians where possible<br>Prioritisation of interventions based on risk/Fit3 topics   | PCC to co-ordinate joint visits   | Service-level case studies<br>Stakeholder <sup>8</sup> interviews<br>Duty-holder interviews   | Joint working with fire protection service ongoing.<br>Joint inspections on pollution control not judged to be practical (03/05/06) <sup>9,10</sup> .   |

<sup>1</sup> [www.hse.gov.uk/lau/lacs/23-13.htm](http://www.hse.gov.uk/lau/lacs/23-13.htm)

<sup>2</sup> *The Intervention Logic Model (ILM) is a performance management tool, based on the different stages of the delivery chain (ie input > output > initial outcome > intermediate outcome > final outcome). The ILM: sets out the sequence of changes necessary to deliver outcome targets, what may have to be done to deliver the targets and the skills and resources likely to be needed; provides a framework for recording the specific activities and resources proposed to achieve these changes; and identifies evidence to monitor whether a programme is on track to deliver.* [www.hse-databases.co.uk/aboutus/hsc/meetings/2005/100505/c61.pdf](http://www.hse-databases.co.uk/aboutus/hsc/meetings/2005/100505/c61.pdf)

<sup>3</sup> *This component of the evaluation will involve a member of the evaluation team visiting inspectors at PCC.*

<sup>4</sup> *Generic term for a person or organisation with responsibilities under health and safety law. Interviews will involve visits to MVR and dry-cleaning premises.*

<sup>5</sup> *Stakeholders include HSE inspectors and managers involved in implementing the pilot.*

<sup>6</sup> *These include premises that are outside Peterborough boundaries and other 'unsuitable' premises such as industrial washrooms, SMART (small area repair techniques) repairers, engineering sites as well as 'Gretton Coaches', an MVR premises. Will clarify reasons for this in second round of service-level case studies.*

<sup>7</sup> *In the 2004 Budget the Chancellor asked Philip Hampton to lead a review into regulatory inspection and enforcement with a view to reducing the administrative cost of regulation to the minimum consistent with maintaining the UK's excellent regulatory outcomes. The review has engaged with numerous stakeholders including regulators, business and local government.* [www.hm-treasury.gov.uk/budget/budget\\_05/other\\_documents/bud\\_bud05\\_hampton.cfm](http://www.hm-treasury.gov.uk/budget/budget_05/other_documents/bud_bud05_hampton.cfm)

<sup>8</sup> *Stakeholders include HSE inspectors and managers involved in implementing the pilot.*

<sup>9</sup> *GL advised the Pilot Group that a meeting had been held with the Pollution Team within Env. Health regarding joint visits. Unfortunately the idea of 1 officer undertaking both EP and HS functions was not practical as EP staff were not Section 18 compliant and additional training would need to be given to HS staff. Due to the small numbers involved it would not be cost effective to undertake this. It was suggested that Pollution officers could be given basic HS information and guidance in order to flag and significant matters to the HS team for action.*

<sup>10</sup> *Second round of service level case studies will ascertain total number of joint visits with Fire Service and whether any joint visits at all have been carried out within the pilot duration.*

| Stage   | What is the process? (core ILM)   | How much needs to be achieved and by when? (trajectory planning) | What is HSE/PCC intending to do? (activity planning)   | What HSE/PCC resources will be needed and by when? (resource planning)   | What evidence is needed to track progress towards the target? (performance managing)   | Progress against outcome  |
|---|---|--|--|--|--|---|
| Initial Outcomes<br><br>What are the prior conditions for success of the programme? | Effective communication with stakeholders to inform them of change in inspection responsibilities | To be completed before launch date 01/12/05                      | PCC to publicise transfer of responsibilities through trade journals and bulletins   | PCC to identify appropriate publications and prepare text for insertion  | Service-level case studies<br>Duty-holder interviews<br>Minutes of HSE/PCC Partnership meetings  | Pilot publicised in several media, eg, <i>Transport News Network</i><br><i>Peterborough Evening Telegraph</i> – <i>Health and Safety Bulletin</i> . <sup>1</sup>  |
|   | PCC team to be equipped with skills and knowledge to enforce H&S in MVR and dry-cleaning premises | To be completed before launch date 01/12/05                      | HSE to provide training and support to PCC H&S team, through joint visits which will allow PCC team members to shadow HSE inspections at MVR premises<br><br>(NB any training material produced could become an output that can be used if this model is rolled out nationally)<br>PCC to attend joint visits, SHAD days and other training days as required | Time and T&S required for HSE to conduct joint visits for purpose of shadowing<br>Time and T&S required for PCC to participate in joint visits | Duty-holder interviews<br>Stakeholder <sup>2</sup> interviews<br>Minutes of HSE/PCC Partnership meetings   | Training completed prior to launch:<br>1 day spent shadowing HSE inspectors<br>1 day at MVR SHAD event<br>1 day at Nottingham MVR course<br>1 day at Suffolk College<br>1 day internal training in P'boro with videos etc.<br>'Aide memoire' developed by PCC team (24/02/06).<br>Draft sector guidance for MVR had now been published. (03/05/06).<br>Peer review meeting held 16/06/06 and guide document produced. |
|   | Implement administrative systems, eg,<br>- time recording codes<br>- access to RIDDOR reports     | To be completed before launch 01/12/05                           | PCC to obtain new time recording codes<br>PCC to obtain access to accident reports   | Time required from admin and operational staff at PCC to set up codes<br>Time required from HSE admin to liaise with ICC <sup>3</sup>          | Service-level case studies<br>PCC time recording and management information<br>Minutes of HSE/PCC Partnership meetings                           | Initial problems with accident reports from ICC seem to be resolved: ICC have agreed to refer MVR SIC codes to PCC and will reallocate where necessary.   |
|   | Transfer list of premises   | To be completed before launch 01/12/05                           | HSE to provide PCC with data on transferred sites<br>PCC to send transfer letter to inform duty-holders of changes H&S enforcement   | Admin resources at HSE and PCC required to enable handover of premises and update database   | Service-level case studies<br>PCC time recording and management information<br>Stakeholder interviews<br>Minutes of HSE/PCC Partnership meetings | Transfer complete 23/10/05.<br>22 new premises have been identified by PCC and added to list (05/05.06).  |

<sup>1</sup> Will obtain information on how publications were selected (including readership) at second round of service-level case studies.

<sup>2</sup> Stakeholders include HSE inspectors and managers involved in implementing the pilot.

<sup>3</sup> The ICC is a joint venture by the HSE, COSLA and Local Government Associations (LGA), and it provides a central point for employers to report incidents irrespective of whether their business is HSE or Local Authority enforced.

| Stage   | What is the process?<br>(core ILM)                 | How much needs to be achieved and by when?<br>(trajectory planning)   | What is HSE/PCC intending to do?<br>(activity planning)   | What HSE/PCC resources will be needed and by when?<br>(resource planning)   | What evidence is needed to track progress towards the target?<br>(performance managing)  | Progress against outcome  |
|---|--|---|---|---|--|---|
| What are the outputs?   | PCC self-assessment questionnaire for duty-holders | Send out questionnaires to transferred MVR premises only, by 31/10/06 | PCC to design and send out questionnaires<br>All sites not responding to questionnaire to receive a visit from PCC inspectors within pilot duration | Time required for PCC to compile and distribute survey  | Minutes of HSE/PCC Partnership meetings<br>Response rate for questionnaire<br>Analysis of questionnaire responses  | 128 premises NOT responded by 21/02/06 –PCC have assumed after this date they were unlikely to respond at all (these will be inspected first); non-respondents represent 82% of total MVR premises <sup>1</sup> . |
| What activities are taking place and who is involved?                 | Evaluation findings                                | Final report to be completed by 27/12/06                              | LAs/HSE Working Together Strategic Programme to commission evaluation   | Resources from HSE required to fund evaluation  | Evaluation interim report and final report   | Project re-profiled and interim report is no longer a deliverable. (current activity map document provides progress update).  |
| What is being produced?   |  |   |   |   |  |   |
| What are the inputs?  | Getting pilot up and running                       | Pilot arrangements should be in place for launch 01/12/05             | PCC to re-prioritise some activities (eg, carry out fewer inspections of low-risk premises)   | HSE/PCC to provide time for training and meetings during lead-up and implementation of pilot<br>Resources from PCC for transfer of premises, visits and associated paperwork<br>Resources from HSE required to provide support on formal and informal basis to PCC throughout pilot | Minutes of HSE/PCC Partnership meetings<br>Service-level case studies<br>Stakeholder interviews<br>Details of HSE involvement and hourly rates<br>PCC time recording and management information, including:<br>- PCC service plan<br>- training time<br>- time at project meetings<br>- officer costs per hour<br>- administration costs<br>- impact on service provided by PCC H&S team | Pilot activities all underway<br>Evaluation in progress   |
| What resources are being deployed that could be used on other issues? |  |   |   |   |  |   |

<sup>1</sup> Assuming total no. of MVR premises = 227 (see email GL 03/08/06) – verify this figure has not changed in second-round of service-level case study visits.















# An evaluation of the local authority programme joint authorisation pilot project

## Transfer of enforcement responsibilities in the motor vehicle repair and dry-cleaning sectors

During 2006 the Health and Safety Executive (HSE) ran a pilot initiative at Peterborough City Council which involved handing over inspection responsibilities from HSE in two industrial sectors. This transfer was the first of its kind: neither HSE nor the local authority had prior experience of a large-scale handover on a premises-by-premises basis.

This independent report examines the effect of these pilot activities. It has two main components. Firstly, a process evaluation which assesses the way in which the pilot programme has been delivered, the way in which staff have been supported, the challenges that they have faced, and the successes they have experienced. Secondly, an impact evaluation, leading to a costs and benefits analysis, which investigates the extent to which the service has resulted in a cost-effective improvement in outcomes.

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