

AGENDA FOR CABINET

Contact:: Andrew Woods
Direct Line: 0161 253 5134
E-mail: a.p.woods@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Cabinet

Councillors : M C Connolly (Leader) (Chair), R Shori (Deputy Leader & Cabinet Member for Health and Well Being), J Lewis (Cabinet Member for Communities and Culture), S Walmsley (Cabinet Member for Resource and Regulation), T Isherwood (Cabinet Member for Environment) and G Campbell (Cabinet Member for Children and Young People)

Dear Member

Cabinet

You are invited to attend a meeting of the Cabinet which will be held as follows:-

Date:	Wednesday, 21 January 2015
Place:	Rooms A and B, Town Hall, Knowsley Street, Bury, BL9 0SW
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Cabinet are asked to consider whether they have an interest in any of the matters of the Agenda, and if so, to formally declare that interest.

3 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting about the work of the Council and the Council's services.

Approximately 30 minutes will be set aside for Public Question Time, if required.

4 MINUTES *(Pages 1 - 6)*

To approve as a correct record the minutes of the meeting held on 17 December 2014.

5 ALTERNATIVE SERVICES UNDER 5'S *(Pages 7 - 62)*

6 FUTURE SERVICE OPTIONS FOR SOCIAL CARE PROVIDER SERVICES *(Pages 63 - 84)*

7 SPRINGS TENANT MANAGEMENT ORGANISATION - SMALL SCALE VOLUNTARY TRANSFER - UPDATE *(Pages 85 - 88)*

8 HEALTH AND SAFETY - ANNUAL REPORT *(Pages 89 - 158)*

9 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Minutes of:	THE CABINET
Date of Meeting:	26 November 2014
Present:	Councillor M Connolly (in the Chair) Councillors A Isherwood, J Lewis, R Shori and S Walmsley
Also in Attendance:	Councillor P Heneghan Deputy Cabinet Member (Protection and Family Intervention)
Apologies:	Councillor G Campbell
Public attendance:	1 member of the public was in attendance.

CA.384 DECLARATIONS OF INTEREST

Councillor Connolly declared a personal interest in any matters relating to the fact that his partner is employed by Adult Care Services.

CA.385 PUBLIC QUESTION TIME

A period of thirty minutes was allocated for members of the public present at the meeting to ask questions about the work or performance of the Council or Council services.

Topic: Radcliffe Swimming Pool

Question: Could you provide information on the proposals for a temporary pool and new build pool? Radcliffe swimming pool provides a place for people from across Bury to meet for fitness training purposes and to see friends socially. This has stopped since the closure of the pool building.

Response: The Radcliffe swimming pool building opened in 1968 and was closed a year ago due to storm damage, severe structural problems and the presence of asbestos. The Council has a proposal to provide Radcliffe with a temporary pool (25m x 8m) the structure will include a gym and changing facilities and Cabinet will be considering this tonight. People of all ages from across Bury and outside the borough used Radcliffe swimming pool (190,000 visits last year). The demand for a pool and gym facilities is such that it has created congestion at the Castle Leisure facility in Bury. If agreed by Cabinet it is proposed that work on the temporary pool and gym will start in January with the opening planned for April 2015. The Council will look towards providing a new build leisure facility for Radcliffe, although a timescale to achieve this has not been set.

CA.386 MINUTES

Delegated decision:

That the minutes of the meeting held on 26 November 2014 be approved and signed by the Chair as a correct record.

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CA.387 DEVOLUTION AND GREATER MANCHESTER MAYOR – IMPLICATIONS FOR BURY

The Leader of the Council submitted a report setting out the implications for Bury Council following the Agreement with Government to devolve functional and fiscal responsibilities, alongside a staged approach to Greater Manchester governance arrangements. The report outlined the importance of the emerging devolution deal and how it supports:

- Bury priorities and its role in shaping Greater Manchester priorities;
- The proposed Governance arrangements; and
- The relationship between Bury, Greater Manchester Combined Authority (GMCA) and a Greater Manchester Mayor.

The report had been previously considered and approved by Council on 10 December 2014.

Delegated decisions:

1. That the principles which have guided Greater Manchester's approach to devolution and governance changes be endorsed.
2. That the Devolution Agreement be welcomed and the significant switch in powers and access to resources it represents, which will have a positive impact on those who live and work within Bury and Greater Manchester be noted.
3. That the proposed changes in governance, including an Appointed Mayor as the eleventh Member of GMCA as a transition to a Directly Elected Mayor for Greater Manchester, be supported.
4. That the balance between new powers to be vested in the GMCA, as well as new powers to be vested in a directly elected Mayor, who will be the Chair of the GMCA and accountable to the Cabinet and Leaders in the exercise of those powers; and the Mayor and the Cabinet being the subject of scrutiny by the GMCA pool be noted.
5. That it be agreed that the proposed governance arrangements reflect the circumstances within Greater Manchester, which has a long track record of collaboration amongst the local authorities and with business.
6. That Government and the range of local stakeholders be reminded that Bury and Greater Manchester will remain fully committed to greater fiscal devolution and to working with other UK City Regions and London, in particular, to make the case for this in the coming months.
7. That the GMCA be recommended to conclude the statutory review of Governance arrangements as soon as possible, to enable a final scheme to be submitted to the Secretary of State as a pre-requisite to the changes being made to the Statutory Orders to give effect to the transitional arrangements.

8. That authority be delegated to the Chief Executive in consultation with the Leader of the Council to:
- Respond formally to the GMCA consultation on devolution in the terms set out in the report submitted;
 - Finalise on behalf of Bury Council, the Council's response to the final terms of the Governance arrangements including the terms of the Statutory Order.

Reasons for the decision:

The decision is in response to the recent Agreement with Government to devolve functional and fiscal responsibilities, alongside a staged approach to Greater Manchester governance arrangements.

Other options considered and rejected:

To reject or amend the proposals.

CA.388 NEW TENANCY AGREEMENT

The Deputy Leader of the Council and Cabinet Member (Health and Wellbeing) submitted a report seeking approval to a New Tenancy Agreement. A review of the existing tenancy agreement was held to take into account changes in national legislation and local policies. In addition extensive consultation has already taken place regarding the proposed key changes involving Councillors, tenants, residents and officers from the Council, Six Town Housing and Springs Tenant Management Organisation.

Delegated decision:

1. That approval be given to commence the statutory consultation on the new draft Tenancy Agreement, with approval for any changes arising from the consultation to be delegated to the Executive Director for Communities and Wellbeing.
2. That the New Tenancy Agreement be implemented from 1 April 2015.

Reason for the decision:

The last review of the Council's tenancy agreement took place in 2009. It is good practice for a review to take place to ensure that the agreement is 'fit for purpose'. To take into account changes in legislation since the last agreement.

Other option considered and rejected:

Do nothing. This would result in the Council continuing to use the current version of the tenancy agreement. However, this document has been found to be not 'fit for purpose' in light of recent legislative changes and examples of good practice.

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CA.389 MINUTES OF THE ASSOCIATION OF GREATER MANCHESTER AUTHORITIES /GREATER MANCHESTER COMBINED AUTHORITY

Consideration was given to the minutes of the AGMA Executive Board and Greater Manchester Combined Authority meetings both held on 28 November 2014.

Decision:

That the minutes of the meetings of the AGMA Executive Board and Greater Manchester Combined Authority held on 28 November 2014 be noted.

CA.390 EXCLUSION OF PRESS AND PUBLIC

Delegated decision:

That in accordance with Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting during consideration of the following items of business as they involve the likely disclosure of information as detailed in the conditions of category 3 and category 9.

CA.391 FORMER GM POLICE HEADQUARTERS, IRWELL STREET, BURY – E DEMOLITION OF BUILDINGS

The Leader of the Council and the Cabinet Member (Resource and Regulation) submitted a report relating to tenders received for the demolition of the former GM Headquarters at Irwell Street, Bury.

Delegated decisions:

That approval be given to accept the lowest tender submitted.

Reason for the decision:

Demolition will increase the value of the site and make it more attractive for commercial development.

Other option considered and rejected:

To reject the recommendation.

CA.392 RADCLIFFE TEMPORARY POOL AND GYM E

The Deputy Leader of the Council and Cabinet Member for Health and Wellbeing submitted a report detailing the structural damage to the Radcliffe Pool and Fitness Centre and the work needed to improve it. The report also proposed the construction of a temporary pool and gym on the site of the former Radcliffe Riverside School.

Delegated decisions:

1. That approval be given to the construction of a 25m x 8m temporary pool, including housing structure and associated changing, at the former Radcliffe Riverside Schools site.

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2. That approval be given to the temporary relocation of the equipped gym from the facility in the centre of Radcliffe to the construction site at the former Radcliffe Riverside site.
3. That approval be given to the further investigation into the development of a new permanent Radcliffe Pool and Fitness Centre on its existing site.
4. That approval be given to fund the construction of the pool and further building works associated with configuring the existing structures. Consideration will be given to replenishing reserves from any capital receipts arising as part of wider development proposals, subject to any restrictions that may apply.

Reason for the decision:

This provides a good quality temporary solution for maintaining swimming and leisure provision as well as maintaining health outcomes from physical activity.

Other option considered and rejected:

Do nothing. This would result in Radcliffe remaining without a main swimming pool until a permanent solution can be found. Financial income targets would not be achieved and the structural stability of the existing Radcliffe pool would remain an ongoing issue.

COUNCILLOR M CONNOLLY
Chair

(Note: The meeting started at 6.00 pm and ended at 6.20 pm)

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REPORT FOR DECISION



DECISION MAKER:	CABINET
DATE:	Wednesday 21 January 2015
SUBJECT:	Alternative Services Under 5's
REPORT FROM:	Cabinet Member for Children and Young People
CONTACT OFFICER:	Ian Chambers, Assistant Director (Learning and Culture)
TYPE OF DECISION:	KEY DECISION
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	<p>This paper summarises the outcomes from the consultation carried out between September and December 2014 on the proposals to develop an alternative model of delivery for Bury's Children's Centres. It also highlights the changes that have been made to the proposals as a result of the consultation.</p> <p>The report confirms the need to save £820,000 from the Children's Services budget for 2015/16. This will be delivered through moving the service to a targeted provision for the most vulnerable families delivered through 5 Children's Centre hubs in Bury East (Little Oaks), Bury West and North (Woodbank), Prestwich (Sedgley), Radcliffe (Coronation Road) and Whitefield (Besses).</p> <p>In addition to the hubs, it is proposed, following the consultation, that there will be 3 spoke provisions linked to the hubs in Bury East (Redvales), Prestwich (Butterstile) and Radcliffe (Stepping Stones). This will help meet the needs of the children and families in the most deprived areas of Bury.</p> <p>There will be an increasing number of Outreach workers deployed to work within each hub area and improved supervision of these workers through the identification of a small number of Senior Outreach workers.</p> <p>The importance of joint working with partners has been highlighted during the consultation and it will be an important feature of the work of each hub that families are signposted to universal and targeted provision that is being delivered in each hub area by all key partners.</p>

	<p>Five of the remaining Children’s Centres will be converted to provide 2 year old nursery provision for the most deprived children. There is currently a considerable shortage of this provision in Bury and this has been raised as a concern by the DfE and Ofsted. Schools which at present host 4 of these 5 Centres will be encouraged to take on the 2 year old offer as part of their school provision.</p>
<p>OPTIONS & RECOMMENDED OPTION</p>	<p>Cabinet is recommended to note the report and accompanying paper and the report’s proposals</p> <p>Options:</p> <ol style="list-style-type: none"> 1. To agree that the proposals go forward for full implementation 2. To not agree that the proposals go forward for full implementation <p>Recommendation: Option 1</p>
<p>IMPLICATIONS:</p>	
<p>Corporate Aims/Policy Framework:</p>	<p>Do the proposals accord with the Policy Framework?</p> <p style="text-align: center;">Yes</p>
<p>Statement by the S151 Officer: Financial Implications and Risk Considerations:</p>	<p>The revised proposals outlined in this report seek to address issues raised in the recent consultation exercise.</p> <p>The proposals entail the creation of 2 additional “spokes”. These will be fully funded from subsidy originally set aside to convert sites for 2 year old provision; this subsidy is no longer considered necessary.</p>
<p>Statement by Executive Director of Resources:</p>	<p>The amended proposals made in the report still comply with the cuts target set for the Children, Young People and Culture Department. The use of alternative premises to deliver Children’s Centre activities is in line with the objectives of the Council’s Asset Management Plan.</p>
<p>Equality/Diversity implications:</p>	<p>Yes (see paragraph below)</p>
<p>Considered by Monitoring Officer:</p>	<p>Yes</p> <p>A lawful consultation process has been undertaken with users and partners, with revisions to the original proposals being made as a result of the representations</p>

	<p>received.</p> <p>The proposals have been drawn up in the context of unprecedented cuts in local authority expenditure and the Courts have held that decisions on the allocation of scarce public funding are primarily for democratically elected bodies. It also is important that decisions are carefully considered and that due regard is given to the Council’s Equalities duty. The Council must have “due regard” to the matters set out in relation to equalities when considering and making decisions regarding the provision of services. Due regard means that Members must understand the public sector equality duty and consciously apply it to the facts in this report, when considering and reaching any decisions or implementing any policies. Due regard must be had to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010. The Council must also advance equality of opportunity and foster good relations between those who share a protected characteristic and those who do not. The protected characteristics defined in the Act are: age; gender reassignment; pregnancy/maternity; race; religion, belief; sex and sexual orientation.</p> <p>An equality analysis has been undertaken, annexed to the report, in accordance with the Council’s public sector equality duty in Section 149 Equality Act 2010.</p>
Wards Affected:	All
Scrutiny Interest:	

TRACKING/PROCESS

DIRECTOR:

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
Scrutiny Committee	Cabinet/Committee	Council	

1.0 BACKGROUND

1.1 This report follows one presented to Cabinet on 3 September 2014 which outlined a proposed re-design of the way Bury’s Children’s Centres are organised and operated.

- 1.2 The re-design is necessary because of the need to find budget savings of £820,000 out of a budget in 2013/14 of £2,785,000 – a 29.4% savings requirement – as part of the Council’s 2015/16 Budget proposals. This has to be delivered from April 2015.
- 1.3 The proposed re-design of Children Centre provision involved:
- The creation of 5 Hub and 1 Spoke Children’s Centre
 - The allocation of resources to the hubs according to a formula based upon the number of Under 5’s in each hub area who live in the 40% most deprived wards
 - The delivery of a targeted service to children and families most in need of support rather than the delivery of universal services to all children and families
 - The de-designation of 8 Children’s Centres and the conversion of 7 of these into provision for children eligible for 2 year old free Nursery places
- 1.4 Cabinet agreed that the proposals in the report should go forward for full consultation. A detailed Consultation Plan was drawn up and was implemented between Monday 15 September 2014 and Monday 15 December 2014. The period of consultation was extended by a week following a request by the Scrutiny committee.

2.0 Consultation Process

- 2.1 A wide range of methods were used to collect the views of Children’s Centre users and partners involved in Children’s Centre provision. These included
- Parent/carer drop-ins at all 14 Children’s Centres
 - Specific meetings with parent groups
 - Meetings with all Children’s Centre Advisory groups
 - Meetings with school leaders at schools which are commissioned to provide Children’s Centre provision or which are co-located with a Children’s Centre
 - Presentation and question and answer sessions at each Township Forum
 - Staff briefing
 - Presentation and question and answer sessions at Bury Safeguarding Children’s Board, Bury’s Health and Well-Being Board, and the Children and Young People’s Trust
 - Meetings with Midwives, Health Visitor leads and Adult Education leads
- 2.2 An on-line consultation form was drawn up at the start of the consultation and this was supplemented during the consultation period by the use of a Survey Monkey which covered the same set of questions. There were in total 359 responses either through the on-line questionnaire or the Survey Monkey.

3.0 Consultation Outcomes

- 3.1 A summary of the main themes emerging from the consultation is included as a background paper to this report along with a statistical analysis of the responses through the Survey Monkey process.

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- 3.2 The role that Children's Centres in Bury have played in promoting and delivering services that have supported families and children across Bury has been rightly celebrated through the consultation process. In particular, the valuable role that Centres have played in prevention and early help has been recognised.
- 3.3 There was strong concern that supporting fewer Children's Centres would make the delivery of improved outcomes more difficult to achieve. However, it has also been recognised that, in finding the savings identified above, the Council needs to ensure that the most vulnerable children and families are protected and that targeted services are promoted over universal provision. This was a theme that came out of the Township Forum meetings where the Council's budget savings for 2015 were also debated.
- 3.4 The consultation showed that improving the health of U5's was rated as the highest priority amongst respondents followed by effective early intervention, and then school readiness. Improving economic prospects was seen as the lowest priority of the four presented.
- 3.5 In relation to the way that resources should be allocated to centres, the most favoured method from the consultation would be by the number of U5's in an area followed by the areas with higher health risks and the use of Index of Multiple Deprivation rankings. The least favoured was by areas with the lowest number of "school ready" children.
- 3.6 Very strong arguments were presented during the consultation in relation to the location of the proposed Children Centre hubs and the number of Children's Centres that Bury should maintain. 60% of those who responded neither agreed nor disagreed with the proposed choice of the hub site and just over a third disagreed or disagreed strongly with the choice of the proposed hub site. Over half of respondents disagreed or strongly disagreed with reducing the number of centres. By closing a number of Children's Centres, families will become isolated, particularly if other services are also not provided within a locality.
- 3.7 Against this, data presented during the consultation showed that in 2013/14 Bury's Children's Centres attracted 64.5% of the families with U5's in their reach area but only 43.2% of the families with U5's in the 40% most deprived wards. This shows that having a building itself does not guarantee that a Children's Centre will have an impact on the most vulnerable families.
- 3.8 The reduction in the number of management and administrative roles that accompanies the reduction in the number of Children's Centres being maintained has not been extensively criticised during the consultation. Less than a third of respondents disagreed or strongly disagreed with these proposals. The freeing of resources to enable an expansion of front-line staff, including a substantial increase in the number of Outreach workers, has been broadly welcomed, especially in those areas with the most U5's in deprived circumstances. It was raised during the consultation that the linking of this with the planned expansion of health visitors will create a very strong field force across Bury to support vulnerable families.
- 3.9 There have been concerns in the consultation that the model of one-to-one support from an outreach worker is not always a favoured one for many families who would prefer to be involved in a group rather than have home visits. From the survey responses, 52% neither agreed nor disagreed with this

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proposal with just over 30% disagreeing. One-to-one support has an important role to play and the current work of Children's Centre outreach has illustrated this with some very good case studies in each centre showing how families have moved forward with such support.

- 3.10 The proposal to convert sites no longer used as Children's Centres to provide free nursery places for disadvantaged families was not strongly supported in the consultation but 47% neither agreed nor disagreed. 45% disagreed nor strongly disagreed with the proposals. This was closely linked to respondents' opposition to closing a particular Children's Centre.
- 3.11 The need to promote 2 year old provision however remains a strong priority in Bury. Information provided by the DfE as at 30 September 2014 showed a total of 503 children were claiming their 2 year entitlement against the DfE target of 1151. This equates to 43.7% of our target and places Bury 24 out of 24 North West LA's in terms of meeting demand. The latest November 2014 release of DfE eligible families contained a new target of 1146 families. The LA's current data suggests that Bury has places for 648 children or 56.5%. This shows an improving situation but the gap is still large.
- 3.12 In discussions held with schools which have hosted a Children's Centre on their site, there is interest from Head Teachers and Governors in having a 2 year old Nursery provision as a replacement for the Children's Centre provision. Only 2 schools expressed their opposition to this as they wished the Children's Centre to be maintained. All the schools, however, wished to explore further the funding of such a two year old provision before agreeing to the development.
- 3.13 There has been an overwhelming response from users of services in relation to the important role health professionals play, from the very early stages of pregnancy through to the developing years for young children and the valuable support offered in preventing problems escalating further. The planned increase in the number of health visitors who will be deployed through Public Health will link well with the increase in Outreach workers proposed as they will be able to work jointly with targeted families.
- 3.14 During the consultation, it was recognised that the schools which have been commissioned to deliver the Children's Centre provision in Bury up to now have been very effective in delivering universal and targeted provision and have built up a wealth of local knowledge and understanding of the communities in their reach areas. However, the demand of delivering a largely targeted offer over a whole township or over two township areas is a very challenging one and the Local Authority needs to take closer control over this vital early help service in order to deliver better outcomes for the most vulnerable families.

4.0 Recommendations following Consultation – Children Centre Hubs

- 4.1 The essential work of Children's Centres from April 2015 should focus on providing early help to targeted families in four key areas:
- Improving the health of U5's
 - Improving U5's school readiness
 - Reducing the risk of poor parenting and mistreatment
 - Promoting the economic prospects of families

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Targeted support will always be offered following good, effective assessment to ensure the appropriate approach or intervention is offered.

- 4.2 The direction of travel for Children’s Centres from universal to a more targeted service has been further reinforced by the Ofsted inspection of the Radcliffe Cluster of Children’s Centres carried out in Summer 2014 and the inspection of the Bury South Cluster in December 2014.
- 4.3 It is recognised that some universal provision will need to be offered through Children’s Centres in order to help identify families in need of support. It is acknowledged that universal provision has a crucial role in preventing the onset of problems, reducing escalation and building community cohesion. In many cases, this will be facilitated and delivered through partners including GP’s and health providers, adult learning providers, job-seekers support, housing support, financial advice, and will take the form of information and advice, facilitation of peer supports and networks, volunteering opportunities, as well as sessions specifically linked to improving outcomes. Such sessions may include:
- Improving the health of U5’s - antenatal clinics, link Health visitors
 - Improving school readiness -Stay and play, lending libraries, Book start
 - Effective early intervention in safeguarding – tips for parenthood, support for 2 year take up
 - Promoting the economic prospects of families – work clubs, CV building
- 4.4 The use of the Index of Multiple Deprivation rankings as a means of allocating resources is a valid decision as deprivation is closely linked to poor health outcomes, a lack of school readiness and a high level of safeguarding referrals. The method proposed is to identify within each of the reach areas the number of children under 5 living in LSOAs which are among the 40% most deprived nationally. The results are used to determine weights which can then be applied to the allocation of resources.
- 4.5 Based upon December 2013 data, the allocation of resources between Children’s Centre hubs would be as shown in Table 1:

Table 1

Township and Current Children’s Centre provision	Weights derived according to proportion of U5’s population in 40% most deprived LSOAs
Bury East (Redvales, Little Oaks, Moorside)	42%
Radcliffe (Coronation Road, Stepping Stones, High Meadow)	25%
Prestwich (Butterstile, Sedgley, Toodle Hill)	13%
Whitefield (Besses)	10%
Bury West (Daisyfield, Woodbank)	9%
Bury North (Tottington, Ramsbottom)	2%

4.6 The original report proposed 5 Children’s Centre Hubs and 1 spoke in Bury East. In response to concerns raised during the consultation, it is recommended that the hub and spoke model is extended to two further townships which have the next highest number of most deprived U’5’s as shown in Table 1. These are Radcliffe and Prestwich. The proposed hubs and spokes are shown in Table 2 below:

Table 2

Township	Children’s Centre Hub	Spoke
Bury East	Little Oaks	Redvales
Radcliffe	Coronation Road	Stepping Stones
Prestwich	Sedgley	Butterstile
Whitefield	Besses	
Bury West	Woodbank	
Bury North	Woodbank	

4.7 In order to fund the two additional spokes under the revised proposals, the subsidy of £105,000 for converting sites to 2 year old provision will be used instead to support these spokes. This appears a better use of the funding as the process of conversion of sites for 2 year olds will receive a revenue grant of £12,000 as a start-up grant and the predicted surplus of income over expenditure for the converted sites will leave a surplus that would cover premises costs. An additional administrator will be funded in both hub areas at a cost of £48,000 and £42,000 will be available to support the running costs of the spoke buildings.

4.8 In addition to the hub and spoke centres, the LA has identified other buildings in the community in each hub area where Children’s Centre activities can be delivered. This includes library provision (for example Ramsbottom Library) health provision and the former Children’s Centres that are being converted for the 2 year old offer (see below).

4.9 As in the initial report, it is recommended that all the Hub and Spoke sites should come under the direct control of the Local Authority and the staff at these sites be employed by the Authority. The schools where the hub and spokes are located will be offered a strong role on the Advisory Boards of the hubs and the transfer of staff from school provision to LA provision will ensure that local intelligence and partnerships are not lost. The Authority will work closely with all the schools during the implementation phase to determine the best use of the resources available to meet the needs of both the Children’s Centre and the school.

4.10 Outreach workers will be based at each of the hub sites but will be deployed across the hub area. They and programme support workers will work both on a one-to-one basis with families but also with groups in the Children’s Centre hubs and spoke buildings or in other provision across their hub to help deliver targeted programmes in areas such as domestic violence, parenting courses, post-natal depression, support for children with disabilities, literacy development and so on. They may also deliver a central programme on behalf of a number of hubs.

4.11 In order to support the increased number of Outreach staff, 3 Senior Outreach workers will be appointed to provide supervision support in the hub areas of

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Bury East and Radcliffe which have a substantial number of outreach workers. This will assist the Hub Co-ordinator in their supervision of these staff. The uplift for these posts will be funded from the resources made available in 3.6.

5.0 Recommendations following Consultation - 2 Year Old Offer

- 5.1 The initial report suggested that the Authority should seek to convert 7 of the current Children's Centres to provide a setting for the 2 year old offer. The consultation and recommendations above have now recommended that Butterstile and Stepping Stones Children's Centres should remain as Spokes in Prestwich and Radcliffe
- 5.2 It is now proposed that the following centres should convert:
- Daisyfield located at St Stephen's CE Primary School – 20 places
 - High Meadow located at St John's Radcliffe Primary School – 12 places
 - Moorside located at St John with St Mark's CE Primary School – 10 places
 - Ramsbottom – a stand alone site – 10 places
 - Toodle Hill located at Heaton Park Primary School – 32 places
- 5.3 In response to school requests, a business model has been drawn up for each of the above centres and this will be shared with the relevant schools during the implementation phase of the proposals.
- 5.4 If the schools wish to take on this provision, advice that the LA has received since the consultation began suggests that they will be able to convert to becoming a 2-11 year old school through a School Organisation proposal. This will mean that the LA will not need to tender out the 2 year old places as the schools will be able to take these additional children. The Ramsbottom provision will be put out to tender as it is not on a school site.
- 5.5 The Local Authority intends to make arrangements with the schools and the spokes at Butterstile and Stepping Stones in order to enable Children's Centre hub staff to access the buildings on those sites at certain times. This would allow some Children's Centre activities to also be delivered at those locations.

6.0 Partnership Support

- 6.1 The delivery of integrated support to families has always been heavily reliant on a range of partners and Bury's Children Centres have been successful in developing these relationships. This is evidenced in the range of provision currently on offer particularly from health colleagues and adult education.
- 6.2 However, at present alternative models of delivery have not been received from health commissioners or health providers despite being sought through the consultation process by Local Authority officers. Discussions will continue to be held with health representatives to identify opportunities for co-delivery of services and sharing of resources. A risk log for Health providers has been drawn up by the Local Authority and sent to relevant partners.
- 6.3 Adult Education has sent in an extensive list of programmes that could be delivered to support the key objectives, some of these new and innovative and some already existing. These will be taken forward during the implementation phase of the proposals.

7.0 Budget

7.1 The provisional costs for the proposed new service are shown below in Table 3. This now includes an element of costing for the 2 additional spokes and for an up-lift for 3 senior outreach workers. The overall cost of the service remains at a similar level to the original proposals prior to consultation.

Table 3

	Manager	Programme Support Worker	Administ rator	Outreach workers	Premises	Admin	Client & sessional	Caretaking & cleaning	Recharges
Woodbank with Elton Hub	£44,315	£33,705	£24,533	£117,796	£11,691	£11,375	£10,688	£11,379	£5000
Besses Hub	£44,315	£33,705	£24,533	£117,796	£18,880	£12,720	£11,379	£20,864	£5000
Little Oaks Hub	£44,315	£33,705	£24,533	£269,224	£21,971	£8,426	£15,874	£7,729	£5000
Redvales spoke		£33,705		£147,245	£0	£0	£0	£0	£0
Sedgley Hub	£44,315	£33,705	£24,533	£147,245	£12,377	£5,928	£7,827	£8,950	£5000
Butterstile spoke			£24,533		£10,713	£0	£0	£13,138	£5000
Radcliffe Hub	£44,315	£33,705	£24,533	£237,683	£13,295	£8,917	£5,562	£11,700	£5000
Stepping Stones spoke			£24,533		£13,295	£0	£0	£11,700	£5000
Sub totals	£221,575	£202,230	£171,731	£1,036,989	£102,222	£47,366	£51,330	£85,460	£35,000

Total £1,953,903

7.2 Note that the Redvales "spoke" will be managed by the Little Oaks hub manager. The administration function will be covered by a new post of Redvales Business Development Officer, who will be responsible for the management of all activity at the Redvales site. As a significant proportion of this activity generates income, and there is potential to increase this, it is proposed that the business development post should be self financing and not draw on the Children's Centre budget. Note also that half of the cost of meeting premises cost at Besses would be met through lettings income.

8.0 Timescales for Implementation

8.1 If Cabinet approves the recommendations, there will be a full Section 188 consultation with all Children's Centre staff with implementation commencing on 1 April 2015. Arrangements to develop 2 year old provision on sites no longer required as Children's Centre hubs or spokes will commence following the Cabinet decision with the additional places delivered by 1 September 2015 or earlier if possible.

9.0 Risk Management

9.1 The following risks have been identified for the proposals:

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- Proposals cannot be agreed in time to achieve the level of savings required in 2015/16
- Some Children Centre Advisory boards or School Governing Bodies oppose the proposals
- Providers of nursery care cannot be secured for all the converting sites by September 2015
- Decision made to proceed with new service is challenged on the grounds that due process is not followed during consultation
- Significant public opposition to the proposals including opposition to move to a targeted rather than a universal service and/or conversion of sites to nursery provision

9.2 A full Risk assessment action plan, including key measures that will be taken to control or mitigate the risks was included in the Cabinet Report of 3 September 2014.

10.0 Equality and Diversity

10.1 The revised strategy for delivery of Children's Centres will provide positive support to the most vulnerable families in the borough as resources will be targeted to improve key outcomes for those families. Under the revised proposals, there will be additional Children's Centre spokes in Radcliffe and Prestwich alongside the spoke in Bury East. This will help ensure that there is sufficient Children's Centre provision in the most deprived parts of Bury.

10.2 The proposals to change the use of 5 Children's Centres to offer two year old childcare places will have a positive impact on the 40% most vulnerable children and families. The two year old initiative will provide a service that is inclusive to all families who meet the governments' eligibility criteria regardless of ethnicity, disability, gender, race, religion or culture.

10.3 The withdrawal of Children's Services as a universal provision will have a negative effect on a substantial number of children and families who have benefited from accessing universal services. In mitigation, there will still be play and stay activities at the Children's Centre hubs and there will be signposting by the Children's Centres and by the Find It For Me/ Bury Local Offer website to activities and support for U5's provided by schools and the private and voluntary sector.

10.4 A full Consultation process on the proposals has taken place and is described in Section 2.0. The outcomes from the consultation are summarised in Section 3.0. A copy of all the written responses received will be placed in the Members Reading Room in the Town Hall to accompany this report.

10.5 A Full Equality Analysis is attached to this report.

11.0 CONCLUSION

11.1 The Cabinet Report of 3 September 2014 recommended a new model for the delivery of Children's Services in Bury based upon meeting the needs of the most vulnerable first. By focussing the work of Children's Centres on 5 Hubs and one spoke, substantial savings in co-ordination, management and administration of centres can be re-cycled to support more front-line delivery in the areas of most need in Bury. The targeting of work by the Hubs on health

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improvement, school readiness, early help to prevent safeguarding issues and improving families' economic well being will also allow them to increase their impact in these important areas for an Under 5's development.

- 11.2 In response to an extensive Consultation carried out on the proposals, it is now recommended that the work of Children's Centres should be based on the 5 proposed hubs but with the addition of 2 Spokes, one in Radcliffe at Stepping Stones and one in Prestwich at Buttersile. All Children Centre activity will be directly managed by the Local Authority but schools where the hub or spoke are located will be offered a strong role on the Advisory Board of the hubs to ensure that local intelligence and expertise is captured.
- 11.3 In order to strengthen the supervision of the increased number of Outreach Workers being proposed, 3 Senior Outreach Workers will be appointed to work in Bury East and Radcliffe where there are most Outreach staff.
- 11.4 With the identification of 2 additional spokes, it is now proposed that 5 of the current Children's Centres will be converted as venues for children and families accessing childcare and support for 2 year olds. Demand for these places in Bury continues to exceed supply and this will provide up to 84 additional places from September 2015. Schools will be able to extend their age range to 2 to 11 year olds to take on the additional 2 year olds if they wish and other provision will be tendered out to other providers.
- 11.5 The revised proposals continue to deliver the required savings of £820,000 as required by the Council's budget proposals for 2015/16.
- 11.6 The Council has received an on-line petition from Children's Centre users asking the Council to keep 7 Children's Centres open. It shows concern for closing Children's Centres in the most deprived areas and the possible isolation of families that are not close to the proposed hubs.

As this report shows, in responding to the consultation, the proposals have been amended to include 2 additional spokes in Prestwich and in Radcliffe, alongside the spoke in Bury East. These are the areas with most families in the 40% most deprived wards and will substantially improve these families access to Children's Centre services. The budget does not allow further spokes to be identified in Bury West or Bury North due to the costs of maintaining additional buildings.

List of Background Papers:-

Alternative Services – Under 5's Cabinet Report 3 September 2014 (previously distributed)

A Proposed New Model for Children's Centres (previously distributed)

Alternative Services Under 5's Consultation Plan (enclosed)

Common themes and issues arising from the Consultation (enclosed)

Statistical analysis of responses from Survey Monkey (enclosed)

Equality Analysis (enclosed)

Contact Details:-

Ian Chambers
Assistant Director (Learning and Culture)
Ext 5720

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Equality Analysis Form

The following questions will document the effect of your service or proposed policy, procedure, working practice, strategy or decision (hereafter referred to as 'policy') on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty.

1. RESPONSIBILITY

Department	Children, Young People and Culture	
Service	Learning and Culture – Early Years and early Help	
Proposed policy	Alternative Provision for U5's	
Date	21 st January 2015	
Officer responsible for the 'policy' and for completing the equality analysis	Name	Ian Chambers
	Post Title	AD Learning & Culture
	Contact Number	5720
	Signature	<i>Ian H Chambers</i>
	Date	5 th January 2015
Equality officer consulted	Name	Liz Trayford
	Post Title	Planning and Research Officer
	Contact Number	X5658
	Signature	<i>Liz Trayford</i>
	Date	7 th January 2015

2. AIMS

What is the purpose of the policy/service and what is it intended to achieve?	<p>For Children's Centres to move away from being a universal and targeted service to being a wholly targeted service. They will focus upon delivery of 4 key objectives:</p> <ul style="list-style-type: none"> • Improved school readiness for U5's • Improved school readiness • Effective early intervention in safeguarding • Improvements in families' economic Prospects <p>The current number of designated children's centres will be reduced from 14 to 5 Hubs and 3 spokes and resources for the Hubs will be allocated according to need based upon the Index of Multiple Deprivation index.</p> <p>5 of the remaining Children's Centres will be converted to deliver the free Childcare offer for 2 year olds with the 40% lowest deprivation</p>
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Who are the main stakeholders?	<p>All current users of Children’s Centres – children and families currently accessing both universal and targeted services offered by Bury’s 14 Children’s Centres.</p> <p>Partner agencies such as Health, Job Centre Plus, Primary Schools and Police also use or access Children’s Centres to help them deliver their priorities for children and families</p>
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3. ESTABLISHING RELEVANCE TO EQUALITY

**3a. Using the drop down lists below, please advise whether the policy/service has either a positive or negative effect on any groups of people with protected equality characteristics.
If you answer yes to any question, please also explain why and how that group of people will be affected.**

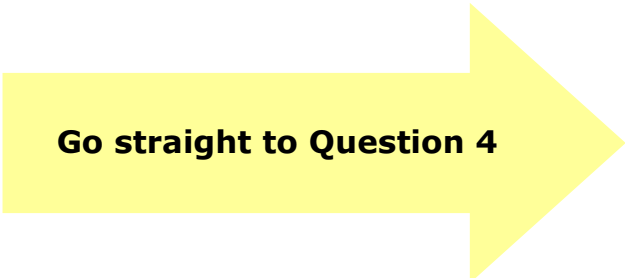
Protected equality characteristic	Positive effect (Yes/No)	Negative effect (Yes/No)	Explanation
Race	No	No	
Disability	Yes	No	Children with disability will benefit from the more targeted offer from Children's Centres
Gender	No	Yes	Women may be most affected by the removal of universal provision as proportionally they are greater users of CC provision than men.
Gender reassignment	No	No	
Age	No	Yes	Children from less deprived backgrounds will find a much more limited universal offer from Children's Centres as a result of the proposals
Sexual orientation	No	No	
Religion or belief	No	No	
Caring responsibilities	Yes	No	Support for carers with young children will be increased as they will benefit from the more targeted offer by CCs
Pregnancy or maternity	Yes	No	Teenage mothers and mothers from more deprived background will benefit from both the CC targeted services and from the increased 2yo offer opportunities
Marriage or civil partnership	No	No	

3b. Using the drop down lists below, please advise whether or not our policy/service has relevance to the Public Sector Equality Duty. If you answer yes to any question, please explain why.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for the relevance
Need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	No	
Need to advance equality of opportunity between people who share a protected characteristic and those who do not (eg. by removing or minimising disadvantages or meeting needs)	Yes	The increase in outreach work and related targeted work by CCs will help to readdress the disadvantages faced by certain vulnerable groups of children and families. Also by increasing provision for the free 2 year old offer those from the poorest 40% will be better able to access childcare opportunities.
Need to foster good relations between people who share a protected characteristic and those who do not (eg. by tackling prejudice or promoting understanding)	No	

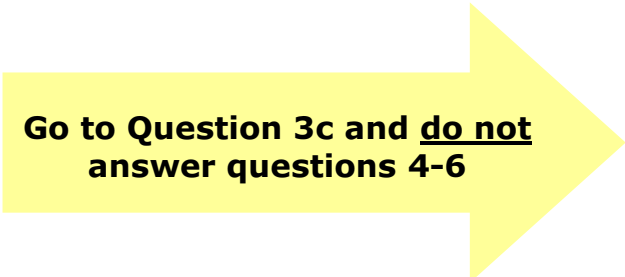
If you answered 'YES' to any of the questions in 3a and 3b

Go straight to Question 4



If you answered 'NO' to all of the questions in 3a and 3b

Go to Question 3c and do not answer questions 4-6



3c. If you have answered 'No' to all the questions in 3a and 3b please explain why you feel that your policy/service has no relevance to equality.

n/a

4. EQUALITY INFORMATION AND ENGAGEMENT

4a. For a service plan, please list what equality information you currently have available, **OR** for a new/changed policy or practice please list what equality information you considered and engagement you have carried out in relation to it.

Please provide a link if the information is published on the web and advise when it was last updated?

(NB. Equality information can be both qualitative and quantitative. It includes knowledge of service users, satisfaction rates, compliments and complaints, the results of surveys or other engagement activities and should be broken down by equality characteristics where relevant.)

Details of the equality information or engagement	Internet link if published	Date last updated
The equality information is contained within the accompanying paper to the Cabinet Report entitled A Proposed New Model for Bury's Children's Centres in 2015/16	Was part of Bury Cabinet papers for the meeting on 3 rd September 2014	August 2014
A full consultation on the proposals was carried out in the Autumn 2014 with all Children's Centre users, staff and stakeholders. Outcomes from these consultations have been used to influence and inform the final policy recommendations.	Part of Bury Cabinet Papers for the meeting on 21 st January 2015	January 2015
Further information will be contained in the Cabinet Report and accompanying papers to be published on 21 st January 2015. This includes a summary of the outcomes from Consultation with parents, carers and stakeholders	Part of Bury Cabinet Papers for the meeting on 21 st January 2015.	January 2015

4b. Are there any information gaps, and if so how do you plan to tackle them?

None.

5. CONCLUSIONS OF THE EQUALITY ANALYSIS

<p>What will the likely overall effect of your policy/service plan be on equality?</p>	<p>The new strategy for delivery of children’s centres will provide positive support to the most vulnerable families in the borough as resources will be targeted to improve support to those families. The proposals to change the use of children’s centres to offer two year old childcare places will have a positive impact on the 40% most vulnerable children and families. The two year old initiative will provide a service that is inclusive to all families who meet the governments eligibility criteria regardless of ethnicity, disability, gender, race, religion or culture</p>
<p>If you identified any negative effects (see questions 3a) or discrimination what measures have you put in place to remove or mitigate them?</p>	<p>The withdrawal of Children’s Services as a universal provision will have a negative effect on a substantial number of children and families who have benefited from accessing universal services. It will also have a greater impact on women who are the greatest user of the centres at present. In mitigation there will still be play and stay activities at the Children’s Centre hubs and there will be signposting by the Children’s Centres and by the Find It For Me website to activities and support for U5s provided by the private and voluntary sector. There will also be a range of targeted activities and support which will help the most vulnerable families and women.</p>
<p>Have you identified any further ways that you can advance equality of opportunity and/or foster good relations? If so, please give details.</p>	<p>The recent successful pilot for outreach delivery in Radcliffe has identified ways of improving outreach support across a cluster of Children’s Centres. This experience will through the Children’s Centre hubs be rolled out across the borough to enhance the way outreach workers can support families and ensure they access opportunities to improve their children’s health, school readiness, emotional resilience and the families’ own economic well-being.</p>
<p>What steps do you intend to take now in respect of the implementation of your policy/service plan?</p>	<p>If Cabinet agrees the new way of working for Children’s Centres will be consulted upon with Children’s Centre staff where the implications for their employment and work roles will be explored. Further work will take place with Health providers and other stakeholders in order to inform the implementation of the strategy.</p>

6. MONITORING AND REVIEW

If you intend to proceed with your policy/service plan, please detail what monitoring arrangements (if appropriate) you will put in place to monitor the ongoing effects. Please also state when the policy/service plan will be reviewed.

<p>A full QA system is in place for Children’s Centre delivery and this will be used along</p>
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with the Annual Conversations held with CCs to monitor the impact of the revised way of working.
Dates for review of the strategy will be identified following the full consultation and development of a final implementation plan for the proposals.

COPIES OF THIS EQUALITY ANALYSIS FORM SHOULD BE ATTACHED TO ANY REPORTS/SERVICE PLANS AND ALSO SENT TO THE EQUALITY INBOX (equality@bury.gov.uk) FOR PUBLICATION.

**Alternative Services – Under 5's
A proposal for new delivery model for
Children Centres in Bury**

Consultation Plan

15th September 2014

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Purpose

The Consultation Plan for the proposal of a new delivery model for Children Centres in Bury, which sets out an approach of ensuring effective and accessible communication and engagement. It will serve as a guiding document throughout the consultation period and will include key objectives, drivers, target audiences and proposed methods of consultation. It is the vehicle by which the Local Authority will carry out their role in consulting changes prior to proposing to make significant changes to the range and nature of Sure Start Children Centres.

Background and Context

A report was taken to Cabinet on Wednesday 3rd September proposing a redesign of Children's Centre services to ensure that improved targeted support will be available for Bury's most vulnerable children and families. This is in line with Bury Council's stated priorities and the direction being taken by national policies.

Bury currently has 14 Children's Centres; some are organised into clusters and others are stand-alone. 9 of the Children's Centres are operated directly by the Local Authority and 5 of the centres are commissioned to be operated by a Primary School.

A re-design of the way Bury's Children's Centres are currently operating to support the U5's and their families is proposed in the report. Five Children's Centre Hubs and one spoke will deliver targeted services to the most vulnerable families across Bury and will come under the direct control of the Local Authority.

They will focus on delivery of:

- Improved health for U5's
- Improved school readiness for U5's
- Effective early intervention in safeguarding
- Improvements in families' economic prospects

Resources for the Hubs will be allocated based upon recognised need based upon the Index of Multiple Deprivation Rankings. The balance of staffing will shift from coordination, management and administration to front-line outreach support with 24 additional outreach staff deployed.

The remaining eight current Children's Centres will be de-designated as centres and seven of the centres will be converted to provide for the delivery of the 2 year old childcare offer for the 40% most deprived families in the borough. Currently there is a substantial shortage of these places in Bury.

The LA will not run the 2 year old provision but will tender it out to interested providers. There will be an initial subsidy of the rents for these centres to encourage schools, private providers or third sector parties.

Objectives

The objectives for this consultation plan are to:

- Raise awareness amongst stakeholders, staff, partners and members of the public about the proposals, key objectives and planned outcomes.
- Highlight key messages about the proposals and ensure all stakeholders have a clear understanding of the scope, nature and intended outcomes of the proposals.
- Provide a framework to support effective and informed dialogue and public scrutiny
- Provide opportunities for views to be sought and collated about the proposals, to inform a further report to be submitted to Cabinet at the end of the consultation period.

Target Audience (Stakeholders)

The following target audience groups have been identified as part of the scoping for this consultation:

Childrens Centre staff
Union representatives
Advisory Boards/Governing bodies
Primary Schools linked to Children Centres
Service Users/Parents/Carers
General public
Health Commissioners
Health Providers
Job centre plus
Police
Adult Learning Providers

Consultation details

Stakeholder	Method	Responsible Person/People
Children Centre staff	<ul style="list-style-type: none"> • Briefings • Individual meetings where requested • Full team meetings at Cluster or individual centre level • Provision of written documents & data 	One of the following: MC, IC or SR

Stakeholder	Method	Responsible person
Union representatives	<ul style="list-style-type: none"> • Meetings • Provision of written reports & data 	IC

Stakeholder	Method	Responsible Person/People
Advisory Board/Governing Bodies	-Meetings held at each of the Children Centre cluster locations or individual Children centres where appropriate -Provision of written reports/data	One of the following: MC, IC, SR, DM, SD, CR

Stakeholder	Method	Responsible Person
Primary school Heads –linked to Children Centres	-Individual meetings -Provision of written report & data	IC

Stakeholder	Method	Responsible People/Person
Parents/Carers/Service users	-Drop-ins at Centres -Scheduled meetings Provision of written reports/data -Consultation questionnaires	One of the following: MC, IC, SR, DM, SD, CR

Stakeholder	Method	Responsible Person
General Public	On line Report Consultation Form	SR
Health Commissioners	E-mail On line Report Consultation Form Meetings where requested	SR
Health Providers	E-mail On line Report Consultation Form Meetings where requested	SR

Stakeholder	Method	Responsible People/Persons
Job Centre Plus	E-mail On line Report Consultation Form Meetings where requested	SR
Police	E-mail On line Report Consultation Form Meetings where requested	SR
Adult Learning Providers	E-mail On line Report Consultation Form Meetings where requested	SR

Key Milestones for this Consultation Plan

- The consultation will commence at 9am on Monday 15th September 2014 and will end on Monday 8th December 2014 at 12 noon.

Feedback

We will evaluate success of this consultation plan in the following ways:

- The number and type of consultation returns to inbox, representative to key stakeholders
- Feedback from events through face-to-face consultation, meetings etc.
- All findings will be collated and form part of a report to be submitted to cabinet at the end of the consultation period.

Consultation Leads:

Name	Position	Telephone and E-mail
Mark Carriline	Executive Director of Childrens Services.	0161 253 5501 m.carriline@bury.gov.uk

Ian Chambers	Assistant Director Of Children, Young People and Culture.	0161 253 5477 i.chambers@bury.gov.uk
Sue Reynolds	Head of Early Years and Early Help	0161 253 6301 s.reynolds@bury.gov.uk
Sue Dickinson	Lead Officer- Sufficiency & Information	0161 253 6405 s.m.dickinson@bury.gov.uk
Collette Radcliffe	Lead Officer- Children Centre Operations	0161 253 7526 collette.radcliffe@bury.gov.uk
Debbie Margiotta	Lead Officer- Strategy & Quality	0161 253 5949 d.margiotta@bury.gov.uk

**Proposal for an alternative delivery model for
Children Centres and under 5's provision in
Bury.**

**Common themes and issues arising from
consultation**

Common issues and themes emerging

Some centre users attend more than one centre on a regular basis, not necessarily the centre closest to their home

There is a strong theme around the value of peer support in particular breastfeeding. This is a low cost model, but seen to be beneficial to developing broader support models, specifically for new mums.

The valuable role the Children Centres have played in prevention, so that problems don't ever reach targeted need on the threshold.

The need for a 'universal gateway' families in need do not always recognise the need for support and do not always obviously engage with services.

Confusion over use of the word 'targeted' and the definition, most people assumed this means low-income.

Recognition and value of 'holistic' nature of Children Centres.

Early days of parenthood are crucial, many parents experience low-mood, isolation and feelings of vulnerability, so appreciate the specific support for new mums.

The valued role of the Children centres in shared learning, developing and promoting networks

1. There are 4 objectives for the new model. Please rank them 1 to 4 in the order you consider most important where 1 is the highest. What other objectives could be important?

Comments:

9 key themes emerged from this question :

Postnatal Depression/Mental health -the role the Childrens Centres have in supporting parents, Postnatal Depression and mental health

Safeguarding- The importance of safeguarding, not just linked to IMD, the need for links to Social Care and the importance of effective early intervention

Networking/support/reducing isolation – the centres role in reducing isolation, developing community cohesion, and providing a base for supporting parents well being

Healthy Eating – parents being made aware of the importance of a providing a healthy diet and attending health appointments

Child development – supporting child development, school readiness and allowing children to reach full potential

Breastfeeding-valued support for breastfeeding from centre staff, and the model of peer support

Targeted and Universal –concern that children centres should be for all families and not just for those in low socio economic groups, that the proposed new delivery model will stigmatise services

Prevention- the role of the centre in preventing problems escalating e.g. speech and language delays, postnatal depression

Access to services-strong support for the role Children Centres have in connecting parents to health services, all under one roof in a friendly environment. Also support for children with additional needs

Concern that fewer centres will make it difficult to achieve key objectives, and concern about costs of travelling and availability of transport to get to other centres.

2. What should be the primary focus in allocating resources across centres? Please rank them in the order you consider most important where 1 is the highest. Are there any other ideas you think should be considered?

Comments:

6 key themes emerged from this question-

Targeted/universal - Having centres for targeted families only will discriminate, services should be universally available and less targeted so that help can be supported in the community

Need focused/data led - The primary focus of allocating resources across centres should be improving areas with the highest health risks e.g. substance misuse, drugs and alcohol and domestic violence, highest rates of postnatal depression..

What provision is available in the community/travel distance and location-
The size of the community, travel implications, other provisions in the community

Numbers attending-Uptake in centres, newcomers, number of families in communities

Deprived families and non deprived families- model should not be based on poverty alone

People with first child and age of child- All families with a first child under 6 months should be considered as most vulnerable

3. Do you agree that the appropriate way to make cost saving is to de-designate the 8 centres and reduce to one hub per. area plus a spoke in Bury?

Comments:

5 key themes emerged from this question-

False economy/long term impact- There needs to be a clear mechanism to identify vulnerable families

This is a short term fix to a funding problem, with long term consequences for families with young children, which will cost more in the long term.

Loss of universal services and support networks-The centres provide a very valuable role in supporting otherwise isolated families, supporting networks, providing advice when needed, links to other families. They are a lifeline

Rich v's poor-It's not just the poor who need help and support, the centres are vital for people from all backgrounds.

Travelling to hubs/access- Bury is a very long thin borough, many of the townships are a long expensive bus ride from any hub. Any change that would discourage use would put the most vulnerable children at risk.

2 year olds- Centres should be used for more than 2 year offer, there is sufficient provision already

Other suggestions-

Hire out premises to raise money

Ask parents to pay more for services

Look at savings from senior managers

Some sessions currently running e.g. keep fit for mums could be run in other venues

4. Do you agree that the correct centres have been chosen as hubs?

Comments:

The key theme emerging from this question was accessibility of the proposed Hubs, with most people disagreeing with proposals on the grounds of accessibility. Strong support from users of Ramsbottom Children Centre and Prestwich centres.

5. Do you agree with the proposals to convert sites to provide free nursery places?

Comments:

Most people disagreed on the grounds of the space being too small (particularly Ramsbottom), the use of funds to convert, the fact that there is already sufficient provision for 2 year olds, what about those children under 2 years of age?

Those who agreed shared a fear that the buildings would remain empty, and that there may be a stigma attached to children attending a nursery for disadvantaged children

2 key themes emerged from this question-

- Model not being sustainable/viable – Are there enough providers coming forward?, there are sufficient nurseries in Bury, the buildings will remain empty, the buildings are too small, there is no outside provision (Ramsbottom)
- The model will have a negative impact on parenting –will reduce the support for parents, where will parents learn how to be better parents? Nursery places will not adequately replace the multiple services offered now through Children Centres. It's too late, what about support for new parents in first year of parenthood

Other suggestions

-Could nursery places run alongside children centre services?

-Why not offer places at other nurseries and playgroups?

-What happens when child turns 3, if places are only for 3 year olds?

6. Do you agree that the proposed sites to be converted to nursery provision are the most suitable?

Comments:

Most people disagreed

2 key themes emerged from this question-

- Model not being suitable or viable – the centres are too small, there are already enough nurseries in Prestwich
- Children Centres should be kept as they are now, intervention is needed before two years old, proposals isolate people in Ramsbottom and Ainsworth

Other suggestions:

Why not allow the schools to expand?

If they have to close, would be better to have small nurseries as there are too many large nurseries

7. It is proposed that each Hub will have a manager, a Programme Support Worker, an Administrator and a specified number of Outreach Workers. Do you agree with the proposed staffing model?

Comments:

Most people disagreed:

It doesn't matter how many staff if nobody attends, outreach staff will be overstretched, ratio of outreach workers to children in area is worrying, concern about low level of resources, concern about the capacity of staff to deliver programmes in centre, outreach can be seen as patronising and costs more than peer support and in-house programmes.

How can few staff provide quality care and intervention?

Other suggestions:

That Outreach workers deliver programmes in the centre as well as doing outreach in homes, as well as supporting parents in play and stay sessions, outdoor play sessions, leading breastfeeding support.

A number of responses didn't understand the current staffing structures and what difference the proposals would make.

8 . It is proposed that Outreach Workers will be allocated as follows:

Woodbank with Elton hub	4	Redvales 'spoke'	5
Besses hub	4	Little Oaks hub	9
Radcliffe hub	8	Sedgley hub	5

Do you agree with the proposed allocation of Outreach Workers?

Comments:

Most people disagreed:

Concerns about where Outreach Workers will work from, office base, cover for others, resources unfair allocation.

Areas are very large, how will outreach workers get families into centres?

Need more information about the role and what Outreach Workers do.

Specific area comments

Prestwich:

1. Only 5 for Prestwich? When we have high numbers of under 5s, is ridiculous.
2. Prestwich would lose out and get less yet again!
3. Not at Sedgley it borders Salford it needs to be in the middle of Prestwich so it's more accessible

Ramsbottom:

1. The distance from Ramsbottom to Wood bank is quite far so I don't think I would continue to use these services so it would be a massive shame

Woodbank:

1. Woodbank is a large area and would require more.
2. Woodbank centre is in the middle of two largely deprived areas / council property areas, that are Woodhill and Brandlesholme. 4 outreach workers is insufficient

Woodbank ,Daisyfield, Ramsbottom and Tottington hub

1. How can 4 outreach workers cover Daisyfield, Tottington, and Ramsbottom from Woodbank? as well as Woodbank itself.
2. 4 workers for the whole of Wood bank, Elton, Ramsbottom and Tottington is pitiful. What happens when someone goes off sick, maternity leave etc?this will massively reduce the number of families that can be reached. Breastfeeding support needs to be accessed as soon as possible for women. How will the outreach workers manage this effectively? The answer

is they can't.

3. The areas are large. How will an outreach worker get a family from Tottington or Ramsbottom to come to Woodbank for courses or whatever is planned? If families do not have a car it will be harder for them to get there both because of transport and confidence.
4. No Woodbank will cover a very large area - Walshaw, Lowercroft, Tottington, Holcombe Brook, Ramsbottom as well as Brandlesholme and Elton. So why the least amount of staff??

Butterstile:

1. Where is any provision for those in the Butterstile area of Prestwich?

Sedgley:

1. Sedgley/Prestwich has the largest number of under 5's in Bury, yet only 5 outreach workers.
2. Not at Sedgley, it borders Salford it needs to be in the middle of Prestwich so it's more accessible

Basses:

1. If the aim is safeguarding, Basses needs more as it covers the Victoria Estate and Mersey Drive. Also Redvales and Little Oaks seems high considering they cover two very close areas.

9. Do you agree that the correct approach to better reach the most vulnerable and deprived children is to provide outreach in their homes?

Comments:

Most people disagreed

6 Key themes emerged from this question-

Social Isolation – does not help to create a sense of community, far better to encourage families to attend groups and networks

Families not wanting visits in their home –would not be welcomed, could be judging, patronising and intimidating. New mums feel vulnerable enough.

Peer Support-Centre based services for everybody encourages integration, costs less, not necessarily needing a professional, provides much needed time-out, use of role modelling.

Universal Services – much needed support for new parents, without universal families needs will be escalated to higher levels, learning from one another

Identification of Targeted Families –vulnerability is not linked to IMD, some families will get missed, some people will not be able to speak in home due to other members of family.

Deprivation – if domestic abuse was the vulnerability this may increase if outreach was in the home, some people are vulnerable though not financially disadvantaged.

Other comments:

How will you know about families to be able to engage?

Some families will benefit from help in the home, but some families need to get support in centre

Some families will not engage in outreach, but may need support

10. We cannot retain how the service is currently delivered, do you have any alternative suggestions of how to meet the key objectives and still save costs?

Comments:

6 Key themes emerged from this question-

General comments – Continue universal provision, focus on outdoors, breastfeeding support, other buildings. Raise council tax. Centralise admin and management. Combination, retain half and develop half new.

Income generation –Reduce hours, private providers to run cafes, open building to public for hire, hold more activities and charge.

Charges –Charge health staff, promote health visiting clinic and charge, consider sponsorship from private enterprise, seek funding from other sources, open more in evenings and charge

Increase Payment of services- parents fund more; introduce minimal fees, donation boxes.

Sessions ran by volunteers –train parents as volunteers, allow parents to run courses, increase volunteers

Coordinated Services- improve co-ordination of current services e.g. weigh-ins at same time as GP session, combine with nursery provision where possible, work in partnership with colleges, use of other buildings

Other comments:

More people benefit when they feel the centre is local to them

Saving money in other areas of the council

Frontline services should not be cut

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			Besses	
			1	2
Q1	Rank in order of importance 1 being highest	Improved health for under 5's	1	3
		Effective early intervention in safeguarding	3	1
		Improved school readiness for under 5's	2	2
		Improvements in families' economic prospects	0	0
			Besses	
			1	2
Q2	Rank in order of importance 1 being highest	The Index of Multiple Deprivation (IMD) rankings	2	2
		Areas with highest health risks	0	2
		Number of under 5's	4	2
		Areas with least number of school ready children	0	2

			Township area	
			Besses	Bury East
Do you agree that the appropriate way to make cost savings is to de-designate the 8 centres and reduce to one hub per area plus a spoke in Bury?	Q3	Strongly agree	0	1
		Agree	0	1
		Neither agree nor disagree	4	5
		Disagree	2	2
		Strongly disagree	4	6
		Total	10	15

			Township area	
			Besses	Bury East
Do you agree that the correct centres have been chosen as hubs?	Q4	Strongly agree	0	2
		Agree	1	2
		Neither agree nor disagree	5	5
		Disagree	3	2
		Strongly disagree	1	4
		Total	10	15

			Township area	
			Besses	Bury East
Do you agree with the proposals to convert sites to provide free nursery places?	Q5	Strongly agree	0	1
		Agree	2	2
		Neither agree nor disagree	4	3
		Disagree	3	4
		Strongly disagree	1	5
		Total	10	15

			Township area	
			Besses	Bury East
Do you agree that the proposed sites to be converted to nursery provision are the most suitable?	Q6	Strongly agree	0	1
		Agree	1	1
		Neither agree nor disagree	5	8
		Disagree	4	3

		Strongly disagree	0	2
		Total	10	15

Township area

		<i>Township area</i>		
		Besses	Bury East	
will have a Manager, a Programme Support Worker, an Administrator and a specified number of Outreach Workers. Do you agree with the proposed staffing model?	Q7	Strongly agree	0	0
		Agree	0	3
		Neither agree nor disagree	5	7
		Disagree	2	2
		Strongly disagree	3	3
	Total	10	15	

Township area

		<i>Township area</i>		
		Besses	Bury East	
Do you agree with the proposed allocation of Outreach Workers?	Q8	Strongly agree	0	0
		Agree	2	1
		Neither agree nor disagree	5	7
		Disagree	2	6
		Strongly disagree	1	1
	Total	10	15	

Township area

		<i>Township area</i>		
		Besses	Bury East	
Do you agree that the correct approach to better reach the most vulnerable and deprived children is to provide outreach in their homes?	Q9	Strongly agree	1	1
		Agree	0	5
		Neither agree nor disagree	5	5
		Disagree	3	2
		Strongly disagree	1	2
	Total	10	15	

Township area

		<i>Township area</i>		
		Besses	Bury East	
Do you have any other comments you wish to make?	Q10	Yes	3	10
		No	6	5
		Not sure	1	0
		Total	10	15

Township area							
Bury East		Bury East				Bury West	
3	4	1	2	3	4	1	2
2	0	3	5	2	0	3	1
0	2	6	1	3	0	1	3
2	0	0	4	1	5	2	1
2	4	1	0	4	5	0	1

Bury East		Bury East				Bury West	
3	4	1	2	3	4	1	2
0	2	1	5	1	2	1	2
0	0	4	4	4	4	2	1
0	4	4	1	4	0	2	3
0	0	0	0	2	7	1	0

Bury West	Prestwich	Radcliffe	Ramsbottom & Tottington	Unknown	Total	Percentage
0	2	1	0	1	5	1.40%
1	2	0	0	5	9	2.53%
1	6	1	2	123	142	39.89%
1	4	1	4	27	41	11.52%
4	28	3	9	105	159	44.66%
7	42	6	15	261	356	

Bury West	Prestwich	Radcliffe	Ramsbottom & Tottington	Unknown	Total	Percentage
0	1	0	2	3	8	2.24%
2	1	0	0	9	15	4.20%
2	19	2	2	177	212	59.38%
1	5	2	5	15	33	9.24%
2	16	2	6	58	89	24.93%
7	42	6	15	262	357	

Bury West	Prestwich	Radcliffe	Ramsbottom & Tottington	Unknown	Total	Percentage
1	1	1	0	2	6	1.69%
0	4	1	2	12	23	6.46%
5	11	2	3	138	166	46.63%
0	4	1	4	31	47	13.20%
1	21	1	6	79	114	32.02%
7	41	6	15	262	356	

Bury West	Prestwich	Radcliffe	Ramsbottom & Tottington	Unknown	Total	Percentage
0	1	0	0	1	3	0.84%
1	1	0	0	10	14	3.93%
4	13	3	10	180	223	62.64%
1	9	1	2	19	39	10.96%

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1	17	2	3	52	77	21.63%
7	41	6	15	262	356	

Bury West	Prestwich	Radcliffe	Ramsbottom & Tottington	Unknown	Total	Percentage
1	2	0	0	4	7	1.97%
1	4	1	0	22	31	8.71%
2	15	5	5	166	205	57.58%
1	4	0	7	23	39	10.96%
2	16	0	3	47	74	20.79%
7	41	6	15	262	356	

Bury West	Prestwich	Radcliffe	Ramsbottom & Tottington	Unknown	Total	Percentage
0	0	0	1	0	1	0.28%
3	2	1	0	14	23	6.48%
1	18	4	5	180	220	61.97%
0	6	0	4	18	36	10.14%
3	14	1	5	50	75	21.13%
7	40	6	15	262	355	

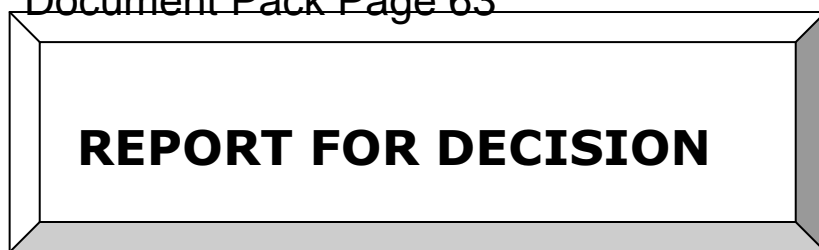
Bury West	Prestwich	Radcliffe	Ramsbottom & Tottington	Unknown	Total	Percentage
1	3	0	0	11	17	4.78%
1	4	1	2	31	44	12.36%
1	18	3	5	147	184	51.69%
1	4	1	3	21	35	9.83%
3	12	1	5	52	76	21.35%
7	41	6	15	262	356	

Bury West	Prestwich	Radcliffe	Ramsbottom & Tottington	Unknown	Total	Percentage
4	25	3	14	103	162	45.38%
2	13	3	1	156	186	52.10%
1	4	0	0	3	9	2.52%
7	42	6	15	262	357	

		Prestwich				Ramsbottom & Tottingt		
3	4	1	2	3	4	1	2	3
1	1	10	12	2	1	3	8	2
1	1	12	5	8	0	0	0	0
3	0	4	6	11	6	0	0	0
1	4	1	2	4	18	0	0	0
		Prestwich				Ramsbottom & Tottingt		
3	4	1	2	3	4	1	2	3
0	3	8	1	6	8	3	1	3
3	0	9	9	3	4	3	3	3
1	0	5	7	6	4	7	4	2
2	3	2	5	7	8	0	5	5

on	Radcliffe				Unknown			
4	1	2	3	4	1	2	3	4
1	2	2	0	1	57	50	26	6
0	2	0	1	1	51	41	37	10
0	1	2	1	1	24	26	40	49
0	0	1	2	1	7	22	36	74
on	Radcliffe				Unknown			
4	1	2	3	4	1	2	3	4
6	1	3	0	0	34	34	34	34
4	2	0	2	0	22	58	44	10
0	0	1	2	1	70	18	25	21
3	1	0	0	3	10	24	31	70

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DECISION OF:	CABINET
DATE:	21 January 2015
SUBJECT:	Future Service Options for Social Care Provider Services
REPORT FROM:	Cllr Rishi Shori, Deputy Leader of the Council and Cabinet Member for Health and Wellbeing
CONTACT OFFICER:	Kat Sowden, Head of Workforce Modernisation 0161 253 5406 k.e.sowden@bury.gov.uk
TYPE OF DECISION:	KEY DECISION
FREEDOM OF INFORMATION/STATUS:	In the public domain
SUMMARY:	<p>The report provides an update following an earlier decision from Cabinet (1 October 2014) to develop a business plan for an alternative delivery model for a group of in-house adult social care services.</p> <p>Work undertaken to date has resulted in a proposed vision for the new organisation which has been shared with a range of stakeholders for their input. Detailed consideration has been given to the type of alternative delivery model most appropriate to Bury and it is recommended the Local Authority Trading Company is the preferred option.</p> <p>The report recommends an in principle decision to establish a Local Authority Trading Company for these services. This is subject to a further report based on the full and detailed business plan being presented to a future Cabinet for final sign off 8 April 2015.</p> <p>The Council will continue to fulfil its duties to safeguard those who are most vulnerable whilst targeting the resources the Council will have available from 2015/16 onwards.</p>

<p>OPTIONS & RECOMMENDED OPTION</p>	<p>1. Develop a detailed business plan for development of a Local Authority Trading Company The services would be developed into a new organisation wholly owned by the Council but separate to it. Customers and staff would transfer into this new organisation.</p> <p>2. Do Nothing Savings would not be achieved and would have to be met elsewhere within the Council. Alternatively the options of closure or privatisation considered and dismissed 1 October 2014 would need to be re-considered.</p> <p><u>Recommended Option</u></p> <p>1. Option 1 Develop a detailed business plan for development of a Local Authority Trading Company</p>
<p>IMPLICATIONS:</p>	
<p>Corporate Aims/Policy Framework:</p>	<p>Do the proposals accord with the Policy Framework? Yes</p>
<p>Statement by the S151 Officer: Financial Implications and Risk Considerations:</p>	<p>The services in question have already experienced significant cuts, and more will be required in 2015/16 and beyond.</p> <p>Benchmarking has highlighted that the costs of the service are high compared to other providers.</p> <p>Maintaining the current service design is not financially sustainable going forward, and the service will be unlikely to adapt to meet the increasing demands of customers.</p> <p>A range of different delivery options have been considered, balancing financial return with staff and customer impact. Another important factor is the extent to which the Council can continue to influence and control provision / standard of services going forward.</p> <p>As a result of this option appraisal, the "Local Authority Trading Company" is the preferred option.</p> <p>It should be noted that this option will incur</p>

	<p>one-off start-up costs; which would have attracted external funding (Cabinet Office) under the Public Service Mutual model.</p> <p>These costs are currently being determined through a procurement exercise, and will be funded from reserves on an “invest to save” basis.</p>
<p>Health and Safety Implications</p>	<p>The recommendation does not present any health and safety issues in respect of physical demands. Health and safety matters would continue to be managed in the same way as currently within the services concerned.</p>
<p>Statement by Executive Director of Resources and Regulation (including Health and Safety Implications)</p>	<p>Wider resource implications e.g. Procurement, IT, Staffing and Property considerations will be addressed in the development of the Business Plan for the preferred option.</p>
<p>Equality/Diversity implications:</p>	<p>Yes (see paragraph below)</p>
<p>Considered by Monitoring Officer:</p>	<p>Yes JH</p> <p>The power to establish a Local Authority Trading Company derives from The Local Government (Best Value Authorities) Power to Trade Order 2009 (the ‘Trading Order’) which was made under sections 95 and 96 of the Local Government Act 2003. Under this Order the Council is authorised to do anything which it is authorised to do for the purpose of carrying on any of its ordinary functions but on a commercial basis. The Council must recover the costs of any accommodation, goods, services etc that it supplies to the Company.</p> <p>The Trading Order also provides that a business case be prepared before the Council can exercise this trading power. This will be a “comprehensive statement” as to—</p> <ul style="list-style-type: none"> (a) the objectives of the business, (b) the investment and other resources required to achieve those objectives, (c) any risks the business might face and how significant these risks are, and (d) the expected financial results of the business; together with any other relevant outcomes that the business is expected to achieve. <p>With the establishment of a Local Authority Trading Company, a new legal entity is created under the Council’s ownership, but with the ability to trade. This is different to only charging for our services, in that charging is limited to recovery of the cost of</p>

	<p>providing those services, while trading can be at a profit. Under the legislative framework, trading is only exercisable through a company.</p> <p>The most appropriate structure and mandate for the Company will be developed according to the business case. It is anticipated that this will ensure that the Company benefits from the exemption from public procurement law (referred to in paragraph 4 of the report).</p> <p>All decisions regarding business development and any consideration of commercial opportunities would be a matter for the Board of the new LATC, as would the day to day operation of the Company.</p> <p>Implementation of its internal procedures would rest with Directors, as would be detailed in the Company's Articles of Association. The Council as shareholder/sole member would be required to approve any decisions which would have an effect on its rights.</p>
Wards Affected:	All
Scrutiny Interest:	

TRACKING/PROCESS

DIRECTOR:

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
Scrutiny Committee	Cabinet/Committee	Council	

1.0 Background

The Services

- 1.1 This report is concerned with a group of adult social care provider services currently delivered in-house. The services concerned are Short Stay (Elmhurst and Spurr House), Shared Lives, Supported Accommodation (Community based), Day Services for Older People (Grundy, Pinfold), Day Services for Physical Disability (ReStart at Castle Leisure), and Day Services for Learning Disabilities (various community bases).
- 1.2 The budget for the services concerned was £12.4 million gross in 2014/15.

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- 1.3 The majority of this budget funds the 286 FTE staff (approx 400 people) who work in these services.
- 1.4 108 customers are supported by Supported Accommodation 22 customers are supported by Shared Lives, and 192 customers are supported in Learning Disability and Physical Disability Day Services. There are 75 places per day at Grundy Day Centre, 40 customers per day at Pinfold Lane Day Centre, and 58 beds available per night in short stay. The older people's day service and short stay are accessed by a large number of customers on a flexible basis at around 80% occupancy or more dependent on the service area and seasonal variations.

Why things can't stay the same

- 1.5 Savings achieved by these services in the past 3 years equate to more than £1.4 million. A further £450k reduction is targeted to be achieved in 2014/15.
- 1.6 The Council is required to reduce cost by £16 million in 2015/16 with potential for similar levels of cuts thereafter.
- 1.7 The services concerned within this report are targeted to achieve a saving of £1.2m in 2015/16.
- 1.8 Despite the reductions achieved over recent years the in-house services are still provided at significantly greater cost than external providers. Work undertaken around establishing unit costs for the services in 2013/14 has indicated that external providers are on average 60% of the cost of equivalent in-house services.
- 1.9 The level of saving that would be required in 2015/16 could not be achieved without making a significant change to the service. As the majority of the budget is allocated to staffing this would mean a reduction in staff. However, customers still need to receive a service and there is no capacity to deliver the service with reduced staffing. Therefore if the saving was to be achieved in this way it would mean that to achieve £1.2m of savings there would have to be an assumption of £720k costs of the care being provided by a different provider (60% assumption for external provision). Therefore the full saving required would be approximately £1.92m which on an average salary of £15k equates to 128 job losses (32% of the workforce in this area). The savings achieved would need to be further offset by one off costs of redundancy or alternatively if staff transferred under TUPE to a new care provider for example, this may impact the contract price increasing costs further.
- 1.10 Demand for social care is rising due to demographic and lifestyle pressures and this means that budget allocated for social care services not only needs to reduce to enable Council budget pressures to be met, it also needs to be able to accommodate increased demand.

Previous reports to Cabinet

- 1.11 A report was considered by Cabinet on 16 July 2014 which outlined three options for the future of these services; Closure of some services; Externalisation of services; Developing an Alternative Delivery Model. The report made a series of recommendations:
 - i. Proceed to seek staff and employee representatives' views on all of the possible options

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- ii. Proceed to consult with customers, carers and families on all of the possible options
 - iii. Identify any potential external funding that could be relevant
 - iv. Undertake further work including identifying issues in relation to legal form, governance and procurement
 - v. Establish a project board to oversee the work undertaken
 - vi. Endorse the proposed approach and project milestones
- 1.12 A report was considered by Cabinet 1 October 2014 which reported back on staff and customer/family feedback on the three options and the work that had taken place to date in respect of the project. The report made the following recommendations:
- i. To confirm the Option 3 Development of an Alternative Delivery Model as the preferred option.
 - ii. To agree to the next phase of work to establish the business plan for the potential new organisation and the form to be taken to deliver this.
 - iii. To continue to involve, engage and consult with stakeholders in respect of development of the model.
 - iv. To continue to engage with the Cabinet Office Mutual Support Program in respect of support available to proceed with Option 3.

2.0 Work completed in this phase

- 2.1 The Project Team have continued to progress work and have undertaken independent research and taken technical advice on a number of areas relevant to the business plan including assets, state aid, pensions, VAT, Procurement and workforce.
- 2.2 A Business Plan format has been developed and agreed to include the following:
- Vision and Purpose
 - Market Analysis
 - Services Proposed to be delivered
 - Operating Model
 - Resources and Assets
 - Financial Plan
 - Quality
 - Risk
- 2.3 Work has commenced on all areas of the business plan. More detailed work has been undertaken on the Vision and Purpose and the Operating Model sections as the decisions made in these areas influence the other aspects of the business plan.
- 2.4 A group of elected members have acted as a reference group in respect of the work undertaken on the vision and purpose and operating model, helping to shape the recommendations of this report.
- 2.5 A series of staff and customer drop-ins have taken place as well as a number of road shows. These have allowed stakeholders to raise questions and queries with the project team and to learn more about the progress of the business plan. This has included sharing the proposed vision and purpose with them and seeking their views in respect of operating models which provide greater levels of staff involvement.

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- 2.6 Officers have engaged in training provided by The Cabinet Office in order to develop greater understanding in respect of business planning processes and approaches, increase opportunities to network and learn from others who are following the same path or have already created successful alternative delivery models, and to maximise the opportunity of securing funding for later stages of the project.
- 2.7 Unison have provided a response outlining their observations about the process being followed, as well as raising a number of queries about how the Public Service Mutual option and the Local Authority Traded Company option could/would impact on the workforce. This has been responded to in writing.

3.0 Vision and Purpose

- 3.1 The Vision and Purpose has been developed in conjunction with Members, Senior Officers, Commissioners, customers, and staff. It is based on information in respect of the social care market in Bury, the demographics of the Borough and projections for how these may change in future years, customer/carer feedback, and evidence of what works well elsewhere.
- 3.2 The vision is for the organisation to have a number of principles at its heart:
 - Staying Well - taking a holistic approach to the person being supported to consider all areas of their life and where signposting or support outside of traditional social care areas may benefit health and wellbeing.
 - Whole Family – seeing the person being supported in the context of their natural network i.e. family and carers, in order to identify solutions which meet needs most effectively.
 - Enablement – maximising people’s ability to be as independent as possible.
 - Personalisation – being flexible and responsive to enable people to live the life they choose and to structure any support to allow this rather than people fitting in to what is on offer.
 - Quality – maintaining a focus on quality services and our good reputation.
 - Healthy Lifestyles – embedding healthy lifestyles into the ethos and culture of the services we provide and the staff we employ. Maximising the opportunity that we have to influence people to make healthy lifestyle choices such as physical activity, eating well and mental stimulation which are key to early intervention and prevention.
- 3.3 In addition to the services currently provided the vision for the organisation is to provide added value to the Council. The vision is proposed to achieve this by reducing dependency, working with people to have healthier lifestyles which keep them well for longer, providing additional services such as carer support and extra day care opportunities. In addition, the organisation would propose to provide support to a wider group than currently enabling direct payment recipients and people who self fund to access support who are not eligible under Fair Access to Care Services (FACS) criteria. This enables work to be undertaken at the early intervention and prevention stage which should impact by reducing the number of people who become dependent on social care and health services over time.
- 3.4 Beyond the substantive contract with the Council it is proposed that the organisation should seek to secure contracts with other commissioners

including personal budget holders and self funders. This could be on existing services or through the development of new services designed to tackle gaps within the market.

4.0 Operating Model

- 4.1 Significant research has been undertaken in order to understand the differences, advantages and risks of both a Public Service Mutual (PSM) and Local Authority Trading Company (LATCo) model. In addition to desk top research and professional advice, information has been obtained via training sessions, from Unison and presentations by organisations which operate in both formats.
- 4.2 The outcome from this work was to identify the Local Authority Trading Company model as the most appropriate model for Bury. If this recommendation is accepted the intention would be to establish the organisation under the 'Teckal exemption'. This means that subject to specific criteria the organisation can be awarded the contract to carry out the services without a procurement exercise, removing the risk of privatisation which may have resulted from such an approach.
- 4.3 'Teckal' refers to a piece of European Union case law allowing Councils to transfer services into external entities over which the Council retains the power of decisive influence and then award council contracts to the "Teckal" entity, without having to follow competitive tendering rules and procedures. To qualify for "Teckal exemption", the Company has to carry out the essential part of the activities with Bury Council. The LATCo will only fall within the Teckal exemption where it meets both the "Control" and "Function Tests." This is achieved by the Council wholly owning the organisation, having this reflected in the governance structure, and at least 80% of the organisation's activity must be for the Council. The LATCo will be able to trade in the open market and charge for certain services that currently in-house provider services cannot do. This ability will allow the LATCo to market and sell its services to customers including self directed support direct payment holders (which at present the law prevents local authorities to do so) and self funders. The LATCo will also be able to sell services to other commissioners. Whilst the Council will have 100% ownership, the LATCo will have an Executive Board who will have a legal responsibility to act in the best interest of the organisation.

5.0 Stakeholder Engagement

- 5.1 29 drop in sessions were provided to staff and customers to give them information on the progress of the project and to answer their questions and queries. These have been available across a variety of venues.
- 5.2 In November 2014 a series of 4 customer road shows and 8 staff road shows took place to provide further information and share the work to date on the business plan. In particular these focussed on the proposed vision and purpose of the organisation and the different operating models.
- 5.3 Attendance at customer sessions was minimal compared to those sessions run in July/August 2014. Indications are that this is because customers and carers are satisfied with the decision of Cabinet 1 October 2014 not to recommend privatisation or closure, and are receiving satisfactory information on an ongoing basis regarding this project.

- 5.4 126 staff attended the road show sessions. The majority of staff were positive about the concept of alternative delivery and the proposed vision and purpose of the organisation. When asked to indicate their views on models which included staff involvement and ownership 116 people responded to the question and 77% of these were supportive of finding out more about models which provided greater staff involvement/ownership.
- 5.5 Unison have been engaged in sessions to develop the vision and purpose and the operating model. They have also been in attendance at staff road shows. They have provided a response to the proposals outlining a number of issues and queries. A response to this has been provided and a number of the issues identified will be considered in the next phase of work.

6.0 Equality and Diversity

- 6.1 The equality analysis identifies that in respect of customers, people with disabilities, older people and carers are groups which would be affected by changes within these services. In addition, for older people's short stay female customers are significantly higher than males. There is no difference in impact between Local Authority Trading Company models as compared to a Public Service Mutual. Both may involve some short term disruption but in the longer term should be positive for customers as a result of creating a more sustainable solution for service delivery which is specifically aimed at supporting people in these groups.
- 6.2 The equality analysis in respect of staff identified that the workforce in this areas has a significantly higher number of females than males. Figures are similar to that of the Council as a whole. Overall alternative delivery may be unsettling for staff but it avoids large scale redundancy and should be a more sustainable option in terms of retention of employment. It may pose a greater risk in respect of Equal Pay as the new organisation would be deemed an 'associated employer'. There is no difference in impact between a Local Authority Trading Company as compared to a Public Service Mutual.

7.0 Risk

- 7.1 Neither a Public Service Mutual or a Local Authority Trading Company model are without risk. In recommending the Local Authority Trading Company model as the way forward, the risks which are specific to that option can now be more clearly considered. These include:

7.1.1 Inability to attract social investment

Investigation into social investment options indicates that investors are unlikely to engage with a model where the organisation is wholly owned by the Council. Social investors would ordinarily be attracted to staff ownership models or models where they could see a dividend return. Therefore the financial plan must be constructed without any assumption of social investment. Any one off monies required to balance the financial plan would have to be sought from the Council in the first instance.

7.1.2 Inability to attract one off funding to support transition to the new organisation

The Cabinet Office Mutual Support Program provides support to help public sector organisations create alternative delivery models. This

support is procured by Cabinet office and can reduce the amount that the Council would have needed to commit to enabling transition. However, Cabinet Office will only provide support to implement Public Service Mutual models. Support will still be required to implement a Local Authority Traded Company model but this will need to be fully funded by the Council and procurement completed for an appropriate organisation/organisations to undertake this support as soon as possible.

7.1.3 *Inability to realise benefits in productivity attributable to staff ownership models*

The initial business case financial plan had assumed some productivity improvements as a result of improved attendance which are evidenced in public service mutuals. This same improvement is not evidenced in Local Authority Traded Company models so the financial plan should remove this assumption.

7.2 There are risks in terms of timescales for further work. Budget pressures mean that a solution needs to be implemented as close to 1 April 2015 as possible. However, this needs to be balanced with the need to meaningfully engage and communicate with stakeholders and to develop a robust business and transition plan. It is likely that transition to a new organisation is more realistically achievable by 1 October 2015. This delay could impact on achievement of savings.

7.3 Initial work on the financial plan indicates significant expenditure in relation to support services, both departmental and corporate. In order to finalise the detail of the financial plan an agreed way forward in respect of support services will need to be found.

7.4 There are interim staffing arrangements in place to support the work of this project. If work is to progress to the next phase, this will require dedicated leadership and support. It would be proposed that this is achieved by:

- Secondment of the Head of Workforce Modernisation (CWB) to lead this project with the intention of permanent appointment to the new organisation if full sign off is given at a later date
- Secondment of the Head of HR (DCN) to backfill Head of Workforce Modernisation for the duration of secondment with the intention of permanent appointment to the this role if it becomes vacant at a later date
- Extension of Interim Head of Service and Project Officer until 30 September 2015

8.0 Project Plan and Milestones

8.1 The overall project milestone has been amended as follows:

Phase 3: 15 January 2015 – 8 April 2015

- Appointment of an organisation(s) to provide support in developing the detailed business plan
- Development of detailed business plan with key stakeholders
- Development of Cabinet report for final sign off business plan 8 April 2015
- Regular communication with stakeholders

Phase 4: 9 April 2015 – 30 September 2015

Document Pack Page 73

- Project management and transitional arrangements for implementation
- Shadow operation
- Regular communication with stakeholders and progress reports

Phase 5: 1 October 2015

- Go-Live
- Post launch review

9.0 Conclusion

- 9.1 The work undertaken in Phase 2 of this project has produced a proposed vision and purpose for the organisation and identified the Local Authority Trading Company model as the preferred option for delivery.
- 9.2 If these outcomes are accepted then further work will be required to develop the detail of the business plan in light of these initial decisions.

10.0 Recommendations

- 10.1 To confirm the vision and purpose of the proposed organisation.
- 10.2 To confirm the preferred option as Local Authority Trading Company model.
- 10.3 To approve the next phase of work including procurement of support to develop the business plan and implementation of the interim staffing arrangements as outlined in 7.4.
- 10.4 To approve the timescales for the next phases of work including the proposal for final sign off at Cabinet 8 April 2015.

List of Background Papers:-

Contact Details:-

Kat Sowden, Head of Workforce Modernisation
Department for Communities and Wellbeing
0161 253 5406
k.e.sowden@bury.gov.uk



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Equality Analysis Form

The following questions will document the effect of your service or proposed policy, procedure, working practice, strategy or decision (hereafter referred to as 'policy') on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty.

1. RESPONSIBILITY

Department	Communities and Wellbeing	
Service	Workforce Modernisation	
Proposed policy	Future Service Options for Social Care Provider Services – LATCO preferred alternative delivery model	
Date	14 January 2015	
Officer responsible for the 'policy' and for completing the equality analysis	Name	Kat Sowden
	Post Title	Head of Workforce Modernisation
	Contact Number	0161 253 5406
	Signature	
	Date	16/12/14
Equality officer consulted	Name	Mary Wood
	Post Title	Principal Officer - Equalities
	Contact Number	0161 253 6795
	Signature	 1/2015
	Date	5 th January 2015

2. AIMS

What is the purpose of the policy/service and what is it intended to achieve?	<p>The services concerned provide social care support to vulnerable adults within Bury and comprise Supported Accommodation, Learning Disability, Physical Disability and Older People Day Services, Short Stay and Shared Lives operating from a variety of bases around the borough. The purpose is to ensure that they are supported to maximise their life opportunities and independence and to maintain health and wellbeing.</p> <p>These services are used in the main by people with physical and/or learning disabilities and older people.</p> <p>The services in question have already experienced significant cuts, and more will be required in 2015/16 and beyond. Benchmarking has highlighted that the costs of the service are high compared to other providers.</p> <p>Maintaining the current service design is not financially</p>
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	<p>sustainable going forward, and the service will be unlikely to adapt to meet the current and future demands of customers within the existing structures.</p> <p>A range of different delivery options have been considered, balancing financial return with staff, customer impact and the extent to which the Council can continue to influence and control provision / standard of services going forward.</p> <p>Following Cabinet approval to undertake an option appraisal, work has taken place to get the views of staff and stakeholders, and evaluate options in a number of key areas, e.g. Finance, Property, Procurement.</p> <p>This work was concluded and recommended that the alternative delivery model option was the preferred option. This was approved by Cabinet in October 2014.</p> <p>Significant additional work and further consultation has taken place to determine the form this should take and it is recommended that the operating model is a Local Authority Trading Company and that a full business plan is developed for approval by cabinet in April 2015.</p> <p>This equality analysis relates to the recommendation to proceed to the next phase of developing an alternative delivery model and is required to inform the Cabinet decision making by demonstrating the equality characteristics of customers and staff and the impact the development of a Local Authority Traded Company may have on equality.</p> <p>In order to inform the equality analysis staff and customer profiles have been considered and engagement with staff and customers was undertaken during July / August / November 2014.</p> <p>In addition 29 customer/carer/staff drop-ins have taken place to answer questions and queries during October and November 2014. These raised no further issues than those previously identified once any concerns about continuity of care had been allayed.</p> <p>This equality analysis deals solely with the impact in respect of provider services, however it is recognised that the development of a Local Authority Trading Company may have an impact on support services in the department and Council but it is not possible to identify this at this stage. This will be dealt with more fully in a later analysis.</p>
<p>Who are the main stakeholders?</p>	<p>Customers of provider services Families</p>

	<p>Carers Staff Dept of Communities & Wellbeing Councillors Unison Support Services</p>
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3. ESTABLISHING RELEVANCE TO EQUALITY

3a. Using the drop down lists below, please advise whether the policy/service has either a positive or negative effect on any groups of people with protected equality characteristics.

If you answer yes to any question, please also explain why and how that group of people will be affected.

Protected equality characteristic	Positive effect (Yes/No)	Negative effect (Yes/No)	Explanation
Race	No	No	
Disability	Yes	Yes	<p>The majority of customers supported in these service areas have a learning and/or physical disability or sensory impairment. Depending on the governance for the proposed LATCO it could be perceived as positive as some models can provide the opportunity for more involvement in the operation of the organisation by customers. Also the new service may be able to offer new and more flexible services to customers and would be working towards being delivered at a more affordable price. In addition, the services would be more sustainable offering better security to customers in the future. Under this option customers would benefit from the familiarity and continuity of staff they know and trust</p> <p>Setting up a LATCO may be concerning to some people as it is something which they are not familiar with and therefore seems uncertain and risky. The majority of customers and their carers have expressed their satisfaction with the current service they receive and are therefore likely to find this detrimental. However, ongoing feedback from customers and carers indicates that they are comfortable with the information being provided to them and the proposed vision for the new organisation.</p>
Gender	Yes	Yes	<p><i>This impact relates to staff rather than customers. Within this area the majority of the workforce is female. Proportions range from 70% to 88% females within all teams. This is similar to the Council as a whole. This option would maintain employment for staff as they would transfer to the new model and is anticipated to be more sustainable in the future. Depending on the governance chosen for the LATCO there may be opportunities for staff to be involved in the operation of the organisation and development of new and flexible services.</i></p>

			<i>However development of a LATCO is perceived by some staff and trade unions as detrimental, despite the fact that TUPE would technically protect their terms and conditions of employment. This would affect more females than males due to the demographic makeup of the workforce. In addition, there could be an increased equal pay risk as the new organisation would be perceived as an 'associated employer'.</i>
Gender reassignment	No	No	
Age	Yes	yes	<p>Within the Older People's short stay, residential and day care the majority of customers are elderly. Depending on the governance of the LATCO it could be perceived as positive as some models can provide the opportunity for more involvement in the operation of the organisation by customers. Also the new service may be able to offer new and more flexible services to customers and would be working towards being delivered at a more affordable price. In addition, the services would be more sustainable offering better security to customers in the future. Under this option customers would benefit from the familiarity and continuity of staff they know and trust.</p> <p>Setting up a LATCO may be concerning to some people as it is something which they are not familiar with and therefore seems uncertain and risky. The majority of customers and their carers have expressed their satisfaction with the current service they receive and are therefore likely to find this detrimental.</p>
Sexual orientation	No	No	
Religion or belief	No	No	
Caring responsibilities	Yes	Yes	<p>Although the customer group concerned do not generally have caring responsibilities, many of them are supported by family and carers. Therefore people with caring responsibilities could be impacted as the purpose of many of these services is to provide respite and carer break which enables the carer to continue to provide support and to live their own life e.g. working etc. Depending on the governance of the LATCO it could be perceived as positive as some models can provide the opportunity for more involvement in the operation of the organisation by customers. Also the new service may be able to offer new and</p>

			<p>more flexible services to customers and would be working towards being delivered at a more affordable price. In addition, the services would be more sustainable offering better security to customers in the future.</p> <p>Setting up a LATCO may be concerning to some people as it is something which they are not familiar with and therefore seems uncertain and risky. The majority of customers and their carers have expressed their satisfaction with the current service they receive and are therefore likely to find this detrimental.</p>
Pregnancy or maternity	No	No	
Marriage or civil partnership	No	No	

3b. Using the drop down lists below, please advise whether or not our policy/service has relevance to the Public Sector Equality Duty.

If you answer yes to any question, please explain why.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for the relevance
Need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	No	
Need to advance equality of opportunity between people who share a protected characteristic and those who do not (eg. by removing or minimising disadvantages or meeting needs)	Yes	People with protected characteristics are supported to maximise their life opportunities and independence and maintain their health and wellbeing. The proposed vision for the LATCO focuses on maximising opportunities for people with disabilities, older people and carers, developing new and more flexible services and encouraging improved wellbeing and increased independence.
Need to foster good relations between people who share a protected characteristic and those who do not (eg. by tackling prejudice or promoting understanding)	No	

If you answered 'YES' to any of the questions in 3a and 3b

Go straight to Question 4

If you answered 'NO' to all of the questions in 3a and 3b

Go to Question 3c and do not answer questions 4-6

3c. If you have answered 'No' to all the questions in 3a and 3b please explain why you feel that your policy/service has no relevance to equality.

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4. EQUALITY INFORMATION AND ENGAGEMENT

4a. For a service plan, please list what equality information you currently have available, **OR** for a new/changed policy or practice please list what equality information you considered and engagement you have carried out in relation to it.

Please provide a link if the information is published on the web and advise when it was last updated?

(NB. Equality information can be both qualitative and quantitative. It includes knowledge of service users, satisfaction rates, compliments and complaints, the results of surveys or other engagement activities and should be broken down by equality characteristics where relevant.)

Details of the equality information or engagement	Internet link if published	Date last updated
Customer demographics		2013
Feedback from staff and customers – briefing packs and sessions conducted during July/August 2014		August 2014
Staff demographics		August 2014
Options Appraisal		
Case Studies of Alternative Delivery Models		
Feedback from road shows for staff and customers		November 2014

4b. Are there any information gaps, and if so how do you plan to tackle them?

Now that a preferred option has been identified specialist consultancy support can be arranged to reduce gaps in knowledge/expertise. Specific research into the LATCO model can now be undertaken.

5. CONCLUSIONS OF THE EQUALITY ANALYSIS

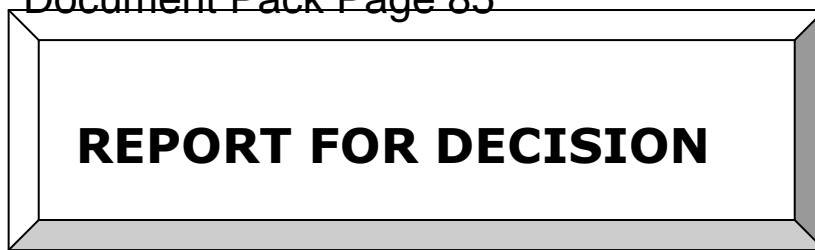
<p>What will the likely overall effect of your policy/service plan be on equality?</p>	<p>Positive – people with protected characteristics who use the services would have a more secure future in terms of the service they receive continuing and developing. Depending on how this is set up it could also give people who use services the opportunity to be more engaged in how the organisation operates and develops services.</p>
<p>If you identified any negative effects (see questions 3a) or discrimination what measures have you put in place to remove or mitigate them?</p>	<p>Much of the negative impact is centred around unfamiliarity with the LATCO model and the uncertainty and risks the change will involve. Mitigation of negative effects will be considered as part of the detailed work for the preferred option and will need to include good communication with and reassurance to customers.</p>
<p>Have you identified any further ways that you can advance equality of opportunity and/or foster good relations? If so, please give details.</p>	
<p>What steps do you intend to take now in respect of the implementation of your policy/service plan?</p>	<p>A report will be considered by Cabinet 14 January 2015 and will seek confirmation of LATCO as the preferred model. A detailed business plan will then be developed for presentation back to Cabinet 8 April 2015. If this is signed off then the organisation will move into shadow form and a transition period before formally going live.</p>

6. MONITORING AND REVIEW

If you intend to proceed with your policy/service plan, please detail what monitoring arrangements (if appropriate) you will put in place to monitor the ongoing effects. Please also state when the policy/service plan will be reviewed.

COPIES OF THIS EQUALITY ANALYSIS FORM SHOULD BE ATTACHED TO ANY REPORTS/SERVICE PLANS AND ALSO SENT TO THE EQUALITY INBOX (equality@bury.gov.uk) FOR PUBLICATION.

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DECISION OF:	Cabinet
DATE:	21 January 2015
SUBJECT:	Springs Tenant Management Organisation – Small Scale Voluntary Transfer Update
REPORT FROM:	Councillor Rishi Shori Deputy Leader of the Council and Cabinet Member Health and Wellbeing
CONTACT OFFICER:	Mike Owen Executive Director of Resources and Regulation Marcus Connor Corporate Policy Manager
TYPE OF DECISION:	COUNCIL (KEY DECISION)
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain.
SUMMARY:	<p>The Council and Springs TMC have been working together for a number of years to explore the viability of Springs becoming a standalone housing association through undertaking a small scale voluntary transfer. Progress on this project has been delayed over the years for a number of reasons; however, it is believed that this work is coming to a conclusion. The Council has provided Springs with details of debt to be included in their business model, allowing them to develop a thirty year business plan for the estate.</p> <p>This report provides Cabinet with progress on this project and requests Cabinet support for the continuation of this work which, if successful, will ultimately lead to Springs becoming an independent housing association.</p>

<p>OPTIONS & RECOMMENDED OPTION</p>	<p>The options for consideration are:</p> <p>Option 1 – Do nothing. This would prevent Springs Tenant Management Organisation fulfilling their ambitions to obtain full independence from the Council.</p> <p>Option 2 – Continue to support the work on the transfer proposals.</p> <p>Recommendation Option 2 is the recommended option as this will allow the continuation of a long-standing piece of work which would ultimately support Springs Tenant Management Organisation to become an independent housing association.</p>	
<p>IMPLICATIONS:</p>		
<p>Corporate Aims/Policy Framework:</p>	<p>Do the proposals accord with the Policy Framework? Yes</p>	
<p>Statement by the S151 Officer: Financial Implications and Risk Considerations:</p>	<p>Option 2 is the recommended option as this will allow further time to develop the proposals and mitigate risks for all concerned.</p> <p>Joint work will be undertaken to develop the "offer document" for residents.</p>	
<p>Health and Safety Implications</p>	<p>There are no implications in terms of Health, Safety and Welfare.</p>	
<p>Statement by Executive Director of Resources & Regulation</p>	<p>There are no additional resource implications at this stage of the process.</p>	<p>MO</p>
<p>Equality/Diversity implications:</p>	<p>Yes (see paragraph below)</p>	
<p>Considered by Monitoring Officer:</p>	<p>Yes Any transfer proposal is subject to existing legislation on stock transfers. The process, which is being followed, for taking forward transfer proposals, is set out in regulations and guidance.</p>	<p>JH</p>
<p>Wards Affected:</p>	<p>Specifically Redvales, although all Wards are potentially affected due to financial issues relating to the Housing Revenue Account</p>	
<p>Scrutiny Interest:</p>	<p>Overview and Scrutiny Committee</p>	

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
	15.01.15		
Scrutiny Committee	Cabinet/Committee	Council	
	21.01.15		

1.0 BACKGROUND

- 1.1 Springs Tenant Management Cooperative (TMC) was set up in 1996 as part of the then Government’s initiatives to empower tenants in the decision-making and management of the estates where they lived.
- 1.2 At the time, the estate was one of the more unpopular ones in the Borough, experiencing high levels arrears, voids and anti social behaviour. However, activists on the estate felt that they could make a difference to the lives of those living there if they were allowed more of a say in the way the estate was run.
- 1.3 Since taking responsibility for virtually all of the management responsibilities for the estate, the TMC has significantly increased performance in all areas; turning a once unpopular estate into one where people want to live.
- 1.4 When the TMC was established, it was their expressed intention to become a small, independent housing association by undertaking a small scale voluntary transfer. There are currently 313 properties managed by the TMC, the majority of these being flats.
- 1.5 Work has been progressing between the Council and the TMC, on and off, for most of the last eleven years, with completion of the project being delayed at various times for different, mainly external, reasons including clarification of the transfer rules; financial impact on the Housing Revenue Account (HRA) and on other Council tenants due to the subsidy system; and the need to develop a mutually acceptable and robust business plan for future management of the estate.
- 1.6 In recent years, the proposed model for the longer term future management of the estate has demonstrated that a transfer model and business case for the future management of the estate can be seen to be viable. However, this model is ‘fragile’ as it is susceptible to a number of external factors.
- 1.7 The national move from the HRA subsidy system to one where the local authority retains all of its rental income has also meant that the business plan for Springs has had to be amended, with the associated costs of the national debt redistribution now having to be taken into account.
- 1.8 Council officers have now calculated the level of debt attributable to the Springs properties. This information has been provided to advisors of the TMC, who will use this information to establish whether a financially sound business plan can be developed. If this requirement can be satisfied, the work associated with the proposed transfer can continue.

- 1.9 Subject to the TMC being able to develop their business plan, Council and Springs officers will work jointly to develop the 'Offer Document', which will inform the tenants of the Springs properties about how their estate will be run in the future. This work will culminate with a formal ballot of all the tenants of the estate. Support for the proposal will allow a final report to be brought to Cabinet to request approval of the transfer. Liaison with the Department for Communities and Local Government (DCLG) and the Homes and Communities Agency (HCA) will need to take place throughout this process, as they will have to recommend to the Secretary of State if the transfer can take place.

2.0 ISSUES

2.1 Risk Management (including Health and Safety)

- 2.1.1 The Council and Springs need to mitigate any financial risks to the either party, the tenants of the Springs properties, and Council tenants in general. This should be achieved through sound modelling and financial planning.

2.2 Equality and Diversity

- 2.2.1 There are no identified equality and diversity issues associated with this at this time.

3.0 CONCLUSION AND RECOMMENDATION

- 3.1 There are two options available to Cabinet, Option 1 – Do Nothing is not viable as this would prevent work on the transfer progressing and would negatively impact on the good relations developed between the Council and Springs TMC.
- 3.2 It is recommended that Cabinet approve Option 2, to continue to support the work on the transfer proposals as this will allow the continuation of long-standing piece of work which would ultimately support Springs Tenant Management Organisation to become an independent housing association.

List of Background Papers:-

None

Contact Details:-

Mike Owen
Executive Director for Resources and Regulation

Marcus Connor
Corporate Policy Manager



REPORT FOR DECISION



DECISION OF:	Cabinet
DATE:	21 January 2015
SUBJECT:	Health and Safety: Annual Report 2014
REPORT FROM:	Cabinet Member for Resources and Regulation
CONTACT OFFICER:	Mike Owen, Executive Director of Resources and Regulation
TYPE OF DECISION:	NON KEY DECISION
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	<p>The national health and wellbeing agenda, lead through the Department of Work and pensions, has been consolidated within 2 policies:</p> <ul style="list-style-type: none"> • Improving the health and safety system • Helping people to find and stay in work <p>Key health and safety arrangements that are currently under development within the Council include:</p> <ul style="list-style-type: none"> • Procurement and contract management • Delivery of the Council's health and safety auditing – review of pilot audits and roll out across departments • Asbestos management – local management plans <p>Key areas of progress include:</p> <ul style="list-style-type: none"> • Introduction of health, safety and welfare impacts to Strategic Leadership Team and Cabinet report templates • Introduction of Defibrillators in the Town Hall and at the Council's leisure Centres • Management of hand-arm vibration • Review and update of health and safety policy

	<p>Key indicators and trends:</p> <ul style="list-style-type: none"> • Several cases of Hand-Arm Vibration Syndrome were diagnosed during 2013/14 and 2014/15 • There is an increasing trend in the average number of days absence per full time equivalent employee • The Council’s rate of reportable major injuries appears to be higher than the national average, however this should be viewed in the context that the HSE has stated that it believes that less than 50% of reportable events are actually reported • Musculoskeletal and stress/mental health related absences account for the highest number of days lost to the Council • Nationally, musculoskeletal and stress/mental health account for the highest number of lost days relating to work related factors • The Council’s main accident incident reporting categories are slips, trips and falls, followed by incidents involving assaults, behavioural incidents, abuse and intimidation • Upward trends are apparent in both Employer and Public Liability insurance claims
<p>OPTIONS & RECOMMENDED OPTION</p>	<p>Cabinet is asked to:</p> <ol style="list-style-type: none"> 1. Note the contents of this report; 2. Endorse the Corporate Health and Safety Work Plan, which is attached as Appendix 2; 3. Note the departmental developments and plans that are attached as Appendix 4.
<p>IMPLICATIONS:</p>	
<p>Corporate Framework:</p>	<p>Aims/Policy</p> <p>Do the proposals accord with the Policy Framework? Yes</p>
<p>Statement by the S151 Officer: Financial Implications and Risk Considerations:</p>	<p>Failure to achieve appropriate health and safety management standards would leave the Council exposed to significant risks:</p> <ul style="list-style-type: none"> • There are significant financial risks • Legal - risk of enforcement action, prosecution and civil actions • Business continuity - loss of service, temporary service provisions • Health and safety of employees, service users and others • Damage to reputation <p>Effective Departmental Plans are essential to</p>

	mitigate these risks and control costs arising from insurance claims.
Health and Safety Implications	The actions identified through the report and associated action plans are designed to improve health, safety and welfare management arrangements and standards.
Statement by Executive Director of Resources & Regulation	There are no other specific resource implications arising from this report. The health and safety of staff, service users and the borough's residents should continue to be factored into service plans and into all key developments as a matter of good practice.
Equality/Diversity implications:	Yes No (see paragraph below)
Considered by Monitoring Officer:	Yes Comments
Wards Affected:	All
Scrutiny Interest:	Overview & Scrutiny Committee

TRACKING/PROCESS

DIRECTOR: MIKE OWEN

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
12 January 2015			
Scrutiny Committee	Cabinet/Committee	Council	
	21 January 2015		

1.0 BACKGROUND

1.1 Annual Health and Safety Reports provide a formal mechanism for:

- Monitoring and assessment of organisational performance;
- Recognising significant concerns and issues that impact on health and safety management and performance;
- On-going review of organisational arrangements, including health and safety policy;
- Adoption of organisational and departmental work plans and targets.

1.2 The Health and Safety Annual Report represents a core element of the Council's health and safety management system.

- 1.3 The system is designed to implement standards that are set out in the Management of Health and Safety at Work Regulations and Health and Safety Executive (HSE) guidance on organisational health and safety management. This national guidance has recently been reviewed and the updated version can be accessed through the following link:

<http://www.hse.gov.uk/managing/index.htm>

2.0 ISSUES

Construction (Design and Management) Regulations

- 2.1 The Construction (Design and Management) Regulations (CDM) are currently under review. The government is committed to a timetable of January 2015 for finalisation of changes, with implementation from April 2015. There will be a 6 month transition period for organisations to comply with the changes.
- 2.2 Review of CDM arrangements, guidance and the provision of briefings and other support to the relevant services will form a major project for the Central Health and Safety team during 2015. The work plan (attached as appendix 2) has been adapted to reflect this (see action point 22).
- 2.3 The Council will clearly hold CDM "Client" responsibilities for some projects, although the routes through which construction projects are commissioned may vary. The Council will need to ensure that all functions that may act in the capacity of "construction client" are aware of the CDM duties and comply with them.
- 2.4 Changes are anticipated to the coordination role within construction projects and the Council will need to review what internal and external resources and competencies will be required in light of this change.

National Health, Work and Well-being Agenda

- 2.5 The Department of Work and Pensions leads on the national agenda and has developed two Policies through which the resultant work streams are progressed:
- Helping people to find and stay in work
 - Improving the health and safety system
- 2.6 Further detail on these national policies, together with the HSE Strategy "Health and Safety of Great Britain: Be part of the solution" can be found in Appendix 1.

Priorities

- 2.7 The work plan (see Appendix 2, action point 18) covers issues that have been identified as priorities for the Council. These are:
- The health and safety management system

- Health and safety culture (at all levels)
- Construction
- Transport
- Contractors
- Fire
- Mental health problems
- Musculoskeletal injuries
- Waste management
- Robust local risk assessment processes

Schools – access to Council documents

- 2.8 The Council's health and safety document is made available to departments and services through the Council's intranet. However, not all of the borough's schools have access to the intranet. This means that different schools have different levels of access and that multiple systems are needed in order to provide key health and safety information.
- 2.9 In some cases, the Council is the employer within a school and as such has responsibility for health and safety management (albeit delegated in practice) and support. In other cases, there is a service level agreement with the school through which the Council provides support. The inconsistency in access to the intranet and the need for multiple arrangements provides a barrier to the delivery of health and safety services and support to schools.

Buildings

- 2.10 Some of the Council's building stock is reaching the end of its useful life without significant new investment. Such deterioration is likely to increase building related risks and places an increased maintenance liability on the Council.

3.0 PROGRESS

Health and safety impact assessments

- 3.1 Health and safety impact assessments have been added to the Cabinet and Strategic Leadership Team reporting arrangements. This will assist in ensuring that strategic decisions are taken from an informed position. The arrangements also provide opportunities for consideration to be given to any actions that may be necessary to mitigate any potentially negative impacts.

Defibrillators

- 3.2 Agreements have been made between the Council and the North West Ambulance Service (NWAS) for defibrillators to be sited at the Town Hall and the Council's four main leisure centres. Although survival rates following Cardiac Arrest are largely influenced by the speed of the support offered to the sufferer, they increase dramatically for cases where the support includes the use of a defibrillator. Generally, the nominal survival

rate is considered to be 5% for sufferers who receive CPR alone, this increases to 50% where the support also involves use of a defibrillator.

- 3.3 NWAS maintains a log of sites where they have installed defibrillators and part of the agreement is that they will be available for anyone in close proximity to the sites. A defibrillator has now been installed in the Town Hall and training in its maintenance and has been provided. Defibrillators will be installed at the Leisure Centres during December 2014 and January 2015.

Hand-arm vibration

- 3.4 Following several reportable cases of Hand-Arm Vibration Syndrome and an associated HSE investigation, the Council's hand-arm vibration practices and arrangements have been reviewed. The Council has made significant improvements and continues to monitor and develop arrangements in this area. The HSE has now closed its investigation in light of the progress that has been made. The Central Health and Safety Team provided leadership and support throughout the process.

Central Health and Safety Team

- 3.5 The work plan for the central health and safety team has been reviewed and is attached as Appendix 2.

- 3.6 Significant developments under the plan during 2014 include:

- Roll out of the Corporate Auditing Strategy, this includes an audit of the Chief Executive's Department (now Resources and Regulation) and service audits within Operational Services
- Review of the Corporate Health and Safety Policy (see paragraphs 3.10 and 3.11)
- A review of the asbestos management system with a focus on local site based arrangements
- Continuing roll out of training and development for managers, including development sessions with Strategic Leadership Team
- Development of revised arrangements for the procurement of external services to take account of health and safety management needs

- 3.7 Significant work streams for 2015 will include:

- Implementation of revised asbestos management arrangements
- Roll out of updated procurement and contract management arrangements
- Review of health and safety competencies, training and development arrangements
- Review of compliance arrangements for CDM in light of updated legislation
- Review of fire safety strategy

Departments

- 3.8 Summaries of departmental progress and future work streams are attached as Appendix 4.

Health and Safety Policy

3.9 The Corporate Health and Safety Policy has been updated. Key additions to the policy include:

- Inclusion of the council's health and safety vision statement
- A statement clarifying the responsibility of managers to act on matters of health and safety committing to support managers who take action in good faith
- A statement to encourage employees to raise concerns and suggestions over health and safety matters without fear of detriment

3.10 A copy of the policy can be accessed through the following link:

<http://intranet/Corporate HS Policy>

3.11 The template for departmental health and safety policies will be updated to reflect the changes to the corporate policy.

4.0 PERFORMANCE MONITORING

Absence data

4.1 Table 1 in Appendix 3, shows the average number of days lost to absence per full time equivalent employee. There was a downward trend between 2008/09 and 2012/13 (falling from 11.56 to 9.27). However, there was an increase to 9.82 in 2014/14 and data for the first two quarters of 2014/15 indicates that the upward trend is continuing, with figures above 10 for each of these quarters.

4.2 A report on sickness levels was considered by the Overview and Scrutiny Committee on 9 December 2014. The report covered the current trends and provided information on some of the arrangements that exist and actions that are being taken to support good health and improve attendance. Actions and arrangements include:

- "Bury Healthy Workforce Strategy" covering healthy workplace, healthy and active lifestyle and healthy mind
- Maintenance of sound management arrangements in support of good health (see next paragraph)
- Introduction of workplace health and wellbeing champions
- Flu vaccination programmes
- Intranet pages detailing health and wellbeing initiatives
- Bicycle and shower facilities at key worksites
- Discounted membership for staff at the Council's leisure centres
- Access to exercise initiatives managed through the "I will if you will" campaign
- Access to counselling and cognitive behavioural therapy
- Training programmes on health management topics e.g. managing stress

- 4.3 A mapping exercise was carried out during 2014 to identify the various management arrangements that exist relative to health. The following document outlines "Management of Health at work and Work Related Ill Health" arrangements and provides links to further details and guidance:

<http://intranet/Health at work and work related ill health>

These arrangements can all play a role in protecting health and improving attendance at work. The national data covered paragraph 4.6 is indicative of the significance of work related ill health and efforts will continue to promote the use and implementation of existing arrangements.

Accidents and incidents

- 4.4 Table 3 in Appendix 3 provides data on incidents that are reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and comparisons with national reporting rates. Reporting criteria changed in 2013, which restricts the amount of comparable data that is currently available. The key trend of note for the Council relates to reportable cases of HAVS, these are discussed under paragraph 3.4.
- 4.5 Table 4 in Appendix 3 provides data and analysis on the Councils internal accident and incident reports. The following trends are of note:
- Slips, trips, and falls continue to represent the highest proportion of reported incidents
 - Assault, behavioural incidents, abuse, and intimidation continues to account for the second highest proportion of reports

National data

- 4.6 Key points from the national information include:
- Ill health accounts for 46% of the health and safety incidents, 83% of the work-related sickness absence and around 99% of the work-related deaths each year
 - The two highest causes of absence are musculoskeletal injuries and stress related conditions
 - Musculoskeletal injury and absence accounts for approximately 8.3 million lost working days
 - Stress related absences account for approximately 11.3 million lost working days, with the highest rates occurring in large workplaces (more than 250 employees). Particularly high rates are associated with health and social care, professional roles, nursing, and education
 - Occupational cancers account for the highest number of deaths. Asbestos related cancers represent the highest proportion within these

Enforcement

- 4.7 No enforcement under health and safety legislation has taken place against the Council during 2013 or 2014.

5.0 RISKS

5.1 Failure to achieve appropriate health and safety management standards would leave the Council exposed to significant risks and actual costs. For example:

- There are significant financial risks (see next section)
- Legal - risk of enforcement action, prosecution and civil actions
- Business continuity - loss of service, temporary service provisions
- Health and safety of employees, service users and others
- Damage to reputation

6.0 FINANCIAL IMPLICATIONS

Cost of health and safety failings

6.1 The **potential** costs of health and safety failings include:

- Lost earnings
- Extra expenditure when absent
- Human costs (pain, grief and suffering)
- Sick pay
- Compensation
- Insurance costs (note that HSE calculate that uninsured costs for employers outweigh insured costs be a ratio of 3:1)
- Company administration
- Recruitment
- Damage from injuries (equipment, goods and materials)
- Damage from non-injury accidents
- Insurance industry administration costs
- Department of Work and Pensions administration costs
- Loss of output
- Medical treatment (short and long term)
- HSE and internal investigation costs

6.2 Detailed information on how the HSE calculates the costs of health and safety failings can be found on the HSE website through the following link:

<http://www.hse.gov.uk/pubns/priced/hsg101.pdf>

7.0 EQUALITY AND DIVERSITY (SUMMARY/RECOMMENDATIONS FROM EIA)

7.1 Adoption of good health and safety management arrangements has a positive impact on equality and diversity because appropriate emphasis is placed on the needs of vulnerable groups and individuals.

8.0 FUTURE ACTIONS

8.1 The Corporate Health and Safety Work Plan is attached as Appendix 2.

- 8.2 Summaries of departmental health and safety developments and work plans are attached as Appendix 4.

OCCUPATIONAL HEALTH AND SAFETY

NATIONAL AGENDA AND STRATEGIES

Government Reviews of the National Health and Safety Management Systems

A Government commissioned review of the health of the working age population (The "Black Review") was published in 2008. Following the change of government in 2010, two further reviews were commissioned to look at potential ways to improve the national systems for managing health and safety (the Young Review, published in October 2010, and the Löfstedt Review, published in November 2011).

The resultant work streams are lead and coordinated through the Department for Work and Pensions with the involvement of:

- Department of Health
- Health and Safety Executive
- Scottish Government
- Welsh Government
- Department for Business, Innovation & Skills

The Department of Work and Pensions has developed two Policies through which the work streams are progressed:

- Helping people to find and stay in work
- Improving the health and safety system

Helping people to find and stay in work

The key actions and work streams that arise through the policy are:

- Measures to give Jobcentre Plus flexibility in helping people back to work
- Managing the Work Programme, to replace a range of employment schemes, pilots and projects
- Helping young people into work through the "Youth Contract"
- Supporting disabled people who need more help to find and keep a job
- Co-ordinating the Health, Work and Wellbeing initiative
- Helping older people who want to find work or stay in work
- Introducing a scheme for tax-free childcare for working families
- Supporting people with drug or alcohol dependency
- Sponsoring the "Ethnic Minority Employment Stakeholder Group"

More detail on the helping people to find and stay in work policy can be found through the following link:

<https://www.gov.uk/government/policies/helping-people-to-find-and-stay-in-work>

Improving the health and safety system

The key actions and work streams that arise through the policy are:

- Concentrating health and safety enforcement on higher risk areas
- Simplifying health and safety law and guidance
- Setting up the Occupational Safety and Health Consultants Register
- Removing the fear of being sued
- Publishing health and safety progress reports

More detail on the helping people to find and stay in work policy can be found through the following link:

<https://www.gov.uk/government/policies/improving-the-health-and-safety-system>

HSE Strategy "Health and Safety of Great Britain: Be part of the solution"

This national strategy was first published in 2009. It is aimed at engagement with and involvement of employers in improving health and safety management performance. The HSE has reconfirmed its commitment to the strategy in light of the current financial landscape, with the statement that "good health and safety is good business".

The strategy has four objectives:

- To reduce the number of work-related fatalities, injuries and cases of ill health;
- To gain widespread commitment and recognition of what real health and safety is about;
- To motivate all those in the health and safety system as to how they can contribute to improved health and safety performance;
- To ensure that those who fail in their health and safety duties are held to account.

It identifies the following key themes:


- The need for strong leadership
- Building competence
- Involving the workforce
- Creating healthier, safer workplaces
- Customising support for small and medium sized enterprises
- Avoiding catastrophe

More information on the strategy is available on the HSE website. This can be accessed through the following link:

<http://www.hse.gov.uk/strategy/index.htm>

Work Plan (January 2013 to December 2016)

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
Section 1: Developing leadership, ownership and culture			
1. Occupational Health and Safety Policy	<p>Seek agreement of draft Health and Safety Policy and further develop to include mainstreaming arrangements</p> <p>Review Corporate Policy in light of current developments</p>	<p>Visible on-going commitment to maintaining up to date management structures and arrangements</p> <p>Clear structures and arrangements</p>	<p>A reviewed policy was introduced in December 2014:</p> <p>The departmental policy template will be updated to reflect the changes to the corporate policy.</p>
2. Higher management representation	<p>Agree health and safety representation on SLT</p> <p>Engage with the Elected Member portfolio holder for Health and Safety</p> <p>Gain commitment to include health, safety and wellbeing topics within</p>	<p>Clear and visible commitment</p> <p>Assurance that health, safety and wellbeing are considered within high level decision making processes</p> <p>Clear and visible commitment</p> <p>Assurance that health, safety and wellbeing are considered within high level decision making processes</p>	<p>The Executive Director for Resources, Mike Owen, has taken on the health and safety lead role on Senior Leadership Team. This role has the responsibility for ensuring that health and safety receives appropriate consideration within Senior Management Team.</p> <p>The Elected Member with responsibility for overseeing the occupational health and safety portfolio is the Councillor Sandra Walmsley, Cabinet Member for Resources and Regulation.</p> <p>The Institution of Occupational Safety and Health,</p>

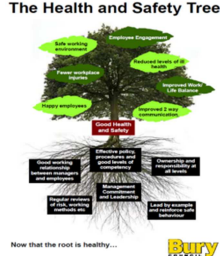
Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	the Leaders Blog		IOSH, has developed specific guidance for Elected Members, copies of which will be circulated.
3. Health and Safety Co-ordinators Group	Review the remit, membership, support and reporting arrangements of the group	Clear roles and areas of responsibility – Co-ordination between the centre and departments	<p>The role, remit and membership of the group was reviewed in January 2013. A copy of the document covering the remit, roles and responsibility of the group is attached:</p> <div data-bbox="1534 683 1601 742" style="text-align: center;">  </div> <p style="text-align: center;">Role of Health and Safety Coordinator G</p> <p>December 2014: A further review of arrangements will be carried out in light of the Corporate Restructures and developments.</p>
<i>Mainstreaming health, safety and wellbeing within day to day business</i>			
4. Procurement and external service delivery	<p>Integrate health, safety and wellbeing into existing and future procurement procedures</p> <p>Review liabilities within different service delivery models</p>	<p>Clear requirements, roles and responsibilities at all stages of procurement and service delivery.</p> <p>Ensuring that appropriate management arrangements are put in place for each service delivery model used by the Council.</p>	<p>A joint review has been carried out by the central health and safety team and strategic procurement teams. New and updated arrangements were presented to SLT in November 2014, these were agreed with a request to further consider how they can best be implemented within schools.</p> <p>Training covering health and safety and wider procurement issues is to be developed and</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			provided jointly by the central health and safety team and strategic procurement teams. This will be delivered during 2015 to managers with responsibility for procurement and contract management.
5. Competencies	Develop core health, safety and wellbeing competencies and ensure that health, safety and wellbeing development needs are integrated into the employee and team review processes.	<p>Managers and employees who give full consideration to health, safety and wellbeing in the course of day to day decision making.</p> <p>Health, safety and wellbeing needs taken into account within local training plans.</p> <p>A culture that recognises the benefits to the business of good practice and ownership of health and safety.</p>	<p>The "Bury Behaviours" were introduced in 2013.</p> <p>Health, safety and wellbeing competencies will be developed to sit alongside the behaviours.</p> <p>This will be progressed in conjunction with Organisational Development as an integral part of action point 9 – health and safety training and development arrangements.</p>
6. Impact assessments	Develop health and safety impact assessments into decision making processes	<p>Health, safety and wellbeing are appropriately considered within relevant decision making processes.</p> <p>The organisation and managers giving full consideration to health and safety risks</p>	Health and safety impact assessments are now included within reports to Senior Leadership Team and Cabinet.

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
7. Job demands	Build job demands into recruitment & selection and other relevant process e.g. OH referrals, stress risk assessment	Management arrangements that are designed to provide appropriate control with regard to job demands and needs	<p>Job demands assessments form an integral part of several management processes. The occupational health and health and safety teams will review current implementation. This will include:</p> <ul style="list-style-type: none"> • Recruitment procedures • Information provided to Occupational health • Use in job design • Use in risk assessment
8. Risk management: Health and safety risks	Ensure health, safety and wellbeing is incorporated and appropriately prioritised within the corporate risk register	The organisation and managers taking full consideration of health and safety risks	Prioritisation of health and safety within departmental risk registers will be considered by the Operational Risk management Group in February 2015.
9. Health and safety training and development arrangements	<p>Continue to deliver manager training as agreed and build on this success – gather feedback and identify follow up sessions</p> <p>Carry out training needs analysis across the Council assess delivery options and procure as appropriate</p> <p>Training may include:</p>	<p>Increased levels of competency across the organisation</p> <p>Increased understanding of health, safety and wellbeing requirements and needs (assisting in dispelling “myths” over disproportionate demands and in improving health and safety culture)</p> <p>Managers able to self-manage freeing</p>	<p>The first phase of training has been completed. This consisted of a three day training programme for managers with responsibilities in areas assessed as medium to high risk. Courses will continue to be provided from time to time to meet future needs.</p> <p>The second phase, consisting of a two day courses for managers with responsibility for lower risk areas has been rolled out.</p>



Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	<ul style="list-style-type: none"> • Mandatory e-learning training • Training for Members, Senior Managers and Managers • Mandatory induction training (including agency staff) – get health, safety and wellbeing information (e.g. video, DVDs, leaflets, new starter packs, checklists) out to people – with clear senior management buy-in and support e.g. in The Chief Executive’s or Deputy Chief Executive’s name. • Targeting new starters and newly promoted staff with mandatory training • “Toolbox Talks” <p>Other actions:</p> <ul style="list-style-type: none"> • Continue to use and develop effective training evaluation and feedback • Review quality of training and outputs through data analysis and feedback • Actively promote 	<p>health and safety practitioner time so that a better balance can be achieved between planned work (initiatives, projects, auditing and monitoring) and reactive demands within professional support services.</p> <p>Development of benchmark standards and training records that will assist in demonstrating competency (of individuals and across the organisation)</p> <p>Health, safety and wellbeing needs integrated into corporate training plans.</p> <p>On-going promotion and refresher training at local/team level through “Toolbox Talks”</p> <p>A culture which recognises the benefits to the business of good practice and ownership of health and safety.</p>	<p>A final phase of training involving a 1 day course but with greatly increased pre-course reading, which will be tested at the start of the training day, is to be piloted in January 2015 with a view to rolling out across CYPC by the end of March 2015.</p> <p>A review of arrangements to ensure that all attendees complete the course assignment satisfactorily is to take place.</p> <p>A programme of health and safety development sessions has been delivered to Strategic Leadership Team.</p> <p>Future training and development provisions will be considered in conjunction with the Organisational Development team. This will include:</p> <ul style="list-style-type: none"> • The future availability of manager training • Consideration of whether the 1 day model should replace the 2 day one • Whether a further day could be designed as an add-on to the 1 or 2 day manager’s course for managers operating in higher risk areas, rather than running separate courses

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	<p>training/workshops to target specific needs (look to commission if specialist)</p>		<ul style="list-style-type: none"> • Refresher training needs. • Health and safety training needs for Assistant Director level managers • Wider health and safety training and development provisions • Health and safety competencies (see action point 5) • Sample auditing of training relative to identified high risk services and activities
<p>10. Promotion of health, safety and wellbeing</p>	<p>Plan events/Road shows periodically</p> <p>Link in with other events</p> <p>Develop a bank of creative publicity material</p> <p>Develop a timetable for campaigns (email, team talk, events etc.) and plan as appropriate</p>	<p>Increased levels of awareness through on-going promotion of health, safety and wellbeing arrangements, responsibilities, initiatives and developments.</p> <p>Improved clarity and user “buy in”</p> <p>A culture which recognises the benefits to the business of good practice and ownership of health and safety.</p>	<p>A health and safety poster has been displayed across the Council to provide information and reminders on good health and safety practice (see below).</p> <p>Consideration will be given to removing the poster from work sites with a view to reintroducing it later in 2015. This is so that it continues to have impact.</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			<p style="text-align: center;">  </p> <p>A quarterly health and safety newsletter has been introduced.</p> <p>This campaign will be on-going.</p>
<p>11. Support</p>	<p>Provide managers with professional health, safety and wellbeing advice as appropriate</p>	<p>Provision of advice, coaching, etc. to managers to assist in development of management processes and to deal with specific issues as they arise.</p> <p>“Hands on” support where specialist and/or independent input is required.</p>	<p>On-going</p> <p>Significant support has been provided during the course of 2014 to services in the review and development of management arrangements for hand-arm vibration.</p>
<p>12. Health and safety reporting, investigations and data</p>	<p>Develop existing reporting, recording and investigation processes</p>	<p>Relevant performance information captured and recorded.</p> <p>Suitable investigations carried out in a timely manner in line with national core principles.</p>	<p>Arrangements for the initial triage of incidents, accidents and cases of work related ill health have been developed. This is continues to be rolled out through the manager training programme and briefing sessions.</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
		<p>Up to date data to enable management reporting and identification of hotspots</p>	<p>Further work is taking place on administrative support arrangements and coordination across the various systems through which the Council may log health and safety information .</p> <p>A draft specification has been drawn up for an electronic reporting, recording and investigation system. See next action point.</p>
<p>13. Future developments</p>	<p>Work with Trent replacement team to ensure future system fits the needs for health, safety and wellbeing. All data relating to health and safety training is recorded on Trent and reports are developed for analysis/action</p> <p>Recording process to include a simple investigation system that can be supported by health and safety practitioners through coaching, support, and direct involvement as appropriate.</p>	<p>Core principles applied whilst minimising resource and time demands.</p> <p>Appropriate action taken relative to all reports</p> <p>Managers able to carry out the majority of investigations without additional support but with specialist support and coaching available when necessary.</p> <p>“Hands on” participation from Health and Safety Practitioners where specialist and/or independent input is appropriate or required.</p> <p>Records and information available should future claims and challenges arise.</p>	<p>An initial scoping process has been started to identify health and safety reporting needs. This will be followed with a review of reporting processes and procedures with a view to making best use of the available system.</p> <p>It has been indicated that it will be unlikely that there will be opportunity to review and develop reporting arrangements through iTRENT until late in 2015 or 2016. Consideration will be given to interim needs.</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
<p>14. Use of data</p>	<p>Present analysis to SLT on a quarterly basis and to H&S JCC on a six monthly basis using existing information available from TRENT. Identify actions to be taken to address issues or trends.</p> <p>Use data available now to develop a range of KPI's and monitor quarterly on PIMS</p> <p>Identify hotspots and take action as appropriate</p> <p>Benchmark data with other Local Authorities and share/consider actions that have proved successful</p>	<p>Performance monitored through a range of corporate and local health, safety and wellbeing Key Performance Indicators (KPIs)</p> <p>Agreed process for self/local assessment audits, checks and monitoring in place</p> <p>Monitor health, safety wellbeing arrangements.</p> <p>Hotspots and trends identified and priorities, developments and services tailored to reflect current and future risk priorities (informed through audits, data analysis, and training)</p>	<p>The proportion of managers having attended the 3, 2 or new 1 day training is to be adopted as a Key Performance Indicator (KPI). This will be reported annually covering the inclusive period April to March.</p> <p>Further key performance indicators have been looked at but are not considered to be practical options at this stage. In particular, further consideration is to be given to the development of KPIs relating to risk assessments.</p>
<p>15. Audit reporting and feedback</p>	<p>Audit feedback to be presented to departmental management teams and SLT once available.</p> <p>See "Audits" in "Key themes and priorities"</p>	<p>Improved senior level knowledge and ownership of the health and safety standards that are achieved within departments and across the Council.</p>	<p>The current annual reporting arrangement has been reviewed through a series of development sessions with Strategic Leadership team. There will now be an interim six monthly update aimed at providing performance data.</p> <p>Audit feedback will be provided within the interim update.</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
16. Communication	Ensure an effective communication strategy is in place so that up to date and relevant information can be delivered.	Increased levels of awareness through on-going promoting of health, safety and wellbeing arrangements, responsibilities, initiatives and developments.	A communications strategy has been developed which provides: <ul style="list-style-type: none"> • A “map” of the health and safety communication channels that exist within the Council • A strategic approach to health and safety communication with a view to ensuring that it is effective Copies are attached below: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  Communication Channels and Groups.pdf </div> <div style="text-align: center;">  Communication Strategy Process.pdf </div> </div>
Clear structures, roles and responsibilities			
17. Guidance and standards	Specific suggestions relating to guidance and standards: <ul style="list-style-type: none"> • Incorporate flowcharts to simplify documents and clarify “what you need to do now” • Develop clear structures, including diagrams and flowcharts • Develop roles and responsibilities • Review health, safety and wellbeing, first aid, and fire 	Improved levels of understanding, awareness and buy-in. Develop clear, creative, attractive intranet pages and review/amend current content A culture which recognises the benefits to the business of good practice and ownership of health and safety.	The format and design of the health and safety intranet site has been reviewed. This includes an introduction by the Chief Executive and agreed formats for the standards and guidance that it contains. A new web based intranet system has been introduced and work is on-going on updating of existing standards and guidance. Where appropriate, links will be provided to HSE

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	marshal duties/responsibilities in Job Descriptions – set organisational standards		documentation, which continues to be updated in a more user-friendly format than has historically been the case.
Key themes and priorities			
<p>18</p> <p>Ensure that key priorities are identified and managed</p>	<p>Work with the relevant professional services to review processes to ensure robust management arrangements are in place and are being monitored for the following themes:</p>	<p>Agreed standards in place to deal with key national, corporate and service priorities</p> <p>A culture which recognises the benefits to the business of good practice and ownership of health and safety</p> <p>Arrangements and guidance that cover the key themes that are viewed by customers as easy to access and user friendly in enabling them to meet agreed corporate standards</p> <p>All buildings meeting minimum standards of maintenance and management and best value being achieved within the available resources</p>	<p>Key national and local priorities have been identified. These have been reviewed over the course of 2014 through Strategic Leadership team development sessions.</p> <p>Current priorities</p> <ul style="list-style-type: none"> • Management system • Health and safety culture (at all levels) <p>National priorities for Local Government (from annual report)</p> <ul style="list-style-type: none"> • Construction • Transport • Contractors • Fire • Mental health problems • Musculoskeletal injuries • Waste management • Robust local risk assessment processes

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
<p>A. National themes</p>	<p>Key national themes for local authorities:</p> <ul style="list-style-type: none"> • Construction • Transport • Contractors • Fire (see B, below) • Mental health problems • Musculoskeletal injuries • Waste management 		<p>The existing arrangements will be reviewed on an on-going basis, which will be informed by the auditing processes that have been developed (see action area 19, below).</p> <p>Waste management working procedures and guidance for operatives have been refreshed. Guidance has been presented to operatives through briefing sessions.</p> <p>The Health and Safety Executive (HSE) undertook a waste management inspection in April 2013.</p> <p>See action point 22 for Construction.</p>
<p>B. Organisational themes</p>	<p>Local themes:</p> <ul style="list-style-type: none"> • Procurement and management of contracts and contract delivery • Construction Design and Management compliance including procurement of construction projects (applicable to internal and external procurers and providers) – see Construction under A. 		<p>“Ownership” issues have and are being progressed through the first section of this action plan “Developing leadership, ownership and culture” (Action areas 1 to 16) and section 2 “Clear structures, roles and responsibilities” (action area 17).</p> <p>An initial specification for health and safety needs within facilities management has been drawn up and work is continuing to review facilities</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
<p>C. Service themes</p>	<ul style="list-style-type: none"> • Review and development of facilities management models and specifications • Ownership issues • Ensure clear fire safety guidance is developed, updated and circulated as appropriate • Retained and new liabilities associated with changing delivery models <p>Ensure that all services have suitable risk assessments, working methods, arrangements and systems.</p>	<p>Local risk assessment process is in place, which feed into working methods and arrangements. (To include health surveillance.)</p>	<p>management delivery arrangements.</p> <p>A review of Asbestos management arrangements has been initiated. This is with an emphasis on local asbestos management plans at a site based level.</p> <p>Procurement, contracts and contract delivery, together with retained and new liabilities have and are being progressed under action area 4.</p> <p>On-going support to services as required.</p> <p>Departmental and local arrangements to be checked through monitoring and auditing processes.</p>
<p>19 Undertaking audits that support service improvements</p>	<p>Develop audit tool/standards</p> <p>Develop and carry out a programme of audits – set annual plan based on data/other factors.</p>	<p>Corporate and local auditing and monitoring arrangements aimed at identifying areas of good practice and areas where development is needed</p>	<p>Corporate arrangements for health and safety auditing have been adopted. These provide several layers of auditing and monitoring activity:</p> <ul style="list-style-type: none"> • Routine “in service” monitoring and review arrangements – internal checks • Independent auditing of services • Independent auditing of departments • “Top tier” audits of SLT • Occasional thematic auditing of specific health

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			<p>and safety management systems and arrangements e.g. fire safety, stress, asbestos management</p> <p>Audits have been carried out or are planned in the following services:</p> <ul style="list-style-type: none"> • Grounds Maintenance • Street Lighting and Highways, • Leisure Services • Street Cleaning (due in December 2014) • Markets (started and due for completion in January 2015) <p>The former Chief Executives Department has been audited as a pilot exercise and audits will be rolled out in Communities and Wellbeing Services and Children’s Young People and Culture Services during 2015.</p> <p>Auditing of identified health and safety risk management areas is being rolled out across the borough’s schools.</p>
20 Annual reports	Prepare an Annual Health and Safety Report to summarise the years activities and monitoring activities	Current annual reporting arrangements supplemented through increased activity and feedback	<p>The current annual reporting arrangement has been reviewed through a series of development sessions with Strategic Leadership Team.</p> <p>There will now be an interim six monthly update</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			<p>aimed at providing performance data.</p> <p>The main report will be taken to Cabinet in January of each year.</p>
21 Customer surveys	Customer surveys of health and safety support services	Health and safety service developments and value of health and safety support reflected through customer feedback	<p>A customer satisfaction survey was carried out in April 2013 and the outcome was summarised and shared with managers and employees through an electronic newsletter.</p> <p>Feedback was largely positive but there were some comments that have been taken on board with a view to further improving the service.</p>
22 Revision of Construction Legislation (C.D.M) 2015	<p>Understand the revised requirements and implications.</p> <p>Amend and update existing documentation and procedures to reflect changes.</p> <p>Undertake briefing sessions of all employees who are involved in construction related work</p>	Compliance with legal requirements	Current situation (as at November 2014) is that the HSE will have finalised proposals by January 2015, with the revised legislative requirements being implemented from 1st April 2015. It is understood that organisations will have a 6 month lead-in time to implement the revised requirements.

Appendix 3

STATISTICAL DATA

SICKNESS ABSENCE**Table 1: Average days lost per full time equivalent employee – All Departments**

BV12 (by year unless stated)								
2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	September 2014 (2014/15 quarter 2)
10.97	10.90	11.56	11.04	10.20	9.38	9.27	9.82	10.06*

Notes:

BV12 is a national measure for absence in the public sector; it is calculated by dividing the number of full time equivalent days lost by the average number of full time equivalent employees over a given year. It excludes casual, fixed term and temporary staff that have less than 1 year service and includes teachers and staff employed by schools.

"Year" refers to the inclusive period April to March.

Whilst a downward trend is apparent between 2008/09 and 2012/13, the figures for 2013/14 and figures for the first 6 months of 2014/15 indicate that this trend is reversing.

**The figure for June 14 (first quarter of 2014/15) was 10.17, with a slight drop to 10.06 for the second quarter. The second quarter may be influenced by periods of holiday absence over the summer months.*

Table 2: Top Absence Reasons

Top specified reasons for absence by days lost				
Corporate	Adult Care Services	Chief Executive's	Children's Services	Neighbourhoods and Communities
2014/15 (first 2 quarters)				
(1) Musculoskeletal* (2) Stress and mental health related (3) Disability related	(1) Disability (2) Musculoskeletal* (3) Stress and mental health related	(1) Musculoskeletal* (2) Stress and mental health related (3) Infections	(1) Musculoskeletal* (2) Stress and mental health related (3) Infections	(1) Musculoskeletal* (2) Stress and mental health related (3) Stomach, liver, kidney, and digestion
2013/14				
(1) Musculoskeletal* (2) Stress and mental health related (3) Disability related	(1) Disability (2) Musculoskeletal* (3) Stress and mental health related	(1) Stress and mental health related (2) Infections (3) Musculoskeletal*	(1) Musculoskeletal* (2) Stress and mental health related (3) Infections	(1) Musculoskeletal* (2) Stress and mental health related (3) Infections

Notes:

The data system (iTRENT) is currently set up to reflect the organisational structure and departments that existed in 2013. A new structure was introduced in 2014 and the current departments will need to take this into consideration when analysing the data and during consideration of potential high priority/target areas.

**Includes reports specifying "Back and Neck" and "Other- musculoskeletal"*

ACCIDENTS AND INCIDENTS**Table 3 Reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)**

Reportable Accident rates per 10 000 – Employees:						
	Rate for Bury Council by year/(National Rate – incidents reported under RIDDOR)					
	2009/10	2010/11	2011/12	2012/13	2013/14	April 2014 to September 2014 (equivalent annual rate)
Fatalities	0 (0.04)	0 (0.05)	0 (0.05)	0 (0.04)	0 (0.04)	0
Absence of 3 days or more	63.9 (37.2)	56.3 (36.3)	51.4 (35.6)	52.7	56.6	54.8
Major injuries and absences of 7 days or more					42.8 (30.5)	28.7
Reportable diseases					6.3	2.6
<i>Note:</i>						
<i>National rates are based on reports to the HSE and Environmental Health Services under the Reporting of Injuries, Diseases and dangerous Occurrences Regulations (RIDDOR), which require incidents meeting specified criteria to be reported.</i>						
<i>Comparative national rates are no longer available for over 3 day absence reporting because the requirement changed to over 7 day absence reporting in 2012. Employers are still expected to keep data on over 3 day absences for reasons of internal trend analysis.</i>						

2012/13 is the most recent year for which confirmed national statistics are available; statistics for 2013/14 are provisional.

The HSE reports that under the old RIDDOR reporting requirement (major and over 3 day) self-reported results suggested that just over half of all reportable non-fatal injuries to employees were actually reported. Under the newer requirements (major/specified and over-7-day), early indications suggest reporting levels of non-fatal injuries to employees have fallen below half. This should be borne in mind when considering the Council's higher than national average reporting rate for major injuries and more than 7 day absences.

The total number of RIDDOR reports made by the Council in 2013/14 was 44 and 17 reports have been made in the first six months of 2014/15. These figures reports relating to clients (including pupils) and visitors, they are not included in reporting rate calculations, which relate only to employees.

National Statistics

Information on national statistics can be found via the following link:

<http://www.hse.gov.uk/statistics/at-a-glance.pdf>

Table 4 Internal reporting: Incident trends

Nature of incident	Proportion of the total reports				
	2010/11	2011/12	2012/13	2013/14	April To September 2014
Slips, trips, and falls	26%	29%	25%	26%	23%
Incidents of assault, behavioural incidents, abuse, intimidation	26%	25%	18%	17%	19%
Collisions and entrapments	19%	16%	11%	15%	16%
Injuries sustained during lifting, carrying, moving, handling	8%	6%	5%	5%	10%
Cuts and contact with sharp objects	5%	6%	5%	6%	4%
Exposures to harmful agents including heat, electricity and chemicals	2%	1%	3%	3%	3%
<i>Note minor categories are not included, so columns do not add up to 100%</i>					

The internal reporting system covers all incidents, irrespective of whether or not they meet the national reporting criteria.

Slips, trips and falls continue to represent the highest proportion of reports. Several of these incidents met the RIDDOR criteria.

Guidance on managing slips and trips can be found on the health and safety intranet site.

The majority of incidents of assault, behavioural factors, abuse, and intimidation are received from two main sources – Adult Care Services and Children’s Services (Schools), these generally relate to client behaviours and are handled and managed using local procedures that are designed to take the nature of clients in mind. This said, some significant issues have arisen across the borough in various locations. Guidance on managing risks can be found on the Corporate Human Resources Intranet under Anti-Social Behaviour.

82% of injuries sustained during lifting, carrying and handling in 2013/14 involved handling of objects, with 18% involving handling of people.

Departmental Developments and Work Plans

Adult Care Services (ACS) Nov 2014

Update on work

- (1) This update is for Adult Care Services element of the newly created Communities & Wellbeing department, as it covers the work in Health & safety prior to the merging of the Adult Care & Communities & Neighbourhoods.
- (2) The Health & Safety board for Adult Care Services has continued over the last 12 months, covering all aspects for the department. The board continues to meet monthly.
- (3) The medications policies for both Residential / Day Care and People Supported in their own homes along with the safe bathing & showering policy have all been reviewed and agreed as policy by the departmental senior management team (SMT).
- (4) Considerable work has gone into fully reviewing the Infection Control and Moving & handling policies both of which are now ready to be presented to SMT for approval.
- (5) As part of the on-going review of services a night care document has been introduced for all night staff – “Night Staff & on call Managers Protocol manual”
- (6) The good work of the handymen’s team continues, although the planned plumbing training had to be cancelled when the supplier pulled out. We are actively looking to commission new training in the new year.
- (7) Whilst formal H & S visits have reduced more informal visits take place linked to planned maintenance works completed by the handymen and health & safety issues are taken into account at this time. The H & S officer has continued to provide in house training for example fire evacuation, and working at heights.

Issues to be dealt with in 2015

Monitor success of Hand arm vibration processes implemented in operational services. To include;

- Checking systems in place are being followed and are effective
- Carry out refresher training where needed
- Health surveillance appointments are being kept
- Buy smooth policy is being adhered to

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- Compare stated vibration magnitudes with actual field measurements before purchase of equipment
- Ensure investigations of over exposures are carried out
- Look into new processes to reduce vibration at source

Avoiding danger from underground services. To include;

- Study updated guidance and amend policy & procedures as required
- Checking systems in place are being followed and are effective
- Carry out refresher training where needed
- Inspect on site that procedures are followed with supervisors

Noise. To include;

- Measurement
- Putting in systems to meet corporate policy on noise
- Gain training for departmental advisor/officer on all aspects of noise management
- Train management and operatives on the subject
- Purchase/borrow equipment to enable measurements to be taken

Follow up on audits completed in conjunction with corporate H&S. To include;

- Action plans are written in line with
- Actions are implemented
- Accident investigation presentation

Manual handling in Waste management. To include;

- Investigation into problems with collection from un-adopted highways
- Monitoring agreed action plans for above
- Monitoring issues since implementation of 3 weekly collections
- Training in correct manual handling techniques

Mowing of gradients/slopes in Grounds maintenance. To include;

- Completion of measuring gradients involved and type of machinery used on slopes
- Make recommendations
- Assist with action plan
- Review site specific risk assessments on slopes with management
- Advise on improvements to be made
- Monitor new ways of mowing slopes that are introduced

To meet with issues above further specialist training would be required for both the departmental H&S advisor and officer.

Resources and Regulation

Safety arrangements are currently being reviewed following the Council's restructure of the departments and the newly formed Department for Resources & Regulation. Health and Safety Groups will need to be merged and the representation reviewed.

The Town Hall Users Group (THUG) continues to meet quarterly, in order to coordinate health and safety needs within the Town Hall across all the departments that share the accommodation. It is envisaged that a similar group will be established to cover the Whittaker Street building also.

Following the office relocation exercise, the fire arrangements for the Town Hall Building have been reviewed and updated. This has included the appointment of a new Chief Fire Marshall, reallocation of area Fire Wardens, refresher training and an update of fire risk assessments and personal evacuation plans (PEEPS).

Following a review of Hand Arm Vibration (HAVS) management arrangements, it has been necessary to audit the use of current equipment within the Markets Division, with a view to replacing it to reduce the level of exposure.

An Automated External Defibrillator (AED) is now located in the main reception of the Town Hall building. It is a simple-to-use and safe life-saving device that can be used to deliver an electric shock to a person's heart who is in cardiac arrest.

A departmental audit of Chief Executives Department has now been completed. A service specific audit is due to commence in December 2014.

Department for Children, Young People and Culture - H&S Plan 2014-2015:

DEPARTMENT - Key Achievements:

- Quarterly Dept H&S Committee meetings – development of action plan
- Quarterly H&S Divisional Group meetings (Learning; Social Care; Strategy, Commissioning, HR & Finance):
 - Review of Divisional Group Structure & TOR
 - Implementation of Lone Working and Home Visits Policies (specific to CYPC)
 - Identification and development of key risk assessments and management arrangements e.g. Transporting Young People / Driving for Work
 - Implementation of Active Monitoring Arrangements
 - Review of H&S Competence & training needs
 - Team Meetings include H&S on Agenda
- Ongoing Active Monitoring Arrangements, including Safety Tours of CYPC premises. Ongoing progress of Action Plans.
- Development of specific CYPC training course for managers and Divisional Group Members
- 3KP Action Plan (following Safety Tour) produced. 3KP Building User Group set up to develop H&S arrangements as per Action Plan.

Planned action:

- Review of H&S arrangements for CYPC (following re-structure)
- Review of Dept Competency Framework & development of Training Matrix
- Roll-out of SMART to be used to report/record staff accidents, incidents
- Analysis of reactive data to identify trends for absence
- Review Premises Management arrangements & responsibility for Health & Safety. Building User Groups to be set up across Dept.
- Implementation of 'Initial Reporting Arrangements'
- Key campaigns to be agreed via H&S Committee
- Schedule of annual Safety Tours of CS premises, including Libraries
- Ongoing development of CYPC H&S intranet page

SCHOOLS - Key Achievements:

- Ongoing delivery and review of Schools H&S Support SLA, focusing on gaps and high risk areas identified through Planner visits and feedback from schools, they include:
 - a) Design & Technology – produced Framework document
 - b) Fire Risk Assessment & Management – produced Fire RA Framework and rolled out via briefings
 - c) External Gates Assessment – produced audit form
 - d) H&S Training Needs – development and delivery of training courses specifically for schools
- Support provided to schools to implement and monitor their H&S Management system
- Review of Visits Strategy and RAG rating Spreadsheet
- Review and development of H&S Planner for Schools – Issue 2.0
- Briefing Notes produced and attended meetings with Bursars and Primary School Secretaries
- On site bespoke consultancy support
- Quarterly School H&S Committee meetings:
 - a) Review of Terms of Reference & Structure
 - b) Improvement of roles and remit of members
 - c) Development of action plan
- Provision of Generic Risk Assessments specifically for schools
- School H&S Intranet populated with school specific information
- Electronic accident/incident electronic system (SMART) - ongoing monitoring
- Review & update of Competency Framework
- Educational Visits service monitoring with Rochdale MBC

Planned action

- All Secondary schools to receive a visit 2014/15
- Review high risk curriculum areas, including PE/sport, Science
- Improve involvement of Governors with monitoring H&S
- Trends analysis of incidents reported on SMART
- Accident/incident recording system (SMART) roll-out for staff form – schools to pilot
- Review of Management Handbook arrangements
- Monitoring of risk management arrangements
- Develop a H&S handbook for schools
- Monitoring of Educational Visits
- Caretakers, Cleaners & Catering – review of H&S training
- Contractor Assessment – new Corporate strategy to be rolled out
- Asbestos Management Plans - new Corporate strategy to be rolled out
- Closer liaison with school training collaboratives

List of Background Papers:-

Contact Details:-

[Report Author]

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Improvement

Health and safety in the council

Local Leadership Councillor workbook

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Foreword

This workbook has been designed as a learning aid for elected members; both those who have been a member for some time, and those who have been elected more recently. If you fall into the former category the workbook should serve as a useful reminder of the key elements of the planning system that operates within local government.

The workbook can be used as a stand-alone learning aid or as an addition to other material you may cover. It offers few firm rules for members as it is recognised that each individual must decide how best to use and develop their influencing skills, based on individual preference and confidence. As such, the workbook should serve more as a direction marker than a road map.

In practical terms, the document will take between **two and three hours** to work through. You do not need to complete it all in one session and may prefer to work through the material at your own pace. The key requirement is to think about your own approach in influencing other people, how the material relates to your local situation, the people you serve and the council you represent.

This booklet is principally aimed at recently elected councillors, who will be new to the role and wish to develop their skills and knowledge to effectively represent their constituents. However, it will also be of value to those who may have ambitions beyond the backbenches. It will be useful to those who aspire to cabinet positions or higher as the health and safety roles and responsibilities of senior members are also discussed.

Health and safety is an important issue for councillors, particularly as a very high proportion of a council's workforce will be recruited from the local community served by the council. Therefore, by protecting the health and safety of the workforce, the council is also protecting the wider community and enhancing its reputation as a good employer.

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As you work through the book you will find a number of features designed to help you think about health and safety and the councillor's role:



Guidance – this is used to indicate guidance, research, quotations, explanations and definitions that you may find helpful.



Challenges – these are questions or queries raised in the text which ask you to reflect on your role or approach – in essence, they are designed to be thought-provokers.



Case studies – these are 'pen pictures' of approaches used by councils elsewhere.



Hints and tips – these represent a selection of good practices which you may find useful.



Useful links – these are signposts to sources of further information, outside of the workbook, which may help with principles, processes, methods and approaches. A full list of useful additional information is also set out in the appendix of the workbook.

Introduction

There are over 400 councils in England and Wales and they employ around two million people. Councils deliver services to millions of people on a daily basis, either through their own employees, partners or contractors. Effective health and safety management is the way that we keep our people and our clients and service users safe. Councillors should therefore have an interest in the health and safety of employees, as this will impact upon residents and constituents who are affected by council services.



Exercise 1 – what do you know about safe activities in your area?

Think about the types of services that are carried out daily and weekly in your community and list some of the health and safety risks that you think the council might need to manage.

Activity	Health and safety issues
For example: Refuse collection	Road risks from traffic

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Officers and elected members have a role in ensuring that the health and safety of employees and others who may be affected by the council's activities is safeguarded. A serious injury to an employee or a service user of course causes pain and suffering and also results in significant costs to the authority as well as the possibility of reputational damage. The importance of effective health and safety management has become even more crucial with the introduction of the offence of corporate manslaughter. This has established a direct link where breaches of health and safety law that cause death can lead to a charge of corporate manslaughter. It is essential therefore that councils are confident that their health and safety governance arrangements stand up to scrutiny. Aside from the tragic loss of the individuals involved, a charge of corporate manslaughter would also bring with it significant reputational issues and is likely to damage the standing of councillors with their constituents.

There are also external forces influencing councils. Local government is expected to play its part in the delivery of national strategies which impact upon workforce health, safety, and wellbeing.

The HSE's strategy for health and safety in Great Britain, titled 'Be part of the solution'¹ was launched in June 2009, and at the launch ceremony Sir Steve Bullock, Mayor of Lewisham and Chair of the Local Government Association HR panel signed the strategy pledge on behalf of the LG Group. Local councils are also encouraged to sign the pledge.

In addition the government strategy Health Work and Wellbeing, Caring For Our Future² challenges employers to invest in the health and wellbeing of their employees to improve health outcomes, build resilience, and enhance productivity.

This theme has been further expanded by Dame Carol Black's review into health at work,³ and the Government's response to that review⁴.

1 Health and Safety of Great Britain: Be part of the solution June 2009 www.hse.gov.uk/aboutus/strategiesandplans/index.htm

2 Health, work and wellbeing- caring for our future October 2005 www.dwp.gov.uk/docs/health-and-wellbeing.pdf

3 Working for a healthier tomorrow March 2008 www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf

4 Improving health and work; Changing lives November 2008 www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lives.pdf



Integrating health, work and wellbeing strategies

In 2000 Wrexham County Borough Council was near the bottom of the league of Welsh local authorities when it came to employees' sickness levels. As an authority they knew that the health of Wrexham County Borough Council's employees was vital to the smooth running of services and therefore it needed to take a more proactive approach to the health of employees.

Policies already existed in relation to health and safety at work but the council wanted to be more pro-active and promote health and wellbeing to all staff. After assessing the challenges of wider health, work and wellbeing policies, an 'Employee Wellness Health Strategy' was written. This strategy incorporated all activities, policies and decisions that affected the health of employees and could also importantly influence the health of their families.

The importance of workplace health is a key value that runs through all Wrexham council's corporate priorities – without staff to deliver the priorities they simply could not be achieved.

In 2001 the council began to integrate health and safety with health promotion and to work towards achieving a level of the Corporate Health Standard (CHS)¹. By achieving the standard it would show that the council was working on the right things to improve the health of its employees.

The council was awarded CHS Silver Award in 2002 and has been regularly in the upper quartile for sickness absence levels since. This was followed by the Gold Award in 2007 and it continued to be one of the best Welsh authorities for sickness absence levels in 2007/08 and 2008/09 and remained in the upper quartile in 2009/10.

1 The Corporate Health Standard, run by the Welsh Assembly Government, is the quality mark for workplace health promotion in Wales.

Health and safety in the council

Taking a sensible approach to health and safety is important. This is all about practical steps to protect people from real harm and suffering; not creating bureaucratic steps to cover your back and avoid responsibility. If you believe some of the stories you hear, health and safety is all about stopping any activity that might possibly lead to harm. This is not what the law requires or what your council should be aiming for. The Health and Safety Executive (HSE) advocates seeking a balance between the unachievable aim of absolute safety and the kind of poor management of risk that damages lives and the economy. As a councillor you can play an important role in promoting a sensible approach to health and safety.

There are essentially three drivers for effective health and safety management: moral imperative, business case and legal compliance.

Staff should not be injured or made ill by their work. Councils ensuring this does not happen will also reduce staff turnover and improve morale and engagement and improve productivity. Safe and healthy employees will have a direct impact upon the ability of staff to deliver services to constituents and the wider community. Also consider the impact on the family of the injured person, people who may be your constituents. There may be loss of income and additional caring responsibilities.



Manual handling passport schemes

Welsh local authorities have developed an All Wales Manual Handling Passport Scheme to provide consistency and standards to manual handling training for all council employees. Similar schemes exist across other parts of the country. The scheme has assisted authorities to develop training to reduce the risk of injury through manual handling and includes:

- specialist training for those required to handle people in social care settings. This is particularly useful as the health care staff receive similar standard training which helps with joint-working in the community
- tailored training for refuse collectors to pick up bags, bins and boxes safely
- general training for those that are required to handle and move inanimate objects when working in kitchens, offices, schools, and out in the community.

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While accident rates within local government stand favourable comparison with other sectors such as health services, in 2008/09, 5 employees were killed at work, 1803 were seriously injured and 8206 were injured severely enough to require more than three days off work. Accidents and injuries bring significant costs to the organisation, not to mention the pain and distress suffered by those who are injured. Even minor accidents can have significant implications for those involved and councillors should aim to prevent workplace accidents by risk assessment and the application of sensible controls. Workplace accidents and occupational disease which require medical or even hospital treatment are placing additional avoidable burdens on local health services which can impact upon others who are waiting for treatment.

In serious situations where someone is killed at work it can devastate co-workers and colleagues and paralyse the organisation while the investigation for possible corporate manslaughter progresses.

It is also important to consider sickness absence. Over 40 per cent of all sick leave in councils is attributed to stress (including, common mental health problems) and musculoskeletal disorders (including back problems). While not all of this absence can be attributed to work, there is significant potential for these conditions to have been caused by or made worse by work.

Both accidents and ill health cause significant financial losses and most of this cannot be insured against.

It is a statutory duty under Health and Safety at Work etc Act 1974 to secure, so far as is reasonably practicable, the health, safety and welfare of employees and others who may be affected by the councils activities. All elected members will therefore have an interest in the impact of health and safety management on their constituents, whether they are council employees, service users or clients. The delivery of services which do not place people at excessive risk should be of paramount concern to all councillors.

There are also individual responsibilities under the Act. Failure of individuals and organisations to comply can lead to unlimited fines and possible imprisonment.

As previously discussed, the Corporate Manslaughter and Corporate Homicide Act introduced a new offence of corporate manslaughter. Convicted organisations will face unlimited fines, which will be significantly greater than those for a death caused by less significant health and safety breaches.

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Enforcement of health and safety law

Health and safety law is enforced in local government by the HSE. It can proactively inspect premises or activities through their risk-based inspection programme. Inspectors have wide ranging powers including power of entry, the ability to take statements and confiscate property.

They may also visit to investigate reported accidents or complaints.

Inspectors can prosecute where there are breaches of legislation. They can also serve notices. An improvement notice requires the breach to be rectified within a specified period of time. A prohibition notice will stop an activity from continuing or prevent it starting. Failure to comply with notices is an offence.

Some councils are also enforcing authorities for health and safety legislation. Their inspectors have the same powers as HSE inspectors but they inspect different types of premises.

When someone is killed, investigations for possible corporate manslaughter will be undertaken by the police supported by HSE inspectors. HSE inspectors will continue the investigation into health and safety breaches if the police consider that there is insufficient evidence to continue an investigation for corporate manslaughter.



Definitions

Inspection is the process carried out by HSE-warranted inspectors which involves assessing relevant documents held by the duty holder, interviewing people, and observing site conditions, standards and practices where work activities are carried out under the duty holder's control. Its purpose is to secure compliance with legal requirements for which HSE is the enforcing authority and to promote improving standards of health and safety in organisations.

Investigation is a reactive process which includes all those activities carried out in response to an incident or a complaint to:

- gather and establish the facts
- identify immediate and underlying causes and the lessons to be learned
- prevent it happening again
- detect breaches of legislation for which HSE is the enforcing authority
- take appropriate action, including formal enforcement.

An investigation may range from an enquiry by a single inspector about a minor incident or complaint to a large enquiry involving a team of inspectors.

Enforcement means all dealings with dutyholders that result in the serving of notices; the withdrawing of approvals; the varying of licences, conditions or exemptions; the issuing of formal cautions; prosecution; and the providing of information or advice, face-to-face or in writing.

Prosecution is the taking of punitive action against a dutyholder following a decision-making process which is impartial, justified and procedurally correct.

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Responsibilities need to be understood

The principal duty holder under the Health and Safety at Work etc Act is the employer. However, the council through the leader and cabinet will set the direction for health and safety, through its strategy and policy, and allocate resources to make the strategy a reality. The strategy and policy will be implemented by officers and overseen by the chief executive as head of paid service and the senior management board made up of departmental directors. The chief executive and council leader will provide overall leadership on health and safety for the council and will sign off the health and safety policy statement.

Local Government Employers, and Welsh Local Government Association, together with the HSE are currently engaged in work to support the implementation of their strategy 'Be part of the solution' through local government. A key theme of this work is to encourage greater visibility and involvement of local government leaders in managing the real health and safety risks faced by councils.

Line managers have a responsibility to manage the health and safety of the people in their team in the same way they *would manage performance, discipline and attendance*.

All individual employees from the chief executive down are responsible for their own health and safety, that of other employees and others who may be affected.



Understanding the risks

The management of health and safety is based upon the premise of risk assessment.

What is risk assessment?

A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.

Don't overcomplicate the process.

In many organisations, the risks are well known and the necessary control measures are easy to apply. You probably already know whether, for example, you have employees who move heavy loads and so could harm their backs, or where people are most likely to slip or trip. If so, check that you have taken reasonable precautions to avoid injury.

When thinking about your risk assessment, remember:

- a hazard is anything that may cause harm, such as chemicals, electricity, working from ladders, or an open drawer
- the risk is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be.

Extracted from 'Five steps to Risk Assessment' – HSE leaflet INDG 163(rev2), revised June 2006



A council's health and safety policy

- The council's policy statement will provide the structure and processes of how health and safety will be managed within the council.
- It will need to demonstrate leadership within the council, but also identify the roles that everyone can play in managing health and safety.
- Everyone will have a responsibility within the policy – senior managers, managers, supervisors and staff.
- The health and safety manager or team don't 'do' health and safety - that is the responsibility of managers. They do provide the competent advice as required by law, support and expertise that councils need to meet their legal obligations. In a sense this is the same as accountants; they don't spend the money but ensure that those who do have the support to do so properly and legally, and that it is effectively managed, monitored and audited.
- The policy will be supported by good practice guidance to assist those responsible to carry out their duties under the policy.

Emphasis is placed upon actions of leaders and senior managers as the new offence of corporate manslaughter makes a direct link between senior management failure to manage health and safety and a death. It is likely that in addition to senior officers, portfolio holders will be involved in investigations should someone be killed as a result of management failures.



Exercise 2 – risk assessment process

Think about risk assessment as a process, and consider an activity within the council that you are familiar with.

What hazards exist in this service area?

Think about what people do in their jobs and how they do them. How are they affected?

Who could be at risk in this service area? Remember this might not be just employees.

Evaluate the risks. How likely is an incident to happen and how serious could the outcome be? Think about two of the most serious possibilities.

Take one of the risks you have identified and consider how the risk might be controlled to an acceptable level.

When would it be appropriate to review a risk assessment? What sort of things may make you think the latest assessment is no longer valid?

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Good health and safety management brings benefits

Effective health and safety management brings with it significant benefits to the organisation and individuals, both employees and service users as constituents. Some benefits are obvious, others less so. Obvious benefits for the organisation include fewer accidents and cases of occupational ill health resulting in lower employment costs, reduced absence, fewer accident investigations and fewer prosecutions. For individuals, reduced pain and suffering, less absence, a safe and healthy working environment and being able to be an active member of the workforce.

However, less obvious is the impact on staff engagement. Research has indicated that health and safety is a key component for securing staff engagement. An engaged workforce is more productive and innovative. These are key attributes required within the local government workforce as the country emerges from recession.



Training of refuse workers

Denbighshire Council was one of the first authorities to provide specialist training for their refuse and recycling workers who collect the bins bags and boxes from households.

Following the training the authority reported a reduction in injuries and absenteeism. It was also noted that the workers themselves were much happier in their work.

The workers put this down to the authority valuing them and their work, and investing time in providing them with relevant training to help them do their job more safely, which also made it quicker and easier to perform their tasks.



Exercise 3 – good health and safety management brings benefits

Think about health and safety management within a specific council activity, the people involved and the people it serves.

What are the clear and obvious benefits of effectively managing health and safety of the councils' employees?

What are the other benefits which are less obvious?

How are these benefits important during the current economic climate?

What could happen if the council failed to manage health and safety effectively? Think about the council as an employer and consequences for individuals.

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Health and safety is often used as an convenient but false excuse to **prevent** something from taking place. However, risk assessment correctly applied by competent people can do the opposite and ensure that appropriate and sensible controls are put in place to **allow** activities to take place. For example, it would be wrong to cancel a community event because you don't want to spend extra money on access for people with disabilities. People who use wheelchairs are able to abseil down cliffs because the risks have been properly assessed and controlled, so this is no excuse.



Getting health and safety right – sensible risk management

“We want to focus our attention on practical steps that protect people from real risks that can lead to injury and even death. We do not want to stop people from living their lives.”

Geoffrey Podger, chief executive, HSE

Elected members have a significant role to play in demonstrating their support for sensible health and safety, sensibly applied. Constituents would not be pleased to see community events cancelled because of poorly-thought through health and safety decisions. Or worse still, health and safety being used as a convenient excuse to cover up the real reason for cancellation. It is important that if an event or activity is not to go ahead because of genuine health and safety concerns, they should be effectively articulated to the organisers. Reasons must stand up to examination and evidence should be provided to support the position, in writing if necessary. Councils should work positively with organisers to ensure that health and safety is effectively managed to allow events to take place.



Sensible risk management

Risk management is about identifying significant risks and taking practical action to reduce them.

Sensible health and safety risk management is about:

- making sure that workers and the public are properly protected
- balancing benefits and risks, with a focus on reducing real risks – both those which come up most frequently and those with the potential for serious consequences
- enabling innovation and learning, not stifling it
- making sure that those who create risks manage them responsibly
- helping people understand that, as well as the right to protection from employers, they also have a responsibility for themselves and others.

Sensible health and safety risk management isn't about:

- creating a totally risk-free society
- generating endless paperwork
- scaring people by exaggerating or excessively publicising trivial risks
- stopping important recreational and learning activities for people where instead the risks could be managed
- reducing the protection of people from risks that could cause real harm.



Exercise 4 – Ensuring safe and successful community events

There is talk of a popular community event being cancelled because of 'health and safety reasons'. What kinds of information might you want to know before supporting or challenging the decision to cancel the event? Who might you want to help you ensure a safe and successful event?

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Failure to manage health and safety can have serious consequences

Managing the real risks and not being distracted by trivia is critical for protecting employees and the public from real harm and suffering. There are serious consequences for both organisations and individuals when health and safety management falls below the required standard. Breaches of the Health and Safety at Work etc Act 1974 and associated regulations and non-compliance with enforcement notices can result in substantial fines and imprisonment. Clearly, the impact of trial and sentence on an individual, including elected members, would be enormous.

Furthermore, where senior managers have failed to the extent that it amounts to gross breach of the duty of care and someone dies, the council could be prosecuted for corporate manslaughter. The fine upon conviction could run into millions of pounds together with other sanctions available to the court. Provisions exist for health and safety and corporate manslaughter charges to be tried in parallel.

If the conduct of an individual employee or elected member amounted to gross negligence and caused a persons death, then they individually could be prosecuted for gross negligence manslaughter. The maximum punishment is life in prison.

Also consider the impact of a prosecution in terms of individual and collective reputations and possible outcomes in terms of attitudes of the local electorate. It could clearly damage the relationship between councillors and their constituents. A very large fine may also take money away from services.



Accident statistics for local government employees 2008/09

Fatal	5
Major (for example, a serious fracture)	1803
Those needing more than 3 days off work as a result of the injury	8206



Examples of prosecutions

- A city council was fined £125,000 plus £40,000 costs after a refuse lorry killed an 11-year-old girl.
- A county borough council was fined £60,000 plus £22,000 costs after a man died in a care home. Poor maintenance and training was blamed.
- A metropolitan borough council was fined £400,000 and over £30,000 costs following a death.
- A district council was fined £18,000 plus £7,000 costs after problems with asbestos exposure at a leisure centre.



A landmark case – Barrow Borough Council

In 2002, an outbreak of legionnaires' disease at an arts and leisure centre run by Barrow Borough Council led to the deaths of seven people. Nearly 200 people were infected.

A case against the council for corporate manslaughter was dismissed under previous law. The council pleaded guilty under the Health and Safety at Work Act. Mr Justice Burnton said that he would normally have imposed a fine of more than £1 million, but he was reluctant as it would have had a direct impact on taxpayers and service provision. Even so, he fined the council £125,000 plus £90,000 costs.

“One of the purposes of a financial penalty is to demonstrate to those council taxpayers, to the electorate and to councillors the gravity of matters such as this”.

In his summing up of the case, he stated:

“The failings were not only at the lowest levels [...] those failings went all the way, I am afraid to say, to the top of the council in terms of its serving officers.

It is likely they went beyond the officers to the councillors, because there is no evidence that there was proper attention given to health and safety within the borough.”

Barrow Council leader Bill Joughin said:

“We had policies written on paper but [...] it was not part of the culture of the organisation, and there was no chain of command. We ticked all the boxes, but there was not a procedure which ensured it was all adhered to.”

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The elected member's role in health and safety

It is important to understand that elected members are not expected to be health and safety experts. The council is legally required to appoint competent health and safety advisors to help managers and members understand the technical and legal issues. The role and level of responsibility will also depend upon position held by the elected member.



The elected member's roles in practice

“Competence is not just knowledge, but the ability to apply that knowledge sensibly and proportionately, without being buried in paperwork.”

Judith Hackitt, HSE chair

“Councillors shouldn't micromanage, but should satisfy themselves that risks are being sensibly managed.”

Councillor Ceri Jones, elected member at Gloucestershire County Council

“We need to engage with chief executives locally on the real issues; at the moment 'bad news' incidents are what catch their attention.”

Councillor Apu Bagchi, elected member at Bedford Borough Council and deputy chair of the LGA HR Panel



Briefing of elected members on health and safety responsibilities

Bath and North East Somerset Council wanted to start engaging their elected members on health and safety issues. They brought in a national policy adviser and held a series of daytime and evening briefings. The briefing lasted two hours (including a break and question and answer session) and covered the following issues:

Drivers for improved health and safety governance

- business case
- Corporate Manslaughter and Corporate Homicide Act
- implications for local government of corporate manslaughter
- other government strategies.

Local government reaction to drivers for improvement

- health and safety responsibilities
- management response to corporate manslaughter
- officer and member leadership on health and safety
- elected member responsibilities on health and safety
- learning from mistakes.

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To demonstrate a strong commitment to health and safety, the council leader would be expected to sign off the safety policy statement along side the chief executive. They should demonstrate leadership on health and safety by setting an example to council staff and the wider community in what they say and do. This is particularly important in terms of ensuring a sensible approach to risk management, which is proportionate to the risks faced. They should understand the health and safety policy statement and their role on delivering its objectives. It is crucial that they have an appreciation of the strategic risks run by the council and the broad control measures in place to ameliorate the risks. The leader should be informed of significant health and safety issues (for example, serious accidents, investigations, potential and actual enforcement action including the serving of notices and prosecutions). The leader and the chief executive should work closely together to jointly promote a positive culture around health and safety within the council and its employees. Councils should aim to be exemplars in health and safety risk management.



What is leadership?

Health and safety leadership is all about accountability. It means taking ownership of risk and accepting responsibility for managing it. A health and safety leader is the person who drives cultural change by winning the support of directors, managers, workers and contractors. A leader fundamentally alters the corporate ethos so that health and safety becomes 'the way we do business around here'.

The cabinet – together with leader, and advised by officers – should take ownership and endorse the council's health and safety improvement strategy. The strategy will set out where the council wants to go and how it will get there. It should contain objectives and milestones, including leading and lagging indicators including accident and occupational ill health figures.. Members should receive regular reports from officers on progress. The cabinet should also be made aware of significant health and safety issues, immediately where necessary, and in cabinet reports portfolio holders should also ensure that adequate resources are allocated when setting budgets to secure the health and safety of the workforce and others who may be affected.

The cabinet will ensure that mechanisms are in place to consult with trade union safety representatives and other staff representatives on health and safety issues.

Portfolio holders should seek to demonstrate health and safety leadership within their departments. They should be aware of the significant risks within their area of responsibility and the measures in place to reduce risks. They should know who to approach for competent health and safety advice. Additionally, safety implications of decisions should be flagged up by officers within option papers.

The full council will approve the health and safety strategy and the scrutiny committee should be satisfied that the strategy is implemented and audited, and can question cabinet members on health and safety implications of policy decisions.

Elected members and in particularly the leader, deputy leader and cabinet members should receive suitable and appropriate training on health and safety to ensure they understand their role and responsibilities.



Leadership in practice

In 2003, Joyce Edmond-Smith of the Health and Safety Commission wrote to council leaders urging them to take their health and safety responsibilities seriously. She said:

“There is a collective responsibility for providing leadership and direction, which means that all elected members still have a responsibility for ensuring health and safety within the authority. The goal of effective management of occupational health and safety is more likely to be achieved where all elected members have a proper understanding of the risks, the systems in place for managing the risks and an appreciation of the causes of any failures.”

The Health and Safety Commissioner also recommended that:

- a senior elected member should be given responsibility for health and safety
- the elected member should be given training
- local authorities should set targets for reducing the number of injuries and cases of ill health
- regular reports should be produced on how targets are being met.

It is important that councillors support the principles of sensible risk management and seek to ensure that the council does not make health and safety pronouncements which go beyond what is required in the circumstances. All councillors should challenge officers and fellow elected members on health and safety decisions if they appear out of proportion. Using health and safety as a lazy reason to cancel events, for example, can make the council look bad in the eyes of the local community and attract very unwelcome national media interest, which could serious damage the reputation of the council. Furthermore, poor health and safety decisions will undermine the community’s confidence in the ability of officers and councillors to effectively manage the real risks and their ability to effectively secure public safety. Sensible risk management on the other hand will enhance the council’s reputation for pragmatic decision-making and protecting their community.

Sources of health and safety advice within the council

The first port of call when looking for advice on health and safety should always be your council’s competent health and safety adviser. Councillors may also want to raise any broad health and safety issues they have with the relevant chief officer who may then seek technical advice.

The competent adviser should have a detailed knowledge and understanding of the council’s health and safety risks and the measures in place to control them. This person will usually either be a chartered member of the Institution of Occupational Safety and Health (IOSH) or be working towards chartered status.

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The adviser should understand the limits of their expertise and recognise when it may be appropriate to seek expert external advice on a particular issue.

Other sources of internal advice include trade union health and safety representatives. Some councils have environmental health officers (EHOs) employed as health and safety inspectors.

EHOs can also formally provide the competent advice to the council as required by law as well as acting as health and safety regulators for local business.

It is a legal requirement for the council to have access to competent health and safety advice.



Exercise 5 – elected member roles in health and safety management

What crucial role do you think the leader of the council has in relation to health and safety? What actions should a leader take to fulfil this role?

What should the council leader know about health and safety within the organisation?

What should a cabinet member know about health and safety within their area of responsibility?

What is the role of scrutiny and backbenchers in management of health and safety within the council?

Where can councillors get health and safety advice? Is there a legal requirement to have access to health and safety advice?

A final word and next steps

The intention of this booklet is not to turn elected members into health and safety experts. It is to broadly outline how health and safety responsibilities impact upon councillors in fulfilling their role as an elected representative.

Councillors will also appreciate that as they achieve higher office their role will change and they will need to work more closely with officers to ensure they have the appropriate overview and appreciation of their role in health and safety leadership and management.



Where do you go from here?

Look back over the material contained in earlier sections of this workbook and consider the following:

What key action points can you identify to improve the way that you support the management of health and safety in your council? What three or four things might you start doing, keep doing or stop doing?

1 _____

2 _____

3 _____

4 _____

Have you identified any gaps in your knowledge or shortcomings in your personal skills in this area? If so, set these out below and identify how any further training or development might help you. For example, further reading/research, attending courses, coaching, mentoring, or work shadowing.

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Health and safety of council employees will impact upon the services provided and also the local community because councils recruit from the community they serve.

It is important to appreciate that an appropriate system for managing health and safety risks is seen as an enabling tool which when properly applied, allows things to happen. Health and safety should not be used as an excuse to curtail events or activities. Events should only be stopped if they present a risk so great that even with the advice of a competent person it is not possible to provide adequate control measures. Councils, their employees and councillors must ensure that a sensible approach is taken to health and safety at all times.

The aim should be to effectively control the real risks; that is the ones that could will lead to serious injury. It is not possible – nor desirable – to create a risk-free society, but real risks must be managed.

Appendix A – sources of further information

www.hse.gov.uk

The Health and Safety Executive (HSE) is the regulator whose inspectors visit and inspect local authorities for compliance with health and safety legislation. The HSE website contains the latest news, events, guidance and publications on health and safety. It should be the starting point when searching for health and safety information for the UK.

www.wlga.gov.uk

The Welsh Local Government Association (WLGA) represents Welsh local authorities, though there are some functions which are undertaken by Local Government Employers on behalf of Wales. The WLGA website contains information on workforce issues including health, safety and wellbeing.

www.local.gov.uk/employers

Local Government Employers (LGE) is the principle negotiating body for local government pay and terms and conditions in England and Wales. The LGE website contains information on workforce issues including health, safety and wellbeing.

www.iosh.org

The Institution of Occupational Safety and Health (IOSH) is the professional body which represents health and safety practitioners. The IOSH website includes news items, events and current campaigns as well as useful toolkits.

www.iosh.co.uk/guidance

Further information on health and safety issues for councillor can be found in the booklet 'Think about health and safety – What elected members of local authorities need to know'.

www.gmb.org.uk

The GMB is the general union which has significant membership in the local government sector and a significant number of safety representatives working within councils. The GMB website contains information on health and safety which is used by their safety representatives and their members.

www.unison.org.uk

UNISON is the largest public sector union and has many members and safety representatives working in local government. The website contains a health and safety section.

<http://osha.europa.eu/en>

The European Agency for Health and Safety at work is based in Bilbao, and works with governments, employers and workers to promote a risk prevention culture. Its website contains detailed information on health and safety issues within Europe including the European strategy for health and safety. There is also information that supports current health and safety campaigns.

www.legislation.gov.uk

This website brings together all UK legislation, including all acts and regulations relating to health and safety.

www.britsafe.org

The British Safety Council (BSC) is a major provider of health and safety training and audit. They are also strongly committed to training young people and provide free training for school children as part of their charitable activities. The BSC website contains information relating to their courses and training.

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www.rosipa.com

The Royal Society for the Prevention of Accidents (ROSPA) is a major provider of occupational health and safety training and audit. ROSPA is also a campaigning organisation and involved in preventing accidents in the home, on the road, and in leisure activities. The ROSPA website contains information regarding all their activities.

Appendix B – principal health and safety legislation

Health and Safety at Work etc Act 1974

The act sets out the general duties of employers to secure, so far as reasonably practicable, the health, safety and welfare of its employees and others who may be affected by the council's activities including clients, service users and the general public. The act also applies duties to individuals to protect their own health and safety and that of others. It also outlines the powers of inspectors including issues relating to enforcement action such as serving improvement and prohibition notices.

Management of Health and Safety at Work Regulation 1999

The regulations introduce the requirement to assess the risks affecting employees while they are at work, as well as the risks affecting other people which arise from the work activity. Adequate controls must be put in place to reduce risks to an acceptable level and the significant findings of the assessment must be recorded. They also include the requirement for employers to have access to competent health and safety advice.

Health and Safety (Display Screen Equipment) Regulations 1992 (amended 2002)

The regulations lay down minimum standards for the design, and adjustment of work stations incorporating display screen equipment (DSE), which essentially means areas with computers. They also include provisions for eye tests for DSE users and training in how best to position equipment.

Manual Handling Operations Regulations 1992 (amended 2002)

The regulations require that hazardous manual handling activities be avoided where reasonably practicable and if this is not possible, manual handling operations should be assessed and measures put in place to reduce the risks associated with the activity.

Workplace (Health, Safety and Welfare) Regulations 1992

The regulations lay down minimum standards for workplaces including heating, ventilation, lighting, cleanliness, working space, pedestrian and vehicle traffic routes, and sanitary provision.

Provision and Use of Work Equipment Regulations 1998

The regulations lay down the minimum standards for any equipment used at work. Work equipment should be suitable and safe for the intended use, inspected and maintained in a safe condition and users should receive adequate training.

Control of Substances Hazardous to Health Regulations 2002 (as amended)

The regulations require that that an assessment is carried out to determine the risk presented by hazardous substances that are used or present in the workplace and identify the measures needed to control that risk. Other provisions require health monitoring air monitoring, provision and maintenance of control measures and adequate training for staff.

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Electricity at Work Regulations 1989

The regulations lay down standards for ensuring safety in the use of electricity at work, including means of isolation, earthing, competency of persons working on electrical systems, testing and live equipment.

Work at Height Regulations 2005 (as amended)

The regulations apply to all work at height where there is a risk of a fall liable to cause personal injury. They require that measures are put in place to prevent people falling.

Safety Representatives and Safety Committees Regulations 1977 (as amended)

The regulations apply to workplaces where there is a recognised trade union. Employers should establish a safety committee, allow the election of trade union safety representatives and consult with safety representatives on issues relating to health and safety.

Health and Safety (consultation with Employees) Regulations 1996 (as amended)

The regulations provide for consultation with employees in workplaces which are non-unionised or who are not covered by representatives from a recognised trade union.

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Local Government Employers

Local Government House

Smith Square

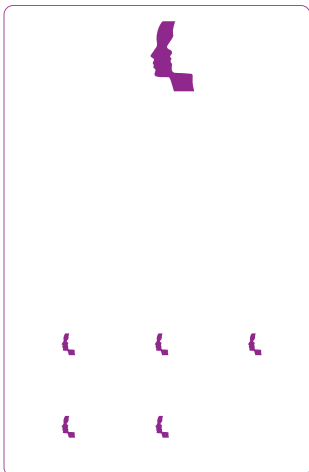
London SW1P 3HZ

Telephone 020 7664 3000

Facsimile 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk



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