



STRATEGIC PLAN

HEALTH AND SAFETY IN THE DISTRICT COUNCIL ENFORCED
BUSINESS SECTORS IN NORTHERN IRELAND
2009 - 2011

HELANI

HEALTH AND SAFETY EXECUTIVE
FOR NORTHERN IRELAND/
LOCAL AUTHORITY ENFORCEMENT
LIAISON COMMITTEE

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Chief Environmental Health Officers Group N.I.

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HELANI is a joint HSENI and District Council strategic committee. Its mission is:
To develop and maintain a synergistic working partnership between HSENI and District Councils to improve occupational health and safety standards in Northern Ireland in an effective, consistent, proportionate and targeted manner.

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Foreword

I am pleased to present the third HELANI Strategic Plan covering the period 2009 -2011. The Plan sets out the framework and strategic direction for the regulation of health and safety at work across district council enforced sectors in Northern Ireland.

The period covered by this Plan will be one of enormous challenges for local government as it prepares for the radical changes being introduced under the Review of Public Administration.

By 2011 there will be 11, rather than 26, district council areas with more wide-ranging functions, particularly in relation to community planning. These changes require a much more strategic approach to partnership working and HELANI is therefore using this opportunity to bring a more cohesive focus to the management of health and safety enforcement and promotion.

The Plan lays the groundwork for joint planning on targeted initiatives and focused promotional campaigns, a sharing of resources and expertise and, in a real sense, a truly Northern Ireland wide, co-ordinated approach to the regulation of health and safety at work.

I would encourage all District Councils to endorse the principles underpinning this Strategic Plan and adopt its themes and priority issues as we work together to improve standards of service delivery at the regional level.

Brenda Maitland
Chair of HELANI



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Endorsement by the Chief Environmental Health Officers Group (CEHOG)

There has been a long history of partnership working between the Health & Safety Executive for Northern Ireland and those undertaking the health & safety regulatory function in Northern Ireland's District Councils. This would be expected of organisations that share the responsibility for ensuring high standards of workplace health & safety across Northern Ireland. Not to work in this way would rightly attract criticism about effectiveness and efficiency in terms of how we use public money. However, despite our joint history and the many examples of effective joint initiatives and partnership; in recent time we have come to recognise that both district councils and HSENI could do better. Although we had previous plans linking our organisations, we now need to go further, to mobilise and support a much closer union between the Health & Safety Executive and Local Government that will challenge the partners to be more proactive and innovative in the use of the differing resources of both organisations to best effect in addressing the needs of the business community, their employees and their customers.

This Strategy is one element of a renewed joint commitment that will drive the partnership forward. It comes at a time of particular challenge, (that will see businesses under economic stress and the public sector finances straitened), and at a time of significant change (during which Northern Ireland Councils are set to change not only in number but in function), and will need strong support if it is to be taken forward successfully. I am very pleased to note that the Strategy will be supported by the implementation of a recently adopted Statement of Intent and Strategic Framework which bind both local government and the Health and Safety Executive into a defined relationship, nurturing and monitoring the developing partnership and establishing joint project management arrangements for the delivery of health and safety.

As we move forward into new arrangements for public administration that will see a stronger role for district councils in the coordination of community plans within their areas, joint agreements between organisations with shared aims will become the vital linkages in delivering the community planning processes, committing resources and holding all to account under agreed performance management measures. This Strategy and its supporting Statement of Intent is therefore a welcome precursor to arrangements to come and on behalf of CEHOG I am very pleased to commend it to all as a working document that will help direct and focus our work up until the changes in 2011. Post 2011 it is hoped that there will be one jointly agreed health and safety strategy for Northern Ireland. The HELANI Strategy 2009-2011, together with the other developments I have mentioned, will take us several steps further towards reaching this goal.

Barry Heywood
Chair of CEHOG





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Introduction

The Health and Safety Executive for Northern Ireland (HSENI) and the 26 District Councils share responsibility for securing health and safety at work standards in Northern Ireland. District Councils and HSENI apply similar legislation in different business sectors. It is imperative therefore that their respective work programmes are complementary and that common goals and objectives are shared.

In June 2000, the Health and Safety Executive/Local Authority Liaison Committee for Northern Ireland (HELANI) was established as an HSENI Board Committee. HELANI, which has representation from both HSENI and the District Councils, is a strategic committee. Its mission is to develop and maintain a synergistic working partnership between HSENI and District Councils to improve workplace health and safety standards in Northern Ireland in an effective, consistent, proportionate and targeted manner. The committee meets at least 3 times per year and is chaired by an HSENI Board member, currently Mrs. Brenda Maitland.

This, the third HELANI Strategic Plan covering the period 2009 – 2011, seeks to build on the good work achieved to date, by continuing to focus District Councils on the priority issues to be tackled in improving health and safety standards over the next two years.

The strategic plan also contains for the first time the report of District Council activity (see Appendix 1). Although previous reports have been produced as separate documents, the HELANI Committee approved the incorporation of the report detailing the period 2007 – 2009 into this strategic plan so as to clearly recognise and commend the commitment and hard work shown by District Councils in implementing the previous plan (2005 – 2008, extended to 2009).

In particular the Plan aims to: -

- Set broad strategic and policy direction for District Councils for the production of realistic and effective Environmental Health or service plans;
- Provide sufficient direction and focus to enable District Councils to make a contribution to the

HSENI strategic vision of health and safety standards in Northern Ireland;

- Facilitate the development of new partnership arrangements and more cohesive and complementary planning arrangements between HSENI and District Councils;
- Assist District Councils to raise the public and political profile of health and safety so that it is recognised as a vital component of worker and public protection, which contributes to local health and well being;
- Provide a mechanism by which the HELANI Committee will keep under review both how well the partnership between HSENI and District Councils is working and the contribution that District Councils are making to the HSENI strategic vision of health and safety standards in Northern Ireland.

The Strategy has been developed with reference to HSENI's Corporate Plan 2008 – 2011 and the Health and Safety Executive Board's new strategy – The Health and Safety of Great Britain \\\ Be part of the solution. It takes account of the Investing for Health Strategy and of the small business economy that exists in Northern Ireland.

The Plan identifies three broad strategic themes.

- Effective management of the health and safety function that ensures appropriate targeting of resources and a balanced approach to achieving improved health and safety standards;
- A focus on specific workplace health and safety priority issues;
- Partnership working and the full engagement of stakeholders including small businesses and their representative groups.

Policy Context

Workplace Health and Welfare Reform

The health of the people of Northern Ireland is one of the overarching priorities for Government and without question workplaces have an important role to play in contributing to the overall health of our community. This is clearly recognised in the public health strategy, Investing for Health, which identifies the workplace as a priority setting for tackling health inequalities. In addition the workplace health strategy, Working for Health, has the vision to create 'A work culture that protects, promotes and supports health and wellbeing'.

The costs of working age ill health to Britain are large by any standards. Dame Carol Black estimated that the annual economic cost of ill health in terms of working days lost and worklessness was over £100 billion, equivalent to the annual running costs of the NHS. The Confederation of British Industry (CBI) estimated that in 2007, 172 million working days were lost due to absence, costing employers £13 billion. Local statistics are more difficult to estimate due to the reduced population sample size compared with GB. However the most accurate local data (based on a 3 year rolling average from winter 2004 to first quarter 2007) indicates that 30,000 persons suffered from a work related illness or disability that was caused or made worse by a job or work done in the past.

It has been estimated that 29,000 scheduled working days were lost per week due to absence during January - March 2008 in Northern Ireland. In this survey period, one in six persons of working age (188,000 or 17%) also indicated they had a long-term health problem affecting either the amount or kind of paid work they could do. Of these people, 38% had health problems associated with mobility of the limbs (arms, hands, legs, feet, back or neck), with a significant number also reporting absence related to mental illness, including depression.

Against a backdrop of a wider economic downturn both taxpayers and businesses can ill afford to bear these largely unnecessary costs. The Carol Black review showed that there are about 2.6 million people on incapacity benefits in GB and

600,000 people make a new claim each year; of these, half had been working immediately before they moved onto benefit. But the costs of ill health cannot be measured in pounds and pence alone.

In a wider context a report produced by the Commission on Social Determinants of Health in 2008, 'Closing the gap in a generation - health equity through action on the social determinants of health' recognised 'fair employment and decent work' as a key element in reducing health inequalities. Employment and working conditions have powerful effects on health equity. When these are good, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychological hazards.

Evidence shows that, in general, being in work is good for health and worklessness leads to poorer health. It is clear therefore that all health and safety regulatory authorities need to do more to support employers to ensure workplaces are healthy and safe, promote the wellbeing of their workers and facilitate a return to work when people develop a health condition or impairment.

Review of Public Administration

Streamlining the delivery of public services in Northern Ireland lies at the heart of the ongoing Review of Public Administration with significant changes already apparent in the health sector in the shape of the new regional Board and the Public Health Agency. By 2011 the existing structure will be reduced to eleven new councils with more functions, particularly around planning control and regeneration. Councils will also have a new power of wellbeing and a responsibility for community planning in their respective areas. This in effect means that there will be a much more strategic approach to partnership working at local levels and a much greater connection with the needs of local people. This will reinforce the stronger partnership arrangements with HSENI as things move forward.

In particular, Councils will have a wider agenda around health and wellbeing and the foundations for this are already being set through the development of new joint working arrangements with the Public Health Agency and a number of the

new Council areas. New joint teams will be established in these areas and there will be a clear link into workplace health.

Partnership Arrangements

HSENI and the District Councils' Chief Environmental Health Officer Group have been working to develop new partnership arrangements based on openness, shared responsibility and joint planning and delivery at all levels. Within these new arrangements there is agreement for the need to plan effectively together, regionally and locally, strategically and operationally and to apply collective resources in the most effective way in order to raise workplace health and safety standards across Northern Ireland and to improve the overall economic and social wellbeing of our communities.

It is intended that the improved partnership arrangements between HSENI and the District Councils will help to overcome a number of issues and challenges that currently exist within the regulatory system in Northern Ireland and will enable all health and safety enforcing authorities to work together more effectively in tackling both regional and local workplace health and safety priorities.

A set of proposals has been developed which include a statement of intent that has been signed by both HSENI and the Chief Environmental Health Officer Group and an agreed joint strategic framework that identifies a set of guiding principles for the health and safety regulatory system in Northern Ireland.

The statement of intent sets out 3 main commitments:

- Agree a joint strategic framework that identifies a set of guiding principles for the health and safety regulatory system in Northern Ireland;
- Work together to develop arrangements that will embed and deliver closer partnership working;
- Introduce a system that will facilitate effective joint planning and delivery at all levels between HSENI and District Councils;

In these hard economic times there is an ever increasing expectation on regulatory authorities to work collaboratively in a way which truly effects improvement on the issues that have greatest impact on the Northern Ireland working population, the general public and the economy; both the framework and the statement of intent provide the basis to do this. Copies of both documents are attached in Appendix 2.

Small Business Economy

Competitive small businesses are vital to the Northern Ireland economy. There are approximately 85,000 small and micro businesses in Northern Ireland. Yet one of the biggest barriers to the success of the small business is that associated with the failure to manage workplace health and safety. The fatal accident rate in businesses with fewer than fifty workers is around twice that of larger companies and it is estimated that work related injuries, ill health and non injury accidents cost the Northern Ireland economy a staggering half a billion pounds per year.

Regulatory bodies such as HSENI and District Councils are often perceived as posing a threat to businesses, particularly small businesses, and hence they are not always used as a source of advice and assistance. These misconceptions must be overcome.

In attempting to break down the barriers that exist between regulatory bodies and businesses, HSENI and a number of District Councils have established individual small business advice services. These services provide independent advice to businesses across Northern Ireland and District Councils should consider how they could link into and use these services when planning how best to deliver effective support to small businesses in the future.

District Councils already undertake economic development functions, which will be extended following RPA in 2011 and officers have a good knowledge of local businesses. District Councils are therefore well placed to deliver local initiatives that could be integrated with other forms of assistance to improve business growth and competitiveness.

Health and Safety Executive Strategy – The Health and Safety of Great Britain \\ Be Part of the Solution

In June 2009 the Health and Safety Executive (HSE) launched its new strategy in a document titled "The Health & Safety of Great Britain \\ Be Part of the Solution".

The new strategy adopts some strong language on the effects of bad health and safety on workers, the need for more justice and accountability, health and safety as a right not a privilege, and the role of the HSE as an enforcer. The Strategy's emphasis on 'the need for strong leadership' and on the importance of "worker involvement" and "safety reps" in particular are welcomed, strengthening the new HSE guidance on Worker Involvement issued at the end of 2008.

The HSE 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 an improved health and safety performance;
- To ensure that those who fail in their health and safety duties are held to account.

The HSE is inviting employers to sign up to a pledge to agree to play a part in the new Strategy, in reducing the numbers of work-related deaths, injuries and ill-health in Great Britain - to put health and safety at the heart of what they do - to recognise the importance of health and safety - to commit to working with the Health and Safety Executive and its partners - and to 'Be Part of the Solution'.

This new strategic approach in Great Britain emphasises the need for District Councils throughout Northern Ireland and HSENI to continue to work together to provide strong leadership and to improve stakeholder involvement; and it is clear that the objectives within the GB strategy should be considered in developing future collaborative approaches.

Strategic Themes for District Councils

The policy context has identified and explored the issues perceived to be most pertinent for District Councils over the next two years. HELANI believes that District Councils can effectively contribute to the strategic direction for health and safety in Northern Ireland, and do so in a manner that compliments the HSENI Corporate Plan, by working to three broad strategic themes: -

1. Effective management of the health and safety function that ensures appropriate targeting of resources and a balanced approach to achieving improved health and safety standards;
2. A focus on specific workplace health and safety priority areas. These areas are considered to be either responsible for a disproportionate number of cases of ill health and injury or are issues which need to be proactively addressed on a collective basis over the next two years;
3. Partnership working and the full engagement of stakeholders, including small firms and their representative groups.

On the following pages, guidance is given on how District Councils can work to these strategic themes. This guidance is not intended to be restrictive in any way, and should permit individual Councils or Group Environmental Health Committees to be imaginative and consider new approaches to develop more effective interventions.

The strategy recognises that District Councils are uniquely placed to explore the possibilities for integrating workplace health and safety with their other functions at a local level, and in doing so can make a major contribution to public health and community well being.

HELANI, the Local Authority Unit of HSENI and the NI Local Authorities Health and Safety Liaison Group (HSLG) will encourage and give appropriate support to individual District Councils and Group Environmental Health Committees in the delivery of the strategy.



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HELANI is of the opinion that the effective management of the health and safety enforcement function by District Councils is vital to the achievement of improved workplace health and safety standards in Northern Ireland.

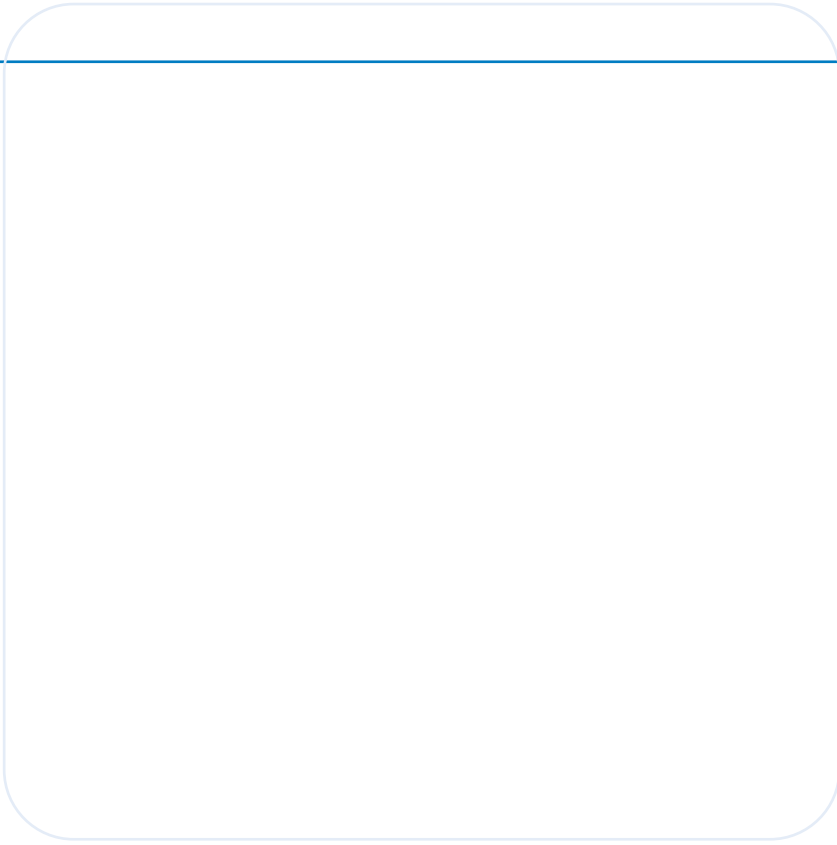
In particular District Councils should:

- Continue to implement all elements of HSENI Article 20 mandatory guidance;
- Provide an open, transparent and responsive enforcement service in order to demonstrate adherence to the better regulation principles of consistency, transparency, proportionality, targeting and accountability;
- Produce Environmental Health service plans that incorporate specific key tasks and targets to deliver an effective health and safety service. In this regard plans will need to reflect both the priorities set out in the HELANI strategy and take account of future legislative reform, particularly where this will have an impact on resources. Plans should achieve the right balance between the various forms of intervention to maximise impact and address the provision of adequate resources to the function and the prioritisation of those resources;
- Follow HELA prioritised planning advice on intervention programmes and an inspection rating system to ensure that service plans both target the higher risk premises/activities and reflect the need to develop interventions that are more likely to secure improvement in workplace health and safety;
- Ensure they have robust review and improvement mechanisms for the service that will allow them to achieve compliance with HSENI Article 20 mandatory guidance and demonstrate best value. District Councils should participate in the Group – led audit

programme and complete the CEHOG quality and performance matrix for health and safety. District Councils should have transparent performance targets and monitor themselves against these on a regular basis;

- Deploy trained and competent inspectors. The assessment, development and maintenance of competency are essential elements of the service and require to be adequately resourced and clearly documented. It is essential that authorisation remains limited until an officer's personal and professional skills have developed to the extent that they can prove proficiency and competence in the areas where their powers have been reserved;
- Ensure they have suitable systems to both collect and report information in order to develop intelligence locally and contribute to regional statistics for the purposes of providing the evidence base on which to plan future interventions and strategies;
- Ensure closer partnership working and follow the guiding principles within the new Joint Strategic Framework through the transition period leading up to implementation of the Review of Public Administration.

Effective Management of the Health and Safety Function





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In determining the priority issues for District Councils in Northern Ireland, HELANI has taken into account:-

- The HSENI Corporate Plan 2008–2011;
- Strategic approaches within Great Britain; and
- Local issues already being addressed by District Councils that are likely to continue over the 2009-2011 period.

The priority issues, as listed below, are broadly similar to those featured within previous strategic plans. They are:-

- Musculoskeletal disorders (MSD)
- Work related stress
- Falls from height
- Workplace Transport
- Slips and trips
- Vulnerable workers
- Disease reduction including Asbestos & Legionella
- Noise
- Risk assessment

Excellent work has already been undertaken by District Councils since 2002 to address the priority issues but HELANI recognised that to be effective in bringing about long-term improvements in health and safety standards, a commitment and focus for a further two years, and perhaps even longer would be required.

Much valuable information, guidance and case studies already exist for the majority of the priority areas identified within this plan and can

be accessed via the HSE (GB) website or earlier reports of District Council activity produced by HELANI.

District Councils should consider how best at local, Group and regional level they can plan their activities around the priority areas to maximise both their resources and impact. Contributions are likely to take the form of enforcement, promotional and advisory interventions, which can also offer opportunities for the development of officer competency and improved co-operation and joint working arrangements between regulators and also with external agencies.

Recommendations on how to address priority issues within this report are considered under the following three headings: -

- Joint work streams (HSENI and District Councils);
- Targeted activity at local level (proactive inspections and reactive investigations); and
- Other interventions.

1. Joint Work Streams

A number of priority issues are subject to joint planning arrangements currently, particularly as a result of work undertaken under the banner of “Working for Health”.

These include: -

- Musculoskeletal disorders (MSDs);
- Work related stress; and
- Disease reduction (occupational asthma, contact dermatitis, asbestos).

The overall aim of the priority workplace health programme group, a joint HSENI and District

A Focus on Workplace Health and Safety Priority Issues

Council group set up under phase II of Working for Health, is to develop and deliver a programme of priority workplace health projects and campaigns to raise awareness, improve levels of compliance and influence attitudes to workplace health.

The agreed business objectives of the group are:

- To develop and deliver a suite of projects and initiatives aimed at *reducing incidence* of MSD, focusing on improving levels of compliance and *promoting rehabilitation* and *effective absence management* across identified high risk workplaces over a three year period;
- To develop and deliver a 3 year targeted programme aimed at improving the management of stress in the workplace and *promoting good mental health*;
- To develop a series of targeted and coordinated projects to *improve awareness and compliance* in relation to selected causes of work related ill health.

In addition, discussions between HSENI and District Council inspectors have identified a number of issues where joint work can be taken forward over the next two years.

These include: -

- Workplace Transport, where closer working arrangements between regulators can lead to enhanced safety standards and a consistent regulatory message along the entire supply chain;
- Disease reduction, workplace transport, manual handling and noise, as part of a joint awareness and enforcement initiative targeting the woodworking industry;
- Vulnerable workers, particularly young workers, through District Council partnerships established with the education sector linking

with HSENI's Safe Start Campaign;

- Legionella control, where sharing local intelligence and training opportunities can ensure the continuation of high quality surveillance and response arrangements. Other interventions that may be explored would include a joint awareness raising campaign and support to businesses for risk assessment training.

2. Targeted activity at local level

Across all priority areas Councils have the opportunity to plan their proactive inspection visits and focus their reactive investigations (accident and complaint notifications) to ensure that resources are directed where they can have the greatest impact on accident, injury and disease prevention. Recent revision of the LAE1 reporting format now allows for activity to be reported under priority area headings, in order to assist Councils to demonstrate a focus on these areas and hence implementation of the HELANI Strategy.

In addition to integrating inspection programmes with visits that may be required for participation within agreed joint work streams, each Council should identify within their annual inspection programmes where (and also which) priority areas can be addressed with local businesses and utilise appropriate HSE inspection topic packs and HSLG guidance to this end.

In responding to accident notifications and complaints about work activities or premises, a direct link with a priority area should be considered as one of the main selection criteria when deciding if an investigation is warranted.

To further assist Councils, various sectors and activities have been identified as requiring particular attention by inspectors, because they have been shown to experience or expose employees to higher levels of risk or because the higher turnover of staff in those sectors means an increased risk of exposure to harm.

These are:

Musculoskeletal Disorders (MSD)

- Catering and hospitality
- Residential care
- Deliveries and handling by supplier/retailer
- Checkout handling of goods
- Call centres, offices and banks (DSE specifically)

Work related stress

- Banks
- Insurance Businesses
- Call centres

Falls from height

- Retail
- Wholesale
- Offices
- Leisure and entertainment
- Catering
- Accommodation

Workplace transport

- Supermarkets
- Warehouse and distribution depots
- Builders' merchants, timber merchants etc.
- DIY outlets
- Garden centres, caravan sites and golf courses

- Fuel oil depots
- Car showrooms (car transporters)

Slips and trips

- Food retail and wholesale
- Hairdressers
- Hotels (with own restaurants/catering)
- Restaurants and fast food premises
- Recreation and leisure sites

Vulnerable Workers (target groups)

- Temporary and agency workers
- Young workers
- Disabled workers
- Pregnant workers
- Elderly
- Migrant workers

Disease Reduction & Noise

- Bakeries, DIY outlets and builders' merchants (occupational asthma)
- Older industrial sites/premises converted to multiple units (asbestos)
- Catering, Motor Vehicle Repair, hairdressing and beauty premises (dermatitis)
- Premises offering live entertainment (Noise)
- Accommodation, leisure facilities and garden centres (Legionella)

3. Other Interventions

District Councils enjoy close connections with their local business communities and are linked across a range of networks and partnerships that extend beyond the health and safety function. Thus they have good experience of developing and delivering a range of innovative non-inspection interventions, often involving a variety of partners to help disseminate key health and safety messages. In many cases interventions start at a local individual Council level, and once evaluated and reported, are developed into co-ordinated group or regional initiatives.

Examples of interventions that might be considered in relation to the priority areas include:

- Promotional initiatives such as:-
 - Targeted awareness raising sessions,
 - Council website development,
 - Articles (council newsletters, local newspapers etc.) and press releases,
 - Provision of free literature to businesses during and after visits,
 - Mail shots to target groups or to coincide with health or safety related - dates/events,
 - Responding to requests for information /talks from local groups (business and community)
 - Signposting external training events and training organisations, and
 - Developing new targeted literature for businesses;
- Commissioning or conducting research to enhance the local and regional evidence base;
- Promoting health and safety through leading by example both corporately and when on business premises in an inspection/investigation capacity;
- Training and development opportunities for officers to improve their knowledge and understanding of the topic areas and any related technologies, the role of other agencies, and evidence-based practice;
- Assistance to business such as:-
 - Developing or supporting independent business support services,
 - Purchasing resources that can be offered to businesses (and other partners) such as training DVD and test equipment,
 - Providing assistance to business start-up training packages, and
 - Offering targeted training sessions and/or risk assessment skills training (either generic or risk specific) to businesses in order to improve access to training opportunities (local delivery, lower cost, etc.)



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For health and safety enforcing authorities to maximise effective use of resources and achieve the desired outcomes, it is critical that they seek to fully engage all stakeholders. It is also vital that all networks are fully explored and utilised and that holistic and synergistic approaches are developed with other organisations that have a shared interest in health and safety.

In particular District Councils should address:

- The needs of small businesses to properly manage health and safety. This may include the provision of targeted health and safety information, advice and training and the signposting of other services or sources of assistance. Where Councils are able to invest in local partnership arrangements in support of business or can resource independent advice services they should share their experiences with others. District Councils should also continue to work closely with HSENI's small business advisory service (Health & Safety Works NI) and the NI Workplace Health Network in order to effectively support the small business economy within Northern Ireland;
- The potential for engaging intermediaries, such as trade and professional bodies, the Northern Ireland Safety Group and those agencies which support business growth and development in order to influence and motivate employers and to deliver key health and safety messages;
- The continued development of partnership arrangements between HSENI and District Councils and the potential for adopting memoranda of understanding with other enforcement agencies in order to improve channels of communication, to avoid duplication of effort, and to ease the burden on business;

- The need to improve contact with employee representatives or safety representatives during and following inspections, investigations and other interventions and to encourage employers to undertake effective employee consultation on health and safety issues;
- The mechanisms by which they can utilise other Council functions to deliver health and safety messages such as economic development, community safety and home safety. Opportunities should also be explored to identify other policies and initiatives through which workplace health and safety could be promoted such as Investing for Health Partnerships, Health Action Zones, Healthy Cities, etc;
- The potential for engaging with the educational, community and voluntary sectors as partners for the delivery of information and training;
- The improvement of existing communication channels with building control services and architect firms in order to influence building design, particularly in relation to adequate storage provision, safe access to heights, the segregation of pedestrians and vehicles and the selection of flooring materials;
- The mechanisms for improving consultation with local businesses both to improve service delivery and to help businesses engage with health and safety more effectively.

3 Partnership working and the engagement of stakeholders



Report of District Council Activity 01.04.07 to 31.03.09

Introduction

The 26 District Councils each produce an annual report of their health and safety activity in the form of the LAE 1 return. Each of the four Groups provides a similar annual account (the LAE 2 return). The returns are made to HSENI where relevant statistics are collated and incorporated into NI report for Europe. Historically the statistics and case study information are also then used to produce a HELANI report.

Combining the HELANI report with the strategic plan on this occasion has meant that case study information has not been taken from LAE 1 & 2 returns for the periods 2007-2008 and 2008-2009. Rather, the report of District Councils health and safety activity for this two-year period will be presented in a condensed format, featuring a list of work undertaken to assist with the implementation of the strategy (guided by NIHSLG work programmes) and the main intervention statistics.

District Council Health and Safety Activity: Strategic Themes

Theme 1: Effective Management of the Health and Safety Function

- The final piece of mandatory guidance (auditing) was prepared and issued. An auditing protocol detailing the new group-led audit process and programme for Northern Ireland was also produced as a HELANI circular and sent to Councils. The audit programme commenced in 2008 when a total of seven council audits were completed.
- The LAE 1 return format was reviewed and updated. New codes were introduced to capture inspection and non-inspection activity targeted to priority areas. The new return became operational in the 2008-2009 period.
- RIDDOR guidance was produced and circulated to Councils to improve reporting accuracy for statistical returns. The quality and performance matrix guidance was also amended to reflect new verification processes.

- In response to the release of an inspection toolkit by HSE, the guidance on contact with employees and their representatives was updated and re-issued to Councils.
- Meetings were held in 2007 and 2008 with HSENI colleagues to address operational planning issues and to identify common areas of work for inclusion in NIHSLG and HSENI work plans.
- Training exercises were successfully delivered covering pesticides and lift and escalator safety.

Theme 2: A Focus on Priority Issues

- Phase 2 of the Backs NI Initiative, targeting the care sector and running in conjunction with the European SLIC Campaign 2008, was delivered by the 26 District Councils and HSENI.
- Businesses visited in Phase 1 of the Backs NI Initiative were supported with promotional literature. Assistance was provided in the delivery of a Workplace Health Network workshop in 2008 addressing manual handling and back care issues.
- NIHSLG established a vulnerable workers working group in 2007 and conducted preliminary research into the numbers of young and migrant workers in the District Council sector.
- Presentation materials were issued to Councils in 2008 along with guidelines for working in partnership with local post primary schools to help advise young persons of health and safety issues prior to work placements.
- As part of the European Safety Campaign on risk assessment (starting October 2008) NIHSLG developed an initiative targeting the catering and retail sectors with a special focus on migrant and young workers. In Phase 1 Councils carried out a survey on compliance with risk assessment duties. In Phase 2 (2009) local seminars were delivered to support businesses to receive risk assessment training and complete assessments.
- On behalf of HSENI, District Councils distributed asbestos posters to retail/wholesale businesses, alerting tradesmen to the risk of mesothelioma.

- NIHSLG established a working group in 2007 to deliver the joint District Council/HSENI stress programme under the Working for Health banner. Support was provided over two years to the four main banks to implement the HSE stress management standards.

Themes 3 & 4: Partnership Working and Engagement of Stakeholders & An Emphasis on Compliance with Workplace Health

- Working through the HELANI Committee, District Council representatives assisted HSENI plan and deliver an Open Forum Event in January 2008 to discuss future partnership arrangements. Subsequently representatives also participated in a Partnership Implementation Working Group that developed proposals to take forward the recommendations of the open forum such as the joint statement of intent and strategic framework.
- NIHSLG established a working group in 2007 to look at noise issues in the entertainment sector. The group, which includes representation from the Royal National Institute for the Deaf, delivered a training event for inspectors and an awareness event for businesses in 2008 and prepared enforcement guidance.
- Working with the CEHO within the Department of Health, Social Services and Public Safety, guidance was produced by NIHSLG in 2008 on the new registration regime for body piercing and semi-permanent tattooing and to address queries regarding mobile beauty practitioners.
- NIHSLG met with the PSNI Firearms Licensing Branch in 2008 to discuss paintball activities and improved contact arrangements.
- Assistance was provided to HSENI in the planning and delivery of awareness-raising events for the care sector in 2008 and 2009.
- Information was collated from all 26 District Councils on behalf of HSENI in 2008 in relation to premises registered for cooling towers/evaporative condensers and for poisons.
- As part of existing partnership arrangements with NIO (Fireworks and Explosives Branch) in 2008 NIHSLG produced new assessment guidance for applicants wishing to become registered to store and/or sell small quantities of fireworks.
- Discussions were held with HSENI and the Regulation and Quality Inspection Authority (RQIA) on the distribution of information within the care sector on safety of bed rails.
- District Councils continued to participate in the Gas Wise Campaign (2005 – 2008) working to improve gas safety standards primarily in the catering and hospitality sectors. Two District Council inspectors became members of the Gas Safety Forum, working with HSENI, gas providers and CORGI to address regional issues and to develop and distribute gas safety information for the general public.
- NIHSLG launched a NI Legionella technical supplement in July 2007, in conjunction with Public Health Medicine and HSENI colleagues, to assist councils when responding to outbreaks of Legionnaires Disease. Two mock exercises were also delivered in March 2009 to validate the usefulness of the technical supplement and to test preparedness of both inspectors and resources.
- District Councils continued to discuss provisions for safety at sports grounds with the Department of Culture and Leisure, Sports NI, the Irish Football Association and others in tandem with the introduction of new legislative proposals and supporting guidance.
- As part of existing partnership arrangements with the NI Sun Bed Group all District Councils took part in a survey of premises offering tanning facilities (including hire), the findings of which have been shared with UK colleagues.
- Discussions were held across the group network with representatives from HM Customs & Excise in regard to safety and illegal fuel concerns at petrol stations.
- During the period the HELANI Report on District Council health and safety activity for 2004 – 2007 was produced and distributed.

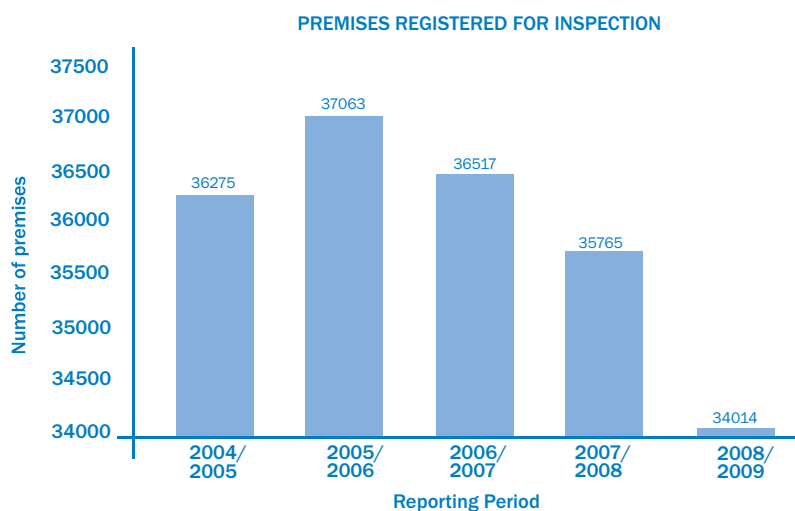
District Council Health and Safety Intervention Statistics

Premises numbers

The number of premises registered for inspection by District Councils for the most recent accounting period 2008/2009 was reported as 34014. This figure, which is subject to constant variation, has been placed alongside previous years premises totals in the table below for comparison.

Reporting Period	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
No. of Premises	36275	37063	36517	35765	34014*

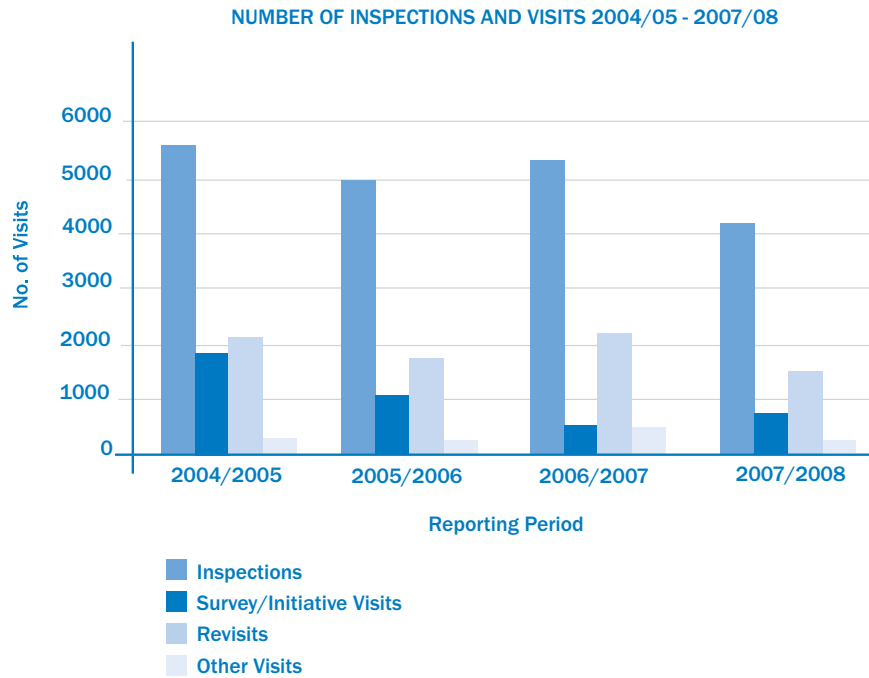
**Totals based on returns from 25 District Councils*



Number of inspections and visits

In previous years interventions by District Councils was captured either as inspections, revisits, surveys and other visits as indicated in the table below.

Reporting Period	2004/2005	2005/2006	2006/2007	2007/2008
Inspections	5638	4980	5482	4269
Survey/Initiative Visits	1788	1216	478	711
Revisits	2072	1757	2246	1539
Other Visits	318	262	453	285
Total Inspections/Visits	9816	8215	8659	6624



In the reporting period 2008/2009 a change in the LAE 1 format was made to capture the activity linked to the HELANI priority areas or coordinated NI wide initiatives and campaigns. This new information for 2008/9 is recorded in the table below as planned priority inspections and revisits, together with other planned inspections and revisits arising from risk based inspection programmes.

Reporting Period 2008/2009			
Planned Priority Inspections	2313*	Other planned inspections	2392*
Priority Revisits	263*	Other Revisits	1147*

**Totals based on returns from 25 District Councils*

Data collated for each priority area and for regional initiatives/campaigns delivered by all Councils during the 2008/9 period is given below:-

Priority Issues	Inspection/ Visit	Seminar	Training	Mail Shot	SAQ*	Advisory Letter
MSD	1019	42	16	541	388	107
Slips and Trips	1336	39	6	495	459	149
Work at Height	652	36	6	588	299	66
Workplace Transport	270	34	6	325	169	19
Stress	191	0	0	362	262	3
Vulnerable Workers	523	89	9	870	111	83
Asbestos	190	0	0	439	246	25
Gas Wise	339	34	1	586	97	88
Workplace Health	966	36	0	56	157	140
MSER	75	0	0	0	0	6
Noise	70	33	0	214	34	8
Sun Beds	9	0	0	12	0	2
Others	58	2	30	97	33	6
Totals	5698	345	74	4585	2255	734

*SAQ - Self Assessment Questionnaire

Requests for Health and Safety Service

A general request for health and safety advice and guidance is recorded as a request for service. In 2008/2009, the District Councils reported receiving 1049 requests for service. A total of 892 of these required further investigation, representing an investigation rate of 85%.

A complaint from an employee regarding the health and safety standards within a workplace would be an example of a complaint recorded by District Councils and may come from a Councillor, an employee or a member of the public etc. In 2008/2009, the District Councils reported receiving 704 complaints. A total of 641 of these were investigated, representing an investigation rate of 91%.

Reporting Period 2008/2009	Requests*	Complaints*
No. Received	1049	704
No. investigated	892	641
Investigation Rate	85%	91%

*Totals based on returns from 25 District Councils

Reportable Injuries, Diseases and Dangerous Occurrences

A total of 833 workplace injuries were reported to District Councils in 2008/2009, representing an approximately 12% increase on the 2007/2008 figure. Of the incidents reported, 83% were investigated either via telephone or during the 690 related visits made by officers. One case of disease was reported during this period.

EMPLOYEES					PUBLIC					
	Fatal	Major	DO*	Over 3 Days	Fatal	Taken to hospital	DO*	Total accidents	Total Investigated	Investigation Rate
2008/2009	0	69	4	525	0	230	5	833	690	82.8%
2007/2008	0	73	0	498	2	168	-	741	522	70.4%
2006/2007	1	61	2	516	0	160	-	740	569	76.0%
2005/2006	1	66	6	566	1	146	-	786	561	72.3%
2004/2005	1	61	6	541	1	195	-	805	623	80.8%

*DO - Dangerous Occurrences

Staff Resources

For the period 2008/2009 there were 121 officers authorised by the District Councils under Article 21 of the Health and Safety at Work Order (N.I.) 1978. Environmental Health is a multi disciplinary field therefore not all of these officers will spend all of their time working in the health and safety function. When amalgamated together the full time equivalence of these 121 persons equates to 43.3 inspectors.

Reporting Period	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
No. of Inspectors	91	103	99	112	121*
Full time equivalent	38.3	36.5	36.2	38.5	43.3*

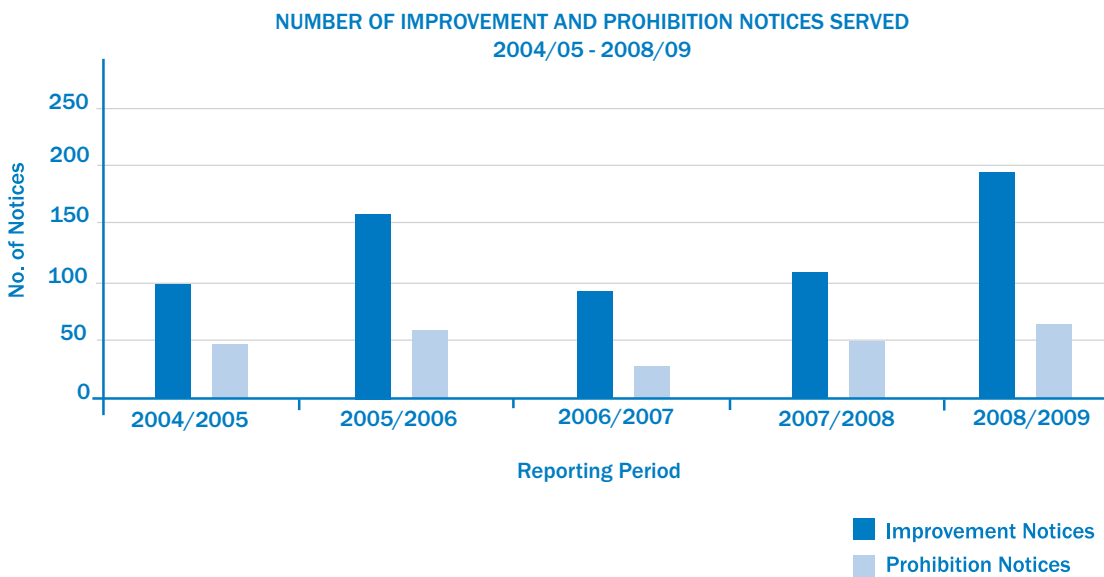
*Totals based on returns from 25 District Councils

Enforcement Action

For the period 2008/2009 District Councils issued a total of 4480 informal notices. An informal notice is any form of written communication with an occupier advising or warning about health and safety failures but which stops short of formal enforcement action. During the same period, 194 improvement notices, and 70 prohibition notices were served. There was also 6 formal cautions issued and 3 legal proceedings concluded resulting in 3 convictions.

	Informal Notices	Improvement Notices	Prohibition Notices	Formal Cautions	Prosecutions
2008/2009	4480*	194*	70*	6*	3*
2007/2008	3566	109	51	3	4
2006/2007	4426	92	28	1	3
2005/2006	4204	154	61	9	8
2004/2005	4032	99	47	1	2

**Totals based on returns from 25 District Councils*



Statement of Intent

This joint statement of intent, agreed by HSENI and the 26 District Councils, sets out the high-level commitment to work together in closer partnership to raise standards of workplace health and safety across Northern Ireland and improve the overall economic and social well being of our communities.

The Health and Safety Executive for Northern Ireland (HSENI) and the 26 District Councils are committed to working to develop an effective and coherent partnership, based on the principle of making the best use of respective strengths and applying collective resources in the best way to tackle regional and local priorities for workplace health and safety in Northern Ireland.

In so doing we will:

- Agree a joint strategic framework that identifies a set of guiding principles for the health and safety regulatory system in Northern Ireland.
- Work together to develop arrangements that will embed and deliver closer partnership working.
- Introduce a system that will facilitate effective joint planning and delivery at all levels between HSENI and District Councils.

.....
Signed for

Chief Environmental Health Officers Group
(Chairman)

Date:

.....
Signed for

Health & Safety Executive for Northern Ireland
(Chief Executive)

Date:

Local Endorsement of Statement of Intent

On behalf of the Members and Officers ofCouncil, I endorse this Statement of Intent and give a commitment to working in a closer partnership with HSENI so as to raise standards of workplace health and safety and improve the overall economic and social well being of our community.

.....Chief Executive
Date:

The Northern Ireland Health and Safety Regulatory System

A Strategic Framework for Partnership Working

The Health and Safety Executive (HSENI) and the District Councils across Northern Ireland have set out a joint statement of intent which clearly demonstrates their commitment to working together to develop a strong alliance based on making the best use of their respective strengths and applying collective resources in the most effective way to raise workplace health and safety standards across Northern Ireland and to improve the overall economic and social wellbeing of our community.

The improved partnership arrangements between HSENI and the District Councils will help to overcome a number of the issues and challenges that currently exist within the regulatory system in Northern Ireland and will enable all health and safety enforcing authorities to work together more effectively in tackling both regional and local workplace health and safety priorities.

The purpose therefore of this strategic framework is to set out the guiding principles that HSENI and the District Councils, through the Chief Environmental Health Officers Group (CEHOG) will follow when planning and organising the delivery of services and interventions to improve workplace health and safety in Northern Ireland.

Guiding Principles

1. Every health and safety enforcing authority shall work within their own organisation, in partnership with other enforcing authorities and with other regulators and stakeholders to make best use of joint resources and to maximise the impact on both local and regional priorities.

This means that health and safety enforcing authorities shall seek opportunities to work in partnership to develop

- priorities, targets, interventions and service delivery methods
- agreed operational areas for joint working
- joint work programmes
- the most effective use of resources and funding
- cross administrative boundary working
- advice and guidance
- publicity, campaigns and communications
- best practice
- coordinated enforcement activity
- consistency and effectiveness
- new services
- the response to reactive demands
- the best outcomes
- improved public perception of the health and safety regulatory system
- the delivery of justice
- safer, stronger and healthier communities.

2. Health and safety enforcing authorities shall develop joint review and performance mechanisms to measure the success of partnership arrangements and joint work programmes.
3. Every health and safety enforcing authority shall develop systems for sharing training and information and access to expertise and specialist resources.
4. Health and Safety enforcing authorities shall plan together at all levels to maximise their impact in improving health and safety outcomes and in reducing the enforcement gap.
5. Health and safety enforcing authorities shall have the managerial, operational and administrative resources, both staff and infrastructure, to contribute to improving health and safety outcomes. The capacity required is dependent on a variety of factors that includes industry type, staff competence and the range and type of interventions undertaken.

Every health and safety enforcing authority shall have sufficient capacity to:

- make adequate arrangements for enforcement in accordance with their enforcement policy
- develop, deliver and monitor their planned interventions
- enable effective working between HSENI and district councils and with other regulators and stakeholders.

Health and safety enforcing authorities shall seek opportunities to enhance their capacity e.g.

- working across geographical areas and enforcement boundaries
- delivery of common services (e.g. accident investigations)
- utilisation of resources, systems and expertise from other organisations to provide services (e.g. delivery of publicity material or use of another regulator's inspectorate)
- adopting best practice
- seeking to enhance support from elected representatives.

Values

The values underpinning these guiding principles are: **Integration** – inter-authority collaboration through joint planning and shared decision making will continue to improve health and safety outcomes for individuals and communities

Respect – improved partnership working will facilitate HSENI and district councils valuing each other's contribution.

Accountability – each health and safety enforcing authority shall be accountable for delivering its individual health and safety function

Leadership – each health and safety enforcing authority shall maintain and develop a health, safety and welfare culture so as to lead by example and encourage respect for health and safety as an integral part of a modern, competitive business and public sector employer.

Openness – partnership arrangements will be built on trust, openness and honesty.



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