

HEALTH PERFORMANCE IMPROVEMENT COMMITTEE

20 APRIL 2004

REPORT OF THE COMMERCIAL TEAM INSPECTION INFORMAL GROUP

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RECENT REFERENCES:

HE5 Review of resources within the Commercial Team  
HE12 Commercial Team Inspection programme  
HE 14 Performance Improvement Committee Work Plan

EXECUTIVE SUMMARY:

This report provides a summary of the review undertaken by the Health Performance Improvement Committee Commercial Team Inspection Informal Group between November 2003 – March 2004

The review scrutinised the current approach to the food safety and health & safety inspection programmes and assessed the adequacy of the current resources to ensure that inspection targets can be met on a long-term basis. The group also considered opportunities for increased involvement in health improvement initiatives within the team, which would support the partnership with the local Primary Care Trust and other health professionals on health improvement priorities.

RECOMMENDATIONS:

1. That the Committee endorse the findings of the Commercial Team Inspection Informal Group and the conclusions detailed in Section 5 of this report; and
2. Recommends to Cabinet that these be taken into account when considering the forthcoming Comprehensive Spending Review Assessment and any future budget options for the Environmental Health service.

## HEALTH PERFORMANCE IMPROVEMENT COMMITTEE

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### REPORT OF THE COMMERCIAL TEAM INSPECTION INFORMAL GROUP

#### DETAIL:

#### 1 Introduction

- 1.1 Membership of the Commercial Team Inspection Group was approved at the meeting of the Health Performance Improvement Committee held on 3 July 2003 (Report HE14 refers) and consisted of Councillors Mitchell, Watts, Stallard and Hutton (Chairman).
- 1.2 The aim of the Group was to review the current approach to the food safety and health & safety inspection programmes and assess the adequacy of the current resources to ensure that inspection targets can be met on a long-term basis. The group also considered opportunities for increased involvement in health improvement initiatives within the team, which would support the partnership with the local Primary Care Trust and other health professionals on health improvement priorities.

#### 2 Terms of Reference

- 2.1 The terms of reference of the Group were to consider the following:
  - (a) To review the Commercial Team's current approach to Food Safety and Health & Safety responsibilities in order to ensure that any tasks undertaken achieve the best overall health outcomes.
  - (b) To consider the following specific aspects as part of this programme of work:
    - Benchmarking of current performance levels and staffing workloads with neighbouring authorities
    - Options for shifting the balance between reactive and proactive workloads whilst still meeting statutory duties
    - The emerging health improvement priorities relevant to the work of the team and how these might be addressed within the team's workload
    - Alternative options for service delivery which provide choices on allocation of resources

#### 3 The Process

- 3.1 The Group agreed a programme of review meetings based on analysis and evaluation of the facts relating the both food safety and health & safety inspection programmes including an analysis of the inspection programme, inspection rates, benchmarking of performance and options for the future.
- 3.2 The initial programme was as follows:
  - a) Meeting 1
    - Structure of the Team - present and future
    - How the Team works - division of responsibilities, workload etc
    - Role of Service Plans
    - Legal Requirements - Food Safety and Health & Safety
    - The role of High Risk and Low Risk premises - numbers, etc
    - Agree Terms of Reference to Working Group

b) Meeting 2

- Current position on performance
- How performance is monitored
- How our performance compares to other authorities
- Results of Inter-Authority Audits
- Benchmarking data on inspection workloads

c) Meeting 3

- The Health Improvement Agenda
- Working with Local alliances and the NHS
- Options for the future
- Staffing opportunities
- Changes to Working practices
- Resource implications of proposals

d) Meeting 4

- Review findings from previous meetings
- Agree options for way forward
- Develop Action Plan - short term to long term
- Agree timetable for report to Health PIC/Cabinet

e) Meeting 5

- Consideration of options and decision on way forward

3.3 Each review meeting considered the issues shown in detail and came to individual conclusions on aspects relevant to the overall review which are set out below.

3.4 **Inspection programme** – the working group reviewed the current allocation of the inspection workload based on the risk rating requirements of the Food Safety and Health & Safety legislation and were satisfied that the current approach met the legal requirements although there were still challenges in meeting the programme within current resources. They also reviewed the role of service plans for both areas which clarify the allocation of resources to each work area within both disciplines.

3.5 **Current resources and Inspection rates** – the working group were presented with data on the current allocation of FTEs for each work area and in particular the resources allocated to the inspection programme and how this determined the inspection rate per employee. (see Appendix 1) The data was compared with similar data for other Hampshire authorities to assess whether the current resources were adequate when compared to others. The working party also reviewed the difficulties that had been experienced within the team because of staff absences due to maternity leave or illness. They also considered the challenges of trying to secure cover for these absences through use of temporary staff and the creation of job shares for employees wishing to return to work on a part time basis.

3.6 **Benchmarking of performance** – Previous benchmarking data on inspection rates and the time taken for each inspection were examined to assess whether the overall inspection process could be streamlined to increase the inspection rate for each officer. The working party gave particular attention to the need for a balance to be struck between the quality of inspections and the quantity undertaken and the reputation the service had including successful achievement of the Chartermark award. The overall conclusion was that Winchester's inspection times compared favourably with other

authorities and any attempt to reduce them would have an adverse affect on the quality of the service and was therefore discounted as being an option worthy of further consideration.

- 3.7 **Use of Contracted staff** - the working party reviewed the current use of contracted staff to carry out a proportion of the inspection programme in order to ensure it was satisfactorily completed. They acknowledged that the service had been able to secure a very competitively priced contractor who could carry out this work whilst still meeting the quality standards expected. However, they recognised that there were indirect client-side costs associated with the use of an external contractor in order to monitor performance and to ensure quality standards. These costs meant that the use of the current contractor did not result in real savings to the service when compared to in-house resources. They also recognised that the contractor had been found through local contacts rather than through formal market testing and was also able to keep costs low because of the minimal overheads associated with being a sole operator. The working group felt that contracted costs would be significantly higher if the service were contracted out on a more formal basis to a larger operator. Overall the working group felt that contracting out of part of the service only provided a short-term solution to the problem of meeting the inspection programme requirements and a better option would be the provision of increased in-house resources.
- 3.8 **Health Improvement agenda** - the working party reviewed developments in local health improvement priorities and how these complemented the health and safety and food safety agendas. They also noted the increasing pressure from central agencies such as the Health & Safety Commission and Food Standards Agency (FSA) for the preventative agenda to become a core part of the overall work programme for services. There were significant costs to the NHS from work related ill health and access to affordable and healthy food was increasingly recognised as an important aspect of tackling the root causes of poor health from the outset. The working party reviewed the current resources allocated to the health education agenda (0.25 FTE) and acknowledged that this had diminished in recent years as the pressure to complete the inspection programme had increased due to external auditing of performance by the Audit Commission and FSA. The working party felt that where possible increased resources should be allocated to the prevention agenda to demonstrate that it was recognised as a priority by the City Council.
- 3.9 **Analysis of the problem** - based on the reviews of the above issues, the working group concluded that the overall root cause of the problem was the lack of sufficient in-house resources within the team to ensure that the workloads within the health & safety and food safety service plans could be completed with some certainty. The Team Manager had successfully used resources available from a shift from full time posts to part time job share arrangements for 2 members of staff to buy in temporary cover using a combination of a local contractor and a recently retired Environmental Health Officer. However, the working party acknowledged that these arrangements were not sustainable and were only viable at present because of the low costs of the contractor and the availability of a part time health and safety inspector. Overall it was felt that there was a deficit of just over 2 FTEs across the team (See Appendix 2 ) caused by the increasing demands of the inspection programme and a trend of making previously optional services such as health promotion work a core part of service planning.

#### 4 Evaluation of the Options

- 4.1 When evaluating the options for dealing with the current deficit of resources within the Commercial Team the working party were able to consider the potential solutions within 2 categories as shown at Appendix 3.
- 4.2 **The short-term solutions** were based on the most cost-effective allocation of the resources available from the combining of 2 full time posts into a job share arrangement which left 0.8FTE at Scale 6 (equivalent to £26,000) available for funding the inspection programme. The working party considered that the best option to be pursued was option 3 and that if possible the option should be implemented for the next 3 years provided the existing contractor and part time staff member could be secured for this period. The Team Leader has discussed this with both individuals and has initial agreement for this arrangement to continue for the next 2 years but has not been able to secure a 3 year agreement as requested. However the option will provide some certainty over resources available during the 2004/05 and 2005/06 financial years.
- 4.3 **The longer term options** were then considered as it was recognised that the short term solution was not sustainable on a permanent basis as it was dependent upon the low costs of the existing contractor and availability of a part time health & safety inspector. It was accepted that both of these could not continue indefinitely. The working party did not consider that a permanent contracting-out arrangements offered any cost savings and carried significant risks in terms of a reduction in the quality of the service. They also wished to create increasing opportunities for proactive health improvement work in order to support the City Council's contribution to the health agenda and to meet the increasing expectations of the FSA and Health & Safety Commission. On this basis they considered that Option 5 was the most desirable and should be put forward for consideration by the Health PIC and Cabinet.

#### 5 Conclusions

- 5.1 The working party has clarified that the Commercial Team is responsible for a diverse range of work areas and legal duties, which dovetail with one another on a day to day basis. Some of these work areas are reactive (such as complaints, accident investigations etc) whilst others are proactive (such as inspection programmes and health promotion activities). In addition, some tasks are undertaken because they meet a statutory duty placed upon the City Council. Such activities are often vetted by external agencies such as the Food Standards Agency in the case of Food Safety Inspections or the Health & Safety Commission. A small proportion of the team's current activities are discretionary (e.g. promotional activities) although increasingly these are being expected as part of the core activities as the central agencies recognise these are an important contributor to the overall health improvement agenda.
- 5.2 The working party recognised that the challenge for the team is to strike a balance between the proactive and reactive workload within an agenda that increasingly includes emerging health improvement priorities such as mental health in the workplace.
- 5.3 During the review the working group has considered the potentially conflicting priorities impacting upon the team. It has also had to consider how it might be possible to strike a balance between proactive and reactive workloads in order to achieve the best health outcomes, whilst still meeting the City Council's legal duties.
- 5.4 The resources available to the Team to undertake this work have been reviewed in detail and it is clear that despite previous increases they are still insufficient to provide long-term certainty that all requirements can be met. However, timing of this review has been opportune as the Team is in the fortunate position to be able to secure a short-

term solution to the current difficulties but action and additional resources are required over the next 2 years to address this issue. Further work is required to support this issue but in the meantime the need for additional resources within the team should be acknowledged and fed into the proposed Comprehensive Spending Review for consideration.

#### OTHER CONSIDERATIONS:

##### 6 CORPORATE STRATEGY (RELEVANCE TO):

- 6.1 The Food safety and Health & Safety functions are a key role in the running of the City Council to ensure that services are efficient and meet legal requirements

##### 7 RESOURCE IMPLICATIONS:

- 7.1 There are no immediate resource requirements associated with the short-term options as these can be met from within the existing resources using the 0.8 FTE at scale 6.
- 7.2 The longer-term solution however will mean the provision of an additional 2 FTEs to the Team, which at current salary costs equates to between £52,000 - £64,000. However, these resources would not be required until the 2006/07 financial year.
- 7.3 In addition, if members are minded to also agree the provision of dedicated Health Improvement resources to fund projects and campaigns, then an additional £10,000 will need to be included within the budget for the service. It would be beneficial for this to be provided within the budget preparations for 2005/06 and as part of the Comprehensive Spending Review due for 2004/05.

#### BACKGROUND DOCUMENTS:

HE 25 - HELA Health & Safety Strategy  
HE 26 - Commercial Team Service Plans

(elsewhere on this agenda)

#### APPENDICES:

Appendix 1 - Current Resource allocation and workload within the Commercial Team  
Appendix 2 – Estimate of resources required to complete inspection programme  
Appendix 3 – Option Appraisal Tables



## CURRENT RESOURCE ALLOCATION AND WORKLOAD ACROSS TEAM

### Food Safety

#### FTE Allocation

LA	Inspections	Service Requests	Sampling	Advice	Infectious Diseases	Incidents	Liaison	Education	Total
WCC	2.4	0.3	0.2	0.2	0.45	0.1	0.1	0.25	4.0
EHDC	3.0	0.5	0.1	0.5	0.2	0.1	0.1	0.5	5.0
BDBC	2.8	0.25	0.1	0.2	0.1		0.05	1.0	4.8
EBC	2.0	0.3	0.2	0.4	0.3	0.1	0.2	0.3	3.8
GBC	1.5	0.1	0.2	0.3	0.2	0.1	0.1	0.2	2.7
TVBC	2.3	0.3	0.1	0.3	0.2	0.1	0.1	0.25	3.65
SCC	3.0	1.2	0.5		0.8	0.8	0.8	0.8	7.9

#### Inspection Workload

LA	High risk	Low risk	Total	FTE	No of High Risk Inspections per FTE per annum	Equivalent Monthly Inspection Rate Per Officer
WCC	330	90	420	2.4	137*	11
EHDC	341	95	436	3.0	113	9
BDBC	278	176	454	2.8	99	8
EBC	331	121	452	2.0	165*	14
GBC	230	79	309	1.5	153*	13
TVBC	299	102	401	2.3	130*	11
SCC	575			3.0	192	16

\*Using contractor

#### Other

LA	No of Service Requests	No of samples
WCC	160	250
EHDC	143	N/A
BDBC	57	180
EBC	80	150
GBC	65	130
TVBC	200	40
SCC	491	220



Health and Safety

## Inspections

LA	High risk	Low Risk	Total	FTE	No of High Risk Premises per FTE per annum	Equivalent Monthly Inspection Rate Per Officer
WCC	220	100	320	1.8	146	12
BDBC	44	380	424			
NFDC	350			2.0	175	14.5
EBC	281			2.5	112	9.3
TVBC	108			1.8	60	5

ESTIMATE OF RESOURCES REQUIRED TO COMPLETE FOOD SAFETY INSPECTION PROGRAMMEFood Safety

Number of annual inspections	420 (includes 100 HSW High Risk Inspections)
Number of FTEs allocated to Inspection programme	2.4 (of 4.00 FTE Total)
Estimate of reasonable inspection rate per month	10
Estimate of annual inspection contribution per FTE (based on 10 months inspection time to allow for holidays, training etc)	100
Total inspection capacity of team	240
Deficit	180
Equivalent in FTEs required to complete inspection programme	1.8 FTEs
Inspection rate per month based on current resources	14.5/month

HEALTH & SAFETY

Number of annual inspections	185 (includes 85 High risk inspections)
Number of FTEs allocated to Inspection programme	1.5 (of 2.0 FTE total)
Estimate of reasonable inspection rate per month	10
Estimate of annual inspection contribution per FTE (based on 10 months inspection time)	100
Total inspection capacity of team	150
Deficit	35
Equivalent in FTEs required to complete inspection programme	0.35
Inspection rate per month based on current resources	10.3/month

**TOTAL DEFICIT = 1.8 + 0.35 = 2.15 FTES**

## COMMERCIAL TEAM WORKLOAD – FUTURE OPTIONS

**SHORT TERM OPTIONS**

**Note:** These options relate to the 0.8 FTE of EHO post currently vacant – equates to £26,000 per annum

Option	Description	Impact	Risk Assessment/Comment
1.	Fill vacant post with either full time Technical Officer or P/T EHO but retain current health improvement resource allocation (0.25 FTE)	<ul style="list-style-type: none"> <li>Existing establishment completed</li> <li>Will help to meet inspection programme</li> <li>Provides some flexibility as EHO can be used elsewhere</li> <li>Office Space will be a problem</li> </ul>	High risk of failing to complete Food safety and Health & safety inspection programme as still inadequate resources for inspection rates
2.	Fill vacant post with either full time Technical Officer or P/T EHO but increase health improvement resource allocation to 0.5FTE	<ul style="list-style-type: none"> <li>Existing establishment completed</li> <li>Will help to meet inspection programme</li> <li>Provides some flexibility as EHO can be used elsewhere</li> <li>Office Space will be a problem</li> </ul>	High risk of failing to complete Food safety and Health & safety inspection programme as still inadequate resources for inspection rates
3.	Use vacant post budget to <ul style="list-style-type: none"> <li>Fund contractor to carry out food safety inspections</li> <li>Employ Part time Health &amp; Safety Inspector</li> <li>Provide revenue budget for Health Improvement projects by existing staff</li> </ul>	<ul style="list-style-type: none"> <li>Inspection programme completed for 2004/05</li> <li>Existing staff deliver health improvement work through normal duties</li> </ul>	<ul style="list-style-type: none"> <li>Inspection programme will be completed but not sustainable in the long term without revised contractual arrangements</li> <li>Potential for improved job satisfaction amongst staff</li> </ul>
4.	Retain budget and pool with existing health improvement resources and use to <ul style="list-style-type: none"> <li>Fund contractor to carry out food safety inspections</li> <li>Employ Part time HSW Inspector</li> <li>Contract health promotion specialist to carry out limited health improvement projects</li> </ul>	<ul style="list-style-type: none"> <li>Inspection programme completed</li> <li>HP Specialist delivers health improvement projects</li> </ul>	<ul style="list-style-type: none"> <li>Inspection programme will be completed but not sustainable in the long term without revised contractual arrangements</li> <li>HP specialist skills useful but not integrated within core work</li> </ul>

**LONG TERM OPTIONS**

Option	Description	Resource Implication	Impact	Risk Assessment/Comment
1.	Accept annual deficit in inspection programme	Nil	<ul style="list-style-type: none"> <li>Likely to result in criticism from FSA and public that not meeting legal requirements</li> <li>Future criticism from HSE that not contributing to HSW programme</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in standards of food safety and health and safety in premises</li> <li>Adverse affect on health</li> </ul>
2.	Contract out inspection programme deficit with minimal health improvement projects	Nil but direct costs could increase to up to £32,000 if different contractor -also need to add increased client side costs (estimate additional £15,000)	<ul style="list-style-type: none"> <li>Inspection programme will be met</li> <li>On costs associated with contract management will outweigh any benefits</li> <li>No Health improvement benefits</li> </ul>	<ul style="list-style-type: none"> <li>Heavily reliant on quality and cost of contractor – costs could increase and quality could reduce with a new contractor</li> <li>Health improvement opportunities are lost</li> </ul>
3.	Contract out inspection programme deficit plus additional resources provided to allow increased health improvement projects	As option 2 plus Health Improvement budget of say £10,000	<ul style="list-style-type: none"> <li>Inspection programme will be met</li> <li>On costs associated with contract management will outweigh any benefits</li> <li>No Health improvement benefits</li> </ul>	<ul style="list-style-type: none"> <li>Heavily reliant on quality and cost of contractor – costs could increase and quality could reduce with a new contractor</li> <li>Health improvement opportunities are lost</li> </ul>
4.	Increase the in-house resources available for inspection programme only	2 FTEs £52,000 - £64,000 depending on staff (tech Officer of EHO)	<ul style="list-style-type: none"> <li>Inspection programme will be met</li> <li>No Health improvement benefits</li> <li>Office accommodation issues</li> </ul>	<ul style="list-style-type: none"> <li>Low risk approach with more direct control</li> <li>Costs slightly higher than contracted route</li> </ul>
5.	Increase the in house resources available for inspection programme and health improvement projects	<ul style="list-style-type: none"> <li>2 FTEs = £52,000 - £64,000 depending on staff (tech Officer of EHO)</li> <li>Health Improvement budget of £10,000</li> </ul>	<ul style="list-style-type: none"> <li>Inspection programme will be met</li> <li>Delivery of Health improvement projects accommodation issues</li> </ul>	<ul style="list-style-type: none"> <li>Low risk approach with more direct control</li> <li>Costs slightly higher than contracted route</li> <li>Allows more health improvement work</li> </ul>