

A

Minutes of Environment Committee of Mid Ulster District Council held on Thursday 10 July 2014, in the Council Offices, Burn Road, Cookstown

Members Present: Councillor Cuddy, Chair
Councillor B McGuigan, Vice Chair

Councillors: Buchanan, Burton, Cuthbertson, Gillespie, McAleer, McFlynn, McGinley, S McGuigan, McNamee, Mallaghan, Mullen, Mulligan, Joe O'Neill, Reid

Officers In Attendance: Mr Tohill, Chief Executive
Mr Cassells, Magherafelt DC (Item 4.2)
Mr Kelso, Cookstown DC (Items 4.1 & 5)
Mrs McClements, Dungannon & Sth Tyrone BC
Mr Young, Magherafelt DC

The meeting commenced at 7.00 pm.

Chair's Business

The Chair called the meeting to order, welcomed all to the first Environment Committee Meeting of Mid Ulster District Council and outlined the Agenda Items for consideration.

E1/14 Apologies

There were no apologies to the meeting.

E2/14 Declarations of Interests

There were no declarations of interest.

E3/14 Environment Committee Terms of Reference for the Transitional Period (A)

The Chief Executive advised Members that the Mid Ulster District Council at its meeting on 26 June 2014 had established four Committees to take forward the work of the Council during the transitional period and that the Terms of Reference for each Committee had been set by Council.

The Chief Executive advised that as per the agreed Terms of Reference the Mid Ulster District Council has not delegated any authority to the Environment Committee during the transitional period.

Meetings of the Environment Committee would take place on the Wednesday following the first Monday in each month at 7 pm.

E4/14 To receive updates from Transition Working Groups (B)

Environmental Health & Building Control

The Director of Environmental Health & Building Control (Cookstown DC), gave a comprehensive overview on the remit and scope of the Group and on the scoping and baseline activities that have and will be taken forward on a cross-council basis for the shadow period. He indicated that specific work plans and timelines are in place to assist with this transition and was confident that come 1 April 2015, Council would be able to provide an efficient, effective and 'fit for purpose' service, built on uniformity across the Mid Ulster District Council area.

A DUP Member sought clarity on how best service delivery in conjunction with the Public Health Agency will be provided across the Mid Ulster Council area.

The Officer assured the Member that PHA were currently reviewing the area of contracts within Partnership Programmes and discussions would be ongoing.

The Chair suggested that the Officer corresponds with the PHA at the earliest opportunity and reports back to the Environment Committee.

Resolved Officer to correspond with PHA in regards to Partnership Programmes / Contracts and report back to Environment Committee.

A SF Member queried if costing of 'fleet fuel' was included within the area of Utility / Energy Management Contracts.

The Officer provided a breakdown of current utility costs across the three Council areas.

The Chair indicated that Dungannon & Sth Tyrone BC had examined the possibility of purchasing a wood chip burner, but technicalities had prevented this from going ahead.

A UUP Member raised the issue of PHA Contracts and the possibility of developing arrangements within Councils.

The Officer advised that the overall aim is to have one contract for each Council in each respective service delivery area.

The Chief Executive advised the Committee that a composite list of all contracts, including scale of costs, will be brought before the Environment Committee as soon as practicable.

The Chair agreed that this summary report would be extremely useful as soon as possible.

Resolved Summary report on composite list of Contracts and scale of costs to be provided for Environment Committee as soon as possible.

A UUP Member asked if figures of savings in respect of Group Services will be available to Committee.

The Officer advised that discussions are ongoing in respect of Group Service provision for the Mid Ulster District Council and when all issues had been addressed a report would be presented to the Environment Committee for their subsequent consideration and recommendation.

A DUP Member raised the issue of animal Welfare legislation and the arrangements for picking up of dead animals which are a blight in the area of Tourism within the District.

The Officer advised that the Animal Welfare legislation had been introduced some two years ago, on the understanding that in light of changes within the Group Structure, further revisions would take place before April 2015, on service delivery and a report would be brought to the Committee at a later date outlining the proposed way forward.

Resolved A report be brought to the Committee at a later date outlining the proposed future service delivery arrangements under Animal Welfare legislation.

Waste and Technical Services Transition Working Group

The Director of Operational Services (Magherafelt DC), gave a comprehensive overview on the remit and scope of the Group and on the scoping and baseline activities that have and will be taken forward on a cross-council basis for the shadow period. He indicated that specific work plans and timelines are in place to assist with the smooth transition to uniformity moving forwards to April 2015.

A SF Member stated that in his opinion the recycling systems in place were becoming more complicated and would Mid Ulster District Council be in a position to maintain our targets.

The Officer advised that in conjunction with NILAS, consultation was ongoing across the three Council areas to assist Councils with their statutory roles and responsibilities in respect of their individual Waste Management Plans. Consideration will also be given to meeting targets, reducing landfill waste, staff resources and budgets across the service delivery for the Mid Ulster District Council area.

A SF Member asked if the proposed changes to the Waste and Technical Services function could prove more costly.

The Officer advised that in the area of the provision of suitable waste vehicles, there may be an additional cost implication. However, these are all issues currently under discussion.

Matters for Consideration

E5/14 Paper on DSD Affordable Warmth Programme – Mid Ulster Cluster (C)

The Director of EH & Building Control (Cookstown DC), advised that the new Affordable Warmth Programme will replace the current Warm Homes Scheme which has operated across NI since 2009. The Warm Homes Scheme was scheduled to finish at the end of June 2014, however the Department have now extended the current contract, to complete in March 2015. This decision was taken to enable all Councils to put appropriate arrangements in place for programme delivery.

He advised Members on some of the key issues that will be critical to delivery of the Programme across the Mid Ulster District Council area. Consideration will be given to financial, staff resource and IT platform arrangements, utilising both the services of the Environmental Health and Building Control Teams.

An official launch of the scheme will take place in September 2015.

A SF Member welcomed the introduction of the Scheme but asked if more funding would be provided for double glazing in current single-glazed dwellings.

The Officer advised he had already written to the DSD in respect of this matter but would flag it up again.

Resolved It was resolved that the Director of EH & BC (Cookstown DC) continues to liaise with DSD in respect of finances for the provision of double glazing in currently single-glazed dwellings.

Duration of Meeting

The meeting was called for 7 pm and ended at 8.04 pm.

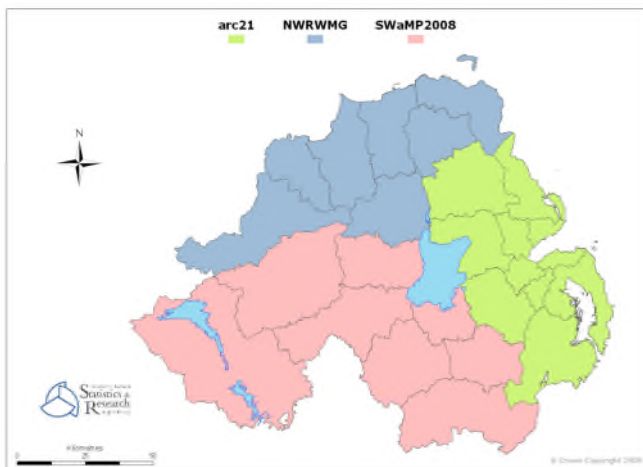
CHAIR _____

DATE _____

B

Subject	Future of Waste Management Groups post LGR
Reporting Officer	Andrew Cassells

1	Purpose of Report
1.1	To seek the views of Members in respect of the future arrangements for Waste Management following Local Government Reform (LGR) in April 2015.

2	Background
2.1	<p>The twenty six District Councils within Northern Ireland are currently organised into three Waste Management Groups: arc21 covering 11 Councils in the East of the region, SWaMP2008 covering eight Councils in the South and the NWRWMG cover the remaining seven Councils in the North/North West of the jurisdiction. These boundaries are illustrated on the map below:</p>  <p>The three Waste Management Groups were established in 1999 with the primary role of developing Waste Management Plans on behalf of their constituent Councils. In recent years their roles have evolved and each has developed at its own pace. They have, with varying degrees of success, attempted to provide waste management infrastructure primarily for the treatment of residual waste.</p>
2.2	<p>The Groups have also led on various waste management procurement exercises on behalf of their constituent Councils. The result of these procurement exercises have been mixed; it appears that large and/or long term waste management contracts do not always deliver value for money or at times are unacceptable to the local waste processing industry. In addition the Groups have to a greater or lesser extent become lobbying bodies in terms of the NIEA/DoE and are represented on various bodies as the representatives of local government waste management in Northern Ireland.</p>
2.3	<p>The three waste management groups are structure differently:</p>

	<ul style="list-style-type: none"> • arc21 is now a Corporate body and lets contracts directly with suppliers on behalf of the constituent Councils (the member Councils are then invoiced/recharged by arc21). arc21 has an on-going waste infrastructure project which is based on the construction of a waste processing plant in a former quarry on the Hightown Road, Mallusk. • SWaMP2008 started life as a Joint Committee but has become a Corporate Body in recent years. Whilst it has the power to directly award contracts it has not chosen to exercise this power but has facilitated joint procurement exercises on behalf of its member Councils. SWAMP2008 were forced to collapse their process for the waste infrastructure project. • The NWRWMG is a Joint Committee and therefore cannot let contracts on behalf of its member Councils although it has facilitated joint procurement exercises. Its attempts at a waste infrastructure project began in 2009 and collapsed at the start of this year when they were forced to abandon the procurement process as a result of lack of information from the one remaining provider. <p>Each of the Waste Management Groups is governed by a Joint Committee or Board where each member Council is represented by two elected members.</p>
2.4	The Waste Management Groups were established to provide some 'economies of scale' in relation to the development of the Waste Management Plans for the 26 District Councils and to progress the provision of three major waste infrastructure projects; something that yet to be realised by any of the groups.
2.5	Members should be aware that Cookstown and Dungannon & S Tyrone Councils are members of SWaMP2008 whilst Magherafelt is a member of the NWRWMG.

3	Key Issues
3.1	<p>The Paper attached to the letter of 9 July 2014 to the Chief Executives Designate identifies five options in relation to the replacement arrangements for the current Waste Management Groups;</p> <ol style="list-style-type: none"> 1. Voluntary establishment by all Councils of a Single Waste Authority 2. Mandatory establishment of a Single Waste Authority 3. Voluntary creation of either two or three joint committees 4. Mandatory creation of either two or three joint committees 5. No formal trans-council waste management co-operation
3.2	The attached paper goes on to identify at Annex 2 that options 2 and 3 would not be achievable before 1 April 2015 as they would require legislation to be enacted. Interestingly the Department do not identify a Single Joint Committee as being an option.
3.3	The Department has never been specific as to the role that a mandatory or voluntary Single Waste Authority would have within the jurisdiction but it may involve the transfer of powers and budgets from the individual Councils to such an Authority. It would also introduce another layer of bureaucracy which may not add significant value to service delivery to the public.

3.4	The reduction in the number of Councils from 26 to 11 in April 2015 provides an opportunity to revisit the need for formal structures at a sub-regional level. Larger Councils could resource the production and delivery of their own Waste Management Plans and given the success to date in increased recycling and landfill diversion rates, coupled with further significant proposed changes in waste legislation from Europe in the next ten years makes a single solution for waste management in Northern Ireland more unrealistic.
3.5	The Mid Ulster District Council, by virtue of its geographical location borders more Councils (six in total) than any other Cluster Council. This in itself provides an opportunity to work with other cluster Councils on a project by project basis rather than being constrained by a formal structure which will ultimately move at the speed of the slowest member.
3.6	Collaboration with other cluster Councils will be important post LGR but it does not need to be constrained by created boundaries by grouping Councils together into waste management groups. The commonly shared view within the professional waste management officers within the three Councils is that collaborative working should be undertaken where there are obvious derived benefits when working with other cluster Councils on a project by project basis.
3.6.1	By operating in this way the Councils not constrained by any imposed group boundaries and can seek to work with different cluster Council configurations as and when it is seen as a benefit to Mid Ulster.
3.7	Through the Technical Advisors Group (TAG) for Northern Ireland (which represents the Chief Technical Officers of the 26 District Councils) as part of the ICE programme this issue was examined in some detail and the conclusion of that study was based on the eleven individual Councils retaining the choice on how waste management services are delivered in the future.
3.7.1	The actual modus operandi of how the services were delivered was proposed to cover the full range of options; that is from individual Council working through to collaboration with other Councils on a project by project or needs basis right up to regional collaboration.
3.8	It is important that District Councils retain control of the whole municipal waste management process from collection to treatment or disposal.
3.8.1	Waste Management represents a significant proportion of the Councils budgets with the expenditure for the 26 Councils in 2012/2013 amounting to some £159m for waste collection, treatment and disposal.

4	Resource Implications
4.1	<p><u>Financial</u></p> <p>Between them the three Mid Ulster Councils currently contribute some £72,000 per annum towards the running costs of SWaMPO2008 and the NWRWMG</p>
4.2	<p><u>Human Resources</u></p>

	A considerable amount of Officer and Member time is currently spent in travelling to and attending both SWaMP2008 and NWRWMG meetings. This could be considerably reduced if the Mid Ulster Council was dealing with more of the issues itself or with a smaller number of partner Councils.
4.3	<p><u>Assets and other implications</u></p> <p>None at this juncture.</p>

5	Other Considerations
5.1	Given the above the consensus view across Mid Ulster is that there is currently no requirement for a formal structure involving all or some of the 11 Councils in Joint Committees or a voluntary Single Waste Authority. This is essentially Option 5 in the DoE paper.
5.2	In adopting Option 5 Members should be aware that this does not preclude, at some later date, reviewing the position post LGR and moving to a more formal structure should that be demonstrated as beneficial.

6	Recommendations
6.1	The Committee are requested to note the contents of this Paper and to recommend to Council that the Mid Ulster District Council adopt Option 5 where there would be no formal group structure but that this option will include voluntary co-operation between Councils on a project by project basis.

7	List of Documents Attached
7.1	Appendix A: Letter from Wesley Shannon DoE to Chief Executives dated 9 July 2014



Department of the
Environment
www.doeni.gov.uk

Chief Executive Designate

Environmental Policy Division
6th Floor Goodwood House
44-58 May Street
Belfast
BT1 4NN

Telephone: 028 9025 4832

Email: Wesley.shannon@doeni.gov.uk

Your reference:

Our reference:

Date: 9 July 2014

Dear Chief Executive Designate,

Arrangements for Waste Management post Local Government Reform

I am writing to you and each of the other ten Chief Executives Designate to highlight the need for early council decisions – by September 2014 at the latest - on future working arrangements for local government waste management. Further information is provided below. I am copying this letter to the Chief Executives of each of the existing twenty six district councils, as well as to the Chief Officers in arc21, the North West Region Waste Management Group and SWAMP2008.

At a meeting held on 30 April 2014, the Department presented a Paper on the future of the waste management groups to the Chief Executives Designate of the new councils. For ease of reference, a copy of that document is attached as Annex 1 to this letter. Briefly however, the Paper outlines the current council groupings and summarises the anticipated impact of local government reorganisation. Given that the current groupings reflect the twenty six council structure, the 'do nothing' approach is clearly not a viable option beyond April 2015. As such, the Paper suggests a number of possible future delivery models.


The Department recognises that it may be helpful to outline the process and timetable associated each potential delivery option, in particular, to highlight what is achievable by April 2015. With this in mind, Annex 2 presents an outline analysis of each option – including the key considerations for both the Department and councils, the work that will be required, and the likely timescale to complete that activity.

This analysis does not discount any of these options. It does, however, demonstrate that two of the five potential delivery models – a mandatory Single Waste Authority and the mandatory creation of two or three joint committees - are not deliverable by April 2015. This is principally because both of these options would require new primary legislation and full public consultation and, as such, carry a significant lead-in time.

It is essential to ensure short-term stability (at least) for trans-council waste management issues and this requires an early decision on preferred structures. There are three remaining possible options which appear to be technically capable of delivery by April 2015. These are a voluntary single waste authority, the voluntary establishment of two or three joint committees and no formal trans-council co-operation.

The Department believes that a decision on the way forward needs to be taken by September 2014 at the latest. Subordinate legislation will be needed; at a minimum, this will provide for the dissolution of existing body corporate waste management groups. It may also provide for the creation of new bodies corporate, should councils opt for this approach. In order to ensure continuity, the legislation would need to be made well in advance of 2015. The Department would therefore require as much notice as possible, in order to allow sufficient time for legislative passage.

I hope this information is helpful to councils in reaching a decision on the preferred option for future waste management structures. In making that decision, councils will need to take account of their ongoing contractual obligations beyond April 2015. Officials will of course be happy to provide further information, if required.

Yours sincerely,


WESLEY SHANNON
DIRECTOR

Future of Waste Management Groups (WMGs)

1. Context

- 1.1** The Department is responsible for preparation of the Waste Management Strategy setting out its policies in relation to the recovery and disposal of waste. Local government is responsible in its turn for the preparation and implementation of Waste Management Plans setting out the councils' arrangements for the collection and disposal of waste.
- 1.2** Councils have delegated preparation of Waste Management Plans and any agreed ancillary functions to their Waste Management Groups, using powers in the Local Government Act (NI) 1972.
- 1.3** The Waste Programme Board has agreed the establishment of a new Waste Co-ordination Group, chaired by the Deputy Secretary of the Environment and Marine Group and comprising senior officers from the Department and the Waste Management Groups and NILGA, to support and monitor compliance by local government with its legislative waste management obligations. In particular the Group will facilitate effective public sector co-ordination in the delivery by local government of Waste Management Plans, so that waste is legitimately, robustly and transparently managed and monitored at all stages including final destination.

2. Current Legislative Position

- 2.1** The Local Government Act (NI) 1972 enables councils to establish joint committees for collective delivery of council functions. They can also apply to the Department for body corporate status for those committees.
- 2.2** The constituent councils of arc21 and SWaMP2008 have used this process to establish two waste management joint committees with body corporate status, giving them the legislative authority to enter into contracts in their own right. The North West Region Waste Management Group operates as an unincorporated joint committee.

3. Impact of Local Government Reorganisation

- 3.1** The Department's Local Government Bill completed its Final Stage on 8 April 2014. While the Bill repeals the existing legislative provision for joint committees, it includes broadly equivalent provision for joint committee working and optional body corporate status. The Bill is likely to receive Royal Assent by June 2014. The existing body corporate legislation for arc21 and SWaMP2008 lists the constituent councils of each joint committee. Following local government reorganisation, these councils will no longer exist – though technically the body corporate itself will continue to exist as a separate body.
- 3.2** The rationale for joint committees is to deliver functions on behalf of their constituent councils. The new councils will need to determine whether they wish to establish new joint working structures for waste management and if so, what the

status and membership of those structures should be, or whether each new council will operate independently.

3.3 The Department will also need to:

- (a) revoke the existing body corporate subordinate legislation; and
- (b) (if required) make legislative provision for the new waste management structures.

4. Key Discussion Points

4.1 At the meeting on 30th April the department would like to take initial soundings from Chief Executive Designates on:

- The adequacy of the existing Waste Management Group structure for delivery of councils' waste management functions, in particular whether governance and decision-making arrangements at Waste Management Group level are fit for purpose.
- Whether alternative delivery models should be considered in light of factors such as the history of the three local government procurements, the extent of illegal waste activity and the lessons that provides for the future development and administration of waste management, and landfill diversion and recycling targets
- Potential alternative delivery models might include,
 - Voluntary establishment by all councils of a Single Waste Authority
 - Mandatory establishment of a Single Waste Authority
 - Voluntary creation of either two or three joint committees
 - Mandatory creation of either two or three joint committees
 - No formal trans-council waste management co-operation
- The timetable for either the re-establishment of current Waste Management Group arrangements or the voluntary or mandatory introduction of new waste management structure(s), bearing in mind that the establishment of any statutory joint committee will
 - (a) Require district councils to exercise their powers to appoint a joint committee; and
 - (b) Require the Department to make subordinate legislation establishing the new committee as a body corporate and fixing its functions. Subject to the views of councils that legislation could also provide for:
 - (i) the dissolution of the existing Waste Management Groups
 - (ii) giving the Department powers of direction over the joint committee, specifically ensuring that individual councils cannot veto the work of the Committee

- (iii) the transfer to any new Committee of assets, liabilities and, if necessary, staff
- (iv) the preparation of subordinate legislation in respect of the detailed provisions for the working of the new body, the key elements of which would be subject to debate in the Assembly

5. Conclusion

- 5.1** The Department appreciates that there are many important issues to be considered at this time. However, an early indication of council views on the future of waste management groups would be helpful.

OPTIONS FOR WASTE MANAGEMENT POST LOCAL GOVERNMENT REFORM

1. Voluntary establishment by all councils of a Single Waste Authority (SWA)

- This represents a decision by councils to establish a single joint committee for waste management purposes.
- Councils have the option of applying to the Department for body corporate status
- If body corporate status is to be conferred – along the lines of existing body corporate provision - the Department would need to make subordinate legislation, and engage with the Environment Committee.
- The Department would require at least a 6 month period for the development of policy and legislation
- **Decision required by September 2014 at the latest**
- A longer lead-in time would be needed, if councils were to request additional provisions – i.e. beyond the lines of existing body corporation provision
- Councils will need to review their ongoing contractual obligations beyond April 2015 - under existing group structures

2. Mandatory Single Waste Authority

- Would require new primary legislation – and prior public consultation.
- Legislation would require councils to set up a single authority and would establish the statutory framework
- Significant lead-in time
- **Not achievable by April 2015**

3. Mandatory creation of 2 or 3 joint committees

- Current legislation does not provide for the mandatory creation of joint committees.
- Primary legislation and public consultation needed – similar process to mandatory SWA
- Councils will need to review their ongoing contractual obligations beyond April 2015 - under existing group structures
- **Not achievable by April 2015**

4. Voluntary establishment of 2 or 3 joint committees

- Can be achieved fairly quickly
- Councils would have the option of applying to the Department for body corporate status
- If body corporate status is to be conferred – along the lines of existing body corporate provision - the Department would need to make subordinate legislation, and engage with the Environment Committee.
- The Department would require at least a 6 month period for the development of policy and legislation

- **Decision required by September 2014 at the latest**
- A longer lead-in time would be needed, if councils were to request additional provisions – i.e. over and above the scope of existing body corporation provision
- Councils will need to review their ongoing contractual obligations beyond April 2015 - under existing group structures

5. No formal trans-council co-operation

- Councils act alone – no formal groupings but some voluntary co-operation
- Department would need to repeal the existing body corporate legislation.
- Achievable by April 2015
- Councils will need to review their ongoing contractual obligations beyond April 2015 - under existing group structures

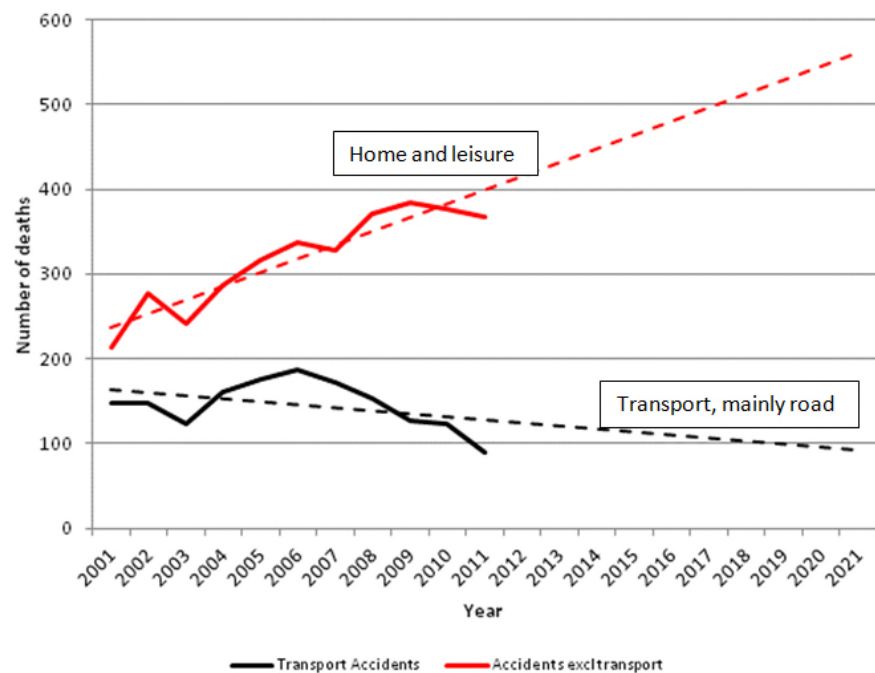
C

Subject	Consultation response to Home Accident Prevention Strategy 2014 - 2024
Reporting Officer	M G Kelso

1	Purpose of Report
1.1	To provide Members with background information on the Home Accident Prevent Programme and draft comments for Consultation response to Home Accident Prevention Strategy 2014 – 2024.

2	Background
2.1	<p>It is estimated that approximately two people die each week across Northern Ireland as a result of accidents in the home. In addition, there are approximately 17,000 admissions to hospital each year as a result of unintentional injury, arising from accidents in and around the home.</p> <p>The vast majority of accidental injuries in the home are caused by falls, but serious injury and death has resulted from a wide range of factors, including, Carbon Monoxide poisoning, smoke inhalation and ‘blind cord’ strangulation. Most of these incidents are preventable with the increased use of appropriate interventions.</p> <p>The Ten Year Home Accident Strategy 2014 – 2024, builds upon an earlier programme put in place in 2004.</p> <p>A strategic analysis undertaken by RoSPA, has estimated that the number of fatal incidents will steadily increase over the next ten years (see Figure 1).</p> <p>The Strategic Aim of the new 2014 - 2024 Strategy is to minimise injuries and deaths caused by home accidents, particularly for those who are most at risk.</p> <p>Local Councils have been proactive in taking forward Home Accident Prevention Work for approximately ten years, working closely with the Public Health Agency, local Health Trusts and the Community and Voluntary Sector, in delivering Home Safety interventions as part of a wider Home Accident Prevention Programme.</p> <p>This work has been focussed on three particular target groups, Children Under 5 years of age, People Over 65 and Vulnerable Adults.</p>

Figure 1: Extrapolation of accidental deaths, looking ahead 10 years



Source: RoSPA Big Book of Accident Prevention Northern Ireland 2013

Falls

Falls represent one of the most significant causes of home accidents and have a significant impact on the future welfare of the person concerned. Falls account for 71% of all fatal accidents to those aged 65 and over and represent the most common cause of admission to hospital in this age bracket. Statistics have shown that one-third of people over 65 in the general population have one fall per year, with approximately two-thirds of these resulting in significant injury.

Figure 2 : Data from checks carried out by Home Safety Officers

Children	Older People
<ul style="list-style-type: none"> • 9% had an accident in the 12 months before their check • 72% were falls • 29% visited GP • 44% went to hospital • 12% admissions • 77% didn't have stair gates 	<ul style="list-style-type: none"> • 29% had a home accident in the 12 months before their check • 94% of these were falls • 44% visited hospital • 36% admissions • 20% didn't have adequate smoke alarms • Over ⅔ homes that

	<ul style="list-style-type: none"> High percentage of concern regarding burns/scalds and medicines management 	require audible carbon monoxide monitors did not have one	
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3	Key Issues
3.1	<p>The Strategy sets out four Key Objectives:</p> <p>(1) Empower people to better understand the risks and make safe choices to ensure a safe home with negligible risk of unintentional injury.</p> <p>(2) Promote safer home environments.</p> <p>(3) Promote and facilitate effective training, skills and knowledge in home accident prevention across all relevant organisations and groups.</p> <p>(4) Improve the evidence base.</p> <p><u>CONSULTATION RESPONSE – KEY POINTS</u></p> <p>A full Draft of the Consultation response is attached at Appendix 2. The following key points should be noted by Members.</p> <p>The Strategy sets out the direction of travel in which Home Accident Prevention can be best promoted across the community. The Vision and Strategic Aims are deemed sufficient to set the overall direction for the next 10 years, 2014 – 2024.</p> <p>For the purposes of this Strategy the home has been defined as:</p> <p><i>“any type of house, including an apartment, farmhouse, caravan or weekend cottage, together with its outbuildings, garden, yard or farmyard, driveway, path, steps and boundaries or common areas, eg. lifts lobbies, corridors and stairwells. It need not be the home of the injured person”.</i></p> <p>The definition of the ‘home’ will be used to prioritise resource allocation in subsequent Action Plans. For the purposes of this Strategy, the ‘home’ should be deemed to be the permanent residence of the person or family concerned.</p> <p><u>Identified Priority Groups</u></p> <p>The Draft Strategy sets out the proposed Priority Groups as being Under 5s, Over 65s and people who are socially deprived.</p>

It is recommended that the Priority Groups are extended to include 'Vulnerable Adults' and that a focus is retained on the wider community for the purposes of targeting 'home safety messages' and 'raising awareness'.

Priority Issues

It is recommended that the list of Priority Issues are broadened to include the following:

- Falls (all priority groups)
- Accidental Poisonings (e.g. CO Poisoning and Liquid Tabs)
- Fire Safety (smoke, fire and flames)
- Strangulation, Choking, Smoking and Drowning (e.g. Blind Cords)
- Burns & Scalds.

Given the increased demand for housing in the private rented sector, it is recommended that consideration be given to introducing a targeted maintenance requirement on all landlords, for all heating appliances, so as to reduce the potential for accidental poisonings or fire. This may require a legislative basis to ensure its effective implementation.

Implementation – Action Plan

In developing the Action Plan for implementation the following points should be noted:

- Continuation of the Home Safety Check Scheme and annual publication of their findings.
- Integration of Home Accident Prevention as a core subject in the Primary School Curriculum.
- Implementation of robust information gathering systems and accessible dissemination of this information to professionals working in the accident prevention field and to the general public.
- The provision of adequate resources to meet all elements of the proposed Strategy given the scale of the problem as identified (RoSPA 2013).
- Develop an agreed Action Plan in conjunction with Partner Agencies and local stakeholders.

Raising Public Awareness

As part of the wider 'Awareness Raising Programme', the following key

	<p>points should be noted:</p> <ul style="list-style-type: none"> • Focused Education and Awareness Campaigns must be developed. • Existing good practice on partnership working should be further developed in conjunction with the 'Community Planning' remit for New Councils, in partnership with NIFRS, HAP NI, RoSPA, Health Boards, HSENI and the Community and Voluntary Sector. • Regular Media campaigns have proved effective for Road Safety and Farm Safety Awareness. Home accidents cause more fatalities on an annual basis than roads, farms, building sites and factories combined, however current resources are insufficient to allow for wider media campaigns. • Home Safety Advice visits have proved an effective means of raising awareness amongst vulnerable families and other client groups through tailored one to one advice and should be suitably resourced for this purpose. • Professional staff development is essential to increase personal skills in communication, given the wide range of social media now widely accessed by the general public. • Provision of suitable and appropriate language / translation facilities for Minority Ethnic Groups. <p><u>REVIEW OF THE STRATEGY</u></p> <p>It is recommended that Regional, Sub-Regional and local Action Groups be established to develop and take forward Action Plans within the 11 new Council clusters.</p> <p>The Action Plans should be embedded within the Council's Community Planning Framework.</p> <p>The Implementation Plan should incorporate the following specific targeted measures:</p> <ul style="list-style-type: none"> • Baseline of home accident statistics (to include hospital statistics) should be established, monitored and updated. • Robust performance monitoring systems should be put in place to assess the impact of the programme. • The Implementation Plan should be regularly reviewed to ensure health benefits are being realised.
4	Resource Implications

4.1	<u>Financial</u> None at present.
4.2	<u>Human resources</u> None at present.
4.3	<u>Assets and other implications</u> None.

5	Other Considerations
5.1	None

6	Recommendations
6.1	It is recommended that Members consider the Draft Consultation response as outlined.

7	List of Documents Attached
7.1	Appendix 1 - Consultation Paper. Appendix 2 - Draft Consultation Response.



DRAFT FOR CONSULTATION

HOME ACCIDENT PREVENTION STRATEGY

2014 – 2024

June 2014

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Minister's Foreword

In Northern Ireland in a typical week two people die as a result of home accidents. In addition to these deaths, there are approximately 17,000 admissions to hospital each year as a result of unintentional injuries in general.

Accidents can cause pain, distress and suffering for the victim, their family and friends and even for the wider community. The repercussions of serious accidents can be felt for a long time and, in some cases, can cause life-changing pain or disability.

Home accidents can arise from many seemingly innocuous sources such as ill-fitting footwear or unsecured blind cords or from practices and behaviours such as not using appropriate lighting at night.

The vast majority of accidental injuries in the home are caused by falls but serious injury and death can result from a wide range of accidents such as carbon monoxide poisoning, inhalation of smoke caused by fire and blind cord strangulation, to name a few. These deaths and injuries can easily be prevented by being aware of the dangers and hazards that are present in the home environment and putting in place interventions to minimise the risks.

That said, government and the voluntary and community sectors must also play their part and have a key role in contributing to a reduction in the number of deaths and unintentional injuries occurring in the home.

Statistics show that there are some people in society who are especially vulnerable to accidents in the home and who suffer disproportionately because of them. These include young children, particularly those under 5, people over 65, and those who are socially deprived. This Strategy is concerned with the entire population of Northern Ireland but gives particular attention to these vulnerable groups.

The previous Home Accident Prevention Strategy 2004 – 2009 delivered many positive outcomes and made a significant contribution to reducing home accidents

and deaths. This new Strategy aims to build on that contribution. A comprehensive implementation plan to accompany the Strategy will be developed by the Public Health Agency.

As Minister of Health, I am committed to playing my part to having in place a Strategy which will help to reduce deaths and unintentional injuries in the home.

I would like to acknowledge and thank all those who contributed to the development of this Strategy, including those from the voluntary and community sectors, from other government departments and from across the Health and Social Care family. I would like to particularly thank the Royal Society for the Prevention of Accidents (RoSPA) for permission to use and reproduce invaluable statistics and data.

This strategy document is a draft. I am publishing it for consultation and I would encourage you to contribute any ideas that could strengthen the Strategy in any way.

EDWIN POOTS

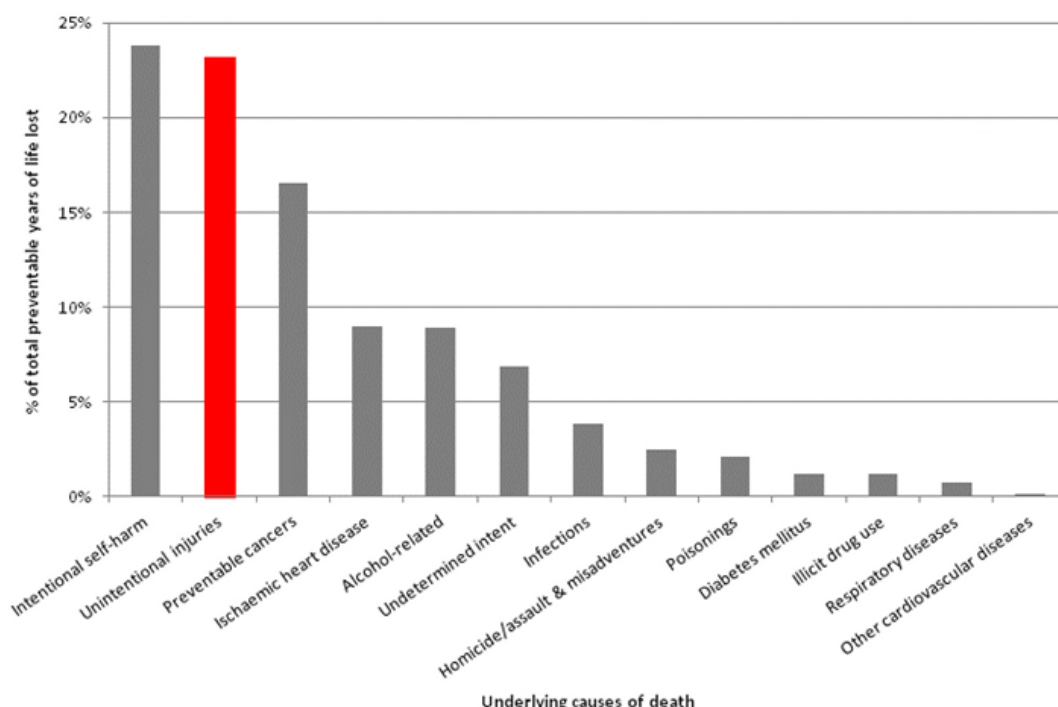
Minister of Health, Social Services and Public Safety

1. Why we need a home accident prevention strategy

Why do we need a home accident prevention strategy?

Accidents are the main cause of premature, preventable death for most of a person's life. The human cost of premature deaths can be expressed as **preventable years of life lost** (PrYLLs), and in Northern Ireland unintentional injuries in general (not just from accidents in the home) account for almost a quarter of PrYLLs¹. See Figure 1.

Figure 1: Preventable Years of Life Lost (PrYLLs) in Northern Ireland



Source: RoSPA/Northern Ireland Statistics and Research Agency

PrYLLs are a dispassionate numerical measure, but for every person who dies resulting from an accident that need not have happened, the grief and life-long pain for the family and friends of the victims cannot be measured. Accidents can have a profound impact on the lives of those who are left behind.

Accidents are often violent in nature, and non-fatal unintentional injuries cause pain, distress and suffering, and in many cases result in life-changing disabilities and

¹ RoSPA Big Book of Accident Prevention, Northern Ireland, 2013.

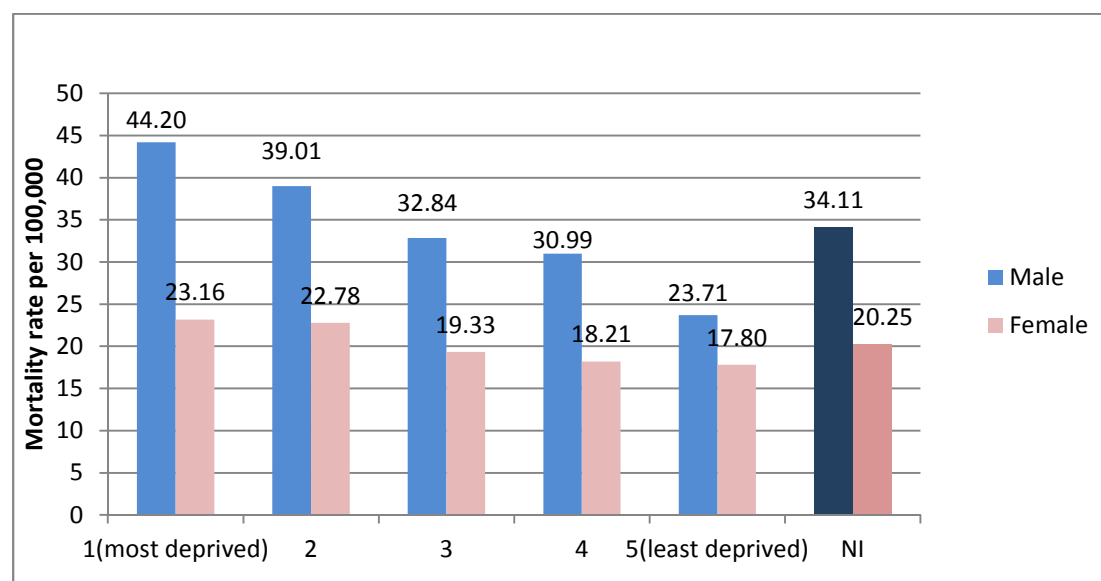
chronic conditions. Accidents can also have a serious impact on emotional and mental health. Accidents can be traumatic with residual guilt, remorse and grief having a lasting effect on members of a family or community.

There are groups in society who are especially vulnerable: young children and elderly people, particularly under-5s, over-65s and those who are socially deprived suffer disproportionately from the unintentional injuries that result from home accidents.

The prevalence of unintentional injuries offends against our basic sense of social justice, as there is a strong correlation with poverty, deprivation and health inequalities.

Death rates due to unintentional injuries are higher in areas of increased deprivation with rates for males showing the sharpest deprivation gradient. See Figure 2.

Figure 2: Annualised death rates per 100,000 due to unintentional injury by deprivation quintile and gender 2009 to 2011

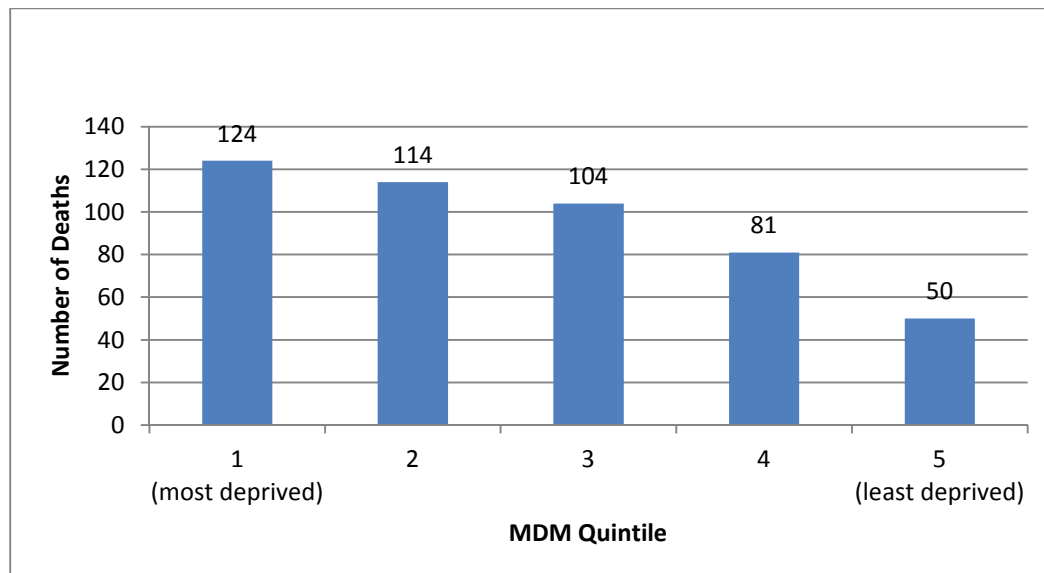


Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

Analysis of the number of unintentional injury deaths in those aged under 20 between 2001 and 2011 shows a deprivation gradient with highest numbers in the most deprived and lowest numbers in the least deprived quintiles (see figure 3). The impact of deprivation is particularly seen in children under 10 with four times as many children living in the most deprived quintile of Super Output Areas (SOAs)

dying as a result of an unintentional injury compared with children under 10 living in the least deprived quintile.

Figure 3: Child and Young Person (0-19 yrs) unintentional injury deaths by deprivation quintile (2001 to 2011)



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

The above data is in keeping with that observed elsewhere with the Child Accident Prevention Trust (CAPT) reporting persistent and widening inequalities between socio-economic groups for childhood deaths from accidents (<http://www.makingthelink.net/topic-briefings/inequalities-and-deprivation>). Data from England and Wales has shown that children from the most disadvantaged backgrounds are 13 times more likely to die in accidents than children of parents in higher managerial and professional backgrounds².

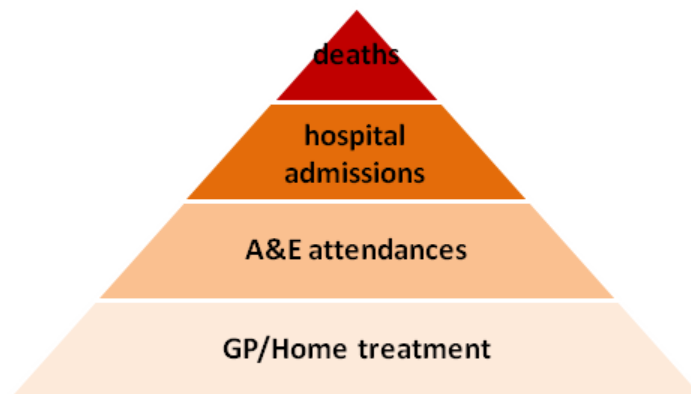
In addition to the human cost in terms of preventable deaths and suffering, accidents represent a significant avoidable burden on our health and social care system, a brake on our prosperity as a society, and a drain on public service resources in general. In Northern Ireland it is estimated that accidents in general cost society more than £4bn each year, with £650m of this burden being carried by the state³. This is a conservative estimate, as the full burden of accidents is unknown. Many

² Edwards P et al. Deaths from injury in children and employment status in family: analysis of trends in class specific death rates, BMJ, 333: 119-121, 2007

³ RoSPA Big Book of Accident Prevention Northern Ireland 2013

injuries are treated at home or by pharmacists, GPs - including Out of Hours doctors - or by Minor Injuries Units and A&E departments, and, although they are not visible in the routine data that is captured at present, they still add to the burden on society. See Figure 4.

Figure 4: Accidental Injury Triangle



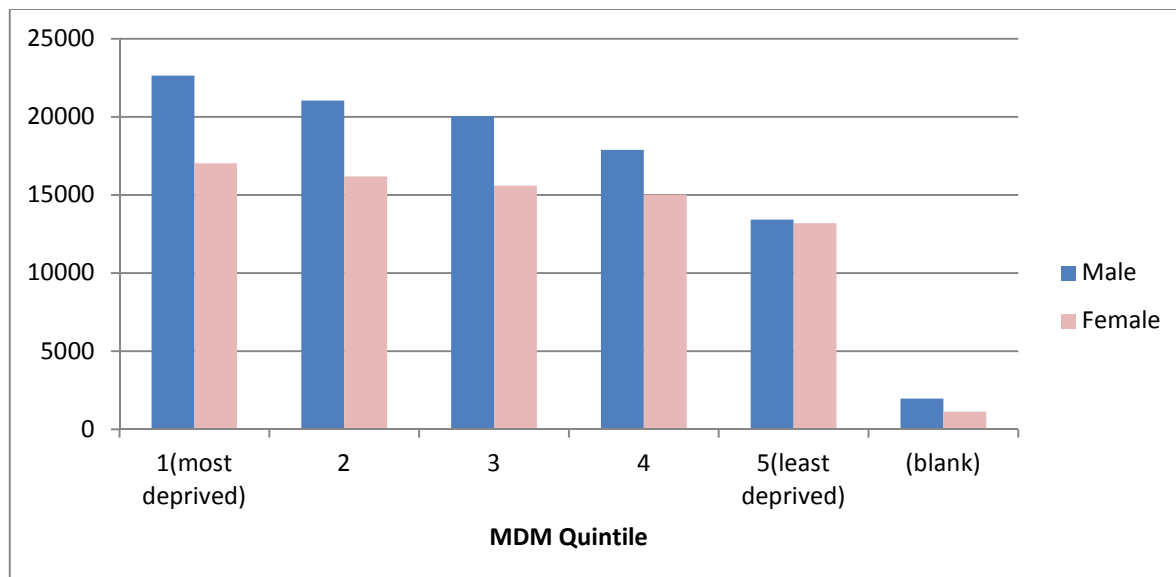
Source: Krug, E. (ed). (1999). Injury: A leading cause of the global burden of disease. WHO (World Health Organization Advisory Group). Geneva: WHO

There are approximately 17,000⁴ admissions to hospital in Northern Ireland each year as a result of unintentional injuries.

Hospital admissions show a clear correlation with deprivation, particularly in males. Those from the most deprived quintile of wards (1) have much higher numbers of admissions than those in the least deprived quintile (5). See Figure 5.

Figure 5: Hospital unintentional injury admissions 2003 to 2012 by deprivation quintile

⁴ DHSSPS, Hospital Inpatient System



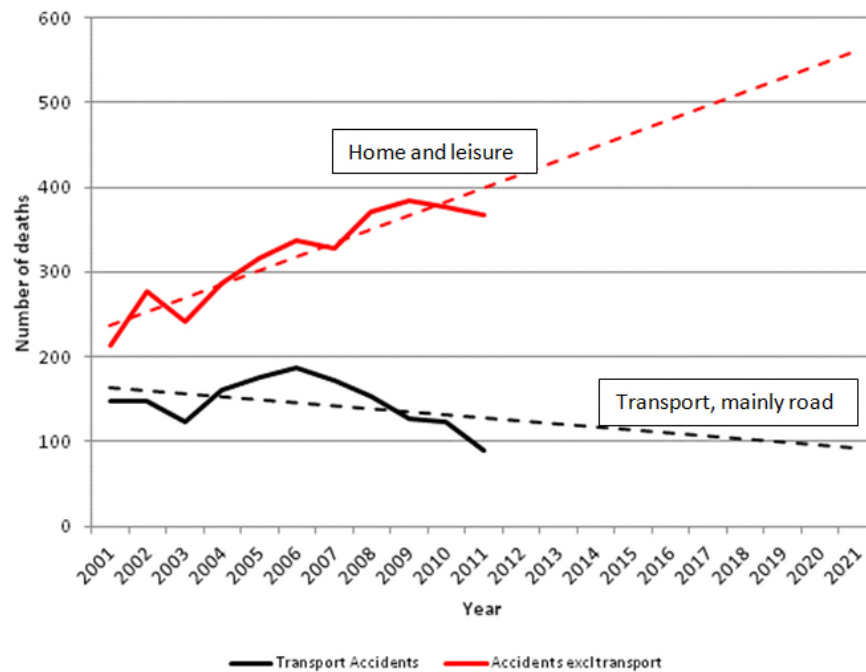
Source: DHSSPS

Why focus on accidents at home?

Accidents occur in different environments, most commonly in the home, on the roads and in other public spaces, in the workplace and while participating in sports and leisure activities. Over many years a wide range of interventions, such as legislation and public awareness campaigns, have reduced significantly the toll of deaths and injuries from road traffic accidents and has made workplaces much safer than they once were. However, in the same ten-year period (2001-2011) that delivered Northern Ireland's lowest ever number of road death fatalities, there was an increase in fatal home and leisure accidents. See Figure 6.

In the coming decade work will continue to help further reduce road deaths and injuries through delivery of the Department of Environment's Road Safety Strategy and in the workplace under the Health and Safety Executive's Workplace Health Strategy. The Home Accident Prevention Strategy is not intended to duplicate accident prevention work in other environments.

Figure 6: Extrapolation of accidental deaths, looking ahead 10 years



Source: RoSPA Big Book of Accident Prevention Northern Ireland 2013

Why a strategy?

There are many organisations in the statutory, voluntary, community and private sectors that have done invaluable work to make the home environment safer. This strategy sets an agreed strategic direction and is intended to achieve further progress through closer and more effective coordination and information-sharing between the agencies concerned.

This strategy should not be seen in isolation; it is intended to complement a wide range of strategies and policies such as the new public health strategic framework (due to be published shortly; see consultation document *Fit and Well: Changing Lives* 2012-2022 (<http://www.dhsspsni.gov.uk/fit-and-well-consultation-document.pdf>), Transforming Your Care (<http://www.transformingyourcare.hscni.net/>), Building Stronger Bones (<http://www.nos.org.uk/Document.doc?id=1289>), Active Ageing (<http://www.ofmdfmi.gov.uk/active-ageing-strategy-2014-2020-consultation.pdf>) and recommendations from the European Child Safety Alliance. (<http://www.childsafetyeurope.org/>).

Home Accident Prevention Strategy and Action Plan 2004-2009

The first Home Accident Prevention Strategy and Action Plan 2004 – 2009 (<http://www.dhsspsni.gov.uk/eqia-haps04.pdf>) was published in November 2004.

The Strategy identified four key areas for action:

- Policy Development
- Improving Awareness
- Improving Training
- Accident Information

The actions required concerted collaborative actions from a number of Northern Ireland Civil Service Departments and Health and Social Care Boards, Trusts and agencies including the non-statutory sector.

A review to assess the impact of the 2004 – 2009 Strategy (http://www.dhsspsni.gov.uk/review_of_the_home_accident_prevention_strategy_2011.pdf) concluded that significant progress had been made, with the majority of the Strategy's actions being achieved. Many of the programmes and pilots were extended and rolled out. Other pilots and initiatives demonstrate good practice and have the potential for regional implementation.

The review noted that actions on accident information had not been addressed, i.e. to agree a minimum data set, and to develop a central service for the collection, analysis and dissemination of home accident data. The standardisation of home accident data, recording and collection is particularly important to acquire accurate baseline data.

The targets in the 2004 Strategy were developed to help achieve targets in the public health strategy, *Investing for Health* and to measure the overall success of the Strategy in reducing the number of accidental deaths and injuries in the home. The review report concluded that there had been considerable progress made towards reducing the number of accidental injuries in the home over the duration of the Strategy, but that there had not been a corresponding reduction in the number of accidental deaths. Falls prevention continues to be a challenge, with falls in the home being a leading cause of accidental death.

The review report concluded that key challenges remained and that there was still a need to prioritise home accident prevention. It recommended that a new 10-year

strategy should be developed to set the regional strategic policy for home accident prevention to reduce the number of accidental deaths and injuries in the home.

Values and principles

Looking ahead, the values and principles that inform this Strategy are set out in the table below.

Social justice, equity and inclusion	All citizens should have equal rights to health, and fair /equitable access to health services and health information according to their needs
Engagement and empowerment	Individuals and communities should be fully involved in decision making on matters relating to health and empowered to protect and improve their own health, adopting an asset approach
Co-operation	Public policies should contribute to improving health and wellbeing and public bodies should work in partnership with local and interest group communities
Evidence - Based	Actions should be based on the best available evidence and should be subject to evaluation
Addressing Local Need	Action should be focused on individuals, families and communities in their social and economic context

2. Strategic direction

Vision

The Vision for the Home Accident Prevention Strategy 2014 – 2024 is:

that the population of Northern Ireland has the best chance of living safely in the home environment where there is negligible risk of unintentional injury.

Strategic Aim

The Strategic Aim is:

to minimise injuries and deaths caused by home accidents, particularly for those who are most at risk.

Objectives

The partners in the Strategy will seek to realise the Vision and achieve the Strategic Aim by pursuing the following Objectives:

1. Empower people to better understand the risks and make safe choices to ensure a safe home with negligible risk of unintentional injury.
2. Promote safer home environments.
3. Promote and facilitate effective training, skills and knowledge in home accident prevention across all relevant organisations and groups.
4. Improve the evidence base.

Scope of the strategy

For the purposes of this strategy “home” is defined as:

any type of house, including an apartment, farmhouse, caravan or weekend cottage, together with its outbuildings, garden, yard or farmyard, driveway, path, steps and boundaries or common areas, e.g. lifts, lobbies, corridors and stairwells. It need not be the home of the injured person.

In this context “home” does not refer to residential institutions such as nursing homes or prisons, or temporary accommodation such as a hotel, boarding house or hospital. These categories of residential settings are governed by regulations to manage the environmental risks and, to some extent, behavioural risks. Nursing homes, specifically, afford a greater degree of supervision than is available to many elderly people who live alone in their own homes. This supervision is significant both for preventing accidents and for responding quickly to accidents. The safety of residents is a core consideration in the inspection of these settings by the Regulation and Quality Improvement Authority (RQIA) and other agencies.

Notwithstanding the differences between domestic settings and those residential settings that are not within the scope of the strategy, it is expected that some of the measures that will implement the strategy will be applicable in residential settings.

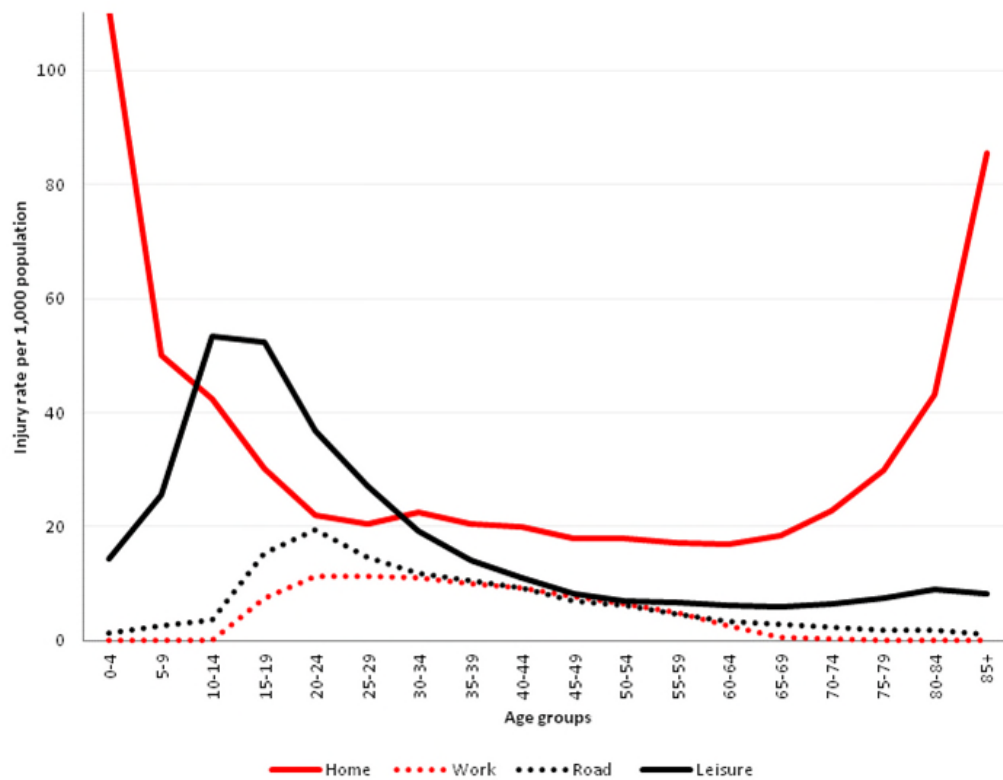
Priority groups

Most home accidents can be prevented by identifying their causes and removing these, or reducing people's exposure to them. The environments in which people live do much to determine injury risks and opportunities for injury prevention.

This Strategy is aimed at the entire population of Northern Ireland as accidents can and do affect everyone. However there are groups of people who are more likely to have accidents and more likely to suffer long-term effects as a consequence of an accident. The focus of this strategy is on children under 5, people over 65 and people who are socially deprived however, it is recognised that the risk of having an accident can increase depending on a range of circumstances including disability, illness, multiple medications or other types of vulnerability.

Figure 7 demonstrates the increased rate of accidents among young children and older people.

Figure 7: Unintentional injury rates by age



Source: RoSPA

Children under 5

More than any other group, under-5s depend on others for their safety as they become able to explore their home environment before they gain knowledge and understanding of hazards and the skills to respond to them. Preventing injuries in young children depends on creating safer products and home environments for them and on influencing those who care for them. Adults are the people responsible for the safety of young children in the home, as parents or in other capacities, and they can do much to provide safe environments and model safety and risk management behaviour.

People over 65

The population of Northern Ireland is getting older and the number of older people will continue to increase. There are now 266,000 people aged over 65 years living in Northern Ireland (15% of the population). This has increased over the last 20 years by 60,000 and is forecast to double again by 2051. The biggest increase has been in people aged 85 years and over, a group that has doubled in size in the last 20 years and which is set to quadruple by 2051⁵. Older adults are more vulnerable to home accidents due to existing medical conditions, impaired mobility and gait, increased sedentary behaviour, fear of falling, impaired cognition, visual impairment and foot problems. The impact of home accidents tends to be high, as older adults have lower recuperative capacity. For older people recognition of the implications of ageing for home safety and preparation for these can do much to increase the chance of maintaining an independent and active life free from serious injury.

An ageing population is a significant achievement, reflecting advances in health and quality of life. A key challenge will be to enable older people to remain in good health for as long as possible.

Figure 8 shows data collected through home safety checks which relates to children and older people. The data for children is based on 2,689 checks carried out between April 2012 and March 2013. Although the service is targeted towards families with children under 5, the data may contain families with children under 18 with disabilities.

The data relating to older people is based on 4,333 checks carried out by Home Safety Officers between April 2010 and March 2013. Although the service is targeted at those over 65, it does not exclusively cover these people and includes vulnerable adults.

⁵ Source: Director of Public Health Annual Report 2012/NISRA

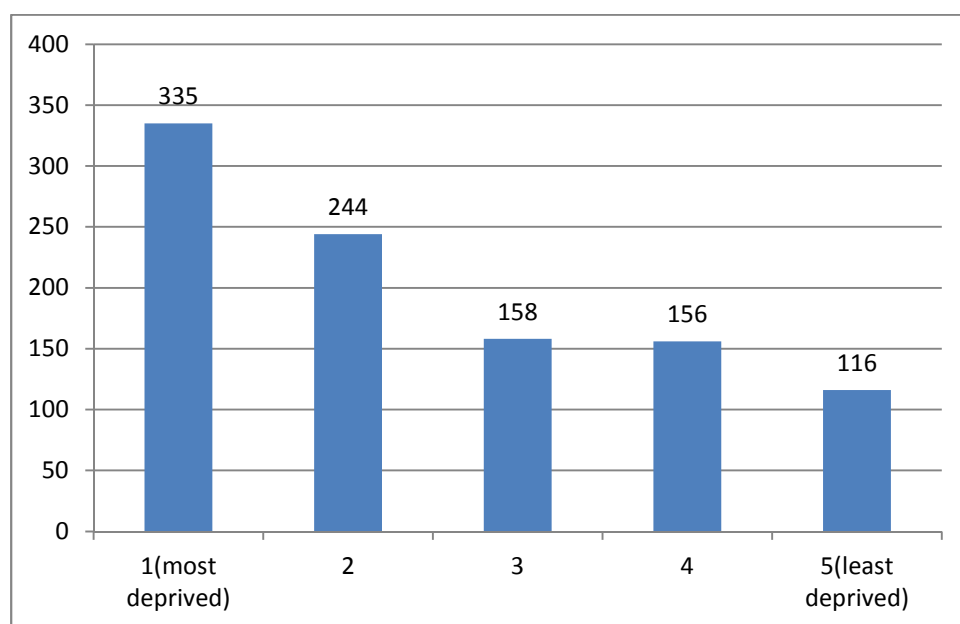
Figure 8: Data from checks carried out by Home Safety Officers

Children	Older People
<ul style="list-style-type: none"> • 9% had an accident in the 12 months before their check • 72% were falls • 29% visited GP • 44% went to hospital • 12% admissions • 77% didn't have stair gates • High percentage of concern regarding burns/scalds and medicines management 	<ul style="list-style-type: none"> • 29% had a home accident in the 12 months before their check • 94% of these were falls • 44% visited hospital • 36% admissions • 20% didn't have adequate smoke alarms • Over 2/3 homes that require audible carbon monoxide monitors did not have one

People who are socially deprived

The number of deaths due to unintentional injuries in the home is considerably higher among those living in more deprived areas. See Figure 9.

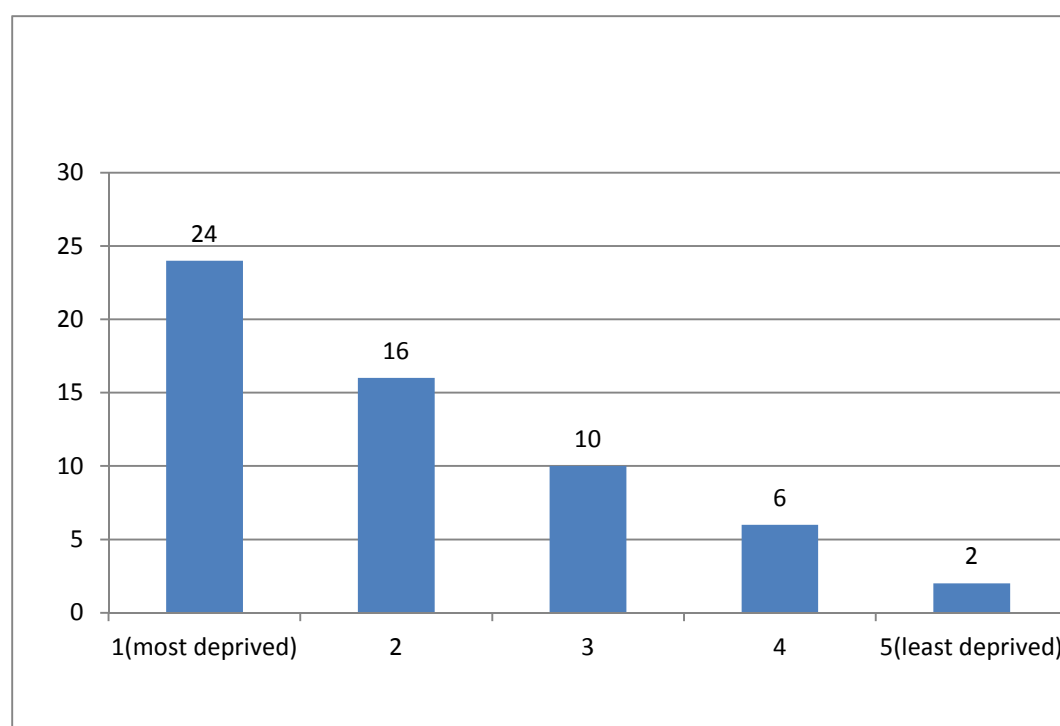
Figure 9: Total Northern Ireland home accidents by deprivation quintile (2001-2011)



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

Between 2001 and 2011, 24 children and young people aged 0-19 years from the most deprived quintile of Super Output Areas (local geographical units used for the Census) died as the result of an unintentional injury in the home compared with two children and young people aged 0-19 years living in the least deprived quintile. See Figure 10.

Figure 10: Child and Young Person home accident deaths by deprivation quintile (2001-2011)



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

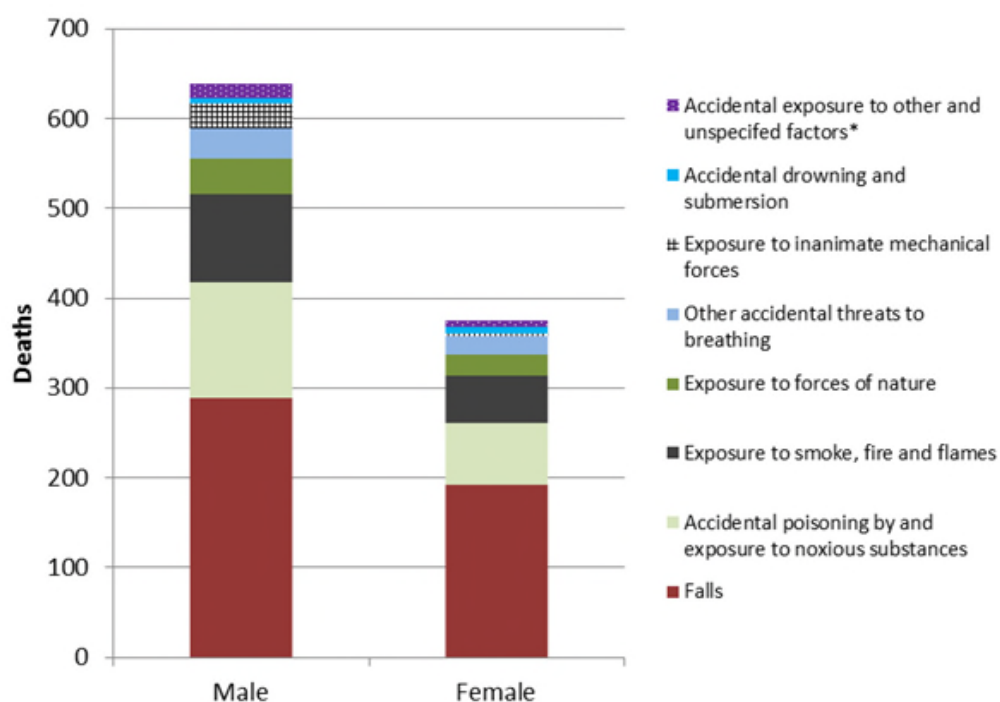
Types of home accident

Accident trends vary and the type of accident suffered can be influenced by a range of factors such as weather, time of the year, demographics, economic factors that can affect the types of products we buy, including home safety aids, as well as services we use or do not use to maintain appliances. Regardless of these factors, the basics of accident prevention, i.e. supervision, risk assessment, hazard identification and reduction, remain the same.

Falls are the major cause of unintentional injury and death occurring in the home accounting for 480 deaths (288 male; 192 female) between 2001 and 2011, equating

to just under half (47%) of all unintentional injury and deaths at home. See Figure 11.

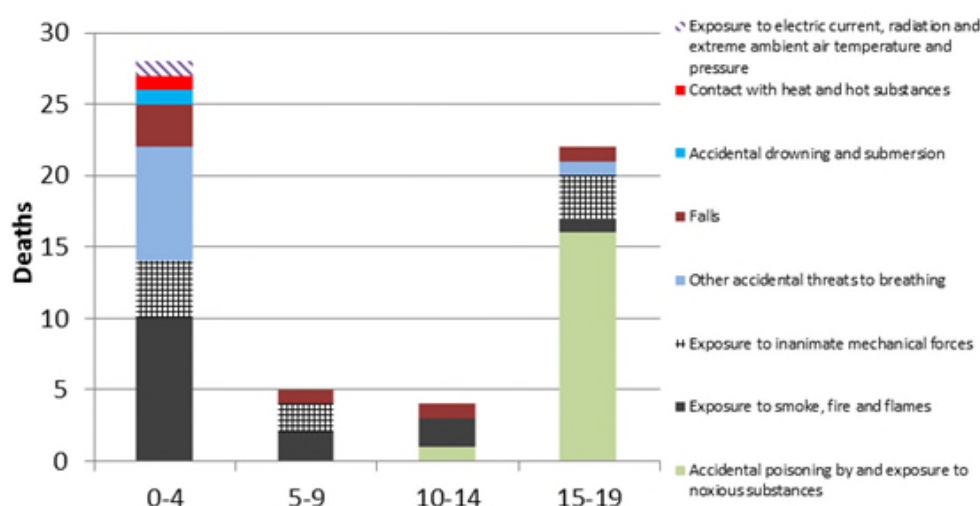
Figure 11: Unintentional Injury Deaths Occurring at Home 2001-2011



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

The numbers and causes of unintentional injury deaths in children and young people that occur at home vary substantially by age. In young people aged 15-19 accidental poisoning is the main cause of death. Of the 17 accidental poisoning deaths in those aged 10-19, nine were due to Carbon Monoxide (CO) poisoning. See Figure 12.

Figure 12: Unintentional Injury Deaths Occurring at Home in Children and Young People 2001-2011



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

Within the lifetime of this strategy it is intended that focus will remain on the following.

Falls

The risk of falling in the home increases with age. A substantial number of falls are due to unspecified reasons and occur whilst moving about on one level. This may reflect instability associated with impaired general health. The cause of a fall is often multi-factorial, involving both environmental hazards and an underlying medical condition. Strength, balance and gait, decline in vision, mental health problems and deficiencies in the diet are all contributory factors. Although prescription medicines are seldom the sole cause of falls, they may also be a major risk factor, as can dehydration.

Falls account for 71% of all fatal accidents to those aged 65 and over⁶ and are increasing, representing the most common cause of admissions to hospital in those aged over 65⁷. Studies have shown that one third of people aged over 65 in the general population have one fall per year, with 40–60% of these falls causing injury⁸.

⁶ RoSPA. 30 March 2012::

www.rospace.com/homesafety/adviceandinformation/olderpeople/accidents.aspx

/ Director of Public Health Report :

http://www.publichealth.hscni.net/sites/default/files/DPH_Report_05_13_0.pdf

50% of people who have suffered a hip fracture can no longer live independently. Fear of falling again reduces quality of life and wellbeing, even if a fall does not result in serious injury. Based on costs from 2009/10, the South Eastern HSC Trust *Falls and osteoporosis strategy* estimated that for every hip fracture avoided, approximately £10,170 could be saved⁹.

There are already a number of programmes aimed at falls prevention, and focus will remain on trying to reduce the number of falls.

Carbon monoxide

Exposure to carbon monoxide by any fossil fuel-burning appliance that is not properly installed or regularly serviced can lead to death or illness. The “Power NI Carbon Monoxide Report 2011” showed that 69% of their customers said they had not undertaken the recommended annual boiler check¹⁰.

According to the Annual Report of the Register General 2009, since 2001, 72% of all deaths by CO poisoning in Northern Ireland have occurred in urban areas. Of these deaths, 37% occurred in Greater Belfast, which is in proportion to population size. The Health and Safety Executive NI (HSENI) have lead responsibility for carbon monoxide safety, and work in conjunction with a range of other accident prevention agencies and DHSSPS to raise awareness of the dangers of carbon monoxide.

Smoke, fire and flames

The majority of deaths and serious injuries caused by house fires are the result of exposure to smoke and toxic gases produced by the fire, rather than exposure to

⁷ Physiotherapy works: Fragility fractures and falls. Chartered Society of Physiotherapists. June 2011. <http://www.csp.org.uk/professional-union/practice/evidence-base/physiotherapy-work/> / http://www.publichealth.hscni.net/sites/default/files/DPH_Report_05_13_0.pdf

⁸ South Eastern Health and Social Care Trust. Falls and osteoporosis strategy 2012–2016. Belfast: South Eastern HSCT, 2012./ Director of Public Health report: http://www.publichealth.hscni.net/sites/default/files/DPH_Report_05_13_0.pdf

⁹ http://www.publichealth.hscni.net/sites/default/files/DPH_Report_05_13_0.pdf

¹⁰ RoSPA Big Book of Accident Prevention NI <http://www.rospace.com/PublicHealth/big-book-ni.pdf>

heat and flames. Carbon monoxide poisoning is the main cause of death following smoke inhalation. Smoke also obscures the vision of those trapped by fire, decreasing their ability to escape to a place of safety.

Blind cord safety

Blind cord accidents and deaths typically affect children aged 16-36 months. They are particularly distressing and completely preventable.

In September 2013, the four UK Chief Medical Officers agreed to establish a UK group, led by the Chief Medical Officer for Northern Ireland and comprising membership from the UK's four public health agencies, RoSPA and the British Blind and Shutter Association (BBSA), with the aim of exploring the scope for collaborative working to reduce blind cord accidents and deaths.

The group will provide a report and recommendations to the UK CMO Group.

In the meantime the Public Health Agency, District Councils and RoSPA continue to promote awareness of the dangers of blind cords.

Objectives and strategic priorities

For each of the four objectives that are proposed for the Strategy there will be a set of strategic priorities which in turn will guide specific actions.

Objective 1: Empowering people

- Raise awareness of:
 - the scale and impact of home accidents;
 - the causes of home accidents and how to prevent them; and
 - the risk factors for under 5s and over 65s.
- Support and deliver effective preventative measures to reduce home accidents.
- Seek to influence behavioural change to reduce accidents.
- Promote personal responsibility for preventing unintentional injuries in the home.

- Encourage and promote awareness of product safety when making purchasing decisions and the importance of responding to publicised product recalls associated with consumer goods.

Objective 2: Safer home environment

- Deliver, support and promote the Home Safety Assessment Scheme.
- Promote safer built environments.
- Provide home accident prevention equipment.

Objective 3: Training, skills and knowledge

- Support training and awareness programmes for people who come into contact with target groups.
- Support professional development for those involved in the delivery of home accident prevention.
- Seek to increase the number and type of organisations involved in accident prevention work. (public, private, commercial, voluntary, community).

Objective 4: Improve evidence base

- Enhance the capacity of information systems to capture and provide key data on:
 - the potential for home accidents;
 - injuries and deaths that have resulted from home accidents;
 - patient outcomes following injuries from home accidents; and
 - injured person's socio-economic background.
- Evaluate the Home Safety Assessment Scheme.
- Support the development of appropriate systems to comprehensively capture information in relation to home accidents.
- Make formal links with the Injury Observatory for Britain and Ireland.
- Share and learn from best practice elsewhere.

3. Making it happen

The aim and objectives of this Strategy can be achieved if there is a coordinated approach which ensures effective partnership working between Government departments, statutory, private, voluntary and community sectors. If the four objectives identified in **Chapter 2**, are comprehensively realised, the ultimate goal of the population of Northern Ireland having the best chance of living in a safe home environment where there is negligible risk of unintentional injury will be within reach.

Data collection

The reason to collect information on injuries is to act as a catalyst for prevention. While various techniques currently exist to capture data, including digital pen data from the home safety checks and some Accident and Emergency data, significant further work needs to be done in order to capture information in a uniform and useful format.

Action Plan

An Action Plan to accompany the Strategy will be developed by the Public Health Agency. If the objectives are to be met, it is essential that structures are in place to oversee the programme of action. The Plan's success will also require sufficient resources and systematic arrangements for monitoring and accountability.

Managing the Plan

The Public Health Agency will be responsible for implementation and evaluation, with the assistance of a multi-agency Implementation Group to oversee and drive forward the actions outlined in the Plan. The Group will develop a rolling Action Plan and will report progress to the Department on an annual basis. This will be made available on the Departmental website.

Resources

A number of agencies currently dedicate significant funding and resources to home accident prevention. Implementation will require further effective use of existing resources across partner agencies, with alignment against key strategic priorities.

Implementation will also make good use of new funding opportunities, alongside the development of innovative approaches to achieve the objectives of the strategy.

Review

The Plan will be reviewed after one year to assess progress against objectives and targets, and to inform the roll-forward of the new action plan. Thereafter reviews will be conducted every three years.

Accident prevention: roles and responsibilities

The implementation of an Action Plan requires input from a variety of organisations, agencies and individuals ranging from Government Departments, Health and Social Services and local councils, to the voluntary sector and local communities.

The Department of Health, Social Services & Public Safety (DHSSPS) is responsible for the health and well-being of the population and therefore has a key role to play in delivering the aims of the Strategy and Action Plan.

In the longer term, DHSSPS will monitor the impact of the Strategy and the Action Plan on accident reduction.

The Public Health Agency (PHA) is the major regional organisation for health protection and health and social wellbeing improvement. The PHA role commits to addressing the causes and associated inequalities of preventable ill-health and lack of wellbeing. It is a multi-disciplinary, multi-professional body with a strong regional and local presence.

In fulfilling the mandate to protect public health, improve public health and social wellbeing, and reduce inequalities in health and social wellbeing, the PHA works within an operational framework of three areas: Public Health, Nursing and Allied Health Professionals, and Operations.

The PHA will be responsible for the development and implementation of the Home Accident Prevention Action Plan at regional and local level.

Health and Social Care Trusts are the main providers of health and social care services to the population of Northern Ireland. The work of the Trusts is guided by a wide range of policy development, from local evidence through to national policies, governing how care will be organised, delivered and managed. This extends to health and wellbeing which is an integral part of the care and services provided by Trust staff and which is delivered to local communities through health improvement and community development plans. Trusts work in partnership with DHSSPS and the Public Health Agency as well as many other statutory, commercial, community and voluntary organisations. In doing so Trusts play an active role in realising the aims of the strategy and action plan through responsibility for development and implementation at a local level.

Health and Social Care Board (HSCB) seeks to develop health and social care services across Northern Ireland. The role of the Health and Social Care Board is broadly contained in three functions:

- to commission a comprehensive range of modern and effective health and social services for the 1.8¹¹ million people who live in Northern Ireland;
- to work with the Health and Social Care Trusts that directly provide services to people to ensure that these meet their needs; and
- to deploy and manage its annual funding to ensure that all services are safe and sustainable.

The Northern Ireland Fire & Rescue Service (NIFRS) seeks to deliver a fire and rescue service and work in partnership with others to ensure the safety and well-being of the community. NIFRS responds to fires, road traffic collisions and other specialist rescue incidents and provides community safety education and advice.

Department of Education's (DE) primary duty is to promote the education of the people of Northern Ireland and to ensure the effective implementation of education policy. DE's main statutory areas of responsibility are 0-4 provision, primary, post-primary and special education and the youth service.

District Councils have many statutory functions bearing directly on health and quality of life. These include environmental health, consumer protection and building

¹¹ NISRA Census 2011

control. They also provide home safety checks. All these functions can specifically impact on the prevention of home accidents.

Home Accident Prevention Northern Ireland (HAPNI) is a voluntary network which aims to prevent all kinds of accidents that occur in and around the home. HAPNI groups provide a local forum of employer-supported and traditional volunteers and work in partnership with many of the other key stakeholders responsible for accident prevention including District Councils, Trusts, NIFRS and NIHE.

Health and Safety Executive for Northern Ireland (HSENI) is the lead body responsible for the promotion and enforcement of health and safety at work standards in Northern Ireland. The HSENI mission statement is "To ensure that risks to people's health and safety arising from work activities are effectively controlled." HSENI is currently the chair of the Carbon Monoxide Safety Group for Northern Ireland and as such is fully committed to raising awareness of the risks associated with carbon monoxide to the public.

Northern Ireland Housing Executive (NIHE) works with local communities and other agencies in the public, private and voluntary sectors to tackle issues that affect quality of life for the entire population including:

- the physical and social regeneration of local neighbourhoods;
- community safety and reductions in anti-social behaviour; and
- good community relations.

An Munia Tober is a community voluntary group that aims to provide support to Traveller families including personal development, toybox projects for pre-schoolers, after-schools projects, youth programmes and alternative education programmes. They also provide support for Travellers on health, housing, education, training and development.

The Royal Society for the Prevention of Accidents (RoSPA) promotes safety and the prevention of accidents at work, at leisure, on the road, in the home and through safety education. In Northern Ireland, RoSPA receives funding from DHSSPS to deliver up to date, researched information, training and support services on all aspects of home safety. RoSPA also acts as a point of contact on issues relating to

road safety and workplace safety in Northern Ireland, signposting these to the relevant departments within RoSPA UK.

4. Consultation

To develop and deliver an effective home accident prevention strategy, community engagement and participation are crucial.

The priorities listed in Chapter 2 are proposals which are being considered at this stage, rather than firm commitments. Before finalising these objectives and priorities it is important to gather information, opinions and ideas from the whole range of interested parties.

Responding to the consultation

To respond to this consultation please complete the attached pro-forma. It would be helpful if your response is submitted electronically. Responses should be emailed to DHSSPS Population Health Directorate at phdconsultation@dhsspsni.gov.uk or

posted to:

Health Protection Branch
DHSSPS
Level C4
Castle Buildings
Stormont
Belfast
BT4 3SQ

If your organisation would like to meet members of the strategy working group to discuss any aspect of the Strategy please contact 028905 22059 to arrange a meeting.

Your response should reach the Department by 9 September 2014.

Freedom of Information Act 2000 – confidentiality of consultations

The Department will publish a summary of responses following completion of the consultation process. Your response and all other responses to the consultation may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response please read the following below on the confidentiality of consultations and they will give

you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely DHSSPS in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential. If you do not wish information about your identity to be made public please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature, and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).

Statutory equality duty

Section 75 of the Northern Ireland Act 1998 requires public bodies, in carrying out their functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity and to have regard to the desirability of promoting good relations. <http://www.legislation.gov.uk/ukpga/1998/47/section/75>

Before it is adopted this Strategy will be screened for the purposes of s75, in order to decide whether an Equality Impact Assessment should be carried out. With this in mind, the consultation on the draft Strategy is an opportunity to identify any concerns that may need to be addressed. If in your view any element of the Strategy has the potential to have an adverse impact on any group of people defined by reference to any of the nine distinctions in s75(a), we would be grateful for any evidence – quantitative or qualitative – that should be considered before this Strategy is adopted.

Consultation response pro-forma

A Home Accident Prevention Strategy Consultation for Northern Ireland

Name and address of organisation or individual responding:

If you are responding on behalf of an organisation, name of contact person:

Note: If you wish to respond to some or only one of the questions, please do so. The Department will welcome and will consider all responses.

- 1** Given the case that has been made for having a home accident prevention strategy, do you agree that the Vision and Strategic Aim are appropriate? We would welcome any amendments that you may wish to suggest.
- 2** We would welcome your views on the definition of a “home” (Chapter 2, P 14).
- 3** We have identified priority groups as being the under-5s, over-65s and people who are socially deprived. We would welcome your views on this prioritisation.
- 4** We have identified priority issues for focus as: falls, carbon monoxide, smoke, fire and flames, and blind cords. We would welcome your views on this prioritisation.

- 5** Do you agree that the Objectives and Strategic Priorities are a good basis for action? We would welcome any amendments that you may wish to suggest.
- 6** The Public Health Agency will be responsible for implementation and evaluation of the Strategy and will develop an Action Plan in conjunction with a multi-agency Implementation Group. We would invite your views on potential actions that could facilitate delivery of the proposed objectives and priorities.
- 7** We would welcome your views on how best to raise public awareness of home accident prevention.
- 8** Progress in delivering the Strategy will be monitored and its effectiveness will be reviewed periodically. How best should we monitor and assess the impact of the Strategy over time?
- 9** To help the Department to identify any potential adverse impacts that the Strategy could have on equality of opportunity, please indicate any evidence – qualitative or quantitative – of potential adverse impacts on any group defined by reference to any of the nine distinctions in section 75(1) of the Northern Ireland Act 1998.
- 10** Please provide any other comments or suggestions that you feel could assist the development and/or delivery of the Strategy.

Appendix 1: Drafting Group membership

Department of Health, Social Services and Public Safety

Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

Public Health Agency

12-22 Linenhall Street
Belfast
BT2 8BS

Southern Health and Social Care Trust

Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Western Health and Social Care Trust

Altnagelvin Area Hospital
Glenshane Road
Londonderry
BT47 6SB

Health and Social Care Board

12-22 Linenhall Street
Belfast
BT2 8BS

Northern Ireland Fire and Rescue Service

1 Seymour Street
Lisburn
BT27 4SX

Royal Society for the Prevention of Accidents

Ground Floor
3 Orchard Close
Newpark Industrial Estate
Antrim, BT1 2RZ

Castlereagh Borough Council

Civic and Administrative Offices
1 Bradford Court
Upper Galwally
Belfast
BT8 6RB

Department of Education

Rathgael House
Balloo Road
Rathgill
Bangor
BT19 7PR

Health and Safety Executive

83 Ladas Drive
Belfast
BT6 9FR

Home Accident Prevention Northern Ireland

c/o 2nd Floor, Cecil Ward Building
Linenhall Street
Belfast
BT2 8BP

Northern Ireland Housing Executive

2 Adelaide Street
Belfast
BT2 7BA

An Munia Tober

77 Springfield Rd
Belfast
BT12 7AE

Consultation response pro-forma
A Home Accident Prevention Strategy Consultation for
Northern Ireland

Name and address of organisation or individual responding:

MID ULSTER COUNCIL

If you are responding on behalf of an organisation, name of contact person:

M G Kelso

Note: If you wish to respond to some or only one of the questions, please do so. The Department will welcome and will consider all responses.

- 1 Given the case that has been made for having a home accident prevention strategy, do you agree that the Vision and Strategic Aim are appropriate? We would welcome any amendments that you may wish to suggest.

The Draft Strategy sets out the direction of travel in which Home Accident Prevention Strategy can be provided across all service providers. The vision and strategic aims are deemed sufficient to set the direction of travel for this purpose.

- 2 We would welcome your views on the definition of a “home” (Chapter 2, P 14).

The Strategy outlines that for the purpose of this Strategy, the home could be defined as:

“any type of house, including an apartment, farmhouse, caravan or weekend cottage, together with its outbuildings, garden, yard or farmyard, driveway, path, steps and boundaries or common areas, eg. lifts lobbies, corridors and stairwells. It need not be the home of the injured person”.

The Department should be mindful that the definition of the home purposes of the Strategy will set the direction of travel for allocation of resources and for the purposes of this Strategy, should be deemed to be the permanent residents of the person or family concerned.

- 3** We have identified priority groups as being the under-5s, over-65s and people who are socially deprived. We would welcome your views on this prioritisation.

The Strategy has identified Priority Groups as being Under 5s, Over 65s and people who are socially deprived.

Council welcomes the identification of Priority Groups for the purposes of this Strategy and it is suggested that in addition to the categories identified, that 'Vulnerable Adults' are also included as a Priority Group.

In addition to the use of Priority Groups, it is recommended that a community wide focus is retained for 'targeted messages' and 'awareness raising' across the wider community, to ensure the necessary information is available to all, while targeting funded interventions primarily to the targeted Groups.

- 4** We have identified priority issues for focus as: falls, carbon monoxide, smoke, fire and flames, and blind cords. We would welcome your views on this prioritisation.

The 'Priority Issues' as identified could be usefully broadened under more generic headings as shown below.

- Falls (all priority groups)**
- Accidental Poisonings (e.g. CO Poisoning and Liquid Tabs)**
- Fire Safety (smoke, fire and flames)**
- Strangulation, Choking, Smoking and Drowning (e.g. Blind Cords)**
- Burns & Scalds.**

- 5** Do you agree that the Objectives and Strategic Priorities are a good basis for action? We would welcome any amendments that you may wish to suggest.

Given the increased demand for housing in the private rented sector, consideration should be given to introducing a targeted maintenance requirement on all landlords, for all heating appliances, so as to reduce the potential for accidental poisonings or fire. This may require a legislative basis to ensure its effective implementation.

There is a specific requirement to ensure that appropriate information and statistics are gathered at all parts of the Home Action Prevention continuum with interventions in the home, through to GP Surgery and Accident and Emergency, to ensure a uniform and consistent gathering of essential data to measure the scale of home accidents to the public purse.

- 6** The Public Health Agency will be responsible for implementation and evaluation of the Strategy and will develop an Action Plan in conjunction with a multi-agency Implementation Group. We would invite your views on potential actions that could facilitate delivery of the proposed objectives and priorities.

In developing the Action Plan and developing an Awareness Programme, the following Action Points should be noted.

- Continuation of the Home Safety Check Scheme and publication of their findings.**
 - Introduce Home Accident Prevention to the Primary School Curriculum.**
 - Implement robust information gathering systems and accessible dissemination of this information to professionals working in the accident prevention field and to the general public are critical.**
 - The provision of adequate resources to meet all elements of the proposed Strategy given the scale of the problem as identified (RoSPA 2013).**
 - Agreement in principle with the use of an Action Plan, but Council will wish to be consulted further on operational detail.**
- 7** We would welcome your views on how best to raise public awareness of home accident prevention.
- Focused Education and Awareness Campaigns must be developed.**
 - Existing good practice on partnership working should be further developed in conjunction with the 'Community Planning' remit for New Councils, in partnership with NIFRS, HAP NI, RoSPA, Health Boards, HSENI and the Community and Voluntary Sector.**
 - Regular Media campaigns have proved effective for Road Safety and are also for Farm Safety awareness. Home accidents cause more fatalities on an annual basis than roads, farms, building sites and factories**

combined, however the resources currently directed towards this are currently insufficient to allow for wider media campaigns.

- Home Safety Advice visits have proved an effective means of raising awareness amongst vulnerable families and other client groups through tailored one to one advice and should be suitably resourced for this purpose.
- Professional staff development is essential to increase personal skills in communication, given the wide range of social media now widely accessed by the general public.
- Provision of suitable and appropriate language / translation facilities for Minority Ethnic Groups.

- 8 Progress in delivering the Strategy will be monitored and its effectiveness will be reviewed periodically. How best should we monitor and assess the impact of the Strategy over time?

It is recommended that Regional, Sub-regional and local Action Groups be established to develop and take forward Action Plans within the 11 new Council clusters.

These Action Plans should be embedded within the Council's Community Planning Framework.

The Implementation Plan should incorporate the following specific targeted measures:

- **Baseline of home accident statistics (to include hospital statistics) should be established, monitored and updated. A target should be set to seek to reduce the number of home accidents, taking into account an ageing population.**
- **Robust performance monitoring systems should be established to identify the response of the community to one to one home safety checks and monitor changes in their behaviour to wider advertising campaigns.**
- **Review of the Plan should be carried out after the first year and every three years thereafter.**
- **Annual Progress Reports should be prepared to ensure plans are being delivered and health benefits are being realised.**

- 9** To help the Department to identify any potential adverse impacts that the Strategy could have on equality of opportunity, please indicate any evidence – qualitative or quantitative – of potential adverse impacts on any group defined by reference to any of the nine distinctions in section 75(1) of the Northern Ireland Act 1998.

Suitably resourced interpretation and translation services should be provided for local Ethnic Minority Groups, where English is not the first language.

- 10** Please provide any other comments or suggestions that you feel could assist the development and/or delivery of the Strategy.

It is important that the implementation of the Action Plan for delivery of the Home Safety Strategy accesses appropriate levels of funding from Departmental Service Budgets, Transforming Your Care' and associated funding mechanisms.

D

Subject	Contracts - Environmental Health & Building Control
Reporting Officer	M G Kelso, Cookstown District Council

1	Purpose of Report
1.1	To update Members on the scale and extent of Contracts facilitated through the Environmental Health & Building Control Services for the current year 2014/15.

2	Background
2.1	The Environmental Health & Building Control Services have facilitated a range of contracts for the Provision of Services and Utility Management, for and on behalf of their Councils, as part of their ongoing Service Delivery Programme.

3	Key Issues
3.1	The contract details currently held by Mid Ulster Councils in this regard, are as shown in Table 1 attached. These contracts are renewed on an annual basis unless otherwise specified. The major Utility Contracts held by Councils are those for power supply and corporate heating and fleet fuel oils.
3.2	The power supply contract is centred on a single Council tendering process, facilitated by Derry City Council, which Mid Ulster Councils then buy into based on the most 'cost effective' provider. These contracts are renewed on an annual basis usually during the month of February. The current providers are 'Electric Ireland' and LCC Power respectively.
3.3	The contracts for corporate heating oil are sourced through the Government's Crown Commercial Service. This provides a centralised means for procurement of kerosene heating oil and red and clear diesel fuels. Fuels are sourced from this contract based on 'best value' at the time of purchase, as documented by the Crown Commercial Service. Each of the three Councils have been contracted to participate in the scheme until August 2015, when it is due for renewal.
3.4	The Service Contracts, as outlined in Table 1 relate to a range of support measures for service delivery across the Cluster area. These are funded primarily by the Public Health Agency and DARD, along with structured grant support from FSANI and DOE.
3.5	These provide support for the delivery of Animal Welfare, Emergency Planning, Health & Wellbeing Programmes such as Home Safety, Energy Efficiency and Health Improvement. The regional grant support provided by FSANI and DOE are funding mechanisms used to assist delivery of Food Control, Construction Products and Air Quality Programmes across Northern Ireland.

3.6	The Service Delivery arrangements for local Health & Wellbeing Programmes are contracted in different ways across the Mid Ulster area. In the Northern Area, the contract and delivery of these services is held by the constituent Councils – Magherafelt and Cookstown. In the Southern Area the contract is held by Southern Group Public Health Committee and services are provided through them on behalf of the five constituent Councils, including Dungannon, with staff based on each Council site.
3.7	Discussions are ongoing with the providers of contracted services and in particular with Group Structures and the Public Health Agency on the mechanisms for ensuring continued service delivery post April 2015.

4	Resource Implications
4.1	<p><u>Financial</u></p> <p>There are no resource implications for 2014/15. Suitable arrangements will be required to be made within the Budget for 2015/16, for continued service delivery.</p>
4.2	<p><u>Human resources</u></p> <p>None determined at present.</p>
4.3	<p><u>Assets and other implications</u></p> <p>As above.</p>

5	Other Considerations
5.1	The Committee may wish to give consideration to the establishment of a wider Energy Management Review, as part of the Property Management Portfolio.

6	Recommendations
6.1	It is recommended that Committee note the current contractual arrangements as outlined by the Environmental Health & Building Control Services.

7	List of Documents Attached
7.1	Table 1 Table of Contracts

TABLE 1**TABLE OF CONTRACTS – AUGUST 2014****ENVIRONMENTAL HEALTH**

CONTRACT DETAILS	APPROXIMATE VALUE (£)		
	Cookstown	Dungannon	Magherafelt
Environmental Health Software (Tascomi)	<15k	<15k	<15k
Public Health Agency Contracts: - Home Safety / Energy Efficiency/MARA - Joint Working	<25k <40k	* Southern Group/ PHA Contract	<25k
Dog Kennelling Contracts	<20k	<30k	<20k
Animal Welfare - Service Level Agreement	**	* 820k (DARD Funding NI)	**
Public Analyst	<10k	<10k	<10k
Tobacco Control	*	* 620k (PHA Funding NI)	*

* Group Service Delivery

** Ballymena BC (currently)

BUILDING CONTROL

CONTRACT DETAILS	APPROXIMATE VALUE (£)		
	Cookstown	Dungannon	Magherafelt
Building Control Software (Tascomi)	<12k	<12k	<12k
Utility & Power Supply	233k	193k	365k*
Corporate Heating Oil	138k*	186k	114k*
Wood Chip	51k*	-	128k*
Healthy Buildings / Legionella	-	<12k	-

* Technical Services

E

Subject: Review of Coloured Collar Identification Tags for Dogs

Reporting Officer: Fiona McClements

1	Purpose of Report
1.1	To update members of a response made to Department of Agriculture and Rural Development (DARD) on the request for views on the Dog Licensing and Identification – Review of Coloured Collar Identification Tags for Dogs. Deadline - 7 th August 2014.

2	Background
2.1	Compulsory micro-chipping of dogs was introduced in April 2012 which resulted in two means of identification for dogs i.e. micro-chipping and the coloured collar tagging of licensed dogs. Following consultation with Councils the agreed option on the way forward at that time was to allow micro-chipping to bed in and review the need for the coloured tags in 2014. To date the coloured licence identification attached to a dog collar has been reviewed in legislation on a rolling four year cycle. The current four year period is due to expire in December 2014 and the Councils were asked on their views as to the way forward.

3	Key Issues
3.1	<p>After discussion with the Northern Ireland Dog Advisory Group, DARD correspondence identified 3 options for consideration:</p> <ul style="list-style-type: none"> i. retain the dual identification system of the coloured collar identification tag with its associated costs, along with compulsory micro-chipping for a further rolling four-year cycle up to 2018; or ii. maintain the current dual system, with its associated costs and allow a further review period up to the end of December 2016 to assist with the settling in of the new RPA structure; or iii. abolish the need for coloured collar identification tags from January 2015, with compulsory micro-chipping to be the sole method of identification. <p>In addition an opinion was sought as to whether to review the current dog licence fee.</p>
3.2	Options 1 and 2 would retain the dual identification system with the benefit of a method of quick indication as to whether any dog is or has been licenced in the last 4 years. For both these options there would be on-going dog tag purchase, postage and administration costs.
3.3	Option 3 is the preferred option as it removes the costs associated with the coloured identification tags and the necessity for convergence requirements.
3.4	A review of the current dog licensing fees would be welcomed.

4	Resource Implications
4.1	<p><u>Financial</u></p> <p>Option 3 has the potential to save approximately £1875 annually for purchase of tags based on approximately 7500 dogs currently licenced in the Mid Ulster Cluster Council area. There would be reduced postage costs where online applications are received as it would not be necessary to issue a tag and paper copy licence.</p>
4.2	<p><u>Human resources</u></p> <p>Anticipated reduction in staff time based on no future requirements for tag sorting and allocation. No additional time spend needed on convergence arrangements.</p>
4.3	<p><u>Assets and other implications</u></p> <p>Increased reliance of micro-chip 'readers' for identification and licensing details. Councils currently have these purchased. The Councils since the introduction of compulsory micro-chipping have been building up their own database of ownership details.</p>

5	Other Considerations
5.1	Minimal prosecutions or fixed penalties have been issued for failure to display a coloured licence tag and none within the year April 2013 to March 2014 for the MU cluster of Councils.

6	Recommendations
6.1	It is recommended that the Committee notes Option 3 is the preferred option for Officers.

7	List of Documents Attached
7.1	Appendix A: Correspondence received from DARD
7.2	Appendix B: Correspondence forwarded from Mid Ulster DC



Northern Ireland District Council Chief
Executives

Room 929
Dundonald House
Upper Newtownards Road
Ballymiscaw
Belfast
BT4 3SB
Telephone: 028 9052 24654
E-mail: jim.mcbrien@dardni.gov.uk

Date: 17 June 2014

Dear Chief Executive

DOG LICENSING AND IDENTIFICATION – REVIEW OF COLOURED COLLAR IDENTIFICATION TAG FOR DOGS

In August 2011, the Department wrote to Council Chief Executives regarding the introduction of compulsory micro-chipping of dogs from April 2012 and whether we needed to retain the coloured licence identification tag. This was in response to the Agriculture and Rural Development (ARD) Committee recommending, during the scrutiny of the Dogs (Amendment) Bill in the Assembly, that the Department consult with elected Council members to assess whether there was a future need for the dual identification systems of micro-chipping and the coloured collar tagging of licensed dogs post April 2012.

The letter highlighted that the introduction of the micro-chipping requirement would result in two means of identification of dogs and views were sought on the long-term future of the coloured identification tag.

Following the consultation with Councils, the agreed option on the way forward at that time was to allow micro-chipping to bed in (for approx 18-21 months) and review the need for coloured tags in 2014. This approach provided the opportunity to assess the performance of the two systems side by side, and allowed time for the feasibility of how effective micro-chipping is as a means of identification to be reviewed.

To date, the coloured licence identification tag attached to a dog collar has been renewed in legislation on a rolling four-year cycle. The current four-year period is due to expire at

the end of this year, December 2014. We, therefore, wish to seek your views on how we move forward with the identification of dogs.

We have had preliminary discussions with the Northern Ireland Dog Advisory Group on this issue and identified three options in considering the future of the coloured collar identification tags for dogs, as follows:

- (i) retain the dual identification system of the coloured collar identification tag with its associated costs, along with compulsory microchipping for a further rolling four-year cycle up to 2018; or
- (ii) maintain the current dual system, with its associated costs and allow a further review period up to the end of December 2016 to assist with the settling in of the new RPA structure; or
- (iii) abolish the need for coloured collar identification tags from January 2015, with compulsory microchipping to be the sole method of identification.

I would be grateful if you would consider these options, and let me have your comments together with your preferred option, and the reasons for choosing that option.

Another area that you may wish to consider is whether or not to review the current dog licence fee. However, you may wish to defer the consideration of this until the new Local Government structures are in place. We would welcome your views on this along with your comments on the above identification options, by **Friday 7 August 2014**. On receipt of responses we will refer the review findings to the Minister to consider the future of coloured collar identification tagging of dogs.

A copy of this letter has also been issued to the Northern Ireland Local Government Association and the Northern Ireland Dog Advisory Group.

Please send your written comments to:

Jim Mc Brien
Department of Agriculture and Rural Development
Animal Identification, Legislation and Welfare Branch, Room 929
Dundonald House
Upper Newtownards Road
Ballymiscaw
BELFAST
BT4 3SB

Or by e-mail to - jim.mcbrien@dardni.gov.uk

Thank you in anticipation.

Yours sincerely



Jim Mc Brien
Animal Identification, Legislation and Welfare Branch
Ext. 24654

If you have a hearing difficulty you can contact
the Department via the textphone on 028 9052 4420



30 July 2014

Mr Jim McBrien
Department of Agriculture and Rural Development
Animal Identification, Legislation and Welfare Branch, Room 929
Dundonald House
Upper Newtownards Road
Ballymiscaw
Belfast
BT4 3SB

Dear Mr McBrien

Dog Licensing & Identification: Review of coloured collar identification tag for dogs

Officers within the Mid-Ulster Cluster of Councils of Cookstown, Dungannon & South Tyrone and Magherafelt welcome the opportunity to comment on the future need for the dual identification systems of micro-chipping and the coloured collar tagging of licensed dogs. The three options have been considered as outlined in your letter dated 17th June 2014:

- Option I: Retain the dual identification system of the coloured collar identification tag with its associated costs, along with compulsory micro chipping for a further rolling four-year cycle up to 2018; or
- Option II: Maintain the current dual system, with its associated costs and allow a further review period up to the end of December 2016 to assist with the setting in of the new RPA structure; or
- Option III: Abolish the need for coloured collar identification tags from January 2015, with compulsory microchipping to be the sole method of identification.

The retention of the coloured collar identification tag in options 1 and options 2 gives a quick indication as to whether a dog is licensed or not. However it would appear to be a duplication of identification since the introduction of compulsory micro-chipping in April 2012.

Although there is currently a charge levied by third party database providers to update ownership/address details, the Councils have now, since the introduction of compulsory micro-chipping built up a considerable database of ownership details of their own.

The introduction of Option 3 removes the costs associated with the coloured identification tags and the administration around that process, including staff time, postage and convergence costs as part of the Review of Public Administration.

In conclusion, although the coloured tags can give a quick indication as to whether the dog is licensed or not, the composite costs of retaining a dual system with additional convergence considerations would lead to Option 3 being the preferred option.

It is recommended that the legislation is reviewed so that owners have a legal duty to ensure that their details are up to date and correct. A review of the current dog licensing fees as referred to in your correspondence would also be welcomed.

The opportunity to provide comment is valued and we look forward to the Minister's response.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Philip Moffett', with a long, sweeping horizontal stroke extending to the right.

Philip Moffett
Change Manager
Mid Ulster District Council

F

Subject	Waste Management Contractual Arrangements
Reporting Officer	Andrew Cassells

1	Purpose of Report
1.1	To provide Members with details in relation to the five highest value waste management contracts currently being operated by the three Councils and to advise on projected contract convergence dates for the Mid Ulster Council.

2	Background
2.1	The existing Councils are currently in contract for the treatment/recycling of a range of waste streams with different service providers. Some of these contracts have been procured through the regional waste management groups; either the NWRWMG (Magherafelt) or SWaMP2008 (Cookstown and Dungannon) although in such cases the contracts haven been awarded/are held directly by the individual Councils concerned. It is anticipated all the existing contracts will initially “novate” to Mid Ulster Council on 1 st April 2015.
2.2	The contracts of primary importance are those which relate to mixed dry recyclables, biowaste and residual waste collected at the kerbside as well as garden waste and mixed residual waste collected at Household Waste Recycling Centres (civic amenity sites) although a range of others e.g. for the recycling/recovery of timber, street sweepings etc. also exist across the Councils.

3	Key Issues
3.1	<p><u>Mixed Dry Recyclables (approx. 9000 tonnes per annum from blue bin schemes)</u></p> <p>All three Councils have contracts (procured in conjunction with their respective waste management group) which commenced in October 2012 for the recycling of mixed dry recyclables collected via their blue bin kerbside collection schemes.</p> <p>Both Cookstown and Dungannon have contracts with Recyco in Omagh for an initial contract period of three and a half years (with an option for a further two years) whereas Magherafelt are in a five year contract with Regen in Newry.</p> <p>Under the contract arrangements all the Councils receive a small rebate/income from the sale of the material collected, which whilst not particularly significant in itself, is vastly preferable to the gate fees of £30-£40 per tonne being paid just a few years ago. However this step change of receiving payment for the material, as opposed to paying for the service, has resulted in contractual/legal disputes with service providers (all of which have yet to be resolved) as contractors seek to exploit potential contractual weaknesses and limit payments to the Councils.</p>

	<p>Given issues to date with the existing contracts it is quite unlikely the extension options will be utilised and a new Mid Ulster contract should be awarded at the earliest opportunity (upon expiry of the first initial contract period) being April 2016. Work to develop this contract and related tender documentation should start up to a year in advance of commencement i.e. April 2015 to allow for an OJEU procurement exercise and potential challenges/delays to the process.</p>
3.2	<p><u>Residual waste (approx. 29000 tonnes per annum from black bin collections)</u></p> <p>Different arrangements prevail at present across the three Councils in relation to the treatment/disposal of residual waste collected at the kerbside in black bins.</p> <p>In April 2014 Magherafelt DC awarded a contract to Natural World Products for the treatment of all black bin waste collected in the district for an initial two year contract period (with an option for a further two years) at a rate of £115/tonne. Cookstown DC intends to commence a contract with Brickkiln Waste on 1st September for a limited tonnage (necessary to ensure NILAS compliance) at a rate of £110/tonne with an option to treat an additional amount of waste (equivalent to that arising from the former Cookstown district) in future years. Currently all residual waste from Dungannon and South Tyrone is sent to landfill for disposal at a rate of £95/tonne under an arrangement with Tullyvar Waste Company which, whilst the cheapest option at present, will have a detrimental impact on landfill diversion and recycling target compliance.</p> <p>The earliest possible start date for a new Mid Ulster contract is April 2016 i.e. the soonest date of expiry of the existing initial contract terms, with the latest date being April 2018. Given the potential for new large scale private sector facilities becoming operational within this timeframe an invitation to tender for a new Mid Ulster contract could be advertised in April 2017. However this date/proposal will have to be kept under review; particularly in light of the results on an appraisal to be conducted into the viability of providing an in-house solution for the pre-treatment of residual waste arising from some or all of the new Mid Ulster area.</p>
3.3	<p><u>Residual Waste (approx. 8000 tonnes per annum from civic amenity sites)</u></p> <p>Both Cookstown and Magherafelt Councils have contracts for the treatment and recovery of civic amenity site residual waste which are due to expire in October (although Cookstown have the option to extend their contract for a further six month period). The contracts are held with separate service providers, namely Recyco for Cookstown and Brickkiln for Magherafelt, however the same rate of £95/tonne is paid. Again Dungannon & South Tyrone has no existing contract in place for this waste stream; currently disposing of same at Tullyvar landfill at the same cost of £95/tonne.</p> <p>Magherafelt Council is currently participating in a procurement exercise being led by NWRWMG for this service; the outcome of which will determine when a new Mid Ulster contract in relation to this waste stream can be advertised and awarded. Even if a NWRWMG contract is awarded at a favourable price per tonne it may not permit the inclusion/treatment of waste tonnages beyond that currently arising from Magherafelt in which case a new Mid Ulster contract will be required sooner rather than later.</p>
3.4	<p><u>Biowaste (approx. 10000 tonnes per annum from brown bin collection schemes)</u></p> <p>Both Cookstown and Dungannon Councils currently have a contract in place with Natural World Products (NWP) for the processing of biowaste; the term given to</p>

	<p>food and garden waste collected comingled from brown bin schemes. These contracts, which were put in place through a SWaMP procurement exercise, commenced in 2007 and are for a period of nine years (with an option for a further two years) i.e. up to 2018. The contract rate payable, which is dependent on whether material is collected from or delivered to a facility, varies slightly between the two Councils but is on average approximately £45/tonne.</p> <p>On the other hand Magherafelt Council awarded a separate contract to NWP last year, following an independent procurement exercise, for a period of five years. Interestingly the contract rate payable is around £10/tonnes <u>less</u> than the rate paid by Cookstown and Dungannon demonstrating collaborative/group contracts do not necessarily deliver economies of scale and “big is not always better”.</p> <p>Discussions will have to be held soon with the current/common service provider (NWP) regarding the contractual position post April 2015 and the possibility of the Magherafelt rate being applied to biowaste arising from households in the former Cookstown and Dungannon areas. The outcome of this negotiation will determine if and when a new contract will be required for the Mid Ulster Council.</p>
3.5	<p><u>Garden waste (approx. 6500 tonnes collected from civic amenity sites)</u></p> <p>The position in relation to garden waste is again similar for Cookstown and Dungannon Councils, as this forms part of the aforementioned service provided by NWP, with both currently paying the same rate of £38.53/tonne for the collection and processing of this material from their civic amenity sites.</p> <p>Garden waste from Magherafelt Council is collected by a different (open windrow) composter, namely Simpro, again at a considerably lesser cost of £24/tonne (although no formal contract is in place for this arrangement). The future processing of garden waste collected at civic amenity sites throughout Mid Ulster may well be tied to contractual arrangements for biowaste unless the Department proceeds with implementing completely separate food waste collections at the kerbside in 2017. In such circumstances a separate contract for the alternative treatment of food waste e.g. anaerobic digestion may be required.</p>

4	Resource Implications
4.1	<p><u>Financial</u></p> <p>The collective value, based on current rates, of the primary waste management contracts detailed is approximately £4.4m per year (approximately £3m of which relates to black bin residual waste). When the value of contractual arrangements for other waste streams e.g. timber, street sweepings etc. is included the collective value is close to £5m per year which will be a significant proportion of the total annual budget for the Mid Ulster Council.</p>
4.2	<p><u>Human resources</u></p> <p>The development, procurement, award and management of the various contracts will involve a considerable amount of officer time; particularly if conducted outside the remit of a waste management grouping. However this is the preference of the working group who consider that the expertise and capacity</p>

	currently exists within the waste sections of the three Councils to undertake this contract management function.
4.3	<p><u>Assets and other implications</u></p> <p>As Council landfill sites close and brown bin collection schemes are extended across the remainder of the Mid Ulster region existing waste transfer stations may not may have sufficient capacity to deal with the increased tonnage throughput which could lead to the requirement to construct additional facilities.</p>

5	Other Considerations
5.1	Forthcoming changes in EU Procurement Directive and related UK Regulations will require the procurements of these waste management contracts to be conducted electronically in the future e.g. E-Sourcing NI; a facility which does not currently exist in any of the three existing Councils.

6	Recommendations
6.1	The Committee are requested to note the contents of this report.
6.2	A further report will be brought to the committee in the coming months outlining preparations in relation to contractual arrangements post 1 April 2015.

7	List of Documents Attached
7.1	Appendix 1 - Spreadsheet detailing primary (top five) waste management contracts

MID ULSTER COUNCILS - PRIMARY WASTE MANAGEMENT CONTRACTS

	Cookstown	Dungannon	Magherafelt
Mixed Dry Recyclables (blue bin) Service Provider Annual Tonnage Cost per tonne Length of Contract	Recyco 2500 Nil (market dependant) 3.5 years from 01/10/12 with option for further 2 years	Recyco 3500 Nil (market dependant) 3.5 years from 01/10/12 with option for further 2 years	Regen 3000 Nil (market dependant) 5 years from 01/10/12
Residual Waste (black bin) Service Provider Annual Tonnage Cost per tonne Length of Contract	Brickkiln 7500 £110 (collected) 2 years from 01/09/14 with option of further 2+2 years	Landfill disposal Tullyvar 12000 £95	Natural World Products 9500 £114.93 (collected) 2 years from 01/04/14 with option of further 2 years
Residual Waste (civic amenity site) Service Provider Annual Tonnage Cost per tonne Length of Contract	Recyco 1900 £95 (delivered) 1 year from 01/10/13 with option for further 6 months	Landfill disposal Tullyvar 3600 £95	Brickkiln 2500 £95 (collected) Expires October 2014
Garden and Food Waste (brown bin) Service Provider Annual Tonnage Cost per tonne Length of Contract	Natural World Products 2500 £44.43 (collected) 9 years from 08/01/07 with option for further 1+1 years	Natural World Products 3000 £44.43 (collected) 9 years from 08/01/07 with option for further 1+1 years	Natural World Products 4000 £35.70 (collected) 5 years from 01/03/13
Garden Waste (civic amenity site) Service Provider Annual Tonnage Cost per tonne Length of Contract	Natural World Products 2000 £38.53 (collected) 9 years from 08/01/07 with option for further 1+1 years	Natural World Products 2000 £38.53 (collected) 9 years from 08/01/07 with option for further 1+1 years	Simpro 2500 £24 (collected) Open ended

Collective Annual Cost	Earliest/latest possible start date for new MUDC contract	Proposed (re)tendering date
Nil (market dependant)	Apr 2016/Oct 2017	Apr 2015
£3,056,835	Apr 2016/Apr 2018	Apr 2017
£760,000	Oct 2014/Apr 2015	Dependant on current NWRWMG procurement exercise
£387,165	Jan 2016/Jan 2018	Jan 2017
£214,120	Jan 2016/Jan 2018	Jan 2017
TOTAL £4,418,120		

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Subject: Northern Ireland Landfill Allowance Scheme

Reporting Officer Andrew Cassells

1	Purpose of Report
1.1	The purpose of this Report is to inform the Members of the changes proposed by the Department of the Environment through the Northern Ireland Environment Agency (NIEA) to the Northern Ireland Landfill Allowance Scheme (NILAS) as a result of Local Government Reform.

2	Background
2.1	<p>The landfilling of waste, especially biodegradable municipal waste (BMW), can pollute the environment and produce greenhouse gases which contribute to climate change. Landfill gas is a serious greenhouse gas which consists mainly of methane which is some 22 times more damaging to the ozone layer than carbon dioxide.</p> <p>The UK and other EU countries have agreed to reduce the amount of biodegradable municipal waste going to landfill to prevent or reduce as far as possible any damage to the environment caused by landfilling. The basis of this agreement is the EU Landfill Directive.</p>
2.2	The EU Landfill Directive (Council Directive 99/31/EC on the landfill of waste) aims to prevent or reduce as far as possible the negative effects on the environment from the landfilling of waste, by introducing stringent technical requirements for waste and landfills and setting targets for the reduction of biodegradable municipal waste going to landfill.
2.3	<p>Northern Ireland Landfill Allowance Scheme (NILAS)</p> <p>NILAS was introduced in 2005 (The Landfill Allowances Scheme (Northern Ireland) Regulations 2004) and translated the Landfill Directive targets into annual allowances for each of the 26 District Council in Northern Ireland for each year to 2019/20.</p> <p>For Northern Ireland, as with the rest of the UK the targets are to reduce the amount of bio-degradable municipal waste sent to landfill to:</p> <p>75% of 1995 levels by 2010; 50% of 1995 levels by 2013, and; 35% of 1995 levels by 2020.</p> <p>The allocations are based on local authority collected municipal waste and this equates to:</p> <p>470,000 tonnes by 2010; 320,000 tonnes by 2013, and;</p>

	220,000 tonnes by 2020.
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3	Key Issues																				
3.1	The NILAS Targets which have now been set by the NIEA for the 11 Councils for the period 2015 to 2020 are based on population prorata to the overall Northern Ireland Landfill Allowance targets on an annual basis. Members should note that these arte reducing tonnage targets which take no account of population and/or waste growth from year to year.																				
3.2	<p>For the Mid Ulster District Council the NILAS targets are now set as follows:</p> <p>2015/2016: 21,330 tonnes 2016/2017: 20,231 tonnes 2017/2018: 19,131 tonnes 2018/2019: 18,032 tonnes 2019/2020: 16,932 tonnes</p> <p>No targets have been set beyond 2020 and it is not known at this stage whether NILAS will continue beyond that date.</p>																				
3.3	Failure to meet NILAS targets could result in fines being levied on the Northern Ireland Administration by the European Union although given the progress in achieving the targets to date this is deemed unlikely providing the current rate of improvement is sustained against the background of a reducing target and a recovering economic situation. The local NILAS fine which could imposed on a District Council by the Department remains at £150 for ever tonne of additional waste landfilled over the allowance in the target year.																				
3.4	<p>For the previous year, 2013/2014 the three constituent Mid Ulster Council's performed as follows in respect of the provisional NILAS tonnages:</p> <table><tr><td></td><td>Allocation</td><td>BMW Landfilled</td><td>% allocation used</td></tr><tr><td>Cookstown</td><td>6,175 t</td><td>5,508 t</td><td>89.2%</td></tr><tr><td>Dungannon</td><td>8,928 t</td><td>8,562 t</td><td>95.9%</td></tr><tr><td>Magherafelt</td><td>7,668 t</td><td>3,288 t</td><td>42.9%</td></tr><tr><td>Totals</td><td>22,771 t</td><td>17,358 t</td><td>76.2%</td></tr></table> <p>As can be seen by comparing the above actual outcome tonnages for 2013/2014 with the targets as set out in 3.2 above the Mid Ulster Council does not appear to be able to meet the 2019/2020 target figure of 16,932 tonnes based on the current level of performance. Over the first term of the Mid Ulster District Council actions will need to be taken to ensure that the Council can comply with the 2019/2020 target. The three individual constituent Councils have and are taking steps to help further reduce the amount of BMW being landfilled.</p>		Allocation	BMW Landfilled	% allocation used	Cookstown	6,175 t	5,508 t	89.2%	Dungannon	8,928 t	8,562 t	95.9%	Magherafelt	7,668 t	3,288 t	42.9%	Totals	22,771 t	17,358 t	76.2%
	Allocation	BMW Landfilled	% allocation used																		
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Totals	22,771 t	17,358 t	76.2%																		
3.4	<p>Some factors which could positively impact on the Mid Ulster District Councils tonnages of BMW being sent to landfill can be summarised as follows:</p> <ul style="list-style-type: none">Increasing the number of Brown Bins being collected from households and the provision of kitchen caddies to encourage the source segregation of food																				

	<p>waste; there are programmes in both Cookstown and Dungannon to do this during the current financial year</p> <ul style="list-style-type: none"> Increasing the amount of residual black bin waste being sent for treatment rather than landfill: this becomes an issue as in-house landfill capacity reduces e.g. with the closure of Magheraglass Landfill Site near Cookstown in 2015/2016; as much as 75% of this material can be diverted from landfill. Landfill costs will inevitably rise making pre-treatment a much more affordable and sustainable alternative to landfill Increasing the amount of Household Waste Recycling Centre residual waste which is sent for treatment: Cookstown and Magherafelt already send the majority of this waste stream for pre-treatment; as much as 75% of this material can be diverted from landfill The separate collection of Food Waste which will be legislated for in 2016 Education and Awareness of citizens to reduce the amount of waste that they create: e.g.; 'Buy One Get One Free' offers represent a high proportion of the amount of discarded food waste Encouraging more recycling: the treatment of blue bin (dry recyclates) currently costs the Councils nothing whilst the treatment of residual waste can cost anything between £95 and £115 per tonne. Therefore for each additional tonne of material moved from the black bin to the blue bin the amount of BMW going to landfill reduces and some £100 is saved: this is a serious Education and Awareness issue as there remains in the black bins a considerable amount of material which can be diverted from landfill <p>The development of a Mid Ulster Waste Management Plan will assist in identifying the issues which will need addressing in order to comply with the NILAS targets particularly where changes in legislation require a modification to current operational methods of waste collection and treatment.</p>
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4	Resource Implications
4.1	<p><u>Financial</u></p> <p>Whilst there are no current financial implications the costs of waste management will continue to rise in coming years as landfill becomes more expensive due in the main to reducing capacity and increasing costs. Increasingly legislative changes will also increase the costs of collection and treatment e.g.; the separate collection of food waste.</p>
4.2	<p><u>Human Resources</u></p> <p>There are no current Human Resource implications but as costs increase and legislative requirements change increased human resources could be required to comply with additional separate waste collections for example.</p>
4.3	<p><u>Assets and other implications</u></p> <p>Changes in collection methods could require additional or variant replacement vehicles in order to facilitate legislative changes. With the closure of landfill sites and the consequential increase in travelling distances to landfill or waste</p>

	treatment facilities additional waste transfer facilities could be required.
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5	Other Considerations
5.1	The need to develop a Mid Ulster District Council Waste Management Plan in order to facilitate the achievement and delivery of Landfill Diversion (NILAS) and Recycling Targets.

6	Recommendations
6.1	Members are asked to note the contents of this paper to Committee.

7	List of Documents Attached
7.1	Appendix A: Letter to new Chief Executives of 10 July 2014 from Wesley Shannon (DoE)



Department of the
Environment
www.doeni.gov.uk

Chief Executive Designate

Environmental Policy Division
6th Floor Goodwood House
44-58 May Street
Belfast
BT1 4NN

Telephone: 028 9025 4832
Fax: 028 9025 4732
Email:

Your reference:
Our reference:

Date: 10 July 2014

Dear Chief Executive Designate,

**Northern Ireland Landfill Allowance Scheme (NILAS):
Notification of Allocation of Allowances to new District Councils 2015/16 to 2019/20**

As a result of the Local Government Reform Programme it is necessary to reallocate the NILAS allowances from 2015/16 taking into account the new 11 council structure. The Waste and Emissions Trading Act 2003, under which NILAS is established, provides the power for the Department to alter this allocation.

The Department consulted in writing with each of the Waste Management Groups on the 23 January 2014, outlining the proposed allocation of NILAS allowances to the new district councils. The proposed allowances were calculated using the same 'early convergence simple population' model as previously used. At the 10 June meeting of the Waste Co-ordination Group, it was confirmed the Waste Management Groups had circulated these draft allowances to their respective district councils for their consideration. Following this, it was agreed that I would write to the new councils to convey formally their yearly allocation of NILAS allowances up to 2019/20.

The allowances for each council are detailed in the table enclosed with this letter and may be found on our website. I should point out that the proposed new allocations in the table have been slightly revised from those proposed in our letter of 23 January. This is to reflect NISRA's finalised population estimates for mid-2012 and as anticipated there have been no significant changes to the statistics. I have copied this letter to the Chief Executives of the existing district councils and to the Chief Officers in the three Waste Management Groups for information.

Yours sincerely,

**WESLEY SHANNON
DIRECTOR**

Northern Ireland Landfill Allowances Scheme: Landfill Allowance Allocation by Council (tonnes)

District Council Name	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Population (mid-2012 %)
Antrim & Newtownabbey	21,148	20,058	18,968	17,878	16,788	7.6%
Armagh, Banbridge & Craigavon	30,759	29,173	27,588	26,002	24,417	11.1%
Belfast	50,753	48,137	45,521	42,904	40,289	18.3%
Causeway Coast & Glens	21,494	20,386	19,278	18,170	17,062	7.8%
Derry & Strabane	22,586	21,422	20,257	19,093	17,929	8.1%
Fermanagh & Omagh	17,360	16,465	15,570	14,675	13,781	6.3%
Lisburn & Castlereagh	20,716	19,648	18,580	17,512	16,444	7.5%
Mid & East Antrim	20,644	19,579	18,515	17,451	16,387	7.4%
Mid Ulster	21,330	20,231	19,131	18,032	16,932	7.7%
Newry, Mourne & Down	26,396	25,036	23,675	22,314	20,954	9.5%
North Down & Ards	23,956	22,722	21,487	20,252	19,017	8.6%
Northern Ireland	277,142	262,856	248,570	234,284	220,000	100.0%

Note: Northern Ireland level allowances were reallocated to the new 11 District Councils using NISRA population statistics (mid-2012).
Source for population data: <http://www.nisra.gov.uk/demography/default.asp111.htm>

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Subject	Health & Safety Provision – Waste and Technical Services
Reporting Officer	Andrew Cassells

1	Purpose of Report
1.1	Provide Members with an update on the current Health and Safety activity within Waste and Technical Services and future service requirements.

2	Background
2.1	<p>Health and safety management within Waste and Technical service occur across a wide range of activities undertaken by employees and third party providers. Key service areas include waste collection and disposal, building maintenance, ground maintenance, street cleansing, and cemeteries. The service activities are governed by respective Council policies which are broadly similar and provide policy guidance on a number of areas including Risk assessments, CoSHH, manual handling, Asbestos, Legionella, Fire, DSEAR, Gritting and Snow Clearing.</p> <p>Many of the activities undertaken in this service area fall within the responsibility of the Health and Safety Executive Northern Ireland (HSENI). Current in year priorities for HSENI are very relevant to this service area and include:</p> <ul style="list-style-type: none"> a) Workplace transport, b) Machinery guarding and isolation, c) Plant visibility, d) Training, e) Route Risk assessments for refuse collection, and f) Welfare & Hygiene <p>It is important to note that there is partnership working between HSENI and local authorities on a number of these issues through WISH (NI). WISH (NI) is a committee representing stakeholders from the waste management and recycling industry, HSENI, key trade and professional associations, trade unions, and national and local government bodies. WISH (NI) helps to develop and share industry good practice. They promote the appropriate skills and competence along with the Sector skills Councils to develop suitable training frameworks. They also ensure that employers consult with employees on health, safety and welfare issues and access to appropriate training in one of the highest risk service areas in the new Council.</p>

3	Key Issues
3.1	Following an initial scoping exercise of Health and Safety activity of the three councils the following key issues have been identified:

3.1.1	<p><u>Policy:</u> Each Council currently has a Corporate Policy and associated set of procedures which are broadly similar. Consistent implementation of the policy varies between Councils.</p>
3.1.2	<p><u>Governance:</u> Both Cookstown and Dungannon employ a competent Corporate Health and Safety Practitioner to advise on health and safety management. Service responsibility for the management in each of the three Councils rests with the Head of Service. Cookstown and Dungannon engage with members through scheduled corporate health and safety Council Committees. While in Magherafelt such matters are addressed by full Council as required. In addition Cookstown and Dungannon Council's engage trade unions through scheduled Health and Safety Committees throughout the year.</p>
3.1.3	<p><u>Procedures/Risk Assessments:</u> Each Council has an extensive list of Risk Assessments which either include, or broadly outline the safe system of work for activities of all service areas. These include operating plant, equipment and vehicles; traffic management at sites; manual handling of bins, hazardous and non-hazardous waste, confined spaces; lone working; street/traffic works, litter picking, biological and chemical hazards, etc. The format of the risk assessments of the council are not the same.</p>
3.1.4	<p><u>Inspections:</u> Each Council have consistent insurance and statutory inspections (e.g. LOLER inspections). Each Council have a scheduled arrangement for inspections of work tasks, facilities and equipment (e.g. plant and vehicle checks, facility inspections, playparks, countryside walks, cemetery headstones, etc.) Cookstown are the only council to use an ICT inspection solution to inspect playparks.</p>
3.1.5	<p><u>Accident Management Systems:</u> Cookstown and Dungannon operate a similar corporate ICT accident management system (i.e. Workrite) for recording accidents, incidents and near misses. Responsibility for recording details is at service level. In Magherafelt a manual recording and management is used for the same purpose.</p>
3.1.6	<p><u>Legionella Management Systems:</u> Cookstown and Dungannon operate the same corporate ICT legionella management system (i.e. MyBuildings) for the portfolio of Council properties. In Magherafelt a manual recording and management is used for the same purpose.</p>
3.1.7	<p><u>Accredited Health and Safety Management Systems:</u> There are no accredited health and safety systems in either of the Councils. Cookstown are piloting the introduction of ISO 18001 in number of service areas, namely Forthill Cemetery (Cookstown), Cookstown Amenity site and Moneymore Amenity Site. An environmental ISO14001 is in place at Magheraglass Landfill Site and transfer station. Dungannon are currently working towards implementation of a Quality ISO 9001 across waste services.</p>
3.1.8	<p><u>Training:</u> Operational and Supervisory staff across the three councils have valid training in many areas (e.g. manual handling, working at heights, banksmen, diverse machinery training, safe operation of hand held tools, first aid, pesticides training,</p>

	<p>driver competence training, etc). However there are areas where training is required (e.g. static and mobile street works training for ground maintenance, litter picking and refuse staff)</p> <p>There is a need for a consistent and standard approach to address service provision gaps and risks as outlined.</p>
3.2	While policies are broadly similar, there is a lack of standardise implementation. It is important to adopt a consistent and standard approach to one of the high risk service areas.

4	Resource Implications
4.1	<p><u>Financial</u></p> <p>To have consistent systems and procedures for health and safety management, further scoping work is required to determine specific costs.</p>
4.2	<p><u>Human Resources</u></p> <p>Working group access and engagement with a competent health and safety practitioner is important to provide advice and guidance to develop a working plan to standardise systems and address gaps for the new Council.</p>
4.3	<p><u>Assets and other implications</u></p> <p>None at this juncture.</p>

5	Other Considerations
5.1	None at this juncture

6	Recommendations
6.1	The Committee are requested to note the contents of the report.
6.2	A further paper be brought to the Committee outlining progress with the establishment of common health and safety documentation and work practices across Mid Ulster.

7	List of Documents Attached
7.1	N/A