

Cheltenham Borough Council Cabinet

Meeting date: Tuesday, 11 June 2024

Meeting time: 6.00 pm

Meeting venue: Council Chamber - Municipal Offices

Membership:

Councillors Victoria Atherstone, Flo Clucas, Mike Collins, Iain Dobie, Rowena Hay, Martin Horwood, Peter Jeffries, Alisha Lewis and Izaak Tailford

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Phone: 01242 264 246

SECTION 1 : PROCEDURAL MATTERS

1 Apologies

2 Minutes of the last meeting

The minutes of the meeting held on 28 May will be approved at the next meeting.

3 Declarations of interest

4 Public and Member Questions and Petitions

Questions must be received no later than 12 noon on the seventh working day before the date of the meeting

SECTION 2 :THE COUNCIL

There are no matters referred to the Cabinet by the Council on this occasion

SECTION 3 : OVERVIEW AND SCRUTINY COMMITTEE

There are no matters referred to the Cabinet by the Overview and Scrutiny Committee on this occasion

SECTION 4 : OTHER COMMITTEES

There are no matters referred to the Cabinet by other Committees on this occasion

SECTION 5 : REPORTS FROM CABINET MEMBERS AND/OR OFFICERS

5 Food Safety Service Plan - update (Pages 5 - 42)

Report of Cabinet Member for Safety and Communities

6 Energy efficiency proposals for Leisure@Cheltenham (Pages 43 - 50)

Report of Cabinet Member for Climate Emergency

7 Housing and Tenancy Fraud Policy (Pages 51 - 64)

Report of Cabinet Member for Housing and Customer Services

8 To accept £306,065 capital grant funding from the English Sports Council (Pages 65 - 78)

Report of Cabinet Member for Finance and Assets

9 Housing Transition Governance Arrangements (Pages 79 - 102)

Report of Cabinet Member for Housing and Customer Services

10 Property Compliance Policies (Pages 103 - 186)

Report of Cabinet Member for Housing and Customer Services

SECTION 6 : BRIEFING SESSION

11 Briefing from Cabinet Members

SECTION 7 : DECISIONS OF CABINET MEMBERS

Member decisions taken since the last Cabinet meeting

**SECTION 8 : ANY OTHER ITEM(S) THAT THE LEADER
DETERMINES TO BE URGENT AND REQUIRES A DECISION**

**SECTION 9 : LOCAL GOVERNMENT ACT 1972 - EXEMPT
BUSINESS**

Section 10: BRIEFING NOTES

Briefing notes are circulated with Cabinet papers for information but are not on the agenda

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Cheltenham Borough Council

Cabinet 11th June 2024

Food Safety Service Plan

Accountable member:

Cabinet Member for Safety & Communities, Councillor Victoria Atherstone

Accountable officer:

Louis Krog

Ward(s) affected:

All

Key Decision: No

Executive summary:

This Authority is required to produce a food safety service plan outlining the activities and resources needed to enable the delivery of a service in accordance with the requirements laid down in the Official Control Regulations (OCR) and the Food Law Code of Practice (FLCOP). The Framework Agreement on Official Feed and Food Control by Local Authorities sets out a standard approach to service planning which the Food Standards Agency (FSA) uses for audit and monitoring purposes. The FSA plays a key role in overseeing official food control activities undertaken by this authority. This service plan is key to ensuring that national priorities are addressed and delivered locally and provides an essential link between corporate and financial planning. The authority is bound by the Regulator's Code which provides a principles-based framework for engaging with those we regulate.

Recommendations: That Cabinet:

1. approves the appended Food Safety Service Plan 2024-25
-

1. Implications**1.1 Financial, Property and Asset implications**

No direct finance or property implications of the recommendations

Signed off by: Gemma Bell, Director of Finance and Assets (Deputy Section 151 Officer)

gemma.bell@cheltenham.gov.uk

1.2 Legal implications

Not only is compliance with the Food Law Code of Practice a statutory requirement and the Council would be at risk from failure to uphold the requirements, the Food Safety Service Plan is essential for protecting the health of citizens and visitors to Cheltenham.

Signed off by: Rachael Baldwin, Lawyer, legal.services@onelegal.org.uk

1.3 Environmental and climate change implications

As this report relates to statutory requirements/national policy, there are no environmental implications for the Local Authority to consider. This is also an update to the previous report, and therefore does not need a climate impact assessment completed.

Signed off by: Maizy.McCann@cheltenham.gov.uk

1.4 Corporate Plan Priorities

This report contributes to the following Corporate Plan Priorities:

- Making Cheltenham the Cyber Capital of the UK
- Working with residents, communities and businesses to help make Cheltenham #netzero by 2030
- Increasing the number of affordable homes through our £180m housing investment plan
- Ensuring residents, communities and businesses benefit from Cheltenham's future growth and prosperity
- Being a more modern, efficient and financially sustainable council

1.5 Equality, Diversity and Inclusion Implications

See *Appendix 2*.

1.6 Performance management – monitoring and review

The FSA have statutory powers to monitor and audit this authority. Based on these powers, established audit schemes are in place to assess performance against specified standards within the FLCOP and the Framework Agreement. If we failed to discharge our statutory functions adequately then the FSA may consider using their powers of direction contained within the Food Standards Act 1999. Two periodic data returns will be submitted to the FSA during 2024/25 via a survey monkey. Previously the Local Authority Enforcement Monitoring System (LAEMS) was used to collect performance data. This system has now been switched off and a new method is being implemented. The FSA are currently undertaking an options appraisal on the potential mechanisms for capturing local authority data. Internally our key performance indicators (KPIs) have been reviewed to include key FSA requirements. We will periodically review this plan to take account of any updated requirements from the FSA.

2 Background

The function of this Authority's food safety service is to ensure that the food and food sources handled in the course of a food business are safe and fit for human consumption. The term 'food business' is defined in law and has a wider meaning of any stage of food production, processing and distribution of food whether for profit or not and whether by public or private bodies. By way of regulation, codes of practice and framework agreements, we have a statutory duty to monitor, verify and enforce the requirements of food law and ensure that we have sufficient resources to do so. We have a duty to discharge our functions as effectively as possible with suitably trained authorised officers. To support our work we set up maintain, and carry out official food controls and other activities in accordance with documented policies, procedures, plans and strategies. We must develop and approve a service plan detailing how we intend to deliver and resource official controls and other official activities and address any variance. The FSA's Covid 19 recovery plan aimed to ensure that during the period of recovery from the impact of COVID-19, our resources were targeted where they added greatest value in providing safeguards for public health and consumer protection in relation to food. This recovery plan has now been formally withdrawn but the requirements will continue until the new modernised food hygiene delivery model is in place in 2024. Full implementation of the various workstreams is anticipated in 2024/25 following the publication of an amended food law code of practice. This time frame is subject to change and will take into consideration the wider changes driven by other elements of the FSA 'achieving business compliance' programme.

3 Reasons for recommendations

3.1 This will fulfil our statutory responsibilities.

4 Alternative options considered

5 None. This is a statutory requirement.

6 Consultation and feedback

7 A copy of this plan will be made available on the Authority's website.

8 Key risks

8.1 If official food controls are not carried out in accordance with statutory requirements, then the FSA may make a direction under powers conferred in the Food Standards Act 1999 requiring improvements. This poses a reputational risk on the Council. This can be avoided by ensuring a suitable number of appropriately trained and authorised officers are available.

8.2 If official controls are not carried out in accordance with statutory requirements, then this poses a risk to the health of consumers. This can be avoided by ensuring a suitable number of appropriately trained and authorised officers are available.

8.3 The Authority has entered into an agreement with the FSA to operate the food hygiene rating scheme in line with the 'brand standard.' If we do not carry out official controls then the public confidence in the scheme is at risk and thus the reputation of the council. This can be avoided by ensuring a suitable number of appropriately trained and authorised officers are available.

8.4 A cyber security incident would lock down access to our entire food safety database. This would hinder delivery of the official control programme and statutory returns. This can be avoided through staff training and awareness on current information technology security and associated procedures.

Report author:

Bernadette Reed Public and Environmental Health Team Leader bernadette.reed@cheltenham.gov.uk

Appendices:

- 1 Risk Assessment
- 2 Equality Impact Assessment – Screening –(to be included in all Cabinet and Council reports)
- 3 Food Safety Service Plan 2024-25

Background information:

1. [The Framework Agreement on Official Feed and Food Controls by Local Authorities](#)
2. [The Food Law Code of Practice and Practice Guidance \(England\)](#)
3. [The Regulators Code](#)
4. [Corporate Enforcement Policy](#)

Appendix 1: Risk Assessment


Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
1	<p>If the Authority is unable to carry out Official Food controls in line with the minimum requirements of the Covid 19 recovery plan, it is not fulfilling its statutory duties. FSA may make a direction under powers contained in the Food Standards Act 1999.</p> <p>It also poses a public health risk to consumers as official controls are not being carried out to monitoring compliance with legal requirements.</p>	Head of Public Protection	2	3	6	Avoid the risk	Ensure a suitable number of qualified staff are employed to carry out official food control activities	Cabinet	Biannual data submission to FSA with early warning notification of variance. Build competency of other team members resilience times of emergency redeployment, and/or long-term staff absence.
2	The Council have signed an agreement with the FSA for the operation of the Food Hygiene Rating Scheme in line with the	Head of Public Protection	5	2	10	Avoid the risk	As above	Cabinet	As above

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
	'Brand Standard. Any deviation from the code reduces the public confidence in the scheme and thus poses a reputational risk to the Council								
3	Cyber security incident which locks down access to all food database	Head Of IT Publica	5	2	10	Avoid the risk	All staff have completed the data security training module. All concerns to be reported to IT. Adherence to the IT user policy	Head of Public Protection	ongoing

Appendix 2: Equality Impact Assessment (Screening)

1. Identify the policy, project, function or service change

a. Person responsible for this Equality Impact Assessment

Officer responsible: Bernadette Reed	Service Area: Public Protection
Title: Food Safety Service Plan	Date of assessment: 12/04/24
Signature: 	

b. Is this a policy, function, strategy, service change or project?

Function

If other, please specify:

c. Name of the policy, function, strategy, service change or project

Food Safety Service Plan

Is this new or existing?

**Already exists
and is being
reviewed**

Please specify reason for change or development of policy, function, strategy, service change or project

An annual review is required under the Food Law Code of Practice

d. What are the aims, objectives and intended outcomes and who is likely to benefit from it?

Aims: That the food sold, offered or stored for sale within Cheltenham is safe and fit for human consumption.

Objectives: Service plans ensure that national priorities and standards are addressed and delivered locally. Service plans will also help this Authority to:
Follow the principles of good regulation.
Focus on key delivery issues and outcomes.

	<p>Provide an essential link with corporate and financial planning.</p> <p>Set objectives for the future.</p> <p>Identify major issues that cross service boundaries.</p> <p>Provide a means of managing performance and making performance comparisons.</p> <p>Provide information on our service delivery to stakeholders.</p>
<p>Outcomes:</p>	<p>Ensuring food businesses have effective food safety controls in place and that our responsibilities as a food Competent Authority (CA) are fulfilled and compliant with agri food chain legislation.</p>
<p>Benefits:</p>	<p>Reduction of incidents of illhealth related to food borne illness and food poisonings and allergic reaction and hypersensitivity. Reduction in the wider impacts of illhealth</p>

<p>e. What are the expected impacts?</p>	
<p>Are there any aspects, including how it is delivered or accessed, that could have an impact on the lives of people, including employees and customers.</p>	<p>Yes</p>
<p>Do you expect the impacts to be positive or negative?</p>	<p>No impact expected</p>
<p>Please provide an explanation for your answer:</p>	
<p>Having an effective food safety control system in place will reduce the health and social impact burden of the effects of food poisoning foodborne illness and allergic and incidents involving food allergens and hypersensitivity. This is an annual service plan for an ongoing service and so there will be no additional impacts from the approval of this revised service plan</p>	

If your answer to question e identified potential positive or negative impacts, or you are unsure about the impact, then you should carry out a Stage Two Equality Impact Assessment.

f. Identify next steps as appropriate	
Stage Two required	No
Owner of Stage Two assessment	NA
Completion date for Stage Two assessment	NA

Please move on to Stage 2 if required ([intranet link](#)).

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CHEL TENHAM
BOROUGH COUNCIL

FOOD SAFETY SERVICE PLAN 2024-2025

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1: Introduction:

The key food safety function of Cheltenham Borough Council is to ensure that the food sold, offered or stored for sale is safe and fit for human consumption. Everyone has a right to expect that the food they eat will not cause adverse health effects.

Our food safety service aims align with our corporate strategy, namely:

- To work together with our partners to ensure businesses thrive.
- To be commercially minded, ensure financial viability and value for money.
- To use data and research to drive improvement.

1.1 Service Aims and objectives:

Service plans ensure that national priorities and standards are addressed and delivered locally. Service plans will also help this Authority to:

- Follow the principles of good regulation.
- Focus on key delivery issues and outcomes.
- Provide an essential link with corporate and financial planning.
- Set objectives for the future.
- Identify major issues that cross service boundaries.
- Provide a means of managing performance and making performance comparisons.
- Provide information on our service delivery to stakeholders.

The Food Standards Agency's (FSA) Covid recovery plan allowed some flexibility in service plan format but since the withdrawal of the plan in April 2023 we have adopted the common format provided with the FSA's [Framework Agreement](#) 'on official food and feed controls by Local Authorities' Amendment number 5 2010 and requirements with section 2.6.1 of the FSA Food Law Practice Guidance, in terms of the information provided.

Following withdrawal of the recovery plan, letters were sent to all Local Authority Chief Executives and section 151 officers in January 2024 to highlight the importance of ensuring that teams are appropriately resourced to deliver the statutory functions as outlined in this plan.

We will meet our aims by:

- Ensuring food businesses have effective food safety controls in place and that our responsibilities as a food Competent Authority (CA) are fulfilled and compliant with agri-food chain legislation.
- Investigating and managing complaints of noncompliance with appropriate enforcement actions.
- Managing food incidents and hazards including outbreaks of food borne illness.
- Conducting reactive and proactive samplings or where sampling is necessary to determine business compliance with legal requirements.

- Conducting pro-active surveillance to obtain an accurate picture of the local business landscape to include new or recently closed businesses and businesses where the overall risk has increased.
- Maintaining the credibility of the Food Hygiene Rating Scheme (FHRS), in particular responding to requests for revisits in line with our documented process.
- Conducting sector specific controls to support trade and enable export.
- Ensuring all officers delivering official controls meet and maintain the competency requirements within the Food Law Code of Practice (FLCOP).

We aim to maintain a level playing field for honest and diligent businesses, whilst reducing the burden on businesses with an intelligence led approach. Service capacity is prioritised at the high-risk food activities and the poorest performing food businesses, with the aim of improving standards across Cheltenham whilst supporting business growth.

1.2 Legal Background:

The Official Control (assimilated) EU Regulations 2017/625 came into force in December 2019. They provide for the execution and enforcement of the food elements on official controls and other official activities which must be performed to ensure the application of food law. They set out a framework of requirements for competent food authorities which have responsibilities for organising and performing official controls and activities to verify compliance with agi-food chain legislation.

The Food Law Code of Practice (England) (FLCOP), 'the code,' outlines how the requirements of (assimilated) regulation EU 2017/625 apply to local authorities.

We have a statutory duty to enforce the requirements of food law and have due regard to 'the code'.

1.3 The Food Standards Agency: (FSA)

The FSA was established in 2000 following some high-profile outbreaks of food borne illness. It is an independent government department working to protect public health and consumer interests in relation to food. It acts as the Central Competent Authority (CCA) and works closely with local authorities to oversee our enforcement activity through the framework agreement. The framework agreement sets out the planning and service delivery requirements based on requirements in 'the code'. It requires Cheltenham Borough Council to have:

- Publicly available, locally approved food service plans.
- Agreed food law enforcement standards.
- Enhanced monitoring data with a focus on outcomes.
- An audit scheme aimed at securing improvements and sharing good practice.

1.4 Department of Food and Rural Affairs (Defra):

Following EU exit in 2020 Defra now has the responsibility for the GB Multi National Annual Control Plan (GB MANCP). This plan is prepared in accordance with (assimilated) regulation EU 2017/625. This demonstrates effective controls are in place for monitoring and enforcing food law. The plan is produced by the FSA. The

GB MANCP includes information about the structure, roles and responsibilities of the various competent authorities involved in monitoring compliance and enforcement. It provides an overview of how competent authorities and other bodies work together. Defra is responsible for animal health and welfare law in England and for policy and regulations on environmental, food and rural issues and international trade (including food import controls).

This service plan outlines the activities and the resources needed to enable delivery.

2. Background.

2.1 Profile of the Local Authority:

Cheltenham is a large spa town in Gloucestershire, England, located on the edge of the Cotswolds. It is one of 6 districts that make up the County of Gloucestershire. The Borough's proximity to main urban areas such as Gloucester and Bristol, combined with the M5 motorway network means that we attract commuters and varied inward, investment opportunities. Cheltenham has a strong local economy made up of mainly of small and medium enterprises (SME's) of light industry, food processing and tourism and is renowned for its sporting and cultural events. We are at the forefront of the UK's expanding cyber industry with our Golden Valley Development, a pioneering garden community integrating hi-tech businesses, residential and leisure uses. ONS statistics from 2021 census show the Borough had a population of 118,836. This is a 2.7% increase since 2011.

[Cheltenham Borough Profile Infographic.pdf](#)
[Cheltenham Census 2021](#)

We have no importers but as an inland authority all officers have specific training and authorisation to deal with illegal imports. Approximately 1.5% of businesses are manufacturers with the majority 41% being restaurant and cafes.

2.2 Organisational Structure and Staffing:

Cheltenham Borough Council operates a Leader and Cabinet structure. The Cabinet member for Customer and Regulatory Services is Councillor Martin Horwood. The Chief Executive is Gareth Edmundson and he is responsible for ensuring service aims are translated into effective delivery.

The Leadership team is made up of The Chief Executive, The Director of Finance, Assets and Regeneration, The Corporate Director and Monitoring Officer, The Director of Major Development and Regeneration, The Director of Communities and Economic Development, The Head of Corporate Service, The Director of Finance and Assets, the Housing Strategy and Partnerships Manager and the Director of Housing. The corporate [Structure](#) is currently under revision.

The Public Protection Team is headed by Claire Hughes, Corporate Director and Monitoring Officer. The Head of Public Protection is Louis Krog who manages the Public Protection teams and its separate service areas including food safety, health and safety, environmental protection, private sector housing, Solace (anti-social behaviour partnership) the Neighbourhood Team (envirocrime and anti-social behaviour) and Licensing. He also fulfils the role of the Council's District Emergency Planning Liaison Officer (DEPLO) for the purpose of emergency planning duties under the Civil Contingencies Act 2004.

Each service area above has a team leader responsibly for service delivery.

This plan covers only the food and infectious disease function within the Public and Environmental Health Team shown in Appendix 2.

The current Food Safety and Infectious Disease Team is shown below:

Full Time equivalent (FTE) on food and infectious disease	Role	Years Experience Post Qualification
0.1	Bernadette Reed Team Leader	32
1	Chris Waller Senior Environmental Health Officer (SEHO) (Lead Officer)	4.5
0.8	Neil Bacon Environmental Health Officer (EHO)	35
0.8	Laura Oswald Environmental Health Officer (EHO)/Animal Licensing Officer	0.8
0.1	Technical Business Support Officer (BSO)	0.2
2.8	Total	

Table 1: The Operational Food Safety Team

2.3 Cost of the Service:

Details of budgetary provision are provided in the [Budget reports](#). Costs for the food service relate to staffing. An EHO is grade G, a SEHO grade H and a team leader grade I. Senior management grades are shown in Appendix 1. Sampling costs are contained with the service level agreement with UKHSA.

2.4 Scope of Responsibilities:

Overall responsibility for food law is held centrally but the day-to-day responsibility is split between central and local government. At local level monitoring and enforcement is carried out by 'competent authorities' including Cheltenham Borough Council as a local authority. We are responsible for carrying out 'official food controls' and enforcement of the main body of food law.

This Authority is not a Unitary Authority and therefore shares its duties with the Trading Standards Department of Gloucestershire County Council. Cheltenham Borough Council is responsible for food hygiene and Gloucestershire County Council Trading Standards are responsible for food standards. Where there are areas of overlap, appropriate Memoranda of understanding are in place.

We are not an emergency service and therefore do not have an out of hours food service available which addresses the emergency closure of premises, food product withdrawal and outbreaks of food associated disease. It is expected that any emergency would form part of the emergency planning arrangements through which the duty emergency planning officer would be contacted. This service has not been used during 2023-24.

3 Service Delivery:

3.1 Business registrations and Approvals:

All new businesses involved in food handling must register at least 28 days before they intend to operate. This includes existing food businesses which have changed food business operators. There is no charge for registration, and it cannot be refused. In line with the FLCOP we are required to carry out a full inspection within 28 days of receipt of a valid registration. 158 new food business inspections were carried out between 1 April 2023 and 31st March 2024.

We have 1 premises approved for meat products, Soho Coffee Shops Ltd, approval number United Kingdom CT007 approved under assimilated EU regulation 853/2004. The approval regime is a 'permission' system for premises handling animal products on a business-to-business basis. The business is a small manufacturer and packer supplying to its 3 own-brand local shops. All officers have received general training on approvals for food businesses and the team leader has received specialist training on milk and dairy approvals. We have no specialist or complex processes. Additional training may be needed depending on the nature of any future specialist approval applications or registrations.

3.2 Interventions:

On 1st April 2024 we were responsible for regulating 1102 registered food businesses and 1 approved premises. The business type distribution at 1st April 2024 is shown in Appendix 3. The number of registered businesses fluctuates throughout the year as new business open, businesses change ownership and others close.

Following inspection each business is given a risk rating in accordance with the (FLCOP). The risk rating is graded A-E. This is based on set criteria, which determine potential risk, both inherent risks, which the business operator cannot control, and risks over which the food business operator has full control. It is this rating which determines the frequency of inspection as shown in Fig 1.

The majority of businesses within Cheltenham are currently D rated, requiring an intervention every 2 years, however it is common for some business not to have sustained compliance or allow compliance to fall and thus move between ratings. In 2023/24 391 interventions on A-D rated businesses were carried out.

Figure 1: Intervention policy schematic



The breakdown of current risk ratings is shown in Appendix 4. For 2024/25 we have a minimum of 394 registered businesses which are due an inspection. As an inland authority we consider imported food responsibilities at each intervention. Officers have received training on imported food control and have specific authorisations.

3.3 Alternative enforcement strategy:

The FLCOP allows low risk businesses rated E to be subject to alternative enforcement in line with our documented alternative enforcement strategy. We must ensure that these businesses continue to be subjected to some form of official control whilst recognising the low risk associated with them. In 2023/24 102 interventions for E rated businesses were carried out.

3.4 Food Alerts for Action (FAFA)

Significant food incidents are notified to us directly from the FSA via a secure dedicated 'Smarter Comms' platform. Incidents are also notified to us via other partner organisations. The Public & Environmental Health Team Leader will instigate the necessary response and provide the necessary out of hours cover for this service. Where the Authority becomes aware of a serious localised incident or a wider food safety problem, it will notify the FSA in accordance with the FLCOP. Only food alerts for action are recorded on our management system. In 2023/24 we received 2 FAFA. All food alerts for information are available on the FSA website.

3.5 Complaints/Service Requests:

We look at all complaints and prioritise them according to the risk to public health using a complaints filter. In 2023/24 we received 68 complaints about food and food premises, mainly regarding the hygiene of premises.

3.6 Primary Authority/Home Authority Scheme (PA/HA)

This is a statutory scheme administered by the Office for Product Safety and Standards (OPSS) on behalf of the Secretary of State for the Department for Business Energy and Industrial Strategy (BEISS). The scheme ensures that a business with multiple outlets can have the benefit of a single point of contact for advice that supports consistent enforcement across all of its premises. We had a signed partnership with our school contract caterer in 2016 so have experience in managing the scheme should an application be made, and resources allow. We do not currently have a partnership and have not been approached by a business wishing to enter a partnership, but we remain on the list of Councils willing to consider any requests from businesses. We use the information contained within the PA register to inform the way we regulate those businesses who are part of the scheme.

The Home Authority principle operates in situations where no PA arrangement is in place. It maintains and supports the essential elements of the regulatory landscape by regulating at source. We work in accordance with the provisions of the Home Authority Principles as laid down in the [Joint Statement of Commitment](#)

We act as HA for all businesses who have their decision-making base located within Cheltenham or where food is produced and will act on any referrals or requests from Local Authorities.

3.7 Food Sampling:

Our sampling policy sets out our approach to general and specific sampling and a coordinated approach is taken at the Gloucestershire Food Safety Liaison Group.

All samples for analysis, taken under section 29 of the Food Safety Act 1990 in accordance with the Food Safety (Sampling and Qualifications) (England) Regulations 2013 (revision being consulted on) and with the requirements of the FLCOP, are submitted to our appointed Public Analyst, Public Analyst Scientific Services, (PASS) Wolverhampton.

All samples for examination, taken in accordance with regulation 14 of the Food Safety and Hygiene (England) Regulations 2013 and the requirements of the FLCOP, are submitted to the Food Examiner at the UKHSA Food, Water and Environmental Microbiology laboratory Porton, Wiltshire with whom we have a service level agreement in place.

In 2023/24 we submitted 11 samples for examination. Our proactive sampling activity was limited due to resourcing and other competing demands, but it is our intention to sample in accordance with our 2024/25 sampling plan as indicated in Appendix 5. Proactive sampling is programmed in for the first Tuesday in each month. The frequency and topics are subject to change depending on local or national intelligence and resourcing. Currently all officers are authorised as competent for the purpose of sampling under the Food Safety (Sampling and Qualification) (England) Regulations 2013.

We aim to use our entire sampling quota each year. The current allocation 2024/25 within our service level agreement is approximately £4948 which equates to approximately 100 basic sample analysis. Tests include Aerobic colony count, E. coli, Listeria species, Enterobacteriaceae, Coagulase-positive Staphylococci, Salmonella species and legionella in water supplies.

We sample for a number of reasons as outlined in our food sampling policy including:

- Investigation of food contamination, food poisoning and complaints
- Imported food responsibilities.
- Originating and Home Authority responsibilities.
- Food sampling defined by statute.
- Use of sampling as part of an Official Control.
- Participation in nationally co-ordinated sampling programmes.
- Participation in regional sampling programmes.
- Sampling related to local products/events/initiatives relevant to Cheltenham Borough Council.
- Surveillance/Intelligence sampling to identify foods that could pose a hazard.
- Sampling on request of a food business eg new product and/or process.
- Informal sampling to assist with giving advice to businesses.
- Resampling from previously unsatisfactory results.

Sampling studies are selected on a number of factors:

We submitted our preferences from the UKHSA lab suggestions based on what is relevant to us locally. We consider intelligence from our liaison group members and align sampling where possible. We liaise with our trading standards colleagues for sampling they are doing locally and we also look at what the FSA are providing

funding for on imported food commodities. We also consider foods which may be less than thoroughly cooked or may pose additional food safety risks.

Unsatisfactory sample results are always followed up with the business concerned to ensure any risk to public health is removed.

3.8 Infectious disease notifications and outbreaks:

The aim of our infectious disease service is to:

- Administer and implement our statutory responsibilities relating to the control of infectious disease.
- Investigate all notifications of food poisoning cases and likely sources of infection at the earliest opportunity in accordance with standard procedures developed by UK Health Security Agency (UKHSA).
- Where a source is identified take appropriate action to ensure risk of spreading is controlled.
- Protect the well-being of individuals at risk by taking action to contain the spread of infection and provide advice and information regarding personal hygiene, food handling and control of infection.
- Exclude food handlers and people working with high-risk groups in consultation with the Consultant for Communicable Disease Control (CCDC).

In accordance with the provisions of The Health Protection (Notification) Regulations 2010 the UKHSA Southwest receive notification of suspected disease/infection in patients by registered medical practitioners or of causative agents found in human samples by microbiology laboratories. Food officers within Cheltenham Council work closely with UKHSA to initiate the appropriate public health actions. 154 notifications were received in 2023/24. See Appendix 6 for causative organism. It is understood that there is severe under reporting of food borne illness and the burden on society from the 13 main organisms is immense. [The Burden of Foodborne Disease in the UK 2018](#) Our response to these notifications is in accordance with the 'Standard Operating Procedures for Single Cases of Infectious Disease' issued by the UKHSA Southwest and in accordance with any request from them for enhanced surveillance.

We also received 41 allegations of food poisoning in the absence of a laboratory confirmation. The response to these is intelligence led and varies on a case-by-case basis.

Under section 6 of the Health and Social Care Act 2012, our Director of Public Health has the duty to prepare for and lead the local authority public health response to incidents that present a threat to the health of the population supported by this authority. Under the amended Public Health (Control of Disease) Act 1984 and associated regulations, we have the majority of statutory responsibilities, duties and powers significant in the handling of an outbreak, including appointment of a proper officer whose powers include the receipt of notifications. We have delegated the Proper Officer function to Dr Dom Mellon at UKHSA. In 2023/24 we were involved in the investigation and management of 2 outbreaks found subsequently to be linked to national outbreaks.

3.9 Food Hygiene Rating Scheme:

The scheme was launched in 2010 and this authority signed an agreement with the FSA to operate and maintain the scheme at local level. This allows consumers to [Search for ratings | Food Hygiene Ratings](#) and make an informed choice about where they eat and purchase food. The food hygiene rating of 0-5 aligns with the risk rating of A to E. Where a food business operator requests an additional inspection for the purpose of improving their rating then a charge will be made for this additional inspection. In 2023/24 we received 18 requests for revisits. This revisit is separate to revisits carried out for compliance and public health purposes. Display of the rating sticker is not mandatory but the FSA are committed to mandatory display through the introduction of regulation.

3.10 Requests for advice:

In 2023/24 we received 123 requests for advice relating to food safety, mainly regarding opening a new food business.

In most cases advice is provided via our website. In line with our commercialisation project any specific tailored advice over and above a 15-minute phone call may incur a charge in line with our fees and charges schedule.

3.11 Promotional and engagement activities:

Cheltenham Borough Council's website is the main media to publish and signpost important food safety information. We use social media to promote FSA campaigns and during 2023/24 took part in campaigns such as highlighting food allergens in vegan food, festive food tips, and the perfect picnic campaign. Upcoming campaigns include encouraging display of food hygiene rating online and reminding businesses of the legal requirements of registering a food business. We work closely with our communications team to support such campaigns.

3.12 Food Safety Liaison Group:

We continue to be an active member of the group and contribute to the formulation and implementation of the county work plan. See appendix 7. We plan to lead on the Inter authority audit (IAA) on service planning and prioritisation. Resourcing of this will need to be managed. We meet quarterly and Cheltenham currently hold the role of secretary.

3.13 Chargeable services:

Our fees and charges for all services are available on our website. Charges discretionary services are made in accordance with our policy and the FLCOP.

Any terms and conditions applicable to the provision of the service are discussed together with any conflicts of interest and that where applicable that other providers of the service are available. These services are separate to official controls or other official activities. This includes provision of advice as detailed above, arranging sampling on request and certificates of registration for the purpose of export. 55 such request for certificates were received 2023/24. The team leader is required to re validate her competency certificate as the Food Competent Certifying Officer (FCCO) with the Animal and Plant Health Agency (APHA) for any export health certificates. No requests for other discretionary services were received in 2023/24. We are working with Highfields training provider to offer an online food hygiene level 2 certificate on behalf of Cheltenham Council.

Where a business requests an additional visit outside of their programmed inspection for the purpose of improving their food hygiene rating score then a charge will be made for this. 18 requests were received in 2023/24. This is separate from a revisit for the purpose of securing compliance with legislation which is not chargeable.

3.14 Other duties:

The Officers in the food team also have duties in relation some statutory health and safety functions in food premises and other general enforcement of environmental health miscellaneous legislation. They also provide some resilience when necessary to other environmental health functions in emergencies.

They are part of the planning and monitoring response for large scale events including the Cheltenham Gold Cup racing. They would also act in a specialist role as part of the authority emergency planning response under the Civil Contingencies Act 2004. In 2023/24 we received 346 temporary events notice applications and held 12 Safety advisory groups many of which require advice on food safety and are part of our intelligence gathering.

They also monitor planning and licensing consultations as a means of identifying and engaging with new or developing food businesses. In 2023/24 166 planning consultations were received into the environmental protection team as statutory consultees, some of which would be for food businesses. We also periodically check the planning list as a source of open information on food businesses.

3.15 Enforcement:

Business compliance within the Borough is high with 93% of registered businesses rated 3 (satisfactory) or above on the food hygiene rating scheme with 77% rated 5 (very good). Only 1% of businesses are currently recorded as non-compliant.

Our [Corporate Enforcement Policy](#) sets out the guiding principles by which legislation will be enforced. It provides an enforcement framework in accordance with:

- The Central and Local Government Concordat on Good Enforcement.
- The Legislative and Regulatory Reform Act 2006.
- The Regulators Compliance Code.
- The Crime and Disorder Act 1998.
- The Regulatory Enforcement and Sanctions Act 2008.

In developing this plan, we have given due regard to the requirements of the Regulators code to guide our regulatory activities, namely to:

- Carry out our activities in a way that supports those we regulate to comply and grow.
- Provide simple and straightforward ways to engage with those we regulate.
- Base our regulatory activities on risk.
- Share information about compliance and risk.
- Ensure clear information, guidance and advice is available to help those we regulate meet their responsibilities to comply.
- Ensure our approach to regulatory activities is transparent.

In 2023/34 we issued 588 letters (detailing minor and major contraventions), 13 Hygiene Improvement notices and 1 Voluntary Closure. We carried out 20 revisits.

A revisit to secure compliance will always be carried out when a business is non-compliant.

3.16 Intelligence:

Intelligence is information which has been evaluated and assessed as to its reliability and relevance. The recording, evaluating and sharing of information is central to intelligence led work operating effectively. It helps us prioritise resources effectively by identifying risks and threats on a local regional and national level.

The food team receives information from a number of sources, both proactively and reactively, open and closed. This may be from people, complaints, whistleblowers, members of the public, other food business operators, EHOs, Trading Standards Officers and other regulators. (The National Food Crime Unit (NFCU) is the designated body to receive whistle blower reports).

It may also come from technical sources, CCTV, business records and financial documents, sampling data, public analyst reports, open source reports, articles in the media, previous prohibitions and convictions, planning applications, planning lists, business rates and other internal departments, Rapid Alert for Food and Feed, Border Notifications, the Early Warning System (EWS), the National Monitoring Plan and the Likelihood Risk Dashboard.

We use intelligence to inform our Service plans, proactive projects, food sampling programmes, targeted enforcement work, complaints, service requests and investigations.

When new information becomes available that suggest the nature of a food business activity has changed or the level of compliance has changed we will:

Reconsider the intervention rating and the appropriateness of the next planned intervention.

Decide if it is appropriate to conduct an investigation, inspection or audit to investigate further.

Document the reason for our decision.

Any concerns around food fraud and serious criminality in the food chain will be reported to the National Food Crime Unit (NFCU)

All Officers have received training on food crime intelligence.

We will share intelligence centrally where necessary working closely with the Local Authority Intelligence Co-ordination Team (LAICT), the NFCU, the Incidents and Resilience Unit, the Imports Delivery Team and other Local Authorities and regulators.

4 Resourcing:

Based on a predicted minimum service demand for 2024/25 as shown in Appendix 8 current resource is considered sufficient to carry out our statutory duties and maintain officer competency but does not give much scope for added value activities such as entering a Primary Authority Partnership and investigating prolonged events such as outbreaks. It does not offer much scope for staff personal development and participation in wider corporate projects. It should be noted that the demand from the

inspection programme fluctuates from year to year with less demand this year than last, but this is cyclical, so demand may increase in 2025/26. In addition, there is no nationally recognised model for determining resource requirements to effectively deliver a food service. Until such a model is developed it is difficult to establish a robust estimate of the real level of resources required within this authority. The FSA have committed to develop and publish a methodology for local authorities to use when determining resources. This will function alongside their new approach of clustering local authorities for the purpose of comparing performance. Methodology for estimating resources will be reviewed when this model is available.

Prior to March 2023, the demands on the service were driven by the Covid recovery plan. From April 2023 the covid recovery plan was withdrawn and local authorities were expected to return to business as usual and bring all inspections back in line with the requirements of the FLCOP. We met our official control requirements for high and medium risk businesses, but we had a backlog of low-risk E rated businesses of 142. We put this as a priority for action with a plan in place to address the backlog. This included upskilling the technical business support officer (through external and internal training and supervision) to carry out some interventions in line with our alternative enforcement strategy and offering overtime for existing authorised officers. This backlog has now been reduced to 56. These have been allocated between the 3 officers and can be dealt with during Q1 of 2024.

5 Quality assessment and internal monitoring:

5.1 Performance reports to the FSA:

A new mechanism for monitoring and reporting on the delivery of food controls by local authorities will be introduced by the FSA which will replace the previous method of reporting through the Local Authority Enforcement Monitoring System (LAEMS) which was removed in 2022. This will ensure the FSA receive data in a more timely manner. This will be reconfigured to collect new data and support a transition to a more intelligence-based risk assessment approach. Data set change is required to reflect the significant changes in the operating environment. It will result in a more qualitative assessment of local authority performance focusing on achievement of outcomes within the food system with less emphasis on inputs and outputs. In the interim, survey returns to the FSA will be provided in April and October providing prescribed information on resourcing, interventions and activity. The FSA are also developing KPIs for Local authorities and will be communicated in due course.

5.2 Internal monitoring; Qualitative and quantitative

The Public and Environmental Health Team leader and the Lead Food Officer monitor the qualitative and quantitative work of the food safety team.

We have documented policies and/or procedures for all of the activities as required under the FLCOP. A list can be found at Appendix 9. All officers have undergone consistency training and training against the policies to ensure the consistency and quality of interventions. All officers subscribe to ABC Food Law training platform and are signed up to the Regulators Companion which provide ongoing high quality training to ensure competency.

The Uni-Form database (which also forms the Public Register of food premises) is audited on a fortnightly basis for data accuracy before upload to the Food Hygiene Rating Scheme portal.

Data checking is undertaken when quarterly inspection lists are produced from the information management system Uniform Idox.

Officers perform a monthly team consistency exercise and quality check on premises reports against the FLCOP and the Brand Standard; internal monitoring checks are carried out in 121s on a monthly basis to ensure compliance with the FLCOP for interventions. Accompanied visits occur quarterly with feedback provided to officers. Feedback is given in team meetings. A County Liaison group training day was held in Sep 2023 and we are in the process of planning an inter authority audit to share good practice to be led by Cheltenham Council. This authority is also introducing a new appraisal system of an annual goal setting meetings and 3 monthly periodic reviews. We will use this to ensure we align with the authority's needs and regulatory service demands.

We take part in the FSA annual national consistency exercises and consider the findings in the summary reports.

The team leader is responsible for monitoring internal food key performance indicators (KPI). They are reported internally on a quarterly basis. They were previously monitored through our Clearview performance management platform however we are in the process of migrating to a new platform Verto within the next 6 months. Our current KPIs look at:

- % of new food businesses inspected with 28 days of registration
- % of food businesses inspected within 28 days of due date
- % of Food Businesses which are broadly compliant

5.3 Review against the Service plan:

Any major deviation from the set KPIs are shown as a RAG system (Red Amber Green) and are escalated to the Head of Service for early intervention and implementation of appropriate measures. Food Service plans are submitted each year for approval by cabinet and are included on the forward plan for June.

As part of the FSA audit programme under powers in section 12 of the Food Standards Act 1999, this Authority was audited in October 2023 for service planning and prioritisation. This audit report is not published and is for internal use only with a general anonymised summary report for all rounds of FSA audits available online. The recommendations on providing additional detail within the service plan has been considered within this report. Additional detail has been included on sampling, how we intend to deal with the backlog of low rated businesses, a reference to the corporate enforcement policy, additional information on our approved premises details on the future resourcing of the service and additional details on internal monitoring.

6. Factors affecting service delivery

6.1 Backlog from Covid-19

The FSA covid recovery plan was formally withdrawn in April 2023 with the expectation that all Local Authorities bring their inspections back in line with the requirements of the FLCOP. We had a back log of approximately 142 low risk (E rated) inspections in March 2023. These businesses needed an intervention in line with our alternative enforcement strategy as the risks may have increased. We have upskilled our technical business support officer to carry out suitable interventions and

also offered overtime to our existing officers to clear this back log. As at 1st April 2024 the back log was reduced to 56 and they will be subject to an intervention over the next 3 months within current resourcing capacity.

6.2 Staff development and Competency:

This plan can only be effectively delivered by fully competent officers. The FLCOP competency framework for officers carrying out Official Food Controls was revised and is currently under review as part of the modernisation of the food delivery model. Our officer authorisation process is linked to and determined by the competency framework. Following extensive training and supervision all staff are now fully competent to deliver official controls but should there be any changes in staff, service delivery may be compromised due to the FLCOP competency requirements.

6.3 Recruitment and Retention:

Due to the challenges in recruitment within environmental health nationally, the public protection team applied for and were selected to be one of 6 Councils taking part in the LGA pilot 'skills pathway project' to explore recruitment and retention opportunities. We are part of the Environmental Health work stream, (other streams with nationally recognised LA shortages were finance, digital and IT, civil engineering and legal) This project runs alongside the FSA study to understand the barriers to recruitment and the flow of new officers into the profession.

We currently have no vacancies within the food safety team having made recruitment a priority. We are at risk of losing existing staff due to retirement, ill-health, career changes and/or to other authorities. As the pool of qualified officers reduce we work with our HR team to retain existing staff.

We are exploring the recruitment of apprentices through the new degree apprentice pathway to becoming an EHO or food safety practitioner.

6.4 The modernisation of the delivery model:

When implemented, the new model will redefine the expectations of local authorities enabling us to make more effective use of resources to address risks in the food system. This intelligence led model is in the pilot stage with full implementation later in 2024. It also includes the use of artificial intelligence to predict FHRS ratings for newly registered establishments to assist with triaging and prioritisation. Any such changes to processes will require training during the transitional period. There may be implications for our information management which may need to be reconfigured. This may have a cost implication although major changes in this area have been put on hold by the FSA.

In conclusion, subject to the above it is considered that we will have sufficient resource to meet the minimum current expectations with the FLCOP and requirements from the FSA. This is based on the establishment profile in the Cheltenham area, numbers of new business registrations received, the number of staff within the food team, analysis of historic service data, a 'time and motion' study of all our food activities and maintenance of a duty officer system. However, the considerable uncertainty of the current operating environment must be recognised.

6.5 Change in Local Business Profile:

Currently we do not have any specialist or complex processes to regulate, nor many large manufacturers or importers. Should this change significantly then additional training and additional resource may be needed to reflect the additional service demands.

The above risks have been highlighted in the corporate risk register where appropriate.

7 Areas for improvement:

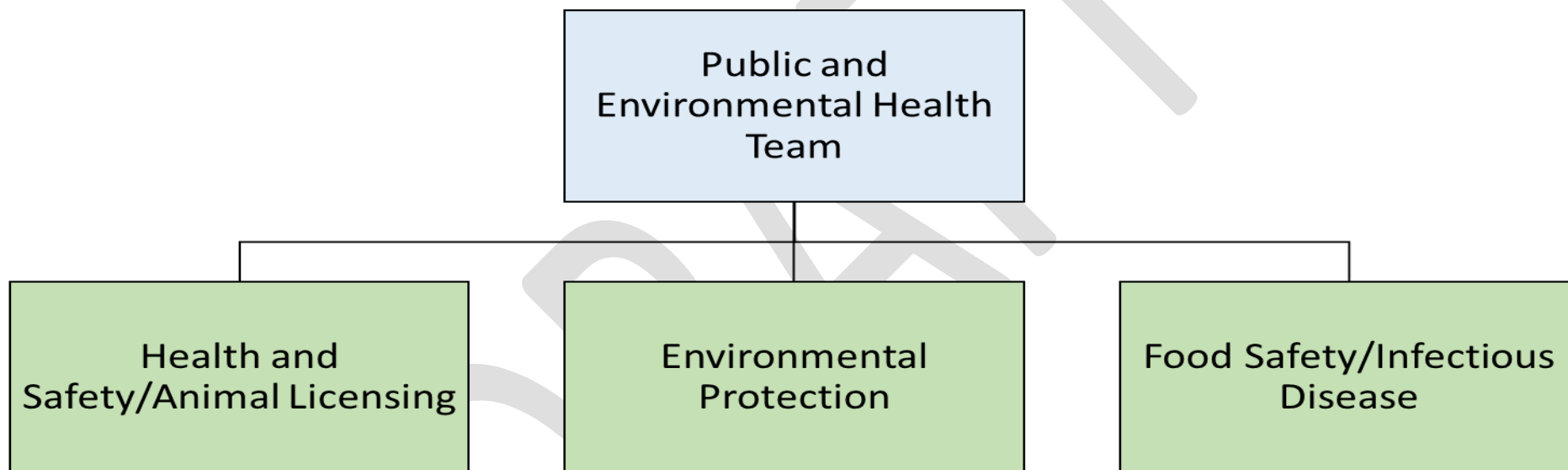
As part of our commercialisation project, we aim to better utilise technology during our inspections. The food team are trialing the use of electronic forms and devices to replace handwritten forms. A case will be put to the commercial and income generation team for a wider roll out if appropriate. This is an opportunity to review our aide memoires with more emphasis on recoding information on imported food controls.

We are looking at utilising alternative pathways to officer registration in conjunction with the LGA, FSA and the Chartered Institute of Environmental Health (CIEH) and our internal learning and development team including the use of the apprenticeship levy for the EH degree apprenticeships and the level 4 Regulatory Support Officer apprenticeship.

We will focus on proactive sampling and have streamlined our alternative enforcement interventions.

8. Review:

This plan, its format and content will be reviewed annually as a minimum to include all requirements and recommendations of the new food delivery model and the FSA. It will be reviewed periodically in consideration of experience gained and the results of internal monitoring as described above.



Breakdown of Food Business by Use

Business Type	
Restaurant/Café/Canteen	299
Restaurant and caterers- other	153
Small retailer	124
Take away	101
Pubs/Clubs	99
Caring premises	101
Schools/colleges	66
Mobile Food Units	35
Hotel/Guest House	34
Supermarket/Hypermarket	33
Other Retail	29
Manufacturers/Packers	19
Distributors/Transporters	9
Total	1102

Breakdown of food premises by risk ratings

Risk Rating	Number of businesses in Rating
A inspection every 6 months	0
B inspection every year	19
C Inspection every 18 months	204
D inspection every 2 years (can alternate with another intervention in some cases)	529
E Alternate enforcement strategy	350

Year	2024-25											
Month of sampling	A	M	J	J	A	S	O	N	D	J	F	M
Proactive												
Study 80- Cheese pasteurised/unpasteurised												
Study 81- Tattoo/piercing – green soap/disinfectants												
Study 82– Reactive study- Eggs												
FSA Funded Sampling – Imported Foods TBC												
Approved premises												
Local sampling study – Sushi												
Reactive												
Sampling from complaints												
Sampling as part of official controls												
Sampling at the request of a FBO												

Causative Organism	Notifications Received
Cryptosporidium	9
Campylobacter	108
Salmonella	17
Giardia	11
Dysentery	1
Hepatitis A	3
Total	149

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COUNTY FOOD SAFETY GROUP DRAFT WORKPLAN 2024/25**Date of last update: 5th March 2024**

Time Period	Area of Work	Project Leads	Update
April 2024	FSA data returns	All	Done
From May 2024	FSA Webinars	FSA	
Jun 2024	Submission of Service Plans for approval	All	
Jun 2024	Submission of data for the Health Protection Board (HPB)	All	
September 2024	Training day	TBC	
Oct 2024	FSA data returns	All	
TBC 2024	Inter-Authority Audit on Service Planning	All	
Ongoing	Participation in National and regional sampling studies and local Sampling Plans	FSA	
TBC	Rebrand of Better Business for All pack to focus on carbon footprint	TBC	
TBC	Project on Single-use plastics with new legislation coming out and a focus on becoming carbon neutral	TBC	
From Nov 2024	Update of policies and procedures required by the FLCOP	TBC	

Estimated Officer Resourcing

Appendix 7

Service function	(Demand) estimated	Estimated time per unit (H)	Equivalent Officer hours
Cat A due	2	5 x 2	10
Cat B due	13	5	65
Cat C due	157	5	785
Cat D due	137	4.5	616.5
Cat E plus 10% site visit due	144 + 14 = 158	2.5	395
New registrations	150	5	750
Complaints	68	2.5	170
Allegation of food poisoning	45	1	45
Infectious disease notification and investigation	154	1	154
Request for advice	123	0.5	61.5
Event submissions	73	0.5	36.5
SAG meetings	12	2	24
SAG event spot checks	12	3	36
Revisits	20	2.5	50
Food business operator requested revisits	18	2.5	45
Food Alert for Action	2	3	6
Data base maintenance surveillance	1/4	5h	20
Export certificates/FCCO work	50	0.5	25
Food safety liaison group	3h every 3 months	3 x 4	12
Reactive sampling	10	7	70
Proactive sampling	40	5	200
Emergency planning	each 1/4	2	8
Site surveillance checks	each 1/4	2	8
Policy and procedure updates/training	x 24	3	72
Outbreaks	2	37 x 2	74
Project work/County work plan/IAA	1/4	4 x 7 + 37	65
KPI Performance data management	1/4	4 x 2	8
Internal monitoring	1/month	12 x 3	36
Service planning	1/year	1 x 37	37
Data returns	2/year	2x10	20
Total			3904.5
Available officer hours	52 x 2.8 x 37	37	5387.2
Annual leave	2.8	222	-621.6
Bank holidays	7 x 2.8	7.4	-154.04
CPD	30	4	-90
Sickness	2.8 x 2 x 37	37	-207.2
Other statutory training	10	2.8	-28
Total available hours			4286.36
Shortfall/surplus			+381.86

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List of documents procedures and arrangements

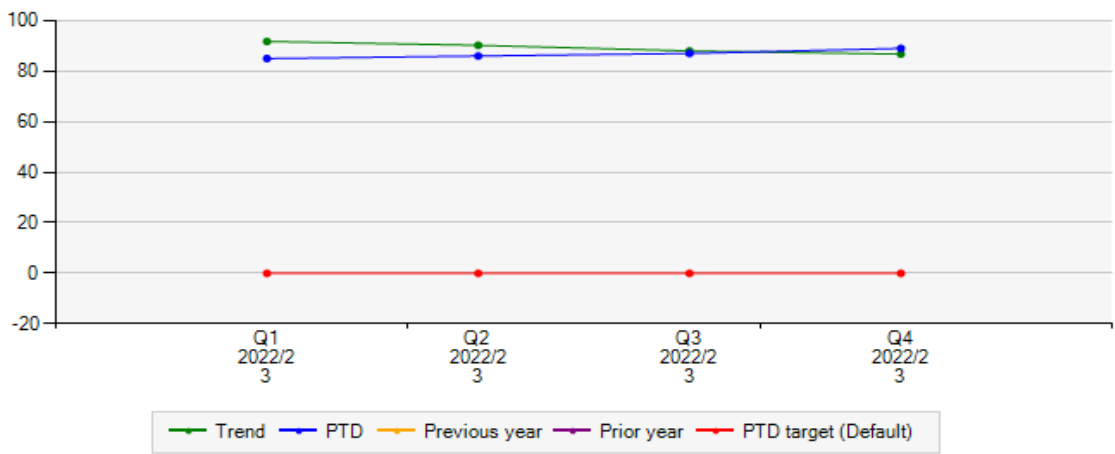
Type	Requirement
Approvals	Competent Authorities must have a procedure(s) to ensure that there is a clear and consistent process for Food Business Operators (FBOs) to follow when applying for approval of their food business establishments, in accordance with Regulation (EC) No 852/2004 and Regulation (EC) No 853/20041
Food business establishment database	Competent Authorities must have a procedure(s) to ensure that the Competent Authority's database of food business establishments is accurate, reliable, and up to date
Food incidents and alerts	Competent Authorities must have a procedure(s) to ensure that food incidents and alerts initiated and/or responded to by Competent Authorities are dealt with effectively, and within a timely manner
Officer Authorisation	Staff performing official food controls and other official activities must be duly authorised. Competent Authorities must have a procedure(s) to ensure that authorised officers (including the lead food officer(s)) engaged in official food controls and other official activities hold a suitable qualification (or equivalent) and they are competent and experienced in accordance with Chapter 3 of the Code and the Practice Guidance, where relevant to their level of authorisation and the range of tasks performed
Control verification	Competent Authorities must have a procedure(s) to ensure that official food controls and other official activities are carried out consistently and effectively to a high standard, in conformance with relevant legislation, the Code, relevant centrally issued guidance and the Competent Authority's own documented policies and procedures. It must set out how the Competent Authority carries out risk-based internal monitoring. A record must be made of all internal monitoring and kept for 2 years.
Corporate Complaints	Competent Authorities must have a procedure(s) to ensure that complaints about the Competent Authority are investigated in accordance with centrally issued guidance, a record is made of all

	complaints received and of the actions taken
Food complaints	Competent Authorities must have a procedure(s) to ensure that complaints about food and food business establishments are investigated in accordance with the Code, centrally issued guidance and the Competent Authority's policies and procedures
Sampling	Competent Authorities must have a procedure(s) to ensure that samples are taken in accordance with the Code, the Practice Guidance, the Competent Authority's policies and procedures and relevant legislation, and that where unsatisfactory results are received, appropriate action is taken in accordance with the Competent Authority's sampling and enforcement policy
Equipment	Competent Authorities must have a procedure(s) to ensure that equipment is properly maintained, calibrated, and is removed from service when found to be defective
Official food controls and other official activities	Competent Authorities must have a procedure(s) to ensure that the full range of official food controls and other official activities carried out by the Competent Authority are effective and appropriate, are carried out in accordance with the Code, relevant legislation and in an impartial and consistent manner
Enforcement	Competent Authorities must have a procedure(s) to ensure that any follow up action or enforcement action taken by the Competent Authority is in accordance with the Code, the Practice Guidance and the Competent Authority's enforcement policy
Control and investigation of outbreaks and food related infectious disease	Competent Authorities must have a procedure(s) to ensure that the control of outbreaks of food related infectious disease, and the investigation of notified food related infectious disease is carried out in accordance with centrally issued guidance
Information	Competent Authorities must set-up, maintain and implement appropriate back-up systems for any electronic databases, and systems or documented procedures that have been designed to minimise the risk of corruption or loss of information held on its databases and ensure that reasonable security

	measures are in place to prevent access and amendment by unauthorised persons
Registration	Competent Authorities must have procedures and/or arrangements in place to ensure that there is a clear and consistent process for FBOs to follow when applying for registration of their food business establishments
Conflict of Interest	Competent Authorities must have procedures and/or arrangements in place to ensure that staff performing official food controls and other official activities are free from any conflict of interest
Sampling policy	The policy must set out the Competent Authority's approach to food sampling
Contingency plan	The plan must set out what the Competent Authority would do in an emergency
Service plan	The plan must cover all areas of food law the Competent Authority has a duty to enforce, be documented in accordance with Chapter 2 of the Practice Guidance and the Framework Agreement. It must set out how the Competent Authority intends to deliver and resource official food controls and other official activities in its area, and address any variance in meeting the outcomes of the previous service plan. A performance review must be carried out at least once per year and be documented. The plan must be submitted for approval by a relevant member forum or relevant senior officer
Intervention programme	The programme must be established and implemented in accordance with the requirements of Chapter 4 and ensure that interventions are effective, appropriate and consistent. It should include all food business establishments for which the Competent Authority has food law enforcement responsibility
Sampling programme	The programme must set out the details of the Competent Authority's intended risk-based food sampling priorities
Training programme	The programme must ensure that authorised officers undertaking official food controls and other official activities receive appropriate training
Alternative Enforcement Strategy (AES)	The strategy must set out how surveillance of food business establishments that can have Alternative Enforcement Strategies applied to them, will be conducted

Performance Monitoring
% of Food Businesses Broadly Compliant

Appendix 9



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Cheltenham Borough Council

Cabinet Meeting – 11 June 2024

Council Meeting – 17 June 2024

Capital Investment to reduce energy usage at Leisure@Cheltenham

Accountable member:

Iain Dobie – Cabinet Member for Climate Emergency

Accountable officer:

Gemma Bell - Director of Finance and Assets (Deputy Section 151 Officer)

Accountable scrutiny committee:

N/A

Ward(s) affected:

St Pauls

Key Decision:

No

Executive summary:

In February 2022, Full Council approved a £10m Green Investment Fund to support initiatives which would deliver a return and contribute to reducing the carbon footprint of the town. Detailed savings proposals and a full business case for these capital investments were presented to the Green Investment Board on 1 March 2024. The business case was approved for £83,750 of investment into swimming pool heat retention covers and it was also recommended that the LED lighting investment be made despite not meeting the 3% return criteria. This is because the lighting on the site is at the end of life and requires replacement as part of the planned maintenance programme. The LED option provides both financial and carbon improvements when compared to the existing infrastructure. The business case shows that both investments will reduce energy usage sufficiently to cover the annual cost, with the pool covers having a return on investment of 16.4%.

The conditions of the Green Investment funding require Cabinet ratification of the decision made by the Green Investment Board which is reflected in the recommendations below.

Recommendations: that Cabinet/Council:

1. **Approves a capital investment of £264,500 to replace the existing lighting system in the leisure centre with LED technology;**
 2. **Approves a capital investment of £83,750 from the Green Investment Fund to install pool covers across the building; and**
 3. **Delegates authority to the Director of Finance and Assets (Deputy s151 Officer) to procure and award the contract for the installation of the equipment and monitor the implementation.**
-

1. Implications**1.1. Financial implications**

The 2024/25 budget includes an energy budget of £1.6m which represents is a 60% increase since 2021/22. This is driven by the inflationary increases in energy costs felt through 2022/23 and almost half of this energy is used at Leisure@ Cheltenham. Any reduction in energy usage will start to reduce the pressure from these areas of the revenue budget.

Signed off by: Gemma Bell, Director of Finance and Assets, 01242 264124

1.2. Legal implications

The procurement of these services will be above the current procurement threshold. Officers will undertake a compliant procurement exercise in accordance with the Public Contract Regulations 2015 and will engage with One Legal and Publica during this process.

Signed off by: One Legal, Legalservices@onelegal.org.uk

1.3. HR implications

There are no direct implications from the recommendations.

Signed off by: Shona Corbett, HR Business Partner, shona.corbett@cheltenham.gov.uk

1.4. Environmental and climate change implications

The proposed investment in improved systems for controlling operational energy use will help to lower our consumption, delivering both financial and carbon savings. As outlined within the Climate Action Plan, these works underpins an essential stage in the decarbonisation plan, for the highest emitting asset within our property portfolio, which dominates our scope 1&2 emission performance.

Signed off by: Maizy McCann, Climate Emergency Officer,
Maizy.mccann@cheltenham.gov.uk

1.5. Property/asset implications

The replacement of the LED lighting is an opportunity to use the planned maintenance programme to proactively reduce the carbon footprint of the site.

Signed off by: Gemma Bell, Director of Finance and Assets, 01242 264124

1.6. Corporate policy framework implications

The recommendations, if approved, will support the council in its ambition to become a net zero Council and Borough by 2030 as set out in our Climate Emergency Action Plan: Pathway to Net Zero and deliver on one of its specific actions relating to council buildings: *“Measure the energy usage of CBC owned properties and develop a heating and energy efficiency strategy to set out actions needed to actively reduce energy consumption and move away from the use of fossil fuels.....”*

Signed off by: Ann Wolstencroft, Head of Projects, Programmes and Risk,
ann.wolstencroft@cheltenham.gov.uk

2. LED Lighting Investment

2.1 Introduction

- 2.1.1 LED technology is the newest type of lighting and offers increased levels of efficiency when compared to other lighting types such as fluorescent, halogen and sodium systems. Most lighting systems at Leisure at Cheltenham were installed in 2008 and use fluorescent technology. Whilst at that time, these would have been considered reasonably efficient, advancements in LED technology mean that the existing lighting is now highly inefficient by modern standards.
- 2.1.2 As such, the high levels of energy usage by the existing lights contribute significantly to the facility’s revenue costs for energy. The existing lighting has also exceeded its economic service life and are due to be replaced through the maintenance programme by 2025/26. Recent repairs, funded through revenue budgets, have cost more than £5,000 in order to keep the lights in working order.
- 2.1.3 The proposal presented here is to replace the existing lighting with LED lighting in the sports hall, cricket hall, swimming pool and corridor and reception spaces. The installation will have minimal impact on the operation of the centre.

2.2 Financial Viability

2.2.1 The expected cost of the investment is outlined below.

	£
Installation Costs	230,000
Contingency – 25%	34,500
Total capital investment	264,500

2.2.2 The impact on the revenue budget is outlined in the table below. This assumes that the investment will be paid for by borrowing, repaid over twenty years in line with the useful life of the equipment and that the full contingency will be required.

2.2.3 The projected savings generated by the investment relate to the amount of energy which will be required to light the environment. In total across the site the LED lighting investment is expected to save **24,363kg/CO₂e per annum which equates to £29,235 in Year 1.**

2.2.4 Notwithstanding the planned maintenance work would need to be undertaken regardless in order that the site remains open to the public, this option provides both a financial and environmental improvement in operations and is recommended despite the return not meeting the 3% threshold in the Green Investment Fund.

	£
Minimum Revenue Provision	13,225
Interest Cost – at PWLB rate of 5.37%	14,203
Total Annual Revenue Cost	27,428
Total Expected Saving	(29,235)
Net Saving – equivalent to 12% yield	(1,807)

3. Swimming Pool Heat Retention Covers

3.1 Introduction

3.1.1 A swimming pool heat retention cover is a system installed to reduce the quantity of heat energy lost through evaporation, convection, and radiation when swimming pools are not in use. Currently, there are no existing pool covers at Leisure at Cheltenham resulting in a significant heating power requirement and subsequently higher energy costs.

3.1.2 The recommendation in this report will cover the installation of pool covers on the main pool, diving pool, learner pool, splashpad and the spa pool. The pool covers will be required to be replaced approximately every seven years but at a much lower cost than the initial installation. The installation will have minimal impact on the operation of the centre.

3.2 Financial Viability

3.2.1 The expected cost of the investment is outlined below.

	£
Installation Costs	67,000
Contingency – 25%	16,750
Total capital investment	83,750

3.2.2 The impact on the revenue budget is outlined in the table below. This assumes that the investment will be paid for by borrowing, repaid over seven years in line with the useful life of the equipment and that the full contingency will be required.

3.2.3 The projected savings generated by the investment relate to the amount of energy which will be required to manage the temperature of the pool environment. In losing less heat the pool will need less energy to heat to the same temperature. Likewise when the pool covers are in use the levels of evaporation from the water will reduce which will mean lower dehumidification is required from the Air Handling Unit. In total across the site the pool cover investment is expected to save **60,045.5kg/CO2e per annum which equates to £31,255 in Year 1.**

3.2.4 The investment is also expected to generate a minimum return of 16.4% based on the net revenue saving.

	£
Minimum Revenue Provision	11,964
Interest Cost – at PWLB rate of 4.81%	4,028
Annual Service Cost	1,500
Total Annual Revenue Cost	17,492
Total Expected Saving	(31,255)
Net Saving – equivalent to 16.4% yield	(13,763)

4. Reasons for recommendations

- 4.1. These recommendations will reduce our energy use in a consistent way, offering both carbon and financial savings for the council.
- 4.2. The recommended investment also provides the most energy efficient maintenance solution to replace the lighting which is coming to the end of its useful life.

5. Alternative options considered

- 5.1. We have considered taking no action but given current energy prices, this is considered financially unacceptable.
- 5.2. Likewise, the lighting could be replaced with a less efficient option but it is considered more aligned to the climate goals of the Council to improve the technology used.

6. Consultation and feedback

- 6.1. This report has been written in consultation with the Property team and the Climate Emergency Team. Discussions have been held with staff and the operators of our buildings, regarding the best way to manage our current energy usage.
- 6.2. The proposal has also been considered by the Green Investment Board, which has unanimously recommended the investment for approval under the Cheltenham Green Deal and financed by the Green Investment Fund.

7. Key risks

- 7.1. See Appendix 1.
-

8. Performance management – monitoring and review

- 8.1. Once the project is authorised, it will be managed by Property Services in consultation the Cheltenham Trust
 - 8.2. The energy usage of the site will continue to be monitored as part of the Council's carbon reporting
 - 8.3. Regular financial reviews will be held to confirm the financial appraisal has been realised.
-

Report author:

Gemma Bell, Director of Finance & Assets (Deputy s151 Officer)

Appendices:

- i. Risk Assessment

Appendix 1: Risk Assessment

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
	Risk to operational processes during installation	Gemma Bell, Director of Finance and Assets	3	2	6	Reduce	Putting a working party together of relevant stakeholders to manage, monitor and review. Ensuring that as much as possible of the work can be completed when the centre is closed.	Gemma Bell, Director of Finance and Assets	September 2024
	If we do not implement improvements to the energy efficiency in our key operational buildings, energy costs will continue to require additional budget and our carbon net zero goals will not be achieved.	Gemma Bell, Director of Finance and Assets	4	4	16	Reduce	Implement report recommendations	Gemma Bell, Director of Finance and Assets	Winter 2024

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Cheltenham Borough Council

Cabinet

11 June 2024

Housing and Tenancy Fraud Policy

Accountable member:

Councillor Flo Clucas, Cabinet Member for Housing and Customer Services

Accountable officer:

Claire Hughes, Director of Governance and Customer Service

Ward(s) affected:

All indirectly

Key Decision: No

Executive summary:

To present Cabinet with a Housing and Tenancy Fraud Policy for approval.

The Policy has been drafted to ensure the content reflects current legislation and the Council's Policies and Procedures. The Policy is being introduced following the decision to bring housing back to Cheltenham Borough Council.

Recommendations:

That Cabinet:

- 1. Adopts the Housing and Tenancy Fraud Policy.**
 - 2. Delegates to the Corporate Director and Monitoring Officer to approve future minor amendments to the Policy in consultation with the Head of Service Counter Fraud and Enforcement Unit and One Legal.**
-

1. Implications

1.1. Financial, Property and Asset implications

The Policy provides Officers with a framework that can be followed when dealing with matters arising from cases of fraud and error. This allows for financial penalties, such as unlawful profit orders, to be charged however, the intention of the Policy is not primarily for revenue raising purposes but to ensure the proper use and protection of social housing.

Signed off by: Gemma Bell, Director of Finance and Assets (Deputy S151 Officer),
Gemma.Bell@cheltenham.gov.uk

1.2. Legal implications

In general terms, the existence and application of an effective fraud risk management regime assists the Council in effective financial governance which is less susceptible to legal challenge.

The legislation utilised by the Counter Fraud and Enforcement Unit and other service areas within the Council is identified within the Policy and the Council must comply with all legislative requirements.

Signed off by: One Legal, legalservices@onelegal.org

1.3. Environmental and climate change implications

Not applicable.

1.4. Corporate Plan Priorities

This report contributes to the following Corporate Plan Priorities:

- Being a more modern, efficient and financially sustainable council

1.5. Equality, Diversity and Inclusion Implications

The CFEU seeks to ensure that public authorities' actions are consistent with the Human Rights Act 1998 (HRA). It balances safeguarding the rights of the individual against the needs of society as a whole to be protected from crime and other public safety risks.

2. Background

2.1. The Counter Fraud and Enforcement Unit (CFEU) has responsibility for assisting the Council to tackle housing and tenancy fraud and is therefore introducing an overarching Policy to support this activity.

In administering its responsibilities, the Council has a duty to prevent fraud and corruption, whether it is attempted by someone outside or within the Council such as another organisation, a resident, an employee or a Councillor.

3. Reasons for recommendations

- 3.1. Housing and tenancy fraud remains one of the most significant areas of fraud and abuse within the public sector. This takes many forms, but the two most significant areas are Right to Buy and Illegal Subletting.
- 3.2. The CFEU continues to work with Social Housing Providers and the Tenancy Fraud Forum to tackle this effectively.
- 3.3. The Counter Fraud and Enforcement Officers are authorised under the Prevention of Social Housing Fraud (Power to Require Information) (England) Regulations 2014. This means they are authorised to obtain information relating to an individual from organisations such as financial institutions (banks, credit card companies), utility companies, communications providers and so on. The Act also created new offences in relation to housing fraud that can be prosecuted by Local Authorities acting on behalf of Social Landlords.
- 3.4. As a rough guide, the Fraud Advisory Panel, Charity Commission, Tenancy Fraud Forum and others have produced a new method using a standard formula to arrive at an average national cost to the taxpayer per detected tenancy fraud of £42,000. The formula considers:
 - The annual average temporary accommodation cost per family for individual Councils (£12,100) multiplied by 3 being the typical duration of for one of these frauds = £36,300;
 - Add the average investigation costs (£1,300), average legal costs (£1,000) and the average void costs (£3,140);
 - = £41,740 approximated to £42,000.
- 3.5. In relation to Housing Waiting List Misrepresentation, the National Fraud Initiative apply a conservative estimate of £4,283 per case for future losses prevented as a result of removing an applicant from council housing waiting list.
- 3.6. To support work activity, the CFEU have drafted a Housing and Tenancy Fraud Policy. This is attached at **Appendix ii**.
- 3.7. The Policy seeks to provide information relating to the different areas of tenancy fraud, how the Council will approach this and sets out the approach to prosecution.
- 3.8. Awareness will be raised with all staff following the approval of the Policy.

4. Alternative options considered

- 4.1. None.

5. Consultation and feedback

- 5.1. Any Policies drafted or revised by the Counter Fraud and Enforcement Unit have been reviewed by One Legal and have been issued to the relevant Senior Officers, Governance Group and Executive Leadership Team for comment as appropriate.

6. Key risks

- 6.1. The Council is required to proactively tackle fraudulent activity in relation to the abuse of public

funds and social housing.

- 6.2. Failure to undertake such activity would accordingly not be compliant and expose the authority to greater risk of fraud and/or corruption. If the Council does not have effective counter fraud and corruption controls it risks both assets and reputation.
-

Report author:

Emma Cathcart, Head of Service Counter Fraud and Enforcement Unit,
Emma.Cathcart@cotswold.gov.uk

Appendices:

- i. Risk Assessment
- ii. Housing and Tenancy Fraud Policy

Background information:

N/A.

Appendix 1: Risk Assessment

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
1	The authority suffers material loss and reputational damage due to fraud	Executive Director Finance, Assets & Regeneration	3	3	9	Reduce	Maintain a Counter Fraud Team to reduce the likelihood of the risk materialising and also to help recover losses, thus reducing the impact.	Head of Service, Counter Fraud and Enforcement Unit	Ongoing
2	Without dedicated specialist staff in place, the Council may be unable to take effective and efficient measures to counter fraud, potentially resulting in authority suffering material losses due to fraud and error	Executive Director Finance, Assets & Regeneration	3	4	12	Reduce	Retain a specialist Counter Fraud Team to tackle the misuse of public funds on behalf of the Council.	Head of Service, Counter Fraud and Enforcement Unit	Ongoing

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Housing and Tenancy Fraud Policy

Version Control:	
Document Name:	Housing and Tenancy Fraud Policy
Version:	1.0
Responsible Officers:	Director of Governance and Customer Service Head of Service, Counter Fraud and Enforcement Unit
Approved by:	Cabinet
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One Legal	

Distribution

Name	
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Housing and Tenancy Fraud Policy

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Housing and Tenancy Fraud Policy

1. INTRODUCTION

- 1.1. Tenancy fraud presents a serious challenge to the Council and its ability to effectively manage and allocate properties. In order to prevent the misuse of the housing stock and ensure that properties are correctly allocated to those most in need, it is recognised that the Council must have a robust framework in place to tackle fraud wherever and whenever it arises.
- 1.2. This policy should be read with the Council's Counter Fraud and Anti-Corruption Policy and the Corporate Enforcement Policy.

2. SCOPE

- 2.1. This policy applies to all tenants of the Council's properties and those accessing the housing register and identifies the relevant services which have a key role in the prevention and investigation of all aspects of housing and tenancy fraud.

3. PURPOSE

- 3.1. This policy sets out the aims and objectives of the Council in ensuring that tenants adhere to their tenancy obligations, and the Council's approach where allegations of housing and tenancy fraud are proven. The Council has a limited number of properties available to let and allocations are prioritised according to housing needs. As a responsible Social Housing Provider, the Council has a duty to make the best use of public resources and ensure the Council's homes are properly managed and that they are occupied by people legally entitled to live there.
- 3.2. Individuals and households who commit tenancy or right to buy fraud prevent people on the Gloucestershire Homeseeker Plus System from accessing social and affordable housing. By tackling housing and tenancy fraud the Council aims to maximise the availability of properties and ensure they are available to those individuals who are assessed as being in need of social and affordable housing
- 3.3. The Council has a zero tolerance approach to fraud and employ dedicated fraud investigation officers to prevent, detect and investigate allegations of fraud. Any tenant who commits housing or tenancy fraud may lose their tenancy and may also have to pay the Council any unlawful profit gained. In addition they may face prosecution in the criminal court.

4. WHAT IS TENANCY FRAUD?

- 4.1. The term "fraud" is usually used to describe depriving someone of something by deceit, which might either be misuse of funds or other resources, or more complicated crimes like false accounting or the supply of false information.
- 4.2. Fraud was introduced as a general offence and is defined within The Fraud Act 2006. The Act details that a person is guilty of fraud if they commit any of the following:
 - Fraud by false representation; that is if a person:
 - (a) dishonestly makes a false representation, and

Housing and Tenancy Fraud Policy

- (b) intends, by making the representation (i) to make a gain for them self or another, or (ii) to cause loss to another or to expose another to a risk of loss.
 - Fraud by failing to disclose information; that is if a person:
 - (a) dishonestly fails to disclose to another person information which they are under a legal duty to disclose, and
 - (b) intends, by failing to disclose the information (i) to make a gain for them self or another, or (ii) to cause loss to another or to expose another to a risk of loss.
 - Fraud by abuse of position; that is if a person:
 - (a) occupies a position in which they expected to safeguard, or not to act against, the financial interests of another person
 - (b) dishonestly abuses that position, and
 - (c) intends, by means of the abuse of that position (i) to make a gain for them or another, or (ii) to cause loss to another or to expose another to a risk of loss.
- 4.3. In addition, the Act introduced new offences in relation to obtaining services dishonestly, possessing, making, and supplying articles for the use in frauds and fraudulent trading applicable to non-corporate traders.
- 4.4. Fraud Act offences will apply to any false application for housing or Right to Buy, but also in any matter where an individual has misrepresented any fact or document to obtain, or attempt to obtain, a property from the Council.
- 4.5. False statements and withholding information in connection with an application for housing is also an offence that may be prosecuted.
- Section 171 of the Housing Act 1996
 - (1) A person commits an offence if, in connection with the exercise by a Local Authority of their functions under this part—
 - (a) he knowingly or recklessly makes a statement which is false in a material particular, or
 - (b) he knowingly withholds information which the authority have reasonably required him to give in connection with the exercise of these functions.
 - (2) A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding level 5 on the standard scale.
- 4.6. In addition, the Prevention of Social Housing Fraud Act 2013 (POSHFA), specifically created offences of unlawful subletting of a social housing property.
- Section 1 Unlawful sub-letting: Secure Tenancies
 - (1) A tenant of a dwelling-house let under a secure tenancy commits an offence if—
 - (a) in breach of an express or implied term of the tenancy, the tenant sublets or parts with possession of (i) the whole of the dwelling-house, or (ii) part of the dwelling-house without the landlord's written consent,
 - (b) the tenant ceases to occupy the dwelling-house as the tenant's only or principal home, and
 - (c) the tenant knows that the conduct described in paragraph (a) is a breach of a term of the tenancy.
 - (2) A tenant of a dwelling-house let under a secure tenancy commits an offence if—

Housing and Tenancy Fraud Policy

- (a) dishonestly and in breach of an express or implied term of the tenancy, the tenant sub-lets or parts with possession of (i) the whole of the dwelling-house, or (ii) part of the dwelling-house without the landlord's written consent,
- (b) the tenant ceases to occupy the dwelling-house as the tenant's only or principal home

4.7. Under the 2014 POSHFA Regulations, Authorised Officers within Local Government can obtain information from third party organisations to assist in intelligence and evidence gathering in tenancy and right to buy fraud investigations.

5. **DEFINITIONS**

5.1. **Illegal / Unlawful Sub-Letting**

5.2. A tenant moves out and sub-lets their home without the landlord's knowledge or permission they often continue paying rent for the property directly to the Council, but charge the person they are sub-letting at a much higher rate. It is unlawful and unfair to sublet and profit from a home which the Council could allocate to someone legally entitled to live there. Unlawful subletting is a criminal offence and also includes the tenant moving out and leaving relatives in the property or where there is no profit made. Tackling unlawful subletting is key to providing social housing to those who are in greatest need.

5.3. **Abandonment**

5.4. Not using the property as the only and principal home is an expressed tenancy condition and failure to do so constitutes tenancy fraud. Tenants must notify the Council if they are going to be away from the property for longer than six (6) weeks.

5.5. **Obtaining Housing by Deception**

5.6. A person is allocated a home by making a false application. This can include providing false or incomplete information to the Council in their application, or failing to declare their circumstances have changed since first completing an application for housing.

5.7. **Unlawful Succession**

5.8. A false claim or a failure to provide complete information in a claim to succeed to a tenancy following the death of a tenant. The Tenant Services' Tenancy Agreement and the Succession Policy clarify contractual and statutory considerations when a tenant dies.

5.9. **Key Selling**

5.10. When the tenant of the property is paid to pass their keys to another person and in return receives a one-off payment. The new unlawful occupier will continue to pay the rent for the property but does not have a tenancy agreement with the Council.

5.11. **Right to Buy/Right to Acquire Fraud**

5.12. When someone applies to buy their social rented home at a discounted price and:

- Provides false information.
- Has entered into an agreement with a third party to buy the property on their behalf for a cash incentive.

Housing and Tenancy Fraud Policy

- Has failed to report a change in circumstances that means they have breached their Tenancy Agreement and are no longer eligible.

5.13. Council Tax Discount/Exemption Fraud

5.14. Where there is evidence of other acts of fraud against the Council such as Housing Benefit or Council Tax Support fraud this will be referred to the appropriate team to investigate in parallel with any housing and tenancy fraud investigation.

6. VULNERABLE TENANTS

6.1. Staff should also be aware of the following possible issues during any investigation:

- CSE (Child Sexual Exploitation)
- Human trafficking
- Cuckooing
- Safeguarding and welfare concerns

6.2. Any concerns should be reported to a colleague, the relevant Line Manager, or the Counter Fraud and Enforcement Unit who will assist in making the appropriate referral.

6.3. Cuckooing is a practice where criminal gangs take over the home of a vulnerable person(s) and use it to facilitate exploitation – this is usually connected with drug dealing but may also be associated with sex work/human trafficking, weapons storage or financial abuse. When investigating subletting or key selling allegations officers should have regard to the potential for vulnerable tenants to be ‘cuckooed’.

6.4. Where applications under the right to buy/acquire schemes are received, officers should have particular regard for vulnerable/elderly tenants who may have been coerced or be the subject of financial abuse.

7. APPROACH TO TACKLING HOUSING AND TENANCY FRAUD

7.1. The Council’s Counter Fraud and Enforcement Unit is a team of trained and qualified intelligence and investigation officers, authorised under the 2014 POSHFA Regulations. The team work with officers within Housing Services to tackle housing and tenancy fraud. This is in line with the Council’s Fraud Risk Strategy which sets out these principles:

- Acknowledge and Understand
- Prevent and Detect
- Pursue
- Publicise and Deter

7.2. Acknowledge and Understand

7.3. Assessing and understanding fraud risks and the possible impact is important to establish priorities and an appropriate response. The Council is committed to supporting resource to tackle housing and tenancy fraud to maintain a robust response.

7.4. Prevent

Housing and Tenancy Fraud Policy

7.5. Establishing preventative measures are the most cost-effective way of tackling tenancy fraud; the focus of this will be on verifying information provided by the tenant when applying for social housing, when signing up for a new tenancy and/or when there is a change of circumstances to the household or income details.

7.6. **Detect**

7.7. The Council will regularly monitor information we are legally entitled to access, including shared data from government agencies focusing on tenancy and housing fraud, credit rating and financial agencies, other social landlords and legally constituted anti-fraud partnerships, such as the Gloucestershire Landlords Tenancy Fraud initiative.

7.8. Tenancy audits will also be undertaken periodically to monitor our own tenancy and property records to identify alerts, trends and issues that may indicate instances of fraud.

7.9. **Pursue**

7.10. Where a tenancy fraud has been detected and investigated, the Council will consider the following actions:

- Civil action by the serving of either Notice of Seeking Possession (NOSP), Notice to Quit (NTQ) and Notice of Possession Proceedings (NOPP).
- Criminal action, where appropriate, as well as civil recovery of the tenancy.

7.11. Prosecution will be considered where appropriate in line with the Council's Corporate Enforcement Policy.

7.12. **Publicity**

7.13. The Council will provide information explaining what tenancy fraud is and how to report it.

7.14. The Council may inform the media of prosecutions, with the aim of drawing their attention to the court case. After the case the Council may publicise any conviction which could serve to draw attention to the need to comply with legislation or help deter anyone tempted to break the law.

8. **DATA SHARING**

8.1. The Council will work with partners to share good practice and prevent and detect fraud. This includes other Council's, the Police, Social Housing Providers and others.

8.2. The Council will share relevant information with third parties for the purposes of preventing, investigating and tackling tenancy fraud. When sharing personal information, we will comply with all aspects of Data Protection Legislation.

8.3. The Council takes part in the Cabinet Office National Fraud Initiative. Details of this can be found here: *Link to CFEU webpage at CBC to be inserted*

8.4. The Tenant Services Privacy Notice can be found on the Council's website at: *Link to CFEU webpage at CBC to be inserted*

Housing and Tenancy Fraud Policy

8.5. The Counter Fraud and Enforcement Unit Privacy Notice can be found on the Council's website at *Link to CFEU page at CBC to be inserted*

9. **STRATEGY AND POLICY REVIEW**

9.1. Housing Services and the Counter Fraud and Enforcement Unit will review and amend this Policy as necessary to ensure that it continues to remain compliant and meets legislative requirements and the vision of the Council.

Cheltenham Borough Council

Cabinet – 11 June 2024

Swimming Pool Support Fund – Grant to Sandford Parks Lido

Accountable member:

Cllr Alisha Lewis, Cabinet Member for Finance and Assets

Accountable officer:

Richard Gibson, Head of Communities, Wellbeing & Partnerships

Ward(s) affected:

n/a

Key Decision: No

Executive summary:

In 2023, the Government announced the Swimming Pool Support Fund (SPSF), making available £80 million support for public swimming pool providers. The funding was distributed in two phases with the second phase allocating £60 million to improve the energy efficiency of public facilities with pools to help alleviate costs pressures and mitigate the risk of closures of public sector swimming pools.

A phase II application was made in October 2023 for investment in both Leisure@ Cheltenham and Sandford Parks Lido. The council was subsequently notified that the application for the Lido element was successful with an award of £306,065.

To access the grant and to pass it onto Sandford Parks Lido, the Sports Council have asked the council to enter into two grant agreements; the over-arching capital grant agreement, between the Sports Council as funder and the Council as applicant, and a grant adherence agreement between the Sports Council as funder, the Council as applicant and Sandford Parks Lido as facility owner.

Recommendations:

In respect of an offer of £306,065 capital grant funding from the English Sports Council, it is recommended that Cabinet:

- 1. authorises the Director of Finance & Assets to agree and sign a capital grant agreement with the English Sports Council whereby a capital grant payment of £306,065 will be paid to the Council.**
- 2. authorises the Director of Finance & Assets to agree and sign a grant adherence agreement between the English Sports Council, Sandford Lido Limited (as the facility owner) and Cheltenham Borough Council (as applicant) to enable the whole capital grant to be passed to Sandford Lido Limited to enable them to install Photo Voltaic panels and Pool Covers.**
- 3. authorises the Director of Finance & Assets to agree and sign a grant agreement between Sandford Lido Limited (as the facility owner) and Cheltenham Borough Council (as applicant) in order to pass a number of Sport England obligations onto the Lido.**

1. Implications

1.1 Financial, Property and Asset implications

The grant has been awarded to the Lido by the Government but will be paid to the Council. On receipt of the money and signing of the relevant legal agreements the monies will be transferred to the Lido in line with the application.

The report notes that there are three requirements from Sport England for the Council to accept the grant funding.

- The council is not permitted to allow another entity to run the Lido for the Facility Term of 15 years. Changes to this may be agreed but Sport England's prior written consent is required.
- If the facility is to be disposed of, closed, or access limited with the Facility term (15), the council must seek Sport England's prior written approval.
- Sport England requires a legal charge to be applied to the register and a restriction is also required on the title.

Signed off by: Gemma Bell, gemma.bell@cheltenham.gov.uk

1.2 Legal implications

The Council intends to accept grant funding from the Sports Council (Sports England) on the basis that it passports the funds to Sandford Park Lido for pool covers and PV panels.

The Sports Council require that the Council enter into Capital Grant Agreement, together with a Grant Adherence Agreement. The purpose of the Capital Grant Agreement is to impose grant conditions on the Council as the applicant of the funding – an example being that the Council may not dispose of the facility for the Facility term (15 years) unless prior consent is obtained from the Sports Council.

The Grant Adherence Agreement is a tripartite agreement which seeks to impose further obligations on the Facility Owner (which in this case is Sandford Park Lido as the Leaseholder). In order to ensure that all relevant obligations are passed onto Sandford Park Lido, it is the intention to amend this Grant Adherence Agreement and enter into an additional grant agreement between the Council and Sandford Park Lido, ensuring that the Council may comply with its own obligations by further imposing the same onto Sandford Park Lido.

When considering the giving of financial assistance, the Council must ensure that it is not giving an unlawful subsidy under the Subsidy Control Act 2022 (the Act). The subsidy control regime has replaced state aid which applied before the UK's withdrawal from the EU. The Council will undertake an assessment to establish the best approach to this, given that sums are to be passported from the Sports Council, in which case the Council has no discretion as to the recipient and sum to be granted to Sandford Park Lido. It should be noted that the Act imposes numerous transparency obligations in the event that the sum is deemed a lawful subsidy.

The key risks should be noted within paragraph 6.

Signed off by: One Legal, legalservices@onelegal.org.uk

1.3 Environmental and climate change implications

The recommendations set out in this report will see a grant from Sport England passed to Sandford Parks Lido to enable them to install Photo Voltaic panels and Pool Covers as part of a wider commitment to their decarbonisation plan which, if wholly implemented, the Lido claims will reduce their carbon footprint by 91.4%.

The Lido has started to implement energy efficiency measures including making the adjustments to the pumps and motors running speed; operating on one pump for the main swimming pool during quieter periods; installed sensors for lighting; and installed solar pv on the main plant room roof.

The grant funding for the additional solar pv will help power a new CO2 heat pump which will create a hybrid heating solution for the swimming pool water, thus enabling the existing boiler to be used, but only when absolutely necessary (based on research over the last year, swimming facilities with a hybrid system haven't used

their gas boilers). The swimming pool will act as a thermal battery with the CO2 heat pump.

In terms of the climate change impact assessment, it is proposed that this is not completed as implementation of project and management of the Lido is the responsibility of Sandford Parks Lido

Signed off by: Maizy McCann, Climate Emergency Officer,

maizy.mccann@cheltenham.gov.uk

1.4 Corporate Plan Priorities

This report contributes to the following Corporate Plan Priorities: *[please delete as appropriate]*

- Working with residents, communities and businesses to help make Cheltenham #netzero by 2030
- Ensuring residents, communities and businesses benefit from Cheltenham's future growth and prosperity

1.5 Equality, Diversity and Inclusion Implications

The Equality Impact Assessment (Screening) document has been completed and is attached as appendix 2 to this report. Whilst there are positive benefits to local residents from the recommendations set out in this report, it is recommended that a stage 2 assessment is not completed as implementation of project and management of the Lido is the responsibility of Sandford Parks Lido.

The grant agreement between the Council and the Lido will specify the need for the Lido to have in place appropriate equality and diversity policies and procedures in place.

1.6 Performance management – monitoring and review

Sandford Parks Lido will be responsible for submitting quarterly reports of financial performance and utilities usage data, plus monthly reporting of visits and participation via the Moving Communities platform

2. Background

2.1 In the 2023, the Government announced the Swimming Pool Support Fund (SPSF), making available £60 million support for public swimming pool providers.

2.2 The funding was distributed in two phases. Phase I allocated £20 million to

alleviate immediate cost pressures by providing revenue support. Phase II allocated £40 million in capital investment to improve the energy efficiency of public sector swimming pools and in doing so help alleviate costs pressures and mitigate the risk of closures of public sector swimming pools.

2.3 Specifically, the fund objectives were to:

- Reduce the energy consumption level of facilities in receipt of funding, compared to baseline, and support the leisure sector to transition to a position of environmental and financial sustainability.
- Minimise the closure of swimming pool provision, where funding has been provided to a site, to prevent gaps in public leisure provision emerging.
- Reduce the carbon output of facilities in receipt of funding, compared to baseline, in line with HMG Net Zero by 2050 objectives.
- Prioritise support in those areas of greatest socio-economic need (as evidenced by IMD level), where all other factors are equal.

2.4 A phase II application was made in October 2023 for investment in both Leisure-at Cheltenham and Sandford Parks Lido. The council was subsequently notified that the application for the Lido element was partly successful with an award of £306,065.

3. Reasons for recommendations

3.1 To access the grant and to pass it onto Sandford Parks Lido, the Sports Council have asked the council to enter into two grant agreements; the overarching capital grant agreement, between the Sports Council as funder and the Council as applicant, and a grant adherence agreement between the Sports Council as funder, the Council as applicant and Sandford Parks Lido as facility owner. Although the Council retains the freehold of the Lido, Sandford Parks Lido are classed as facility owner as they have a lease in excess of seven years.

3.2 The purpose of the Capital Grant Agreement is to impose grant conditions on the Council as the applicant of the funding – an example being that the Council may not dispose of the facility for the Facility term (15 years) unless prior consent is obtained from the Sports Council.

3.3 The Grant Adherence Agreement is a tri-party agreement which seeks to impose further obligations on the Facility Owner (which in this case is Sandford Park Lido as the Leaseholder). In order to ensure that all relevant obligations are passed onto Sandford Park Lido. It is the intention to amend this Grant Adherence Agreement or enter into an additional grant agreement between the Council and Sandford Park Lido, ensuring that the Council may comply with its own obligations by further imposing the same onto Sandford Park Lido.

4. Alternative options considered

4.1 None, to access the grant funding, the council needs to enter into the two agreements.

5. Consultation and feedback

Regular liaison has taken place with Sandford Parks Lido.

6. Key risks

The key risks for the Council lie in the grant agreement with Sports England which has a number of obligations, as follows:

- i. Sub-Contracting – CBC are not permitted to allow another entity to run the Lido (other than the Sandford Parks Lido) for the Facility Term of 15 years. Changes to this may be agreed but Sport England’s prior written consent is required.
- ii. Disposal / Closing/ Limiting Use of Facility – Sport England’s prior written approval is required if a closure or limited/ reduced access required within the Facility term (15 years). The Council is also required to maintain ownership (and not dispose of the Facility) for the same 15-year period.
- iii. Security – Sport England requires a legal charge to be applied to the register and a restriction is also required on the title. Sandford Park Lido will be required to comply with this and the Council is not expected to have a legal charge over its own title.
- iv. Metering and Monitoring – requirement to install metering and monitoring which enables the Lido to record and report details of actual energy consumption at the Facility on a quarterly basis to Sport England.
- v. Clawback – Sport England have the ability to require repayment of any sums if there is found to be a breach of the Agreement, Bribery Offence, Insolvency, incorrect use of Grant, disposal of Facility, change of ownership and misleading/ dishonesty. The Council has a self-reporting obligation with regards to this.
- vi. Indemnity – Sport England are to be indemnified (by the Council)_against any losses in connection with a third-party claim in connection with the Facility (except where resulting from Sport England negligence or breach of contract)
- vii. Reporting – the Council is required to provide quarterly reporting of financial performance and utilities usage data, plus monthly reporting of visits and participation via the Moving Communities platform.
- viii. Environmental management – attendance at an online environmental management training course and compliance with the environmental management module. There may be resource and cost implications for this training.

Risks 1-3 are to be noted and accepted by the Council. Risks 4-8 will be mitigated via a grant agreement between the Lido and the Council

Report author:

Richard Gibson, Head of Communities, Wellbeing & Partnerships

Appendices:

- i. Risk Assessment
- ii. Equality Impact Assessment – Screening

Background information:

N/A

Appendix 1: Risk Assessment

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
	Sub-Contracting – CBC are not permitted to allow another entity to run the Lido (other than the Sandford Parks Lido) for the Facility Term of 15 years. Changes to this may be agreed but Sport England’s prior written consent is required	Gemma Bell	3	1	3	Accept	None	Gemma Bell	
	Disposal / Closing/ Limiting Use of Facility - Sport England’s prior written approval is required if a closure or limited/ reduced access required within the Facility term (15 years). The Council is also required to maintain ownership (and not dispose of the Facility) for the same 15-year period	Gemma Bell	3	1	3	Accept	None	Gemma Bell	
	Security – Sport England requires a legal charge to be applied to the register and a restriction is also required on the title. Sandford Park Lido will be required to comply with this and the Council is not expected to have a legal	Gemma Bell	3	1	3	Accept	None	Gemma Bell	


Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
	charge over its own title								
	Metering and Monitoring – requirement to install metering and monitoring which enables the Lido to record and report details of actual energy consumption at the Facility on a quarterly basis to Sport England	Gemma Bell	3	2	6	Reduce	This requirement to be passed onto the Lido via a grant agreement between the Council and the Lido	Richard Gibson	30 June 2024
	Clawback – Sport England have the ability to require repayment of any sums if there is found to be a breach of the Agreement, Bribery Offence, Insolvency, incorrect use of Grant, disposal of Facility, change of ownership and misleading/ dishonesty. The Council has a self-reporting obligation with regards to this	Gemma Bell	3	3	9	Reduce	This requirement to be passed onto the Lido via a grant agreement between the Council and the Lido	Richard Gibson	30 June 2024
	Indemnity – Sport England are to be indemnified (by the Council)_against any losses in connection with a third-party claim in connection with the Facility (except where resulting from Sport England negligence or	Gemma Bell	3	3	9	Reduce	This requirement to be passed onto the Lido via a grant agreement between the Council and the Lido	Richard Gibson	30 June 2024

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
	breach of contract)								
	Reporting – the Council is required to provide quarterly reporting of financial performance and utilities usage data, plus monthly reporting of visits and participation via the Moving Communities platform	Gemma Bell	3	3	9	Reduce	This requirement to be passed onto the Lido via a grant agreement between the Council and the Lido	Richard Gibson	30 June 2024
	Environmental management – attendance at an online environmental management training course and compliance with the environmental management module. There may be resource and cost implications for this training		3	2	6	Reduce	This requirement to be passed onto the Lido via a grant agreement between the Council and the Lido	Richard Gibson	30 June 2024

Appendix 2: Equality Impact Assessment

1. Identify the policy, project, function or service change

a. Person responsible for this Equality Impact Assessment

Officer responsible: Richard Gibson	Service Area: Communities, wellbeing & partnerships
Title: Head of communities, wellbeing & partnerships	Date of assessment: 20 May 2024
Signature: 	

b. Is this a policy, function, strategy, service change or project?

Project

If other, please specify:

c. Name of the policy, function, strategy, service change or project

Swimming Pool Support Fund Grant

Is this new or existing?

New or proposed

Please specify reason for change or development of policy, function, strategy, service change or project

Award of grant to Sandford Park Lido

d. What are the aims, objectives and intended outcomes and who is likely to benefit from it?

Aims: The Swimming Pool Support Fund aims to alleviate costs pressures and mitigate the risk of closures of public sector swimming pools

<p>Objectives:</p>	<p>The fund objectives are to:</p> <ul style="list-style-type: none"> • Reduce the energy consumption level of facilities in receipt of funding, compared to baseline, and support the leisure sector to transition to a position of environmental and financial sustainability. • Minimise the closure of swimming pool provision, where funding has been provided to a site, to prevent gaps in public leisure provision emerging. • Reduce the carbon output of facilities in receipt of funding, compared to baseline, in line with HMG Net Zero by 2050 objectives. • Prioritise support in those areas of greatest socio-economic need (as evidenced by IMD level), where all other factors are equal.
<p>Outcomes:</p>	<p>The outcome from the fund will be that the Lido is able to install Photo Voltaic panels and Pool Covers and in doing so will spend less on energy costs so making it more financially viable.</p>
<p>Benefits:</p>	<p>The Lido remains open to the public in the longer-term</p>

e. What are the expected impacts?

Are there any aspects, including how it is delivered or accessed, that could have an impact on the lives of people, including employees and customers.

Yes

Do you expect the impacts to be positive or negative?

Positive

Please provide an explanation for your answer:

As explained above, the grant will enable the Lido to become more financially viable.

However, I am not recommending carrying out a stage 2 assessment, as implementation of project and management of the Lido is the responsibility of Sandford Parks Lido.

The grant agreement between the Council and the Lido will specify the need for the Lido to have in place appropriate equality and diversity policies and procedures in place.

If your answer to question e identified potential positive or negative impacts, or you are unsure about the impact, then you should carry out a Stage Two Equality Impact Assessment.

f. Identify next steps as appropriate	
Stage Two required	No
Owner of Stage Two assessment	
Completion date for Stage Two assessment	

Please move on to Stage 2 if required ([intranet link](#)).

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Cheltenham Borough Council

Cabinet – 11 June 2024

Housing Transition Governance Arrangements

Accountable member:

Councillor Flo Clucas, Cabinet Member for Housing and Customer Services

Accountable officer:

Claire Hughes, Director of Governance and Customer Services (Monitoring Officer)

Ward(s) affected:

All

Key Decision: No**Executive summary:**

The Cabinet decision in October 2023 to wind-up Cheltenham Borough Homes and to re-integrate housing services under Cheltenham Borough Council set a clear change in direction to the future delivery of housing services in Cheltenham. The decision was taken for following key reasons:

- To deliver efficiencies across the HRA and General Fund to help protect services and respond to the challenging financial environment created by austerity, the Covid-19 pandemic and an inflation-driven cost of living crisis.
- To drive greater delivery of homes to meet the challenge of a national housing crisis.
- To respond to changes in housing regulations.
- To harness opportunities to improve services to our residents by looking at ways in which we can be more joined up and deliver an improved tenure neutral offer to everyone.

Central to the proposals to wind-up CBH was a clear pledge to place the voice of tenants and leaseholders at the heart of our housing service. Ensuring that our tenants, leaseholders and shared ownership owners can have oversight of, and influence the service they receive will not just meet the test of the regulator but it underlines the administration's earlier commitment to put residents at the centre of our housing offer.

This paper sets out the proposals for the new governance arrangements to reflect the return of

housing management to CBC, which will take effect from 1 July 2024. While the detail of these proposals is vital to establishing effective and robust governance, it has a wider importance in setting a framework that will help to facilitate and create ways in which our residents can play an essential part in helping to shape CBC's housing service.

The structure seeks to ensure effective engagement with tenants, leaseholders and shared ownership owners and provide members with the required level of oversight needed.

Recommendations: That Cabinet:

- 1. Approves the governance arrangements, including tenant panel and leaseholder/shared ownership panel**
- 2. Establishes the Housing Cabinet Committee as set out in the terms of reference at Appendix 4**
- 3. Agrees arrangements for tenant representatives on the Housing Cabinet Committee as set out in Paragraph 5.4 of this report**
- 4. Delegates to Cabinet Member for Housing and Customer Services in consultation with the Leader, the appointment of leaseholders and shared ownership owners on the Housing Cabinet Committee and Leaseholder/Shared Ownership Panel**
- 5. Notes the appointments set out in part 10 of this report**
- 6. Recommends that Council delegates the appointment of members to the Housing Cabinet Committee to Group Leaders**
- 7. Recommends that Council approves the consequential amendments to the constitution to reflect the new governance arrangements**

1. Implications

1.1 Financial, Property and Asset implications

No direct financial or property implications resulting from these recommendations.

Signed off by: Gemma Bell, Director of Finance and Assets gemma.bell@cheltenham.gov.uk.

1.2 Legal implications

None arising directly from this report. The proposals will ensure the effective governance and democratic accountability of key strategic and operational housing functions, services and priorities for the Council.

Signed off by: legalservices@onelegal.org.uk

1.3 Environmental and climate change implications

The proposed governance arrangements do not mention how the effects on environment and climate change will be accounted for. As CBH is brought back into the Council, consideration needs to be given to how the CBH climate action plan and footprint will be incorporated with the

broader approach being adopted by CBC. Particularly given that to bring the existing housing stock in line with net zero would require circa 4 times the current budget for CBH, which will alter the trajectory to achieving net zero by 2030. To this end, it is envisaged that the CBH decisions also be made subject to Climate Impact Assessment Tool following on from the transfer, to effectively identify and mitigate negative environmental implications.

Signed off by: Maizy McCann, Climate Emergency Officer, Maizy.mccann@cheltenham.gov.uk

1.4 Corporate Plan Priorities

This report contributes to the following Corporate Plan Priorities:

- Increasing the number of affordable homes through our £180m housing investment plan
- Ensuring residents, communities and businesses benefit from Cheltenham's future growth and prosperity
- Being a more modern, efficient and financially sustainable council

1.5 Equality, Diversity and Inclusion Implications

An equalities impact assessment screening questionnaire has been completed and is attached at Appendix 2.

2 Background

2.1 In October 2023 a Cabinet decision was taken that authorised the Chief Executive, Executive Director for Finance, Assets and Regeneration, the Corporate Director and Monitoring Officer, and the Housing Partnership Manager to undertake the required review to support the Leader in deciding to wind-up Cheltenham Borough Homes (CBH).

2.2 The decision to re-integrate housing services under Cheltenham Borough Council set a clear change in direction to the future delivery of housing services. The decision was taken for the following key reasons:

- To deliver efficiencies across the HRA and General Fund to help protect services and respond to the challenging financial environment created by austerity, the Covid-19 pandemic and an inflation-driven cost of living crisis.
- To drive greater delivery of homes to meet the challenge of a national housing crisis.
- To respond to changes in housing regulations.
- To harness opportunities to improve services to our residents by looking at ways in which we can be more joined up and deliver an improved tenure neutral offer to everyone.

2.3 Central to the proposals to wind-up CBH was a clear pledge to place the voice of tenants and leaseholders at the heart of our housing service. Ensuring that our tenants and leaseholders can have oversight of, and influence the service they receive will not just meet

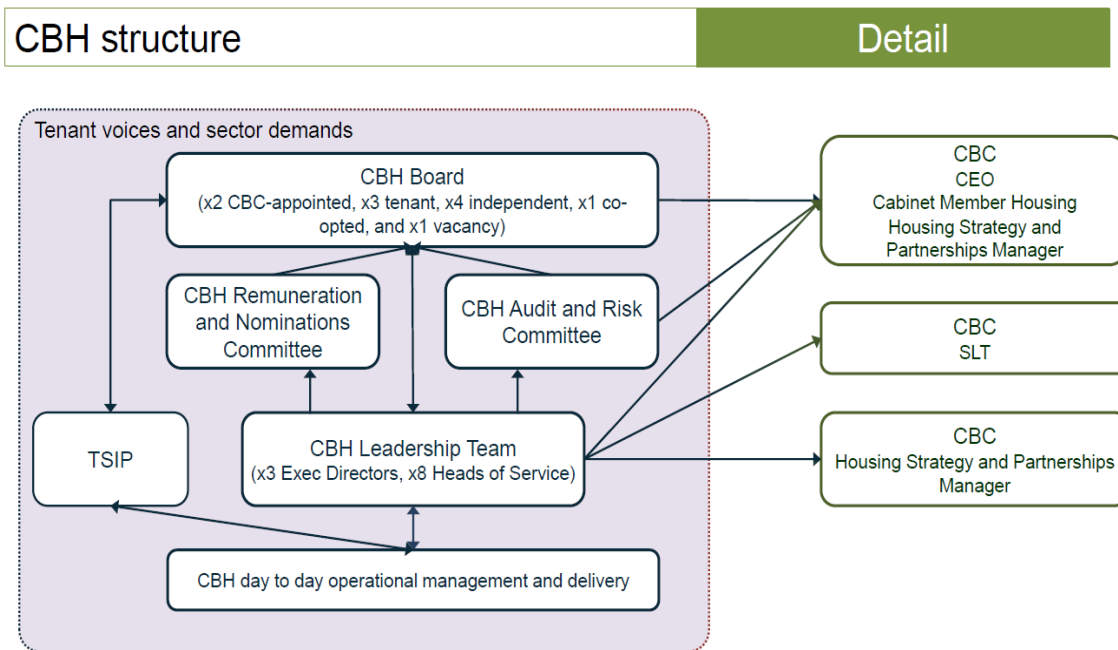
the test of the regulator but it underlines the administration’s earlier commitment to put residents at the centre of our housing offer.

2.4 In addition, the new regulation and regulatory process will require strong governance and understanding by elected members, in practice functioning as a management board. Members will be required to have, and be able to demonstrate they have, clear sight of the operation of the housing service. Therefore, as part of the transition it is necessary for the Council to consider what those governance arrangements should be.

2.5 This paper sets out proposals for the transition governance arrangements, which will take effect from 1 July 2024. While the detail of these proposals is vital to establishing effective and robust governance, it has a wider important in setting a framework that will help to facilitate and create ways in which our residents can play an essential part in helping to shape CBC’s housing service.

3 Existing Structure in CBH

3.1 The governance arrangements in CBH are currently as follows:



4 Tenant Involvement and Engagement

4.1 It is clear that one of the fundamental shifts in housing services is the need for housing providers to hear the voices of their tenants and to hear those voices loudly. Therefore, it is essential that the Council ensures that tenant involvement and engagement is one of the fundamental principles within its new governance arrangements. Too often tenants are only heard once things have gone wrong or when the Landlord needs them to engage. This is not something that we can allow to happen at CBC.

4.2 How we work must ensure that everyone will have the opportunity to have their voice heard, which means that we must recognise diversity and explore ways to engage with those where the more traditional routes may present barriers or not meet preferences. Therefore, we

need to look beyond traditional methods of engagement to reach those quieter and / or unheard voices. This is something that will be picked up as part of the ongoing tenant voice workstream. In particular, this workstream will take account of feedback from our recent consultation with tenants and leaseholders, as well as ensuring that CBC is compliant with the Regulator of Social Housing's recently updated Consumer Standards. In particular, The Regulator's new Transparency, Influence and Accountability Standard sets out requirements for greater emphasis on fairness and respect, understanding the diverse needs of our tenants and leaseholders and ensuring those with protected characteristics have equitable outcomes. It also sets out requirements for greater transparency with our tenants and leaseholders about our housing services and our performance.

4.3 Alongside that work, we need to develop the more formal part of tenant engagement. A space where involved tenants, who are highly informed and empowered, work with the Council to develop our plans, priorities and policies.

4.4 These involved tenants should be our scrutineers and critical friends. Not only to oversee the journey of the tenant voice, but to check and challenge performance and monitor and confirm compliance with the Regulators consumer standards. We want them to help strengthen our governance arrangements. The options below provide consideration of how we can develop this area.

5 Governance Framework

5.1 The return of housing services to CBC is a significant change of direction for the Council and as referenced above is something that will require strong governance and understanding by elected members, who will in practice function as a management board. Therefore, we need to consider the options available for creating that governance framework.

5.2 Councillors

5.2.1 There are a number of options available within the current governance framework of the Council which can be utilised to develop that 'management board', most notably the use of sub-committees or setting up a new committee.

5.2.2 Examples could include setting up a sub-committee of Audit, Compliance and Governance or Overview and Scrutiny Committee, or a separate Housing Committee. However, probably the most effective approach would be to establish a Housing Cabinet Committee, due to the fact that the management responsibility will sit with the Cabinet Member for Housing and ultimately Cabinet in our Executive model of Governance.

5.2.3 This approach would also ensure that the Audit, Compliance and Governance Committee remained available to oversee any specific Audit recommendations and that Overview and Scrutiny Committee could retain a clear scrutiny role.

5.2.4 Draft terms of reference for the Housing Cabinet Committee have been prepared and are attached at Appendix 4.

5.3 Officers

Sitting alongside the member Housing Cabinet Committee will be an officer Compliance Performance Monitoring Group whose role will be to ensure there is a clear understanding of the compliance position in relation to the 'big 6' (i.e. Gas, Fire, Electrical Safety, Water Hygiene, Asbestos and Lift Safety) and the Damp & Mould conditions within our social housing stock. This group, although chaired by the Cabinet Member for Housing, will be made up of officers and will meet quarterly to review compliance performance and identify any risks to the Council.

5.4 Tenants

5.4.1 At present CBH operate a Tenant Scrutiny Improvement Panel (TSIP) which enables tenants to scrutinise and improve the way their housing service is run. Its aim is to ensure that tenants are at the heart of CBH through the scrutiny of services. The panel continue to be influential in making changes and improvements to the business by working closely with CBH staff, the CBH Board and tenants whilst being accountable to all residents and leaseholders.

5.4.2 Whilst this has been largely successful the Council are keen to develop it even further, ensuring that strong links are forged between the tenants and the Housing Cabinet Committee and that feedback received during the consultation and Campbell Tickell's workshop with TSIP is built into the future arrangements.

5.4.3 The current proposal is that TSIP continues to exist as the renamed Tenant Panel. Existing members of TSIP were consulted on this proposal on 19 April, all of whom were supportive and keen to retain their engagement.

5.5 Leaseholders

5.5.1 There are currently limited opportunities for leaseholders to engage with CBH as they are not members of TSIP and the leaseholder place on the board is vacant. This gap was evident in some of the feedback to the consultation.

5.5.2 As a council we are keen to strengthen the opportunities for engagement with both leaseholders and shared owners and this was discussed with TSIP on 19 April. TSIP felt that given the different levels of services available to tenants and leaseholders and the differences between the issues generally raised that it would not be appropriate to have a combined tenant and leaseholder panel. As such, a recommendation was made to give consideration to the creating of a separate leaseholder panel.

5.5.3 Subsequent conversations between officers concluded that a leaseholder panel would be a good addition to the proposed governance framework and may assist in addressing some of issues raised by leaseholders in the recent consultation as well as enhancing our engagement and our compliance with the consumer standards.

6 Governance of the Housing Cabinet Committee

6.1 The committee will comply with the Council's Constitution, including the Council Procedure Rules and Access to Information Procedure Rules. The meetings will be serviced by the Council's Democratic Services Team, who will ensure all the necessary legal requirements for convening meetings are met.

6.2 The Committee will be a non-decision making advisory committee appointed under Section 102(4) of the Local Government Act 1972.

6.3 Meetings will be held on a regular agreed basis throughout the year, at least 6 times annually in the municipal year. Dates of meetings will be scheduled to be included in the Council's annual timetable of meetings.

6.4 All meetings will be in person and will, in the same way as any other Council committee meetings, be open to the public to attend and observe proceedings (unless business that is 'confidential' or 'exempt' for the purposes of the Access to Information Procedure Rules is being considered).

6.5 The meetings will be attended by the Cabinet Member with responsibility for Housing but will be chaired by another member.

6.6 The meeting quorum will be four members and must include a mix of both Elected Members and Tenant Representatives to ensure balance.

6.7 Terms of Reference

The recommended Terms of Reference are set out in Appendix 4.

Any future proposed changes to the Committee's terms of reference will be presented to Cabinet for approval.

6.8 Appointment of Elected Members to the Committee

In accordance with the proposed terms of reference it is requested that the Council appoint four elected members of the Council to the Committee, one of whom should be appointed as Chair.

The Committee will be subject to political balance rules.

6.9 Appointment of Tenant/Leaseholder Representatives

6.9.1 The Committee will co-opt at least two tenant representatives, one leaseholder representative and one shared ownership representative. However, in the event that it is not possible to fill the shared ownership position this can be filled by another tenant or leaseholder.

6.9.2 To facilitate some consistency and to start strengthening the link between the Committee and the tenant panel it is recommended that the two tenant representatives initially consist of one of the existing tenant representatives on the CBH Board and one member of TSIP.

6.9.3 There are no existing leaseholders or shared ownership representatives on the CBH board, therefore these will need to be recruited. The council will undertake a targeted campaign, using the role profile at Appendix 5. The campaign will include digital and traditional methods targeting. It is intended that the leaseholder representative will also sit on the leaseholder panel.

7 Governance of the Tenant Panel

7.1 At this stage it is intended that the tenant panel adopt similar terms of reference to those that exist for TSIP. These are set out at Appendix 6.

8 Governance of the Leaseholder/Shared Ownership Panel

8.1 It is intended that the leaseholder/shared ownership panel adopt the terms of reference as set out in Appendix 7.

9 Feedback from Scrutiny Task Group

9.1 The proposals were presented to the Scrutiny Task Group on 22 March who were in support of the proposed way forward.

10 Statutory Appointments

10.1 As part of the consumer standards and the Housing Ombudsman Code of Practice the council is also required to nominate various officers and members who will have overall responsibility for the following areas:

- Health and Safety
- Consumer Standards and Complaints
- Member with responsibility for complaints

10.2 It is therefore recommended that the following appointments are made:

- Officer with responsibility for Health and Safety - Paul Jones, Deputy Chief Executive
- Officer with responsibility for Consumer Standards and Complaints – Claire Hughes, Director of Governance and Customer Services
- Member with responsibility for complaints – Cabinet Member with responsibility for Housing and Customer Services

11 Key risks

11.1 Key risks are identified in the risk register attached at Appendix 1

Report author:

Claire Hughes, Director of Governance and Customer Services –
claire.hughes@cheltenham.gov.uk

Appendices:

- i. Risk Assessment
- ii. Equality Impact Assessment
- iii. Proposed Governance Structure
- iv. Terms of Reference – Housing Cabinet Committee
- v. Role Profile
- vi. Terms of Reference – Tenant Panel
- vii. Terms of Reference – Leaseholder/Shared Ownership Panel

Background information:

[Cabinet Report October 2023](#)

Appendix 1: Risk Assessment

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
1	If the council does not have a governance structure that is fit for purpose, then it may not fulfill its statutory requirements in relation to the Housing Regulations	Director of Governance & Customer Service	4	4	16	Reduce	Implement an effective and fit for purpose governance structure. Review the structure after 12 months of operation	Director of Governance & Customer Service	July 2024 July 2025
2	If the council does not have a governance structure that provides input from tenants, leaseholder and shared ownership owners then it may fail to meet the requirements of the consumer standards	Director of Governance & Customer Service	4	4	16	Reduce	Implement an effective and fit for purpose governance structure. Review the structure after 12 months of operation	Director of Governance & Customer Service	July 2024 July 2025
3	If the council does not have a governance structure that is fit for purpose then it may result in an inability to identify areas of failure and areas of improvement	Director of Governance & Customer Service	4	4	16	Reduce	Implement an effective and fit for purpose governance structure. Review the structure after 12 months of operation	Director of Governance & Customer Service	July 2024 July 2025

Appendix 2: Equality Impact Assessment (Screening)

1. Identify the policy, project, function or service change

a. Person responsible for this Equality Impact Assessment

Officer responsible: Claire Hughes	Service Area: Governance and Customer Services
Title: Housing Governance Arrangements	Date of assessment: 13 May 2024
Signature: C.Hughes	

b. Is this a policy, function, strategy, service change or project?

Other

If other, please specify: Update to Councils Governance arrangements

c. Name of the policy, function, strategy, service change or project

Update to Councils Governance arrangements

Is this new or existing?

New or proposed

Please specify reason for change or development of policy, function, strategy, service change or project

To reflect the return of the management of the councils housing stock to CBC

d. What are the aims, objectives and intended outcomes and who is likely to benefit from it?

Aims:

- To ensure compliance with housing regulations and consumer standards
- Continually improve housing services
- Have a governance structure that is fit-for-purpose and facilitates the ability to identify areas of improvement
- Provide clear lines of accountability for housing services, particularly in the areas of compliance

Objectives:	To demonstrate our commitment to ensure full compliance with all legal, regulatory and statutory requirements.
Outcomes:	This structure will ensure that employees and members are aware of their roles and responsibilities with the governance framework and facilitate engagement with tenants, leaseholders and share ownership owners.
Benefits:	Demonstrating compliance with the councils legal and statutory responsibilities as a Landlord.

e. What are the expected impacts?

Are there any aspects, including how it is delivered or accessed, that could have an impact on the lives of people, including employees and customers.	Yes
Do you expect the impacts to be positive or negative?	Positive

Please provide an explanation for your answer:

This governance structure may have potential positive impacts but at the current time this is unknown.

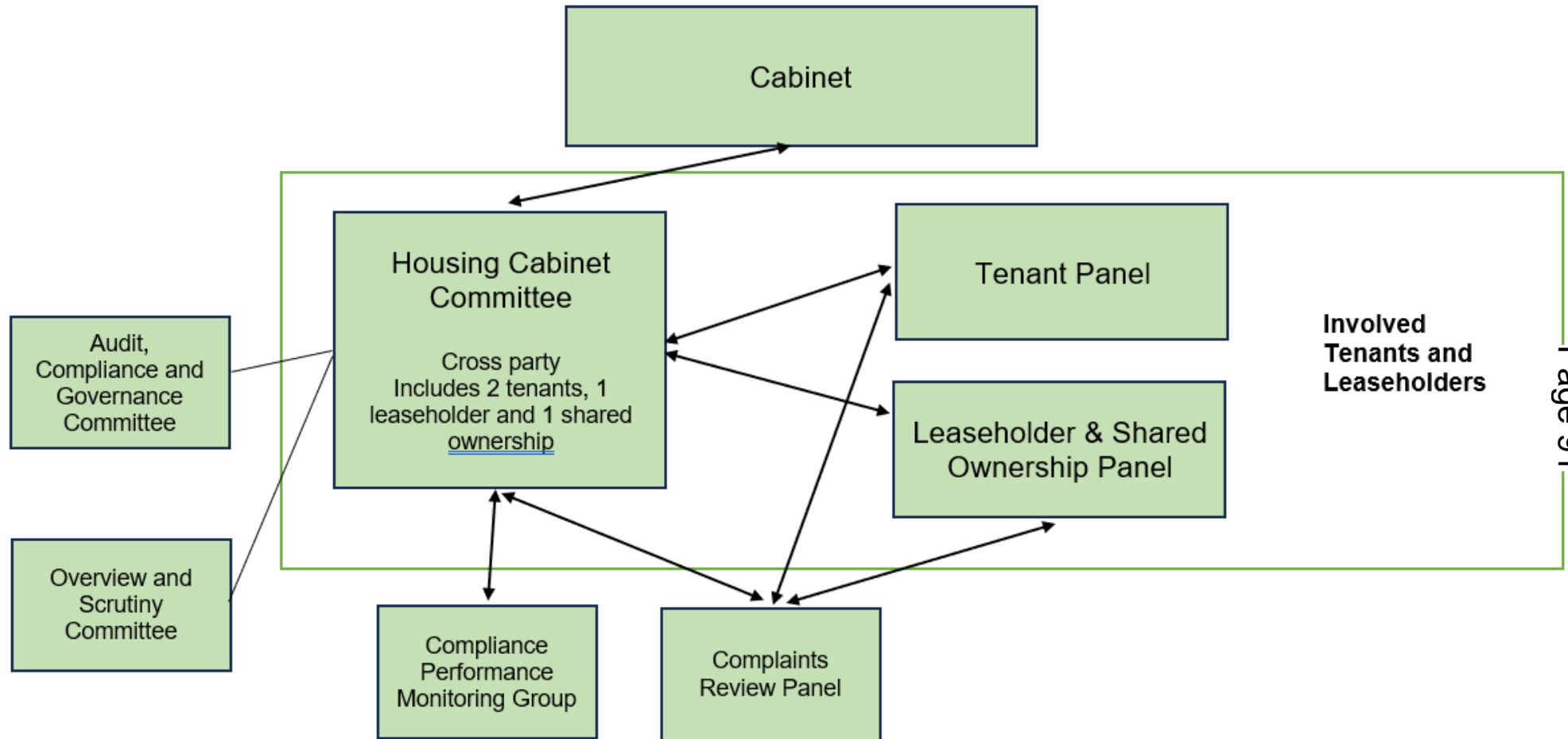
If your answer to question e identified potential positive or negative impacts, or you are unsure about the impact, then you should carry out a Stage Two Equality Impact Assessment.

f. Identify next steps as appropriate

Stage Two required	No
Owner of Stage Two assessment	
Completion date for Stage Two assessment	

Please move on to Stage 2 if required ([intranet link](#)).

Appendix 3: Proposed Structure



Appendix 4: Draft Terms of Reference for Housing Cabinet Committee

Purpose: The Committee is responsible for overseeing the delivery of the housing services to the Council's housing stock. This includes the reviewing of the performance of all housing functions and the engagement of residents in the effective delivery of services.

As an advisory committee it has no decision-making powers of its own but may make recommendations to the Cabinet or Council on matters relating to the discharge of their housing functions, insofar as those functions relate to the Council's housing stock.

Membership

The Committee will be composed of:

- five elected councillors - The Committee will be attended by the Cabinet Member with responsibility for Housing and from the remaining four elected councillors one will be Chair, appointed in accordance with the Council's appointments process.
- four co-opted residents from the Council's housing stock, consisting of two tenants, one leaseholder and one shared ownership representative - Residents will be appointed to the Committee by the Cabinet. Resident appointees are expected to serve a minimum two-year term. In the event that it is not possible to fill the shared ownership position this will be filled by another tenant or leaseholder.

The committee will be subject to political balance rules.

Arrangements

Meetings will be held on a regular agreed basis throughout the year, at least 6 times annually. Dates of meetings will be scheduled to be included in the Council's annual timetable of meetings.

All meetings will be in person.

The meetings will be serviced by the Council's Democratic Services Team.

Meeting Quorum is four and must include a mix of both elected members and resident representatives to ensure balance.

Training will be arranged for Members so that they can contribute fully to the governance and oversight of services and provide appropriate challenge where necessary.

The Committee will be subject to the Council's Constitution, including the Council Procedure Rules and the Access to Information Procedure Rules, in line with other Council committees.

All Committee Members must sign and adhere to the Member Code of Conduct as adopted by Cheltenham Borough Council.

General

These Terms of Reference will be reviewed on an annual basis at the start of the municipal year and if any changes are required, they will be taken back to Cabinet for approval.

Committee Responsibilities

Within its remit the committee will:

- Monitor performance and delivery of the consumer standard including the new tenancy satisfaction measures.
- Promote equalities and the diverse interest of residents and leaseholders.
- Monitor the impacts of investment in ensuring the Council maintains decent homes, fire and building safety and customer satisfaction.
- Provide reports to the Council's Cabinet and to the Overview and Scrutiny Committee and Audit Committee (as required)
- Review draft reports on significant decisions to be taken by the Council in relation to the housing function.
- Be consulted on and advise on key changes to strategy, key policies, significant service changes and development proposals.
- Have sight of any scrutiny reports that are produced from any service audits or reviews that are carried out.
- Provide oversight of the savings to the Housing Revenue Account projected by virtue of the transfer of the service back to the council.
- Receive and consider complaints data to inform service delivery.
- Have oversight of the risk register for housing services.
- Provide strong and effective connectivity between the Council and the Tenant Panel.
- Act in accordance with the Council's powers and responsibilities and its Constitution

Appendix 5: Role Profile of Tenant, Leaseholder and Shared Ownership Representatives

Purpose of the Housing Cabinet Committee:

The Committee is responsible for overseeing the delivery of the housing services to the Council's housing stock. This includes the reviewing of the performance of all housing functions and the engagement of residents in the effective delivery of services.

As an advisory committee it has no decision-making powers of its own but may make recommendations to the Cabinet or Council on matters relating to the discharge of their housing functions, insofar as those functions relate to the Council's housing stock.

Role: Committee Members for Housing Cabinet Committee

Tenants and Residents Payments: This is a voluntary position however reasonable travel expenses to attend the meetings will be reimbursed.

Time Commitment: The appointment will be for an initial two-year term. Committee members will be expected to attend six committee meetings per municipal year.

Training and Development Opportunities: Cheltenham Borough Council will provide training and development opportunities to support committee members in their role.

Key Areas of Responsibilities: The Housing Cabinet Committee will have no decision-making powers of its own but will make recommendations to the Cabinet and Council on matters relating to the housing service.

Key areas of responsibility for committee members are:

- Review performance and delivery of the consumer standard (Residents' Charter) including the new satisfaction measures.
- Promote equalities and the diverse interest of residents and leaseholders.
- Review the impacts of investment in ensuring the Council maintains decent homes, fire and building safety and customer satisfaction.
- Provide reports to the Council's Cabinet and to the Overview and Scrutiny Committee and Audit Committee (as required)
- Review draft reports on significant decisions to be taken by the Council in relation to the housing function.
- Be consulted on and advise on key changes to strategy, key policies, significant service changes and development proposals.
- Have sight of any scrutiny reports that are produced from any service audits or reviews that are carried out.
- Provide oversight of the savings to the Housing Revenue Account projected by virtue of the transfer of the service back to the council.
- Receive and consider complaints data to inform service delivery.
- Have oversight of the risk register for housing services.
- Provided strong and effective connectivity between the Council and the Tenant Panel.
- Act in accordance with the Council's powers and responsibilities and its Constitution

Personal Qualities, Knowledge and Experience: The following characteristics, knowledge, and/or experiences (or commitment to gain them) would be advantageous to the role of a Committee Member:

- Understanding of the needs and aspirations of the communities in Cheltenham
- Understanding of the housing delivery service and its aims and objectives
- Ability to work with others and build relationships
- Good Communication skills
- Confidence and Enthusiasm
- Commitment to the Committee
- Commitment to training and development to perform this role
- Personal integrity, honesty, and objectivity

Appendix 6 – Tenant Panel Terms of Reference

Purpose

The purpose of the Tenant Panel (Panel) is:

- To monitor the performance of the Council in providing quality housing services;
- To consider ways of enhancing resident involvement in all appropriate areas of the Council's housing operations and review major housing customer information issues;
- In liaison with the complaint panel, ensure that the housing Complaints Policy and Procedure remains an effective method for customers to provide formal feedback or raise concerns;
- To assist with planned housing related service reviews.

Membership and Attendance

The membership of the panel will include:

- 9 members in total
- Members will drawn from representatives across the borough. Customer representatives will include elected Street, Scheme and Block representatives and the Chairs of Tenant and Residents Associations, and Neighbourhood Meeting groups.
- Consideration will also be given to tenants who have formally expressed an interest.

All members must sign a declaration stating that they have read, understood and will abide by the Members Code of Conduct.

The Panel may at any time appoint a maximum of three co-opted members for projects where those individuals have specific skills, knowledge or experience for the success of the project.

Co-optees may take full part in discussion but cannot vote.

Co-optees or other attendees may be excluded from Panel meetings if members believe it to be necessary for the purpose of conducting Panel business. For example, on issues of a confidential or sensitive nature.

Members of the Panel must make every effort to give at least 3 working days notice of absence from a meeting to the Administrator except in unforeseen circumstances. If apologies are not received from a member, they will be recorded as absent in the minutes.

The Chair and Vice Chair of the Panel will be appointed by the Panel annually from its current members. The Chair will have a casting vote. In the absence of the Chair and the appointed Vice Chair, the remaining members present will elect one of their number to Chair the meeting. The replacement Chair will have a casting vote.

The Panel may ask any officer or employee of CBC to attend any meeting and provide pertinent information as necessary subject to the prior approval of the Chair of the Panel in consultation with the relevant Director.

The Panel may also invite anyone who is not a staff member of CBC to attend where such

attendance contributes to the work of the Panel.

Quorum

The quorum necessary for the transaction of business will be a minimum of five Panel members present (excluding co-optees). A duly convened meeting of the Panel at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Panel.

Frequency of Meetings

The Panel will meet at least four times yearly and more frequently as circumstances require. Meetings are arranged having regard to the annual cycle of meetings for the Housing Cabinet Committee.

The Panel Chair will convene a meeting upon written request by any Panel member who considers it necessary.

Role and Aims of the Tenant Panel

The role and aim of the Panel is:

- to scrutinise and challenge the work of the council to ensure continuous improvement in housing service delivery for residents subject to appropriate regulatory and financial constraints;
- to ensure that residents are involved in influencing the council's strategic direction on housing delivery reflecting the needs and aspirations of its customers;
- to strengthen the links between current resident involvement activity and governance structures, to ensure that residents are able to influence the council's decision-making process

Duties

The Panel can refer to a wide range of both formal and informal sources of information to support its work programme and priorities. The Panel will develop an initial action plan (based on evidence from the sources such as the examples detailed below) which will be reviewed annually:

- Performance indicators and other operational reports
- The Corporate plans
- Satisfaction Surveys
- Complaints
- Service standards and local offers (in line with regulatory requirements)
- Inspections, mock inspections and peer reviews
- Mystery Shoppers
- Audits
- Equality Impact Assessments
- Benchmarking with other council housing providers

General

On a regular basis, and at least annually, the Panel will review its own performance and terms of reference to ensure it is operating at maximum effectiveness. Learning and development will be reviewed and recorded in an annual report.

Reporting

The Chair of the Panel will report on the Panel's business to the Housing Cabinet Committee.

All decisions of the Committee regarding recommendations from the Panel will be reported back to the Panel in a timely manner.

The Administrator will distribute copies of the minutes of meetings of the Panel to all members.

Training

Members will be required to undertake training prior to joining the Panel.

All members will be required to undertake mandatory Equality and Diversity training.

Support and Access to Information

- The Community Involvement Team (CIT) will provide support to the Panel and will act as the link between the Panel and the Council;
- Administrative support of the Panel is provided by the CIT;
- The agenda and supporting documents for each meeting will be sent out 7 clear days prior to the meeting.
- The CIT will administer members' expenses on behalf of the Panel. This will include support with transport to meetings, room bookings, printing and copying, stationery etc;
- The Panel will be able to request reports and information from the Council to carry out its activities. Request for information must be made via the Community Services Manager;
- The Panel will be provided with the relevant resources to operate effectively.

Appendix 7 – Leaseholder/Shared Ownership Panel Terms of Reference

Purpose

The purpose of the Leaseholder/Shared Ownership Panel (Panel) is:

- To monitor the performance of the Council in providing quality housing services to leaseholders and shared ownership owners;
- Help inform policy for leaseholder and home ownership schemes
- Represent the interests of leaseholders and shared ownership owners in Cheltenham

Membership and Attendance

The membership of the panel is as follows:

- 5 members in total
- Members will drawn from representatives across the borough.

All members must sign a declaration stating that they have read, understood and will abide by the Members Code of Conduct.

Members of the Panel must make every effort to give at least 3 working days notice of absence from a meeting to the Administrator except in unforeseen circumstances. If apologies are not received from a member, they will be recorded as absent in the minutes.

The Chair and Vice Chair of the Panel will be appointed by the Panel annually from its current members. The Chair will have a casting vote. In the absence of the Chair and the appointed Vice Chair, the remaining members present will elect one of their number to Chair the meeting. The replacement Chair will have a casting vote.

The Panel may ask any officer or employee of CBC to attend any meeting and provide pertinent information as necessary subject to the prior approval of the Chair of the Panel in consultation with the relevant Director.

The Panel may also invite anyone who is not a staff member of CBC to attend where such attendance contributes to the work of the Panel.

Quorum

The quorum necessary for the transaction of business will be a minimum of three Panel members present (excluding co-optees). A duly convened meeting of the Panel at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Panel.

Frequency of Meetings

The Panel will meet twice a year and more frequently as circumstances require.

Meetings will be arranged having regard to the annual cycle of meetings for the Housing Cabinet Committee.

The Panel Chair will convene a meeting upon written request by any Panel member who considers it necessary.

Duties

The Panel can refer to a wide range of both formal and informal sources of information to support its work programme and priorities. The Panel will develop an initial action plan (based on evidence from the sources such as the examples detailed below) which will be reviewed annually:

- Performance indicators and other operational reports
- The Corporate plans
- Satisfaction Surveys
- Complaints
- Service standards and local offers (in line with regulatory requirements)
- Inspections, mock inspections and peer reviews
- Audits
- Equality Impact Assessments
- Benchmarking with other council housing providers

General

On a regular basis, the Panel will review its own performance and terms of reference to ensure it is operating at maximum effectiveness.

Reporting

The Chair of the Panel will report on the Panel's business to the Housing Cabinet Committee.

All decisions of the Committee regarding recommendations from the Panel will be reported back to the Panel in a timely manner.

The Administrator will distribute copies of the minutes of meetings of the Panel to all members.

Training

Members will be required to undertake training prior to joining the Panel.

All members will be required to undertake mandatory Equality and Diversity training.

Support and Access to Information

- The Community Involvement Team (CIT) will provide support to the Panel and will act as the link between the Panel and the Council;
- Administrative support of the Panel is provided by the CIT;
- The agenda and supporting documents for each meeting will be sent out 7 clear days prior to the meeting.

- The CIT will administer members' expenses on behalf of the Panel. This will include support with transport to meetings, room bookings, printing and copying, stationery etc;
- The Panel will be able to request reports and information from the Council to carry out its activities. Request for information must be made via the Community Services Manager;
- The Panel will be provided with the relevant resources to operate effectively.

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Cheltenham Borough Council

Cabinet – 11 June 2024

Property Compliance Policies

Accountable member:

Councillor Flo Clucas, Cabinet Member for Housing and Customer Services

Accountable officer:

Claire Hughes, Director of Governance and Customer Services (Monitoring Officer)

Ward(s) affected:

All

Key Decision: No

Executive summary:

The Council has duties to comply with regulations relating to the 'Big Six' areas of health and safety: Asbestos, Electrical, Fire, Gas, Lifts and Water Hygiene, plus damp, mould and condensation. This paper asks the Cabinet to approve the adoption of the attached proposed policies with effect from 1 July 2024 when the management of its housing stock returns to CBC.

The policies form part of the council's wider organisational commitment to driving a health and safety culture amongst staff and contractors. The key aspects of each policy are highlighted in this report, but the attached full policies are the key working documents.

Recommendations: That Cabinet:

1. Approves the following policies:
 - a) Housing Asbestos Policy
 - b) Housing Electrical Safety, Alarms and Automated Equipment Policy
 - c) Housing Fire Safety Policy
 - d) Housing Gas Safety Policy

- e) **Housing Water Safety Policy**
- f) **Housing Damp Mould and Condensation Policy**

2. **Delegates authority to the Director of Governance and Customer Services and the Deputy Chief Executive to make minor amendments to the policies to reflect changes in legislation and/organisational structure.**
-

1. Implications

1.1. Financial, Property and Asset implications

The Council has a legal duty to ensure that properties it manages are safe and comply with all applicable statutory requirements. The policies this report seeks to approve set out these responsibilities and how the Council will be working to achieve compliance best practice. Although there are currently no direct financial implications of the recommendations, budgets will continue to be reviewed to ensure that there is sufficient resources available for the Council to undertake their statutory responsibilities.

Signed off by: Gemma Bell, Director of Finance and Assets
gemma.bell@cheltenham.gov.uk

1.2. Legal implications

Compliance with these regulations are a statutory requirement and the Council would be at risk from failure to uphold the requirements, but also these regulations are essential for protecting the health and safety of staff, contractors and citizens of Cheltenham.

Signed off by: Sharon Green, Lawyer, legal.services@onelegal.org.uk

1.3. Environmental and climate change implications

These policies relate to legal Health and Safety regulation and therefore no environmental implications need to be considered. However, the works conducted under these policies are subject to aligning with the wider net zero targets of CBC.

Signed off by: Maizy McCann, Climate Emergency Officer,
maizy.mccann@cheltenham.gov.uk

1.4. Corporate Plan Priorities

This report contributes to the following Corporate Plan Priorities:

- Increasing the number of affordable homes through our £180m housing investment plan
- Ensuring residents, communities and businesses benefit from Cheltenham's future growth and prosperity
- Being a more modern, efficient and financially sustainable council

1.5. Equality, Diversity and Inclusion Implications

An equalities impact assessment screening questionnaire has been completed and is attached at Appendix 2.

2. Scope of Policies

2.1 The policies apply to:

- The housing assets which are owned by the Housing Revenue Account (the HRA) and any which are leased by the Council and rented and managed as social housing stock. This includes domestic properties (houses and flats), communal areas of any blocks containing such properties, and sheltered and supported housing schemes and associated offices and communal spaces.
- Any commercial premises which are owned by the HRA.

3. Roles and Responsibilities

3.1. **Cabinet:** Cabinet has overall governance responsibility for ensuring these policies are fully implemented to ensure full compliance with legislation and regulatory standards. As such, the Cabinet will formally review and approve the policies every two years (or sooner if there is a change in legislation or regulation).

For assurance that the policies are operating effectively in practice, the Cabinet, via its Housing Cabinet Committee will receive regular updates on their implementation, performance and any non-compliance

3.2. **Leadership Team:** The Leadership Team will receive monthly performance reports in respect of all 'Big Six' areas of compliance. They will also be notified of any non-compliance issue identified.

3.3. **Deputy Chief Executive:** The Deputy Chief Executive has strategic responsibility for the management of health and safety covered by these policies.

3.4. Responsible Persons: The appointment of a 'Responsible Person' is required under regulations concerning fire safety and water hygiene. The policies specify these as follows:

- Fire Safety – Cheltenham Borough Council is the Responsible Person. Under the Regulatory Reform (Fire Safety) Order 2005, the 'Responsible Person' can be a corporate entity.
- Water Hygiene - The Interim Housing Director is the Responsible Person

4. Key Features of the Policies

4.1. The following headlines list the main activities to comply with each of the policies. Please see the policy itself for the full scope of requirements.

4.2. **Electrical Safety, Alarms and Automated Equipment** We will inspect and test electrical installations every five years and at a change of tenancy and carry out any remedial works to ensure the installation is safe.

- We will ensure that all portable appliances are tested in accordance with the current code of practice.
- All Temporary Furnished accommodation will be tested fully at least once per year and visually inspected with a random electrical test on a single circuit every change of occupancy.
- Any Portable appliances provided by CBC will be subject to a PAT test once per year with the results being recorded on the supplied sheet located at the property. e. To ensure all properties are covered with a minimum fire protection of LD3. This includes fire detection devices in all escape routes of the property. General needs properties and the dwellings contained within sheltered schemes have a minimum of a smoke alarm in each hallway and landing (LD3) with the updated properties also having a heat detector in the kitchen (LD3+). All of these alarms are tested by a member of CBC whenever the property is visited or annually, whichever is soonest. This is not required according to legislation but an additional safety benefit offered by CBC.
- We will ensure that all passenger lifts are serviced six times per year, stair lifts are service twice per year and hoists and vertical lifts are services twice per year.

4.3. **Fire Safety:** Each property requiring a fire risk assessment (FRA) will have one in place, and the FRA will be carried out by a competent fire risk assessor.

- We will operate robust processes to implement all general fire precaution recommendations identified by FRAs.

- We will install, test and replace (as required) battery operated and/or hard-wired smoke alarms and carbon monoxide alarms as part of the annual gas safety check visit (or at void stage).
- If we are made aware that a resident living in one of our buildings has a physical, cognitive or mental impairment, we will complete a person-centred fire risk assessment (PCFRA) for them.
- We will not permit storage within internal common areas.
- We will undertake quarterly checks of communal fire doors and annual checks of flat entrance doors to all such buildings over 11 metres in height.
- For all other communal blocks and other properties with common areas, we will undertake a six-monthly check of all communal fire doors, and an annual check of 25 per cent sample of flat entrance doors.
- We will ensure robust processes are in place to implement all general fire precaution measures identified by FRAs.
- We will establish a resident engagement communication programme. This will support tenants in their understanding of fire safety, advise them of how they can keep themselves and other tenants safe, and encourage them to report any fire safety concerns.

4.4. Gas Safety: We will carry out an annual gas safety check to all properties with a gas supply, irrespective of whether the gas is connected or not.

- We will ensure that copies of all landlord's gas safety records (LGSRs) and any other relevant certificates are provided to tenants within 28 days of completion.
- We will install, test and replace (as required) battery operated and/or hard-wired smoke alarms and carbon monoxide alarms as part of the annual gas safety check visit (or at void stage).
- We will ensure that gas safety checks are carried out within 24 hours of the commencement of a new tenancy.
- We will carry out a visual check of resident owned gas appliances.
- We will operate a robust process if there is difficulty gaining access to a property to carry out the gas safety check or remediation works. We will use the legal remedies available within the terms of the tenancy agreement, lease or license to gain access where required. Where resident vulnerability issues are known or identified, we will ensure we safeguard the wellbeing of the resident.

4.5. Water Safety: We will ensure that full legionella risk assessments are reviewed every two years or when there is reason to believe that the original risk assessment may no longer be valid such as a change to the water system.

- Management and communication procedures will be reviewed every two years or specifically when there is a reason to do so including whenever there is a change of key personnel. This refers to both site-specific written 'control schemes' and wider customer communication for example on the website and signup information.
- Any person who carries out risk assessments and provides advice on prevention and control of exposure is competent to do so and holds an appropriate current membership of the Legionella Control Association (LCA).

4.6. Asbestos: We will maintain an up to date record of the location, condition, extent and nature of any asbestos containing materials (ACMs) relevant.

- All non-domestic (communal) areas of relevant properties have been surveyed and all domestic properties/ areas are subject to an ongoing programme of survey.
- We will ensure that we contract with competent asbestos survey companies who will possess the expertise to undertake management surveys, refurbishment and demolition surveys and monitoring (re-inspection) surveys.
- We will ensure that any ACM removal/ abatement work will be undertaken by an approved, accredited and competent contractor. This to include any task approved and endorsed to be undertaken directly by the BS non-licensed asbestos works operatives.
- We will engage specialist external consultants/auditors to periodically carry out independent assessments of the contractors employed to undertake Asbestos Surveys and Asbestos Removals.

4.7 Damp, Mould and Condensation: We will respond to issues of damp, mould and condensation (DMC) in accordance with relevant guidance and legislation; we will work with tenants where mould is present and identify the causes and potential solutions to this problem, some of which will be for the CBC to take care of, and some will be for tenants to implement with CBC support.

5. Obligations for the Council

5.1. The obligations of the Council are listed in the respective policies.

5.2. Failure to discharge our responsibilities and obligations properly could lead to sanctions, including prosecution by the Health and Safety Executive (the HSE) under the Health and Safety at Work Act 1974; prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007; prosecution under any of the principal legislation; and via a regulatory notice from the Regulator of Social Housing.

6. Reasons for Recommendations

The Council is required to ensure compliance with the regulations concerning health and safety in the homes and buildings we manage.

7. Key risks

7.1. Key risks are identified in the risk register attached at Appendix 1

Report author:

Claire Hughes, Director of Governance and Customer Services –
claire.hughes@cheltenham.gov.uk

Appendices:

- i. Risk Assessment
- ii. Equality Impact Assessment
- iii. Housing Asbestos Policy
- iv. Housing Electrical Safety, Alarms and Automated Equipment Policy
- v. Housing Fire Safety Policy
- vi. Housing Gas Safety Policy
- vii. Housing Water Safety Policy
- viii. Housing Damp, Mould and Condensation Policy

Background information:

None

Appendix 1: Risk Assessment

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
1	The Council has a legal duty to ensure that properties it manages are safe and comply with all applicable statutory requirements. The policies this report seeks to approve set out these responsibilities and how the Council will be working to achieve compliance best practice. If the Council failure to adopt clear policies then this could result in ambiguity and compliance failures, potentially putting tenants and residents at risk	Director of Governance & Customer Service	5	3	15	Reduce	Produce, approve and implement clear and robust policies and associated procedures. Conduct a complete review of policies and procedures post transfer.	Director of Governance & Customer Service And Deputy Chief Executive	July 2024 July 2025
2	If the Council does not have clear property compliance policies in place or does not comply with the provisions of the polices then there is a significant safety and reputational risk to the Council.	Director of Governance & Customer Service	5	3	15	Reduce	Produce, approve and implement clear and robust policies and associated procedures. Conduct a	Director of Governance & Customer Service And Deputy Chief Executive	July 2024 July 2025

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
							complete review of policies and procedures post transfer.		
3	If the Council does not have clear property compliance policies in place or does not comply with the provisions of the polices then there is a significant financial risk to the Council.	Director of Governance & Customer Service	5	3	15	Reduce	Produce, approve and implement clear and robust policies and associated procedures. Conduct a complete review of policies and procedures post transfer.	Director of Governance & Customer Service And Deputy Chief Executive	July 2024 July 2025
4	If the Council does not have clear property compliance policies in place or does not comply with the provisions of the polices then there is a significant legal risk to the	Director of Governance & Customer Service	5	3	15	Reduce	Produce, approve and implement clear and robust policies and associated	Director of Governance & Customer Service And	July 2024

Risk ref	Risk description	Risk owner	Impact score (1-5)	Likelihood score (1-5)	Initial raw risk score (1 - 25)	Risk response	Controls / Mitigating actions	Control / Action owner	Deadline for controls/ actions
	Council.						procedures. Conduct a complete review of policies and procedures post transfer.	Deputy Chief Executive	July 2025

Appendix 2: Equality Impact Assessment (Screening)

1. Identify the policy, project, function or service change

a. Person responsible for this Equality Impact Assessment

Officer responsible: Claire Hughes	Service Area: Governance and Customer Services
Title: Property Compliance Policies	Date of assessment: 13/05/2024
Signature: C.Hughes	

b. Is this a policy, function, strategy, service change or project?

Policy

If other, please specify: Update to Councils Governance arrangements

c. Name of the policy, function, strategy, service change or project

Suite of property compliance policies:

- a) Housing Asbestos Policy
- b) Housing Electrical Safety, Alarms and Automated Equipment Policy
- c) Housing Fire Safety Policy
- d) Housing Gas Safety Policy
- e) Lifts Policy
- f) Housing Water Safety Policy
- g) Housing Damp, Mould and Condensation Policy

Is this new or existing?

New or proposed

Please specify reason for change or development of policy, function, strategy, service change or project

These are new policies for CBC to reflect the return of the management of its housing stock to CBC

d. What are the aims, objectives and intended outcomes and who is likely to benefit from it?	
Aims:	<ul style="list-style-type: none"> • To ensure property compliance is at the forefront of all decision-making processes. • Ensure transparency of performance in relation to all compliance areas throughout the organisation. • Carry out regular self-assessments to ensure that we are meeting all expectations on behalf of our regulator, our customers and all other stakeholders. • Continually improve and develop compliance management systems to manage, oversee and action all facets of property compliance operations. • Foster a culture that actively encourages open reporting and seeks to learn from any failures. This will enable employees to accept and act upon their compliance responsibilities. • Have a governance structure that is fit-for-purpose and leads to any potential improvement actions being implemented as required. • Make clear to all parties the hierarchy of responsibility for each compliance area; empowering each person with the skills and knowledge to adequately fulfil the obligations of their role
Objectives:	To demonstrate our commitment to ensure full compliance with all legal, regulatory and statutory requirements.
Outcomes:	These policies will ensure all employees are aware of their roles and responsibilities in relation to property compliance and underpin the drive to maintain the safety of our customers' homes at all times.
Benefits:	Fulfilling the Councils legal duty to ensure that the properties it manages are safe and comply with all applicable statutory requirements

e. What are the expected impacts?	
Are there any aspects, including how it is delivered or accessed, that could have an impact on the lives of people, including employees and customers.	No

Do you expect the impacts to be positive or negative?	No impact expected
Please provide an explanation for your answer:	
There is no direct impact on members of the public, employees, elected members and / or stakeholders	

If your answer to question e identified potential positive or negative impacts, or you are unsure about the impact, then you should carry out a Stage Two Equality Impact Assessment.

f. Identify next steps as appropriate	
Stage Two required	No
Owner of Stage Two assessment	
Completion date for Stage Two assessment	

Please move on to Stage 2 if required ([intranet link](#)).

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Cheltenham Borough Council Housing Asbestos Policy – July 2024

Version control

Document name: Housing Asbestos Policy

Version: 1.0

Responsible officer

- Property Compliance Manager

Approved by: Cabinet

Next review date: July 2027

Retention period: 6 months from replacement

Revision history

Revision date	Version	Description
July 2024	1	

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1.0 Policy Summary

- 1.1 This Policy establishes how Cheltenham Borough Council (CBC) will ensure compliance with legislative duties in relation to asbestos, and in particular, CBC's duty to manage Asbestos Containing Materials (ACMs) in the properties it manages and to consider its responsibilities to customers (particularly those tenants/ leaseholders occupying/ visiting our buildings), Employees, contractors (including the Building Services [BS] team) and other stakeholders.
- 1.2 This policy applies to all buildings and associated structures either owned or leased by CBC's Housing Revenue Account (HRA). It also relates to work commissioned, managed by CBC, or undertaken directly by the CBC 'in-house' BS team.
- 1.3 The Asbestos Policy is supported by the Asbestos Management Plan (AMP) 2022
- 1.4 The asbestos compliance provisions relating to other properties owned, occupied or managed by CBC (civic and public buildings for example) are entirely separate from this Asbestos Policy.

2.0 Policy Objectives

- 2.1 The overall objective of this policy is to ensure that CBC meets its obligations under the Control of Asbestos Regulations 2012 (CAR 2012) in particular the 'duty to manage asbestos' requirements of Regulation 4. CBC will also ensure that any ACMs identified within its HRA properties are managed in accordance with the CAR 2012 and all other associated and relevant legislation.

A comprehensive list of relevant legislation and guidance is provided within the AMP.

3.0 Policy Details

- 3.1 CBC will ensure that all material identified as likely to contain asbestos is managed in accordance with relevant legislation.
- 3.2 CBC will not undertake (directly via the BS team, or via external contractors/ agents), or contract out any work to a property owned, leased, occupied, or managed by us without adequate information on the nature, condition and extent of any ACM likely to be disturbed.
- 3.3 CBC will maintain an up-to-date record* of the location, condition, extent and nature of any asbestos containing materials (ACMs) relevant.

*All non-domestic (communal) areas of relevant properties have been surveyed and all domestic properties/ areas are subject to an ongoing programme of survey.

- 3.4 CBC will ensure that it contracts with competent asbestos survey companies who will possess the expertise to undertake management surveys, refurbishment and demolition surveys and monitoring (re-inspection) surveys.

- 3.5 CBC will ensure that any ACM removal/ abatement work will be undertaken by an approved, accredited and competent contractor. This to include any task approved and endorsed to be undertaken directly by the BS non-licensed asbestos works operatives.
- 3.6 CBC will engage specialist external consultants/auditors to periodically carry out independent assessments of the contractors employed to undertake Asbestos Surveys and Asbestos Removals.
- 3.7 It should be noted that this document is specifically drafted in relation to CBC's duty to manage asbestos, as described within CAR 2012. Therefore, it does not comprehensively describe or dictate what the policy (or practical interpretation/ procedures) should be for the BS team in relation to practically 'working' with asbestos containing materials. The BS team's equivalent compliance documentation is therefore listed at section 11.

4.0 Related Procedures

- 4.1 A new clear tiered suite of asbestos compliance documentation is being collated as part of the wider CBC asbestos compliance review including alignment with term procurements, software systems and procedures.

The associated documents provide the detail to deliver the Asbestos Policy objectives and outcomes. A full list of all associated CBC procedures / compliance documents is listed at section 11.

5.0 Key Outcomes

- 5.1 The AMP will interpret this Asbestos Policy and set out strategically how CBC will:
- Keep and maintain an up to date record (Asbestos Register) of the location, condition, maintenance and removal of all ACMs. This to include survey programme for domestic properties previously not surveyed.
 - Repair, seal or remove ACMs if there is a risk of exposure due to their individual condition or location.
 - Implement a re – inspection procedure and programme for identified ACMs.
 - Maintain ACMs in a good state of repair and regularly monitor condition.
 - Inform anyone who is liable to disturb the ACMs about their location and condition.
 - Have arrangements and procedures in place for the appointment and management of specialist Asbestos Surveying Consultants and Asbestos Removal Contractors.
 - Inform relevant Employees of the contents of the AMP at regular intervals.
 - Identify relevant management procedures and the roles and responsibilities of CBC Employees (including the CBC BS team Employees and operatives).
 - Inform customers, tenants, leaseholders, Employees, contractors (including the CBC BS team) and any other relevant persons, whose actions may cause a disturbance, of the nature and extent of any known or suspected ACMs.
 - Review the AMP at regular intervals and no less than 12 monthly.

- 5.2 Contractors (and their sub-contractors) employed by CBC will be required to provide risk assessments (pre work RAMS) and safe systems of work prior to working in areas containing ACMs. This includes the activity of the BS team. These risk assessments and safe systems of work must be approved by the relevant CBC Responsible Person (RP) prior to any work commencing.
- 5.3 Customers (tenants/ leaseholders) will be provided with summary asbestos guidance and information in a variety of ways, including new tenancy 'information packs', the CBC website, periodic asbestos articles. Further detail is provided within section 5.18 of the AMP.
- 5.4 In addition to CBC's own monitoring of the performance of the appointed Asbestos Surveying Contractor (ASC) and Licensed Asbestos Removals Contractor (LARC), external asbestos consultant specialists will be instructed to periodically carry out independent assessments/ audits of the appointed contractors. The assessments are to verify that the contractors are carrying out the allocated works in accordance with the performance specification within the terms of the contract, to include, but not limited to, the standard/quality of the service, the quality and accuracy of the data collected onto CBC's data management systems and the contractor's management and accredited systems.

6.0 Roles and Responsibilities

- 6.1 The Chief Executive is the principal duty holder in terms of achieving compliance with Health and Safety legislation, CAR 2012 and the safe management and prevention of risk.
- 6.2 The Deputy Chief Executive, Directors and Heads of Service have responsibility for ensuring that this Policy is implemented within their directorates/service areas. They will also ensure that adequate resources are available to meet the requirements of this Asbestos Policy.
- 6.3 The Deputy Chief Executive is responsible for the review of proposed changes to the Asbestos Policy. Meetings are attended by senior representatives from all areas of the business.
- 6.4 The Housing Cabinet Committee is responsible for the overview, scrutiny and challenge of compliance and health and safety activities across housing at CBC and for reporting to and making recommendations to Cabinet.
- 6.5 The practical implementation and co-ordination of the Asbestos Policy (via the AMP and procedures) is the responsibility of the Property Compliance Team (PCT) together with the Asbestos Working Group (AWG) and they will be guided and advised by relevant CBC employees and external agencies as deemed appropriate.
- 6.6 The AMP will set out the roles of Employees, contractors and other stakeholders who will have responsibility for the operational application and service delivery of this policy and its associated procedures.

- 6.7 In accordance with the Health and Safety at Work Act 1974 and the CBC Health, Wellbeing and Safety Policy all employees (including BS) are required to:
- take reasonable care for their own Health and Safety and that of other persons who may be affected by their acts or omissions, including members of the public, visitors and contractors
 - co-operate with CBC and its managers to enable compliance with statutory duties, objectives and targets.

7.0 Training

- 7.1 CBC shall ensure that adequate information; instruction and training are given to all relevant employees and will undertake regular training of managers and Employees, regular building users and contracted third parties, where necessary to ensure that the information is effectively disseminated and to ensure that training has been undertaken (at the appropriate level and frequency).
- 7.2 Asbestos awareness training is to be undertaken for Employees and those who manage Employees who through their role within CBC may come into contact with asbestos containing materials. Training is mandatory as required under regulation 10 of the CAR 2012, and all identified Employees must attend a suitable course.
- 7.3 Asbestos Non-Licensed Works (previous category 'B') training is to be undertaken for operatives and those who supervise/ manage them who through their role within the BS team are endorsed to undertake the limited number of non-licensed asbestos work (NLW) tasks listed within the corresponding BS team NLW procedure. Training is mandatory as required under regulation 10 of the CAR 2012, and all identified Employees must attend a suitable certified course no less than annually.

8.0 Equality and Diversity

- 8.1 This policy and supporting procedure will be applied in a non-discriminatory and consistent way.
- 8.2 We undertake to treat all employees fairly to ensure that no discrimination takes place in line with CBC's Equality and Diversity policy ensuring that this is applied fairly and consistently.

9.0 Review

- 9.1 This Policy shall be reviewed and updated by CBC every three years, or if there are any major changes to current Asbestos Legislation, HSE approved codes of practice and guidance or relevant CBC practices or structure. Any interim revisions proposed will be reviewed, noted and recorded via the Wellbeing and Safety Group (WASG).

10.0 Reference Legislation, Approved Codes of Practice (ACoPs) and Guidance Documentation.

The following documents have been identified as being significantly relevant to managing risks from asbestos containing materials, and further information on any document below can be obtained directly from the HSE.

10.1 Legislation.

- The Health and Safety at Work Act 1974.
- Control of Asbestos Regulations 2012.
- The Management of Health & Safety at Work Regulations 1999.
- Workplace (Health, Safety and Welfare) Regulations 1992.
- Hazardous Waste Regulations 2005.
- Construction (Design and Management) Regulations 2015.

10.2 Approved Codes of Practice (ACoP) (Health & Safety Executive).

- ACoP L143 - 'Managing and working with asbestos' (December 2013).
- HSG 264 – 'Asbestos: The survey guide', holds ACoP status.

10.3 Guidance Documents (Health & Safety Executive).

- HSG247 – 'Asbestos: The licensed contractors' guide.
- HSG248 – 'Asbestos: The analysts' guide' (second edition 2021).
- HSG189/2 – 'Working with asbestos cement'.
- HSG213 – 'Introduction to asbestos essentials (First Edition)'.
- HSG210 – 'Asbestos essentials task manual (Second Edition)'.
- HSG33 – 'Health and safety in roof work (First Edition)'.
(Covers asbestos cement roof demolition).
- HSG227 – 'Comprehensive guide to managing asbestos in buildings'.

11.0 Related Policies and Procedures

- Asbestos Management Plan (AMP)
- *Asbestos Compliance + Quality Audit Procedure
- *Asbestos Survey Procedure
- *Asbestos Removal and Remediation Works Procedure
- *Asbestos Emergency Works Procedure
- *CBC Building Services (BS) Team Asbestos Non-Licensed Works Procedure
- Health, Wellbeing and Safety Policy
- Repairs & Maintenance Procedure
- *CBC 'No or Refused Access' Policy/ procedure'.

**WIP or re-draft.*

12.0 Glossary (of terms/abbreviations)

ACM -	Asbestos Containing Material
ACoP -	Approved Code of Practice
AMP -	Asbestos Management Plan
LARC -	Licensed Asbestos Removal Company (appointed by CBC)
ASC -	Asbestos Survey Company (appointed by CBC)
AWG -	Asbestos Working Group
BS -	Building Services team, the in-house CBC workforce (DSO)
CAR 2012 -	Control of Asbestos Regulations (2012)
CBC -	Cheltenham Borough Council
CDM -	Construction Design Management Regulations 2015
Customer -	Meaning tenant, resident, occupant, shared owner, leaseholder
PCT	Property Compliance Team, including Health and Safety aspects
HSE -	Health and Safety Executive
NLW -	Non-Licensed Work (lower risk HSE defined work category)
RAMS -	Risk Assessment and Method Statement
Responsible Person (RP) -	CBC role which applies to: the Property Compliance Manager, Property Compliance Officer, Development Officers, Health and Safety Manager, Repairs Manager, Voids Manager, Repairs Supervisor, Planned Maintenance Manager, Asset and Investment Manager, Project Managers, Surveyors/ Technical Employees, Service Delivery Employees.

Cheltenham Borough Council Housing Electrical Safety, Alarms and Automated Equipment Policy

Version control

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Version: 1.0

Responsible officer

- a) Head of Building Services

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1.0 Introduction

- 1.1. It is essential that the electrical wiring and accessories contained within the housing assets owned by the Housing Revenue Account (HRA) are properly maintained and serviced to, as far as reasonably practicable, minimise the potential for electric shock and fire caused by electrical faults.
- 1.2. All HRA properties CBC manage, with the exception of most garages, are connected to a mains electrical supply with a small minority using this for the purpose of heating.
- 1.3. Failure to correctly manage electrical safety can result in unsafe installations which could result in loss of life and consequently it is a primary concern for CBC. The penalty for non-compliance is the risk of prosecution and if a case is referred to the Crown Court the maximum penalty can be an unlimited fine together with the possibility of imprisonment.
- 1.4. This Policy reflects the strong themes and emphasis on building safety and compliance identified within relevant legislation.
- 1.5. It is CBC Policy to:
 - a) Be compliant with legal and regulatory duties with respect to electrical safety including fire detection measures.
 - b) Ensure that all new build properties and rewires are wired to the most up to date version of BS: 7671.
 - c) Ensure that all CBC managed properties are electrically tested a minimum of every five years with communal areas also being tested every five years.
 - d) Ensure that all testing equipment is calibrated every year.
 - e) Ensure that all CBC owned portable appliances are PAT tested in accordance with the most up to date Code of Practice.
 - f) Ensure that all reasonable steps are taken to obtain access to properties for safety checks and maintenance.
 - g) Operate an effective and efficient process within Responsive Repairs for electrical safety checks and maintenance.
 - h) Deliver high levels of customer service.
 - i) Regularly review and when appropriate update the procedure for electrical safety and the maintenance service considering customer feedback and best practice.

2.0 Legal Requirements

- 2.1 Electrical Safety and best practice are covered by The Landlord and Tenant Act 1985, The Electricity at Work Regulations 1989, BS7671:2008 Amendment 3:2015 and Part P of the Building Regulations.
- 2.2 The duties apply to fixed wiring, electrical fittings, and accessories.

- 2.3 The LTA and ESAWR place duties on CBC, as a landlord & employer to ensure that the fixed wiring, electrical fittings, and accessories provided for use are safe. These duties to protect tenants and employee safety are in addition to the more general ones that landlords and employees have under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.

3.0 Policy Statement

- 3.1 CBC considers that by undertaking the compliance measures detailed below it will be compliant with the following legislative requirements:
- a) Electricity at Work Regulations 1989
 - b) BS7671:2008 Amendment 3:2015
 - c) Part P of the Building Regulations and BS 5839 Pt.6:2013
 - d) Lifting Operations and Lifting Equipment Regulations
 - e) Lightning Protection BS EN: 62305
 - f) Automatic Door Regulation BS EN: 16005
 - g) Emergency Lighting Regulation BS: 5226-1
 - h) Fire Alarm Standards BS: 5839

4.0 Employing Competent Contractors and Competent Persons

- 4.1 CBC will only employ qualified and competent electricians to work on and maintain the electrical systems including the accessories, fittings and associated wiring. The exception to this would be the employment of an apprentice or electricians mate whose work will be inspected and signed off by a competent person.
- 4.2 CBC will only use registered (Certsure, NICEIC, Elecsa, Napitt or equivalent) contractors and they will be required to evidence to the council that each operative working on electrical installations has the necessary in-date qualification(s) to undertake the task.

5.0 Requirements

- 5.1 Duties of Landlord
- a) To ensure 5 yearly safety checks are carried out on electrical installations and that a record is kept unless the competent electrician deems it necessary to re-inspect on a more frequent basis. If, however, we start to see deterioration in our electrical installations and/or an increased number of emergencies or urgent actions resulting from EICR safety checks, the Policy should be reviewed.
 - b) To ensure that a 5 yearly safety check is carried out on all communal areas unless the competent electrician deems it necessary to re-inspect on a more frequent basis.
 - c) To ensure all portable appliances are tested in accordance with the current code of practice.

- d) Temporary Furnished accommodation will be tested fully at least once per year and visually inspected with a random electrical test on a single circuit every change of occupancy. Any Portable appliances provided by the council will be subject to a PAT test once per year with the results being recorded on the supplied sheet located at the property.
- e) To ensure all properties are covered with a minimum fire protection of LD3. This includes fire detection devices in all escape routes of the property. General needs properties and the dwellings contained within sheltered schemes have a minimum of a smoke alarm in each hallway and landing (LD3) with the updated properties also having a heat detector in the kitchen (LD3+). All of these alarms are tested by a member of CBC whenever the property is visited or annually, whichever is soonest. This is not required according to legislation but an additional safety benefit offered by CBC.
- f) Fire alarms in communal areas are tested quarterly by a CBC appointed contractor with the whole system including the fire panel and all other associated devices being tested annually.
- g) Fire detection devices over 10 years old will be replaced at safety check visits. These will be combined fire detection and CO devices located as required.
- h) In general needs properties where the alarms are mains with a battery backup, it is the tenant's responsibility to replace the batteries unless a sealed lithium cell is installed. Sheltered schemes are also protected by a monitored fire alarm system that will contact a call centre in the event of activation. This system will be tested every quarter with a full test and overhaul annually.

5.2 Compliance Measures – CBC will ensure:

- 5.2.1.1 Records will be held and maintained for all electrical installations and equipment.
- 5.2.1.2 An Electrical Installation Condition Report (EICR) is undertaken by a qualified electrician on every landlord owned and leased property.
- 5.2.1.3 An EICR is carried out for each new tenancy.
- 5.2.1.4 Where there is no power available to carry out an EICR, an appointment will be booked at the soonest convenience to ensure this is completed.
- 5.2.1.5 That all EICR's will be recorded in the proper manner, either electronically or on paper.
- 5.2.1.6 A record of each EICR is kept for at least five years.
- 5.2.1.7 A minor works certificate will be produced following any alteration, modification or change to the installation.
- 5.2.1.8 Building control will be notified under the Part P notification scheme where appropriate.
- 5.2.1.9 That no electrical work will be permitted by unauthorised persons unless written permission is requested and sanctioned by CBC.
- 5.2.1.10 That all portable appliances are tested in accordance with the IEE Code of Practice for In-service Inspection and Testing of Electrical Equipment. This includes all items situated in offices, workshops, temporary accommodation and tradesmen's tools and equipment.

5.3 Reasonable Steps

To comply with Requirement 2, CBC will take reasonable steps to ensure electrical safety checks are made. This comprises a 5-year safety check programme, tenants will be notified in advance of the proposed inspection appointment in writing and by telephone. Where there is no response from the tenant, the logistics team will send emails and text messages. If there is still no contact then a further two pre-appointment letters will be sent (total of three letters) and, thereafter, if there is still no response, legal action will be pursued until access to the property is achieved and the electrical test is satisfactorily completed.

6.0 Lightning Protection Systems

The risk and need for lightning protection systems (lightning conductors) shall be risk assessed in accordance with BS EN 62305. Lightning protection shall be maintained in accordance with BS EN 62305 at maximum intervals of 12 months.

7.0 Cyclical Maintenance

CBC have the responsibility of managing several cyclical maintenance programmes, some of which have legislative elements to them. These include a series of testing or servicing regimes which must be completed for CBC to remain compliant:

Legislative:

1. Passenger, Stair and Vertical Lifts
2. Fire Alarm and Equipment
3. Emergency Lighting
4. Automatic Door Opener/Closers
5. Lightning Conductors

Non-Legislative

1. Door Entry Systems
2. Electrical Wash/Dry Toilets

It is CBC's obligation to ensure that all legislative contracts abide to the relevant regulations and British Standards imposed upon them and that all contracts are maintained to the highest level, following all Codes of Practice.

Testing and servicing frequencies will follow the regime dictated by the relevant legislation. Below is a brief overview:

7.1 Lifting Equipment

Passenger lifts:

- Serviced by competent individual six times per year.
- Thorough examination carried out twice per year by competent individual.

Stair lifts:

- Serviced by competent individual twice per year.
- Thorough examination carried out once per year by competent individual.

Hoists and vertical lifts:

- Serviced by competent individual twice per year.
- Thorough examination carried out twice per year by competent individual.

Lift Operating and Lifting Equipment Regulations (LOLER) documentation will be received and stored in an electronic format. Stair lifts do not require a thorough examination however CBC will exceed the Legislative requirement to effectively manage risk. Vertical lifts in residential dwellings only require one thorough examination per year, however CBC consider these high-risk and will exceed the Legislative requirement and inspect them twice per year.

7.2 Fire Alarms and Equipment

Fire Alarm System:

- 25% inspected and serviced by competent individual four times per year.
- One annual inspection and service by competent individual.

Fire equipment incl. Extinguishers and Fire Blankets:

- Inspected and serviced once per year by competent individual.

Certificates of Inspection will be received and stored in an electronic format.

The Housing Support Officers are responsible for testing a random manual call point in a sheltered scheme and ensuring that all fire doors within the scheme close upon activation. This is recorded in the log book situated by the fire panel.

7.3 Emergency Lights

Emergency lights are inspected by CBC electricians and estate operatives for General Needs blocks and a designated contractor for Sheltered Schemes.

Emergency Lights are to be tested every month with a full discharge test once per year in accordance with BS EN 50172 / BS 5266-8.

Certificates of Inspection will be received and stored in an electronic format

7.4 Automatic Door Openers/Closers

Automatic Door Openers/Closers will be inspected once per year in accordance with BS EN 16005 by a competent individual.

Certificates of Inspection will be received and stored in an electronic format.

7.5 Lightning Conductors

Lightning Conductors will be tested and inspected once a year in accordance with BS EN 62305 by a competent individual.

Certificates of Inspection will be received and stored in an electronic format.

7.6 Document Recording

All documentation including servicing/testing reports and certifications will be held and filed on Documotive, while a record of the dates of testing will be filed on QL. These documents should be held for a minimum of one year.

8.0 Performance Management

Compliance against the requirements of this Policy will be measured by the following Key Performance Indicators:

Electrical

- Percentage of properties with a current 5yr EICR.
- Percentage of communal areas with a current 5yr EICR. • Percentage of leased properties with current EICR.
- Percentage of temporary furnished properties with an annual PAT test.
- Percentage of CBC owned portable appliances with an annual PAT test.

Lifting equipment

- Percentage of passenger lifts with current bi-annual LOLER test.
- Percentage of stairlifts with current annual LOLER test.
- Percentage of vertical lifts/hoists with bi-annual LOLER test.

Fire & Emergency lighting

- Percentage of general needs properties with fire detection device check.
- Percentage of Fire alarms and % of detectors with current test.
- Percentage of Fire alarms with annual test.
- Percentage of linked sheltered detectors tested quarterly.
- Percentage of linked sheltered systems tested annually.
- Percentage of HSO weekly fire tests completed.
- Percentage of Fire equipment with an annual test.
- Percentage of Emergency Lighting with monthly test.
- Percentage of Emergency Lighting with annual test.

Auto openers

- Percentage of properties with current auto opener test.

Lightning Protection

- Percentage of Lightning Protection systems tested annually.

CBC Operations

- Percentage of CBC testing equipment tested and calibrated.

Performance will be reported at frequencies relating to the testing and compliance regime. All performance data will be held in Clearview to facilitate performance reporting. Any performance discrepancies in the KPI results will be clearly indicated in the Performance Note tab in Clearview giving a precise commentary of the reason for the discrepancy and the remedial steps that have been put in place to rectify the issue and any preventative measures.

9.0 Responsibilities

Deputy Chief Executive

The Deputy Chief Executive through the Head of Building Services will support the Chief Executive in the position as Duty Holder and as such will be responsible for ensuring that:

- a) Both an effective Policy, supported by a robust management framework is in place to manage electrical safety.
- b) Individuals charged with the management of electrical safety within CBC are competent and have the necessary resources at their disposal to undertake the work effectively.

Head of Building Services

The Head of Building Services through the Repairs Manager, Logistics Manager and Electrical Supervisor will be responsible to ensure:

- a) The development and review of an effective policy.
- b) The overall implementation and maintenance of a robust management framework which is fit for purpose to manage electrical safety.
- c) The appointment of competent persons and contractors employed by CBC.
- d) Advice and recommendations affecting policy.

Repairs Manager

The Repairs Manager through the Electrical Supervisor will be responsible for ensuring:

- a) The framework put in place for the implementation and management of electrical safety is carried out and continues to be fit for purpose.
- b) Review and monitor compliance and contractor performance.
- c) Timely Policy review.
- d) The production of written management systems.
- e) Advice and recommendations affecting Policy.

Logistics Manager

The Logistics Manager will be responsible for ensuring:

- a) All reasonable steps are taken to obtain access to properties for safety checks and maintenance.
- b) Delivery of the electrical safety check programme is monitored daily.
- c) Electrical safety check compliance is reported monthly.

- d) High levels of customer service are achieved.
- e) Receipt of testing and inspection certification for leased properties.
- f) New tenancy EICR testing is carried out.

Electrical Supervisor

The Electrical Supervisor is responsible for the day-to-day technical support of the in-house electricians and contractors appointed to undertake electrical safety checks and maintenance in accordance with this Policy and associated procedures ensuring that:

- a) Independent third-party audits are undertaken annually by Elecsa to ensure that CBC remain competent and compliant regarding its electrical safety. Elecsa is the governing body selected by CBC to carry out these audits which includes electrical competency checks and property surveys.
- b) The in-house electricians and contractors deliver an effective and efficient service for electrical safety checks, servicing, and maintenance in accordance with agreed processes and procedures.
- c) Electrician's certification is checked and stored to ensure employed and temporary electricians are trained to carry out the work required.
- d) The procedure for electrical safety and the maintenance service is regularly reviewed considering customer feedback and best practice and when necessary, recommend appropriate updates.
- e) Management of the in-house electricians and contractors undertaking works to electrical installations including the EICR safety checks.
- f) Identification and promotion of appropriate staff training.
- g) Technical support is provided to the Technical & Investment Team to enable them to effectively manage contractors delivering the capital programme.
- h) Notification is made to Building Control under Part P.
- i) Testing equipment is calibrated.
- j) CBC Portable appliances are tested in accordance with Code of Practice.
- k) Temporary Furnished accommodation is tested in accordance with Landlord duties.
- l) Fire alarm maintenance (Inclusive of alarms and fire equipment) is conducted every quarter and a full test and overhaul annually with certification received, checked and recorded.
- m) Emergency lighting maintenance is conducted every month with a full discharge once a year with certification received, checked and recorded.
- n) Manage and have an overview of all ongoing contracts and ensure contractor competency.
- o) Ensure all lifting equipment is serviced regularly and hold a valid LOLER certificate where appropriate
- p) Ensure that all automatic door openers are inspected and serviced once per year.
- q) Ensure that wash/dry toilets have a preventative maintenance service once per year
- r) Ensure lightning protection is serviced annually.
- s) Hold regular meetings with contractors to ensure that duties are met and KPI's are upheld.

Building Surveyors/Officers in the Technical & Investment, Responsive Repairs and Development Teams

It is the responsibility of the Officers to ensure that:

- a) All electrical work is carried out by a certified contractor.
- b) The contractor submits a valid certificate on completion of the works and that this is given to the Electrical Supervisor for inspection.
- c) When carrying out a stock condition survey or visit where an electrical installation is present that, any identified potential problems regarding the electrical installation are reported through to Responsive Repairs.

Electricians

It is the responsibility of the Electricians to ensure that:

- a) Possess, appropriate to the nature of the electrical work to be undertaken, adequate education, training and practical skills, and able to perceive risks and avoid hazards which electricity can create.
- b) Carryout inspection and accurately report the results of periodic inspection and testing using paper and/or electronic methods.
- c) Minor works certification is completed following any alteration, modification or change to the installation.
- d) Deliver high levels of customer service.
- e) Certificates are provided to demonstrate adequate education and training.

Housing Support Officers

It is the responsibility of the Housing Support Officers to ensure that:

- a) Weekly fire tests are carried out.
- b) All fire doors activate and close properly.
- c) All information is recorded in the log and kept next to the fire panel

Estate Operatives

It is the responsibility of the Estate Operatives to ensure that:

- a) Monthly tests are conducted on the emergency lighting in general needs communal areas
- b) A spreadsheet is completed and handed in to the Estates Maintenance Supervisor every month detailing results.
- c) Report back to Estates Maintenance Supervisor or Electrical Supervisor if any defects are discovered.

All CBC employees

All CBC employees at all levels will cooperate and support the Electrical Supervisor to ensure the duties and responsibilities necessary to comply with this Policy and associated legislation can be discharged.

10.0 Equality and Diversity

Given the diversity of our customers we will ensure that our procedures comply with CBC's Equality and Diversity Policy. This means that all reasonable actions possible will be used to ensure that steps taken by CBC to gain access take a customer's individual needs into account.

11.0 Contractors

All contractors directly or indirectly appointed by CBC will cooperate with the Electrical Supervisor to ensure the duties and responsibilities necessary to comply with this policy, associated legislation and codes of practice can be discharged.

12.0 Policy Review

This Policy will be reviewed at least every 3 years and when legislation changes.

13.0 Glossary

BS7671	17th Edition Wiring Regulations
BS 5839 Pt.6:2013	Fire Detection and Systems Regulations
BS EN 62305	Lightning Protection Standards
Elecsa, NICEIC etc	Electrical Governing Bodies
EICR	Electrical Inspection Condition Reports
Part P	Electrical section of Building Regulations
PAT	Portable Appliance Test
FAS	Fire Alarm System
LD3	FAS covering escape routes
LD3+	FAS as LD3 incl. high risk area (Kitchen)
CO	Carbon Monoxide
IEE	Institute of Electrical Engineers

Cheltenham Borough Council Housing Fire Safety Policy – July 2024

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- Property Compliance Manager (Author)

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1.0 Introduction and purpose of the policy

- 1.1 Cheltenham Borough Council (CBC) is responsible for the management and maintenance of its housing stock. These properties consist of general needs, sheltered independent living and leasehold properties, and include houses, flats, bungalows and maisonettes. As a landlord and an employer CBC have a moral and a legal obligation to ensure that risk associated with fire is minimised, as far as reasonably practicable, and that the relevant Fire Safety Regulations and best practice recommendations are followed.
- 1.2 Fires have the potential to cause loss of life, major injury and damage to assets, as well as affecting service delivery. CBC is committed to providing a safe and secure environment for all its employees, residents, visitors and contractors.
- 1.3 The purpose of this policy is to ensure that CBC are compliant with the statutory requirements and guidance documents as listed below:
- The Regulatory Reform (*Fire Safety*) Order 2005
 - The Housing Act 2004
 - Health and Safety (*Safety Signs and Signals*) Regulations 1996
 - The Management of Health and Safety at Work Regulations 1999
 - Building Regulations Part B 2010
 - Fire Safety in purpose-built blocks of flats (*LGA*) 2011 (*updated 2022*)
 - The Construction (*Design and Management*) Regulations 2015
 - Fire Safety Act 2021
 - Fire Safety Regulations 2022
 - Building Safety Act 2022
- 1.4 Additionally, CBC wishes to reduce the incidence of fires within resident's homes, even where there is no statutory responsibility placed upon the service. We set out the measures in place to achieve this, within this policy.

2.0 Scope and Objectives

- 2.1 This policy applies to residential properties owned or managed by CBC and to all employees and contractors involved in the management of residents and the maintenance or improvement of properties and servicing of equipment within properties. It does not include offices, civic building or other assets owned by CBC which are covered by the CBC Health & Safety Policy.
- 2.2 The main objectives of this policy are to ensure CBC has adequate measures in place in their approach to fire safety to meet their statutory duties and provide a customer centred approach to:

- Safeguard all relevant parties
- Minimise risk of fire and to limit spread
- Limit the potential damage to assets from fire

3.0 Relevant Legislation and Regulatory Compliance

When a property is designed and constructed, Building Regulations make requirements in respect of various fire safety measures. However, there is no ongoing control for the maintenance of these measures under Building Regulations; the regulations have no further effect until there are proposals for alterations. After a property is occupied, fire safety is regulated by the Housing Act 2004, Regulatory Reform (Fire Safety) Order 2005, Fire Safety Act 2021, Building Safety Act 2022 and Fire Safety Regulations.

A brief summary of these regulations is given below to inform this policy.

3.1 Building Regulations 2010 - Part B

This document defines the general requirements for fire safety in newly constructed or converted properties, this covers the fire resistance of the structure, layout and escape routes and the provision of fire detection and alarms.

3.2 The Housing Act 2004:

Regulates fire safety in existing residential premises by way of the Housing Health and Safety Rating System (HHSRS). This is the principle legislation designed to assess and regulate fire safety standards within dwellings and communal areas pertaining to them, with fire hazard being one of the 29 hazards under the HHSRS. Guidance for fire safety within these types of residential properties is provided by Local Authorities Coordinators of Regulatory Services (LACoRS) in its publication 'Housing – Fire Safety' and also Government guidance document on fire risk assessments in sleeping accommodation.

3.3 The Regulatory Reform (Fire Safety) Order 2005 (RRFSO):

The Regulatory Reform (Fire Safety) Order 2005 (the 'FSO') applies to the common parts of blocks of flats but does not apply to individual flats. The FSO also applies to workplaces within a block of flats. For example, these can include a room used by a caretaker or concierge, a plant room or commercial premises, such as sheltered housing.

The FSO imposes a general duty of fire safety care in respect of 'relevant persons'. This includes anyone lawfully on the premises. The duty is primarily to ensure that the fire safety measures within the common parts, plant rooms, and so forth are such as may reasonably be required in the circumstances of the case to ensure that the premises are safe. (If any part of the block is a workplace, the fire safety measures must, so far as is reasonably practicable, ensure the safety of employees.)

The fire safety measures within the common parts must be adequate for compliance with the FSO and comprise the following:

- Measures to reduce the risk of fire and the risk of spread of fire
- Means of escape from fire
- Measures necessary to assist people in the use of escape routes, such as emergency escape lighting, fire exit signs and measures for smoke control. (Some of these measures may not be necessary in all buildings: for example, where escape routes are straightforward, easily identifiable and likely to be well-known to occupants, fire exit signs will normally be unnecessary)
- Where necessary, fire extinguishing appliances. (These are not normally necessary within common parts, but might be necessary within a plant room, office or other non-domestic parts of the block.)
- Any fire alarm system necessary to ensure the safety of occupants. (Normally, a fire alarm system within the common parts is not necessary or appropriate.)
- An emergency plan. (In a small block of flats, this may be as simple as a fire action notice, but it is important that the procedure to adopt in the event of is disseminated to all residents.)
- The FSO requires that the appropriate fire safety measures are determined by means of a fire risk assessment (FRA). The FRA must be 'suitable and sufficient' to ensure that the general duty of fire safety care is satisfied within the common parts. This fire risk assessment does not address the safety of residents from fire within their own flat.

3.4 **Fire Safety Act 2021:**

This Act has resulted from the Grenfell tragedy, it introduces the concept of risk-based guidance and clarifies the scope of the Fire Safety Order:

- It applies to all residential buildings, no matter of height, containing two or more homes, whether there are internal communal areas or not
- It applies to the structure, external walls (including cladding, windows and balconies), and individual flat entrance doors between domestic premises and the common parts of multi-occupied residential buildings; these components must now be included within the FRA
- The Responsible Person has the duty to commission a suitable and sufficient FRA
- The Fire and Rescue Service are allowed to enforce against non-compliance in relation to external walls and flat doors opening onto the common parts

3.5 **Fire Safety Regulations 2022:**

The regulations seek to improve the fire safety of blocks of flats in ways which are more practical, cost effective for individual leaseholders and proportionate to the risk of fire. (*Regulations come into force 23 January 2023*). The main implications being:

- Introduction of a number of requirements for the management and maintenance of Higher Risk buildings (at least 18m in height or 7 storeys) including secure information box, tighter control of materials, provision of floor plans, fire lifts and fire fighting equipment and wayfinding signage
- For residential building over 11m in height, individual flat fire doors to be checked annually and all communal fire doors to be checked quarterly
- For all multi-occupied residential buildings, the Responsible Person is required to provide residents:
 - relevant fire safety information, including how to report a fire and what to do in the event of a fire based on the evacuation strategy for the building
 - information relating to the importance of fire door safety

3.6 **Building safety Act 2022:**

This Act has resulted from the Grenfell tragedy, creating a centrally regulated regime to govern the design, construction and maintenance of the built environment. The Act was published 13 May 2022 and is anticipated to take 12-18 months to implement (i.e. April -October 2023). The main requirements of the Act are:

- The Building Safety Regulator as part of the Health and Safety Executive to oversee the safety and performance systems for all buildings, recommend changes to the Building Regulations and encourage improved competence
- in the built environment. The Building Safety Regulator will also act as the building Control Authority for 'higher risk' buildings
- Higher Risk Buildings – being those at least 18m in height or with at least 7 storeys, currently CBC does not own or manage any in-scope buildings
- Competency requirements – legal duty on Clients to appoint competent persons to carry out building or design work, having the skills, knowledge and behaviours necessary
- Duty holders have been introduced for the design, construction and maintenance of Higher Risk buildings and a Gateway regime has been introduced for the design, construction and refurbishment of Higher Risk Buildings
- The role of Accountable person has been introduced for Higher Risk Buildings

3.7 **Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022:**

Introduces additional requirements for registered providers of social housing requiring:

- At least one smoke alarm to be provided on each storey of homes where a room is used for living accommodation
- A carbon monoxide alarm is installed in any 'living space' where a fixed combustion appliance (excluding gas cookers) is installed
- smoke and carbon monoxide alarms are repaired or replaced once they are informed they are found to be faulty

4.0 Policy

CBC recognises the importance of minimising risk from fire to occupants and assets and to meet it's legal and moral duties, in this regard CBC will:

- Implement measures to reduce the risk of fire and the spread of fire
- Implement a programme of FRAs, to include for renewal and interim reinspection in line with agreed cycles, for all relevant premises
- Ensure fire risk assessor's competence in line with standard recognised accredited bodies such as, but not limited to, IFA, BAFE SP205, NAFRAR, FRACS and in line with current CBC insurers requirements
- Implement appropriate measures to eliminate, reduce or control risks identified within current FRAs.
- In consultation with residents, identify those who would be unable to self-evacuate in the event of a fire. In such cases CBC will:
 - Record cases on the central housing management system and update the record when changes are identified or notified by the resident
 - Provide the Gloucestershire Fire and Rescue Service (GFRS) with an electronic report monthly, identifying properties where there are residents who may be unable to self-evacuate
 - When identified conduct person-centred risk assessments relating to fire to mitigate risks
 - CBC will support customers who are unable to self-evacuate to register on the housing register for a move to more suitable accommodation
- Provide and maintain appropriate means of escape in the event of fire, through visual inspections at regular intervals.
- Have in place a published policy and clear procedures for keeping communal areas free from obstructions and combustible materials and guidance on safe use of balconies.
- Undertake quarterly checks on all communal fire doors for buildings 11 meters and above and annual checks on all flat entrance fire doors.
- Undertake annual checks on all communal fire doors for blocks below 11 meters.
- Undertake repairs and improvements as required to maintain fire protection within properties in accordance with recognised installer accreditation and material standards to ensure continued fire rated performance.
- Undertake audits by competent persons recognised through appropriate training and qualifications as appropriate, to ensure quality, adherence to procedures and compliance of fire management.
- Provide appropriate guidance/advice to all employees, residents and contractors on how to prevent fires.
- Provide appropriate training to employees in fire precautions appropriate to their job role and responsibilities.
- Provide, maintain and service fire detection, alarms, smoke vents and emergency lighting systems where present.
- Provide, maintain and service fire-fighting equipment where present.
- Provide and maintain appropriate fire signage.

- Develop a monitoring system to ensure the effectiveness of the preventative and protective measures.
- Liaise with appropriate enforcing authorities as necessary.
- Regularly communicate key fire safety messages to all our residents, including any evacuation strategy for the building (*stay put or simultaneous*) within CBC managed premises.
- Using suitable and varied means, inform residents of the importance of fire doors and their correct operation and advise them of their duty not to tamper with fire doors.
- Promote Safe and Well appointments to residents, in partnership with Gloucestershire Fire & Rescue Service.
- Carry out repair or replacement of faulty fire detection devices when we become aware either through testing or when informed by the resident

5.0 Responsibilities

CBC will nominate Duty Holders to manage and carry out fire safety obligations. All relevant employees will receive appropriate training to deliver their duties as identified under this policy.

5.1 Cabinet

The Cabinet has overall responsibility for approving this Policy and delegating responsibility for its implementation, monitoring its effectiveness at high level and receiving assurance of compliance. The Cabinet is also responsible for ensuring that adequate resource is made available to enable CBC to meet its legislative duties in relation to fire safety.

The Housing Cabinet Committee is responsible for ensuring that the Cabinet receives the assurance it requires.

5.2 Chief Executive

The Chief Executive is the Statutory Duty holder for fire safety and delegates duties via the Deputy Chief Executive

5.3 Deputy Chief Executive

The Deputy Chief Executive through the Heads of Service will support the Chief Executive in the position as Duty Holder and as such will be responsible for ensuring that:

- An effective Policy, supported by a robust management framework is in place to prevent and/or control the fire risk
- Individuals charged with Fire Safety Control within CBC are competent and have the necessary resources at their disposal to undertake the work effectively

- The appointment of a Responsible Person - 'Responsible Persons' are those defined as owing a duty to the occupants of their premises and receiving a rent, although not necessarily the owner. The Responsible Person must as far as is reasonably practical make sure that everyone on CBC managed homes and related assets, will be safe if there is a fire

5.4 **Head of Technical and Investment**

The Head of Technical and Investment, through the Property Compliance Manager will be responsible to ensure:

- The development and review of an effective Policy
- The overall implementation and maintenance of a robust management framework which is fit for purpose to prevent and/or control the risk for both CBC staff, occupants and visitors
- The appointment of competent persons (including Responsible Person) and/or contractors employed by on behalf of CBC
- Advice and recommendations affecting Policy

5.5 **Property Compliance Manager**

The Property Compliance Manager (*Responsible Person excluding servicing contracts*) with the assistance of the Property Compliance Officer and Estate Compliance Officers will be responsible for ensuring:

- A framework is put in place for the implementation and management of required Fire Safety Measures
- In liaison with the Tenancy Services Manager to develop a policy for Clear Corridors and Use of Balconies
- To oversee the development of a set of fire safety procedures, with support from the Head of Building Services and Tenancy Services manager
- Keeping up to date with legislative and best practice changes, informing the business and advising of required changes to practices and policies
- Creation and ongoing review of the Fire Safety Policy
- Overview of programme for undertaking, reviewing and monitoring FRA's
- Ensure fire risk assessors competence in line with standard recognised accreditation
- Providing advice and guidance to all CBC staff and contractors
- Monitor day to day compliance and report on it monthly through the Compliance Report
- Facilitate regular liaison meetings with GFRS (minimum quarterly) together with internal fire safety working group.
- Ensure those tasked with inspecting and gathering information relating to passive fire protection have suitable and sufficient training and escalating performance issues with respective line managers
- Storing information on all fires that occur within the scope of CBC management to aid in any lessons or actions to mitigate the risks from fire in the future.
- Monthly performance update commentary and as and when required reports to Leadership Team, Executive Team, Audit and Risk committee and Board

- Management of competent contractor to complete planned Fire Risk Assessments.
- Ongoing review of all existing Fire Risk Assessments, ensuring day to day compliance.

5.6 **Property Compliance Officer**

The Property Compliance Officer in liaison with the Property Compliance Manager and Property Compliance Surveyor, will be responsible for:

- Undertaking regular reviews of the status of FRAs, putting forward programmes for renewal and reinspection and raising orders
- Assisting with allocation of actions arising out of the FRAs
- Monitoring and updating status of fire actions
- Assisting in development of efficient systems to manage fire safety
- Developing specific and ongoing periodic resident communications
- Reporting against KPIs
- Ensuring GFRS are provided with an electronic monthly report identifying properties where there are residents who may be unable to self-evacuate
- Assisting in the management of Fire Risk Assessment actions, update Fire Risk Tracker

5.7 **Head of Building Services**

The Head of Building Services in liaison with the Head of Investment and Technical will have overall responsibility for implementing and maintaining a robust framework to assist in the discharge of this policy where Building Services colleagues will be required to undertake specific duties that may be identified for the prevention or mitigation of the risks associated with Fire Safety, ensuring:

- That employees and contractors involved in undertaking any work to occupied/void properties and communal areas are competent to do so and have received the necessary level of training to perform their role in connection with minimising the risk from fire
- Appointment of Electrical Supervisor to be the “responsible person” for servicing contracts
- That suitable service contracts are in place for the servicing and maintenance of fire safety equipment as detailed within Standard Levels of protection table, below

5.8 **Electrical Supervisor**

The Electrical Supervisor will be the Responsible Person for servicing contracts and therefore will be responsible for:

- Producing and maintaining policies and procedures relating to all servicing contracts listed within Standard Levels of protection table, below:

- Record keeping of all servicing and inspections through logbooks and asset management systems in place etc
- Management of contractors and completing audits to provide assurance that CBC are compliant
- Competent advice and recommendations affecting Policy
- Communicating proposed works around Fire with the Property Compliance Surveyor, when appropriate
- Providing performance information to the Property Compliance team in relation to agreed KPIs
- Providing certification to evidence compliance

5.9 Estates Compliance Officer

The Estates Compliance Officer will be responsible for:

- Ensuring that communal areas are kept clear of obstructions and combustible items, following agreed procedures to ensure items within these areas are removed swiftly
- Routine testing of emergency lighting
- Checking of fire signage and replacement of fire action notices and other signage as required
- Quarterly inspection of communal fire doors on blocks 11 meters and above in line with current regulations
- Annual inspection of all flat entrance fire doors
- Annual inspection of communal fire doors on blocks below 11 meters
- Assisting the Property Compliance Manager ~~surveyor~~ in review of fire risk assessments and inspection of works identified as required within fire risk assessments
- Promoting fire safety with residents
- Taking appropriate action to raise works orders where required and monitor subsequent execution of works
- Appropriate record keeping in relation to all fire related tasks
- Liaising with the Property Compliance Team as required over matters of compliance, actions required and performance to support corporate performance reporting

5.10 Housing Support Officers

Housing support officers will be responsible for:

- Undertaking basic checks to identify maintenance requirements in relation to fire resisting components within homes and communal areas
- Reporting any concerns relating to specific residents where additional measures may be required, for instance flashing detectors where there is hearing impairment etc.
- Undertaking person centred fire risk assessments with residents and develop plans with them, identifying residents unable to self-evacuate and updating records as appropriate
- Make referrals to GFRS for safe and well visits

5.11 Tenancy Management Officers

Tenancy Management Officers will be responsible for:

- To support the development of fire safety procedures and meet the requirements set by these
- Identifying residents unable to self-evacuate keeping records updated
- Undertaking person centred fire risk assessments where identified as required
- To promote the Clear Corridors and Safe Use of Balconies Policy with residents
- Tenancy management requirements in relation to infringement of clear corridor policy where these have been escalated by the Estates Compliance Officers
- Where it is identified that a resident above ground floor level would be unable to self-evacuate due to disability, support the resident to register on the Housing Register for a move to more suitable accommodation

5.12 Empty Homes Team

The Empty Homes team will be responsible for:

- Promoting fire safety advice, including signposting to support and information

5.13 Health and Safety Manager

The CBC Health and Safety Manager in coordination with Human Resources and line managers will:

- Identify fire safety training requirements appropriate for each role
- Ensure that appropriate fire safety training is provided at induction and refresher training at suitable intervals

5.14 All CBC employees

Within day-to-day duties, all CBC employees at all levels have Fire Safety responsibilities:

- When attending any CBC property or block, all colleagues are required to visually inspect communal areas to identify any obstructions, ensure fire doors are closed and in good working order and all fire signage is present. When this is not the case, or there are faults on the fire equipment, flammable materials stored or any signs of damage/arson attempts within properties or communal areas they are to liaise with the Estates Compliance Officer over action to be taken.

These roles may include, but are not limited to:

- Housing Support Officers
- Housing Revenues Officers
- Tenancy Management Officers
- Repairs Supervisors
- Lettings Officers
- Estate Operatives
- Repairs Operatives
- Building Surveyors

- All significant non-compliance must be reported to the Property Compliance Manager
- All employees must comply with any procedure or controls put in place to reduce the risk of fire and act in the event of fire.
- Employees will undertake identified training in relation to fire safety as appropriate to their role and responsibilities and this will be monitored through the CBC training portal.

5.15 Resident Responsibility

Communal areas in all CBC managed blocks remain the sole responsibility of CBC, irrespective of tenure. Leaseholders in these situations have a duty to comply with any fire safety requirement imposed on CBC in managing the risk from fire.

Residents of individual general needs and leasehold properties are responsible for fire safety within their home, CBC will encourage them to:

- Carry out regular tests of their individual fire detection system.
- For tenants CBC will request that they inform CBC immediately of any faulty smoke or heat detector, CBC will then arrange for repair or replacement as appropriate; for leaseholders, CBC are not responsible for their domestic fire detection installations and have no jurisdiction over these.
- Inform CBC if stored oxygen is present within their home, GFRS are informed by the oxygen supplier of all homes where oxygen is present and therefore CBC or the resident do not need to inform them.
- To meet the requirements of the Mobility Scooter policy in terms of storage and charging.
- Not leave items in communal hallways, stairs or corridors as these could be combustible or cause obstruction, action will be taken by CBC to remove/relocate such items if found to be present.
- Not undertake any unauthorised alterations to their home including to the fire door which could compromise fire safety.
- Not undertake any activities or store materials which present an increased fire risk.

6.0 Performance Standards

6.1 FRAs

In accordance with current best practice FRA's in communal areas will be reviewed as below;

Block Type	Property types	FRA renewal	FRA review
Higher risk blocks	Sheltered / independent living schemes, conversions, 5 storey blocks, blocks with high proportion of vulnerable residents	3 yearly	Annual
Low risk blocks	Low rise blocks, modern buildings and those with no internal communal areas	4 yearly	Biennial

As standard Type 3 FRAs will be undertaken unless concerns are raised, in which case more invasive Type 4 FRAs will be required.

The above programme will be followed unless there is a significant change within the building where a further review or new assessment may be deemed necessary e.g. as a result of major works being carried out, fire related incident or change in current legislation.

6.2 Evacuation

In line with advice from GFRS, CBC approach is for residents to stay put in the event of a fire in their block. GFRS will then be responsible for arranging any evacuation that may become necessary; due to this approach fire drills are not necessary. If however in the case of a fire starting within the residents property it is advised they leave, close the door securely upon exit and raise the alarm by calling 999.

A simultaneous 'get out' evacuation approach will only be used where there is a potential compromise of the fire safety of a block, in which case the change in approach will be agreed with GFRS and residents will be informed together with advice on what to do in the event of a fire. Due to blocks not being managed by on-site staff fire drills are not appropriate.

6.3 Standard Levels of protection

The table below outlines the standard minimum levels of fire detection CBC will install in various types of property throughout the stock. This is to be used as guidance and the final equipment installed will be based on a risk assessment undertaken to identify specific risks within property types.

Where it is identified that a resident has a disability which may impact on their ability to respond to standard fire detection, or that puts them at greater risk from fire, we will work with Social Services, who will determine specific adaptations that may be required, such as flashing beacons, sprinkler/misting systems etc. Where these fall within the remit of CBC we will arrange for such adaptations to be installed and thereafter maintained.

Living Accommodation		
Dwelling Type	Standard Detection	Grade
Single household occupancy including flats	System incorporating one or more interlinked mains powered smoke detectors (<i>and heat alarms if required</i>) that form part of the escape routes from the premises, each with an integral stand-by supply. The inter-link can be hardwired or radio-interlinked. CO detector installed in any 'living space' where a fixed combustion appliance (<i>excluding gas cookers</i>) is installed.	Grade D: LD3
Flat/House within a Sheltered/ Independent Living Scheme	System incorporating one or more interlinked mains powered smoke detectors (<i>and heat alarms if required</i>) that form part of the escape routes from the premises, each with an integral stand-by supply. The interlink can be hardwired or radio-interlinked.	Currently Grade D: LD3 Moving to LD1 upon a programme of works
All applicable	CO detector installed in any 'living space' where a fixed combustion appliance (<i>excluding gas cookers</i>) is installed. Tunstall unit or similar system allowing the activation of smoke and heat detectors to be monitored via a call centre.	
Communal Areas of Domestic Accommodation		
Block configuration	Standard Detection	Grade
Communal Area of block of flats with 18 or less dwellings	We will not fit an alarm within the communal areas as standard into these blocks of flats, in line with the 'Stay put' policy, however the below measures will be taken: <ul style="list-style-type: none"> - All flats will be fitted with alarms as per the above specification - Walls of communal areas where painted, to be painted with Class O paint to control the spread of flame - Emergency Lighting to be installed in communal areas - Fire signage installed highlighting exit routes - FD30s doors to be fitted to flat entrance doors to control flame and smoke spread into the communal area 	NA

	- Risk assessment to be reviewed/renewed as detailed in section 5.	
Blocks with specific risks	Blocks which have specific risks (<i>for example conversions or those with longer exit routes or higher proportion of vulnerable residents</i>) will have a higher grade of automated detection system installed. This will be based on risk and building assessment as specified by a competent contractor	Where alarms are fitted in communal areas they will comply with BS5839-1 Grade A: LD2

6.4 Fire Safety Equipment Testing

Equipment	Test	Frequency	Responsibility
Smoke, CO, Heat Alarms in domestic properties	Check alarm is functioning and where applicable that it is interconnected to other alarms in property	Annual	CBC Repairs / Gas Servicing and Installation Contractor Contractor monitored by CBC Property Compliance Officer
Tunstall Units	Check unit is activated by smoke and heat alarms and that it connects to call centre	Annual	CBC Electrical Supervisor delivered by CBC Housing Support Officers
Emergency Lights	3 Hour battery check test Monthly switch over	Annual Monthly	CBC Electrical Supervisor Delivered by CBC Repairs & the Fire Maintenance Contractor CBC Estate Operatives

Fire Panels	Full test/Quarterly	Annual/ Quarterly	CBC Electrical Supervisor delivered by Fire Maintenance Contractor
Sounders, Beacons, call points	Full test/Quarterly	Annual/ Quarterly	CBC Electrical Supervisor delivered by Fire Maintenance Contractor
Alarm check on Sheltered / Independent living Schemes	Check alarm is functioning and connects to Hereford call centre	Weekly	CBC Housing Support Officers
Fire Equipment including blankets and extinguishers	Full Test	Annual	CBC Electrical Supervisor delivered by Fire Maintenance Contractor
Lightning protection system	Service	Annual	CBC Electrical Supervisor delivered by specialist contractor
Automatic Smoke Vents	Service	Annual	CBC Electrical Supervisor delivered by Fire Maintenance Contractor

6.5 Performance reporting

Performance relating to fire prevention is monitored and managed by the Property Compliance Manager. Due to the diverse responsibilities within CBC it is essential that all records are updated on a timely basis enabling real time overview of performance and issue status.

The following KPIs will be reported on monthly:

- Higher risk properties, % FRAs in date - Target 100%
- Lower risk properties, % FRAs in date - Target 100%
- Number of fire actions not yet complete – Higher risk blocks
- Number of fire actions not yet complete – Lower risk blocks
- Number of high priority fire actions not yet complete – All blocks
- Number of fire actions past target completion date – All blocks – Target 0%
- Hard wired smoke detectors tested within last 12 months – Target 100%
- Carbon monoxide detectors tested within last 12 months – Target 100%
- Fire deficiency notices served by GFRS – Target 0
- TSM's relating to fire management are also aligned and reported with KPI's above

7.0 Communication

CBC recognises the importance of communication in improving fire safety and as such will:

- Provide regular communications to residents through differing media regarding fire safety within homes, actions to be undertaken in the event of a fire and actions taken by CBC to reduce fire risks.

8.0 Risk Management

Adhering to this policy will help ensure CBC mitigate strategic risks relating to fire. The risk is recorded and reviewed at intervals by senior management on CBC internal Risk Management system Clearview and reported to Audit and Risk Committee.

9.0 Related Documents

- Fire Safety Procedure
- Management of Communal Space Policy (In development)
- Gas Safety Policy
- Electrical Safety Policy
- Scooter Policy (in development)

Cheltenham Borough Council Housing Gas Safety Policy – July 2024

Version control

Document name: Housing Gas Safety Policy

Version: 1.0

Responsible officer

- Property Compliance Manager

Approved by: Cabinet

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1.0 Introduction

- 1.1. It is essential that the gas supply system and appliances serving the properties owned by Cheltenham Borough Council (CBC) Housing Revenue Account (HRA) are properly maintained and serviced to, as far as reasonably practicable, minimise the potential for explosion, fire, and carbon monoxide poisoning.
- 1.2. The majority of the HRA properties CBC own are connected to natural mains gas for the provision of heating, hot water and cooking.
- 1.3. Failure to correctly manage gas safety can result in unsafe installations which could result in loss of life and consequently it is a primary concern for CBC. The penalty for non-compliance is the risk of prosecution and if a case is referred to the Crown Court the maximum penalty can be an unlimited fine together with the possibility of imprisonment.

2.0 Purpose of the Policy

This Policy is to ensure that CBC:

- a. is compliant with legal and regulatory duties with respect to gas safety
- b. takes all reasonable steps are taken to obtain access to properties for safety checks, servicing, and maintenance
- c. operates an effective and efficient process with the contracted contractor for gas safety checks, servicing, and maintenance
- d. delivers high levels of customer service
- e. regularly review and when appropriate update the procedure for gas safety and the maintenance service to consider any customer feedback and best practice

3.0 Scope of the Policy

- 3.1 This Policy is to ensure that CBC meets its legal requirements, in relation to gas safety under the Gas Safety (Installation & Use) Regulations 1998 and the Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022.
- 3.2 The duties generally apply to appliances, flues and pipe installations provided for tenants use in 'relevant premises', that is those occupied for residential purposes under either a licence, a tenancy agreement for a set term, or a lease as defined in the Regulation (essentially any lease under seven years is covered).
- 3.3 The Regulations place duties on CBC, as a landlord & employer to ensure that gas appliances, fittings and flues provided for use are safe. These duties to protect tenants and employee safety are in addition to the more general ones that landlords and employees have under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- 3.4 The Approved Code of Practice 'Safety in the installation and use of gas systems and appliances' provides guidance and practical advice to meet the requirements of the Regulations.

4.0 Accountability and Responsibility

4.1 Chief Executive

The Chief Executive is the Duty Holder and has responsibility for ensuring:

- a. adequate resources are allocated to managing the risks and legal responsibilities relating to gas safety
- b. Ensuring adequate processes and procedures are in place to manage the risks and legal obligations relating to gas safety
- c. Ensuring sufficient information, instruction and training is carried out
- d. Monitoring the performance of staff and contractors
- e. Ensuring that members of the public, staff and contractors are not unnecessarily exposed to risk
- f. Ensuring that CBC complies with its overall legal duties in relation to gas safety.

4.2 Deputy Chief Executive

The Deputy Chief Executive through the Head of Technical & Investment will support the Chief Executive in the position as Duty Holder and as such will be responsible for ensuring that:

- a. Both an effective Policy, supported by a robust management framework is in place to manage gas safety
- b. Individuals charged with the management of gas safety within CBC are competent and have the necessary resources at their disposal to undertake the work effectively

4.3 Head of Technical and Investment

The Head of Technical and Investment through the Property Compliance Manager and Property Compliance Officer will be responsible to ensure:

- a. The development and review of an effective Policy
- b. The overall implementation and maintenance of a robust management framework which is fit for purpose to manage gas safety
- c. The appointment of competent persons and contractors employed by CBC
- d. Advice and recommendations affecting Policy

4.4 Property Compliance Manager

The Property Compliance Manager through the Property Compliance Officer will be responsible for ensuring:

- a. The framework put in place for the implementation and management of a gas safety is carried out and continues to be fit for purpose
- b. Management of the contractors undertaking works to gas systems including the annual gas safety checks
- c. Review and monitor compliance and contractor performance

- d. Timely Policy review
- e. The production of written management systems
- f. Advice and recommendations affecting Policy
- g. Identification and promotion of appropriate staff training

4.5 Property Compliance Officer

The Property Compliance Officer is responsible for the day-to-day administration of the contractors appointed to undertake gas safety checks and maintenance in accordance with the Policy and associated procedures ensuring that:

- a. all reasonable steps are taken to obtain access to properties for safety checks, servicing, and maintenance
- b. contractor's delivery of the annual gas safety check programme is monitored daily
- c. gas safety check compliance is reported monthly
- d. independent third-party audits are undertaken monthly
- e. contractor performance is reviewed and monitored daily
- f. the contractor delivers an effective and efficient service for gas safety checks, servicing, and maintenance in accordance with agreed processes and procedures
- g. high levels of customer service are achieved
- h. the procedure for gas safety and the maintenance service is regularly reviewed to take into account customer any feedback and best practice and when necessary, recommend appropriate updates
- i. Property reconciliation (gas, property repairs and stock databases) will be undertaken quarterly

4.6 All CBC employees

All CBC employees at all levels will cooperate and support the Property Compliance Officer to ensure the duties and responsibilities necessary to comply with this Policy and associated legislation can be discharged. In particular:

- a. Housing and Tenancy Management staff including Housing Support Officers (HSO's)
- b. Lettings Officers
- c. Repairs Supervisors
- d. Customer Services Officers

4.7 Contractors

All contractors directly or indirectly appointed by CBC will cooperate with the Property Compliance Officer to ensure the duties and responsibilities necessary to comply with this Policy, associated legislation and codes of practice can be discharged.

5.0 Policy Statement

5.1 CBC considers that by undertaking the compliance measures detailed below it will be compliant with legislative requirements of the Gas Safety (Installation & Use) Regulations 1998.

5.2 Regulation 36 - Requirement 1: Employing Competent Contractors & Competent Persons

CBC will only employ competent persons to work on and maintain gas appliances, flues, and installation pipework.

Compliance Measures, CBC will:

- a. only use Gas Safe registered contractors and they will be required to evidence that each operative working on gas appliances, flues and installation pipework has the necessary in-date qualification(s) to undertake the task, this includes for subcontractors employed on newbuild sites.
- b. employ an independent third-party gas auditor to audit approximately 10% of the monthly safety checks and new installations. Remedial actions from audits are reported directly to the gas contractor with CBC being copied in.
- c. monitor compliance within the monthly KPI figures.

5.3 Regulation 36 - Requirement 2: Duties of landlords

To ensure annual safety checks are carried out on gas appliances and flues and that a record is kept and issued, or in certain circumstances (for instance communal boilers), displayed to tenants.

Compliance Measures, CBC will ensure:

- a. an annual landlord gas safety check is undertaken by a Gas Safe registered gas engineer on every landlord owned gas appliance, flue and pipework for properties that have an uncapped gas supply
- b. the gas supply will have been capped off prior to the commencement of the tenancy (void cap gas)
- c. a safety check is undertaken for each new tenancy when the gas supply is uncapped (new tenant gas service) and a new Landlord Gas Safety Record (LGSR) issued
- d. a visual check is made on all gas appliances, flues and gas pipework that are not owned by the landlord
- e. that all safety checks will be recorded on a Landlord Gas Safety Record (LGSR)
- f. a record of each safety check (LGSR) is kept for at least two years
- g. the latest LGSR is sent to tenants by post (or email) within 28 days of the check being completed or displayed in a communal area where a property is served by a communal system
- h. Every two-years visually inspect properties without gas appliances or a gas meter but with existing gas pipework (recorded as 'heating in your home survey' properties on QL system)
- i. Annually inspect solid fuel burning appliances, sweeping the flue, and obtaining an annual safety record from a suitably qualified engineer.

Reasonable steps:

In order to comply with Requirement 2, CBC will take reasonable steps (Regulation 39) to ensure gas safety checks are made. This comprises a 10-month safety check and servicing programme with tenants being written to on up to three occasions (with am/pm appointments) which if not responded to, is followed by legal action to gain access.

Legal action will include the use of:

- a. Injunctions – these place the onus on tenants to allow access while not compromising occupancy rights. This can also be a forced access injunction.
- b. Possession orders – uses the provisions within the tenancy agreement to obtain either a suspended possession order (on condition that access is allowed) or outright possession order.
- c. CBC will not use force to enter a property unless instructed to do so by a Court Bailiff.

Disconnecting Supplies

Where there is an out of date LGSR CBC considers this presents a health and safety risk and will consider capping off (disconnecting) the gas supply under the provisions of the Environmental Protection Act 1990. This will be permissible where:

- a. There is an external gas meter
- b. Customer profiling information shows that there is not an occupant that is elderly or vulnerable
- c. The weather forecast for the day of the cap off and for the following two days will not be excessively cold (average daytime temp below 5oC)

5.4 Regulation 36 - Requirement 3: Duties of landlords to ensure ongoing maintenance.**Compliance Measure:**

CBC will contract with Gas Safe contractor(s) to provide a 24hr, 365 days a year, three-star reactive repair service to respond to breakdowns and to maintain the landlord owned gas appliances, flues and gas pipework.

Reasonable steps:

In order to comply with Requirement 3, CBC will ensure that all reasonable steps (Regulation 39) are taken to ensure the gas safety checks are adhered to which will include:

- a. Giving written notice to a tenant requesting access and explaining the reason
- b. Retaining a record demonstrating the steps have been taken where a tenant refuses access. If a tenant continues to refuse access after repeated contacts, then CBC will use appropriate legal action through the Courts under the terms of the tenancy agreement
- c. Considering capping off (disconnecting) the gas supply at the meter

CBC will follow procedures (relevant to the circumstances) for gaining legal entry into a property and force will not be used unless instructed to do so by a Court Bailiff.

5.5 Regulation 36 - Requirement 4:

Ensure that no gas fitting of a type that would contravene Regulation 30 is fitted in any room occupied or to be occupied as sleeping accommodation after the Regulations came into force. This includes any room converted into such accommodation after that time.

Compliance Measure:

During the annual gas safety check if it is identified that a room designed for the purpose of living has changed into a room designed for sleeping, and it contains a gas burning appliance that does not conform to Regulation 30 (2) & (3) of the Gas Safety (Installation & Use) Regulations, immediate action will be taken. The action will be to:

- a. Turn off with the gas to the non-compliant appliance notifying the tenant of the action being taken and the reasons for this and class the appliance as At Risk in accordance with the procedure detailed in the current Gas Safety (Installation & Use) Regulations until the appliance(s) is either replaced with an appliance which meets the minimum requirements, or until such times as the tenant is able to stop using the space as sleeping accommodation.
- b. Alternatively, consideration could be given to re-housing the tenant into other suitable accommodation.

5.6 Regulation 35 - Requirement 5:

Duties of employers and self-employed persons CBC must ensure that any gas appliance, flue, or installation pipework installed at a place of work they control is maintained in a safe condition.

Compliance Measure:

The maintenance and safe operation of gas appliances, flues, and installation pipework in these workplaces will be ensured by satisfying the Compliance Measures for Requirements 1 – 4. There are very few places of work which are not tenanted properties or premises that are managed by others.

5.7 Performance Monitoring

Key performance indicators will be reported monthly to the Leadership Teams and will include:

- a. Percentage of properties that have a current gas safety certificate (LGSR)
- b. Number of properties where a gas safety certificate (LGSR) has expired
- c. Commentary providing detail of the actions taken for properties without a current gas safety certificate (LGSR)
- d. No of properties required to have a CO alarm and the number that have a CO alarm fitted

In addition, performance will be monitored by the Housing Cabinet Committee.

5.8 Leaseholders & Shared Owners

In an effort to protect its property and all residents and visitors, CBC will work in partnership with its Service Provider to provide options to Leaseholders and Shared Owners for the annual servicing and maintenance of their boilers and central heating systems.

5.9 Equality, Diversity and Inclusion

Given the diversity of our customers we will ensure that our procedures comply with CBC's Equality and Diversity Policy. This means that all reasonable actions possible will be used to ensure that steps taken by CBC to gain access take a customer's individual needs into account.

5.10 The Smoke and Carbon Monoxide Alarm (England) Regulations 2015 as amended by The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022

CBC has a duty to:

- a. Ensure at least one smoke alarm is equipped on each storey of the home where there is a room used as living accommodation.
- b. Ensure a carbon monoxide alarm is equipped in any room used as living accommodation which contains a fixed combustion appliance (excluding gas cookers).
- c. Ensure smoke alarms and carbon monoxide alarms are repaired or replaced once informed and found that they are faulty.

To comply CBC will:

- a. At the time of the annual gas service and for new tenancies check that all rooms with solid fuel burning appliances including open fireplaces that are used or could be used have a carbon monoxide detector fitted. Where detectors are present, they will be tested and if they are not present, they will be fitted.
- b. At the time of the annual gas service and for new tenancies that all rooms with a gas burning appliance(s) in use or could be used have a carbon monoxide detector fitted. Where detectors are present, they will be tested and if they are not present, they will be fitted.
- c. Smoke alarms are tested annually at the same time as the annual gas safety inspection and recorded on the LGSR.
- d. Failed smoke detectors or carbon monoxide tests are reported by the gas contractor to CBC for remediation, usually with the follow-on appointment being arranged from on site to minimise the risk of no-access.

6.0 Audit

In addition to the contractor's own quality audits, CBC will implement an audit regime as follows:

Audit	Frequency
CBC independent audit new installs	Monthly
CBC independent audit safety checks	Monthly
CBC independent technical audit	Every 2 years
Contractor independent technical audit	Every 2 years
CBC internal audit by H&S advisor	Annual
CBC internal audit by internal auditors	As identified in CBC internal audit plan – usually annual

7.0 Review of the Policy

This Policy will be reviewed every 3 years or when legislation changes.

Cheltenham Borough Council Housing Water Safety Policy – July 2024

Version control

Document name: Housing Water Safety Policy

Version: 1.0

Responsible officer

- Property Compliance Manager (Author)

Approved by: Cabinet

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1.0 Introduction and purpose of the policy

- 1.1 This document describes how proactive Legionella control systems should be operated in all properties owned by Cheltenham Borough Council (CBC) Housing Revenue Account (HRS) premises/sites. It also demonstrates how statutory and regulatory obligations are fulfilled (full details of the relevant legislations are set out below).
- 1.2 CBC recognises its responsibility and duties to provide as healthy and safe environment as is reasonably practicable for all employees, contractors, tenants, visitors and members of the public.
- 1.3 Legionella bacteria are common in natural water sources, usually in low numbers. The bacteria may also be found in purpose-built water systems. People contract Legionnaires' disease by inhaling small droplets of water (aerosols), suspended in the air, containing the bacteria. Certain conditions increase the risk from legionella if:
- the water temperature in all or some parts of the system may be between 20-45 °C, which is suitable for growth.
 - it is possible for breathable water droplets to be created and dispersed through aerosols created by showers and other water outlets.
 - water is stored and/or re-circulated.
 - there are deposits that can support bacterial growth providing a source of nutrients for the organism e.g. rust, sludge, scale, organic matter and biofilms
- 1.4 If conditions are favourable, the bacteria may multiply, increasing the risks of Legionnaires' disease, and it is therefore important to control the risks by introducing appropriate measures.
- 1.5 Within the housing stock CBC manages, there are different types of hot and cold water systems which may pose varying levels of risk from the possible growth and exposure to legionella bacteria.

2.0 Legislation and Guidance

- 2.1 CBC has a duty both as an employer and as a landlord to comply with its obligations under the Health and Safety at Work Act 1974 and associated Regulations/Guidance in seeking to control the risks from exposure to legionella bacteria. Specifically relevant being:

- Approved Code of Practice: 'Legionnaires' disease – The control of legionella bacteria in water systems' (L8 4th Edition 201
- HSG274 Part 2: The control of legionella bacteria in hot and cold water systems
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Management of Health and Safety at Work Regulations 1999 (the Management Regulations)
- Housing Act 2004 Part 1 (Housing Conditions) – Housing, Health and Safety Rating System (HHSRS)

3.0 Aims and Scope of the Policy

3.1 This policy and any management procedures cover the requirement to ensure that all systems for the storage and distribution of water are managed, to prevent the spread of legionella bacteria and subsequent cases either sporadic or outbreaks of Legionnaires' disease and to comply to the regulatory requirements published by the Health & Safety Executive.

3.2 The objective of this strategy and the guidance which follows is to minimise the risk of exposure to Legionella bacteria in water systems and the risk of scalding through contact with excessively hot water.

3.3 CBC aims to minimise and control the risk from Legionnaires disease and will:

- Appoint a Responsible Person and Deputy who will have a duty to:
 - put in place an action plan to minimise the risk of legionella, and to
 - manage and monitor the necessary work systems and procedures.
- Identify and assess sources of risk, e.g. where conditions are present that may encourage legionella bacteria to multiply or where there is a means of creating and disseminating breathable droplets
- Establish any items of non-compliance and associated remediation to ensure compliance.
- Assess the level of risk and look at the possibility of removal or mitigation of any risks identified, thereby minimising the chance of the proliferation and dissemination of the legionella bacteria.
- Where required, arrange a programme of routine inspection and maintenance of water systems, including, where needed, a programme of disinfection.
- Ensure there is an emergency remediation procedure in place.
- Where modification to any deficient systems and equipment are identified to manage the remedial activity to achieve compliance.
- Implement, amend and monitor precautions for all relevant systems.
- Maintain records of maintenance, inspection and testing for a period of at least five years.
- Keep all relevant personnel adequately trained in practices and procedures with respect to the control of Legionella.
- To have suitable and sufficient auditing measures in place.

4.0 Accountability and Responsibility

4.1 The following posts are identified as being responsible for key safety functions within the organisation and to ensure all monitoring is carried out to comply with ACOP L8: fourth edition and to limit the risk of scalding.

Chief Executive

The Chief Executive, acting as Duty Holder has ultimate responsibility for compliance with this Policy.

The Chief Executive is to ensure that adequate resources are available to enable officers to undertake their duties and enable compliance with regulatory requirements.

Interim Housing Transition Director

The Director through the Head of Investment and Technical and the Head of Building Services will support the Chief Executive in the position as Duty Holder and as such will be responsible for ensuring that:

- Both an effective Policy, supported by a robust management framework is in place to prevent and/or control the risk from Legionella bacteria
- Individuals charged with Legionella Control within CBC are competent and have the necessary resources at their disposal to undertake the work effectively
- The appointment of a Responsible Person

Head of Technical and Investment Services

Head of Technical and Investment Services through the Property Compliance Manager will be responsible to ensure:

- The development and review of an effective Policy
- The overall implementation and maintenance of a robust management framework which is fit for purpose to prevent and/or control the risk from legionella bacteria for both CBC staff and tenants
- The appointment of competent persons (including Responsible Person) and/or contractors employed by or on behalf of CBC
- Advice and recommendations affecting Policy
- That employees and contractors involved in undertaking any work on water systems to occupied and void properties are competent to do so and have received the necessary level of training to perform their role in connection with the control of exposure to legionella bacteria.
- To ensure that an appropriate technical audit regime is put in place to endure the suitability and sufficiency of the policy and management regimes.

Head of Building Services

The Head of Building Services in liaison with the Head of Technical and Investment will have overall responsibility for implementing and maintaining a robust framework to assist in the discharge of this policy where Building Services staff will be required to undertake specific duties that may be identified for the prevention/control of the risks from Legionella bacteria. Ensuring:

- That employees and contractors involved in undertaking any work on water systems to occupied and void properties are competent to do so and have received the necessary level of training to perform their role in connection with the control of exposure to legionella bacteria.

Property Compliance Manager

Property Compliance Manager will be responsible for ensuring:

- That a framework is put in place for the implementation and management of a Legionella Control Scheme, that this is carried out and continues to be fit for purpose
- Undertake timely Policy review
- The planned undertaking and review of risk assessments
- The production of written control schemes and management systems, testing/monitoring and to review these annually
- Advise on and to make recommendations affecting Policy
- Monitor day to day compliance ensuring that remedial actions required are raised and delivered in a timely way
- To put in place emergency management procedures
- Identification and promotion of appropriate staff training
- Record keeping of remedial actions and control measures (through Property Compliance Administration and Property Compliance Officer)
- To engage and assist with audit programmes and to develop and deliver actions plans relevant to recommendations that are made.

Health and Safety Manager

To review as appropriate the corporate training matrix to ensure that job roles requiring training associated with CBC delivering its duties relating to the management of the legionella risk, is updated as required.

To arrange relevant training and with the support of the P&C Team keep the training records properly updated.

All CBC employees

All CBC employees at all levels will cooperate and support the Responsible Person appointed by CBC to ensure the duties and responsibilities necessary to comply with this Policy, any task specific method statements and codes of practice can be discharged.

Staff with responsibility for arranging work to premises (whether carried out by contractors, CBC staff or others) must ensure, as far as it reasonably practicable, that:

- They record and archive all relevant historical water system documentation.
- Notify the Property Compliance Manager if they are unable to conduct checks or implement actions or tasks (of whatever kind) to secure compliance with their responsibilities in respect of water systems as outlined above.
- Ensure that Alterations and modifications to the water systems are logged by contractors within the appropriate internal systems to ensure that an accurate record of the sites water system can be viewed at any time.

In particular this relates to, but is not limited to:

- Housing Support Officers (HSO's)
- Building Surveyors
- Repairs Supervisors
- Logistics Officers
- Lettings Officers
- Estate Cleaners
- Repairs Operatives
- Health & Safety Manager

Contractors

All contractors directly or indirectly appointed by CBC will cooperate with the Responsible Person appointed by CBC to ensure the duties and responsibilities necessary to comply with this Policy, associated legislation and codes of practice can be discharged.

5.0 Controlling Risks

5.1 Identify and Assess sources of Risk

- 5.1.1 CBC will arrange suitable and sufficient risk assessments to identify and assess the risk of exposure to legionella bacteria from work activities and water systems on premises and other precautionary measures needed.
- 5.1.2 CBC will ensure full legionella risk assessments are reviewed every two years or when there is reason to believe that the original risk assessment may no longer be valid such as a change to the water system.

5.1.3 Management and communication procedures will be reviewed every two years or specifically when there is a reason to do so including whenever there is a change of key personnel. This refers to both site-specific written 'control schemes' and wider customer communication for example on the website and sign up information.

5.1.4 Any person who carries out risk assessments and provides advice on prevention and control of exposure is competent to do so and holds an appropriate current membership of the Legionella Control Association (LCA).

5.2 Manage the Risk – Management Responsibilities, Training and Competence

5.2.1 CBC will appoint a competent person or competent persons (including the post of 'Responsible Person') to help undertake the measures needed to comply with the requirements of the relevant legislation and who will have sufficient authority, competence and knowledge of the installations to ensure that all operational procedures including responsibilities and lines of communication are properly established, clearly laid down and are carried out in a timely and effective manner.

5.2.2 CBC will ensure that any of its employees or contractors working on or in connection with water systems has been suitably trained to ensure they understand the risks associated with legionella bacteria and are suitably competent to undertake the work they have been asked to do. This is managed through CBC's health and safety training matrix and its contractor procurement process.

5.2.3 CBC will ensure (where identified) there will be a written control scheme for controlling reasonably foreseeable risk from exposure that will be properly implemented and managed and will specify measures needed to ensure that any scheme remains effective. For residential buildings these will be centrally filed on CBC's Documotive system with the legionella risk assessment for the building. In compliance with Health & Safety at Work Regulations where we lease or own offices we will obtain a copy of the legionella risk assessment and written control scheme. This will be the responsibility of the Health & Safety Manager supported by the Property Compliance Manager.

5.3 Prevent or Control the Risk from Exposure to Legionella Bacteria

5.3.1 CBC will oversee and manage water systems so that they remain effective, the condition and performance of the system(s) will be routinely inspected and monitored. In the case of a pandemic, we will assess the risk of suspending control measures. If it is absolutely necessary to suspend control measures such as flushing outlets or monitoring water temperatures, we will seek competent advice on a suitable and sufficient restart process.

5.3.1 CBC will put in place emergency management procedures to ensure required protection and/or corrective measures are undertaken within suitable priority timescales where significant risks are identified.

5.4 Keeping Records

5.4.1 CBC will ensure appropriate records are kept of risk assessments and the steps taken to reduce risk together with records of examinations, monitoring inspections/tests, repairs, and of control measures reviews. For residential buildings, control measures and remedial actions will be recorded using electronic spreadsheet templates available on Sharepoint. Servicing and inspection of components (including water tanks, thermostatic mixer valves and shower heads) will be recorded using Sharepoint, Documotive and/or QL housing management system. Records will be kept for at least 5 years.

5.5 Responsibilities of Designers, Manufacturers, Importers, Suppliers and Installers

5.5.1 CBC will work with Development, Repairs and any other parties to ensure that all new water systems are properly designed, constructed, installed and commissioned so that as far as is reasonably practicable. Ensuring that it is safe and without risks to health when used at work and not to create a risk of exposure to legionella bacteria.

5.5.2 CBC will ensure outlets at void properties are flushed before being let through the void-relet process.

5.5.3 Ensure adequate information is provided by manufacturers and suppliers to enable the correct and safe use of any water systems installed including maintenance requirements.

5.5.4 Ensure that suppliers of products and services aimed at preventing or controlling the risk from legionella bacteria, are competent to do so, will provide adequate information on the correct and safe use of water systems, and that measures intended to control the risk of exposure are designed and implemented so that they will be effective, safe and without risk to health when used at work.

5.6 Scalding

5.6.1 Scalding may occur in many situations in all types of buildings and applications. The degree of potential scalding depends on the water temperature, contact time, susceptibility of individuals and the volume of water delivered.

5.6.2 Although susceptibility varies from person to person, it is generally accepted that the risk of scalding is significantly increased at temperatures in excess of 45°C.

5.6.3 Where identified, appropriate remedial actions in the form of either the installation of TMV's or appropriate signage will be undertaken to reduce the likelihood of scalding.

6.0 Related Policies and Procedures

6.1 Health and Safety Policy.

7.0 Communication, Monitoring and Review of Policy

7.1 This Policy will be reviewed at least every three years, or sooner if there is a change to legislation or associated guidance and approved code of practice or following a significant incident if that brings into question the validity of this policy.

7.2 CBC will, where possible, provide written guidance to tenants (and leaseholders only so far as is reasonably practicable) for the safe use of water systems highlighting the risks posed by legionella and how to minimise risk. This will be communicated through the Tenant's Handbook, at letting/tenancy sign up, via CBC's website or other suitable mechanisms.

Cheltenham Borough Council Housing Damp, Mould and Condensation Policy – July 2024

Version control

Document name: Housing Damp, Mould and Condensation Policy

Version: 1.0

Responsible officer

- Deputy Chief Executive
- Head of Building Services

Approved by: Cabinet

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1.0 Introduction

- 1.1 Condensation and mould in a property are generally caused by a defect with the building (i.e. the landlord's responsibility) or how the building is used by the occupier (i.e. the tenant's responsibility) or a combination of both. This policy sets out broadly how Cheltenham Borough Council (CBC) will address the issues of damp and condensation, and the resulting mould that occurs in properties owned by the Housing Revenue Account (HRA). It sets out how we will respond to property issues and the help and support that will be provided to our tenants.
- 1.2 In October 2021, the Housing Ombudsman issued a report, "Spotlight on Damp and Mould", highlighting the approach they expect social landlords to take when dealing with tenants who complain about damp.

The Housing Ombudsman has been adopting a more proactive approach to dealing with tenant complaints and in line with Government direction is working much more closely with the Regulator of Social Housing. This approach has been taken following the Grenfell Tower tragedy and more recently poor housing conditions identified by the media within some social housing properties and the tragic death of Awaab Ishak which a Coroner attributed to long term exposure to the effects of mould growth and mould spores in the property.

- 1.3 CBC will respond to issues of damp, mould and condensation (DMC) in accordance with relevant guidance and legislation; we will work with tenants where mould is present and identify the causes and potential solutions to this problem, some of which will be for the CBC to take care of, and some will be for tenants to implement with CBC support.
- 1.4 CBC will continue to maintain and, where possible, improve the condition of its homes, taking advantage of external funding to improve the Energy Performance of a property and helping to reduce the associated heating costs.
- 1.5 Social housing low-income families who live in overcrowded conditions can experience a substantially higher proportion of damp and mould. Appropriate use of heating and ventilation in well insulated properties can mitigate against the effects of DMC. However, high energy costs prevent the adequate heating of many homes during winter (fuel poverty) leading to increased condensation and indoor dampness. CBC has developed a property and occupancy report that assists with the identification of such issues.

2.0 Purpose of the Policy

- 2.1 The purpose of this policy is to set out how CBC will proactively identify and manage the potential risks and promptly diagnose and prevent issues which may arise from DMC in homes we manage, including communal areas; we are committed to meeting the needs of our tenants and providing homes that are safe, warm, and dry.
- 2.2 Through this policy, we will establish appropriate processes, guidance, and knowledge through appropriate training and communication to ensure all our properties are well maintained and free of DMC that could risk the health and safety of customers living in our homes.
- 2.3 This policy also sets out how we will support our tenants to minimise the risk of DMC occurring and, report it where there is evidence of its presence.
- 2.4 Managing DMC appropriately, will ensure that our tenants reside in properties that are free from mould which may be harmful to their health. It will also ensure we meet our moral, legal, contractual, regulatory and statutory obligations, and in so doing minimise the prospect of litigation and reputational damage.

3.0 Scope of the Policy and Definitions

- 3.1 This policy applies to all tenanted properties owned by CBC's HRA account including social tenanted rentals, communal areas and emergency or temporary accommodation.
- 3.2 This policy is applicable to all CBC colleagues, agency workers, contractors and volunteers who undertake work on behalf of CBC.
- 3.3 This policy covers:
 - Identifying the types of damp: rising, penetrating and condensation dampness, including internal leaks, construction moisture and hydroscopic dampness.
 - Identifying the responsibilities for CBC and its customers in dealing with DMC.
 - Identifying situations where CBC will not be able to undertake works to rectify DMC.
 - Offering guidance, advice, and assistance throughout the process to all tenants (social and private) living in properties managed by CBC.
 - Data gathering and reporting, identifying proactive methods in mitigating risk of all DMC.
- 3.4 **DEFINITIONS**
Damp, Mould and Condensation under this Policy is defined as:

a) Penetrating Damp (including internal leaks):

Water penetrating the external structure of the building or internal leaks causing damp, rot, and damage to internal surfaces and structure. Defects of this sort should be relatively straight forward to repair once they have been tracked down. The dampness may then take some time to dry out. The cause can be the result of, for example:

- Water ingress due to defective/poor design/workmanship of the structure.
- Defective components for example roofing, external wall, doors, windows.
- Defective or blocked rainwater gutters and pipes.
- Defective or leaking internal hot and cold water, waste, and heating pipework.
- Flooding due to burst pipes and ground water or flooding.

b) Rising Damp:

Rising damp is caused by the lack of or breakdown, deterioration or bridging of the damp proof course of the building at ground floor level. Moisture then rises up the walls to a maximum height of 1.00m. As with penetrating damp it can typically be identified by a tide mark which can be yellowy brown or white and textured. This texture is caused by soluble salts from the ground and plaster being drawn through the wall with water, when the water evaporates, the salts remain.

c) Condensation Damp:

Condensation occurs when moisture held in warm air meets a cold surface and then condenses producing water droplets. This can take two main forms:

- Surface condensation arising when the inner surface of the structure is cooler than the room air.
- Condensation inside the structure (interstitial condensation) where vapour pressure forces water vapour through porous materials (e.g., walls), which then condenses when it reaches colder conditions within the structure.

The effects of damp and mould can be a challenge, particularly during the winter months, and in most cases (but not all) it may be managed by customers through the effective use of heating and ventilation. Conditions that can increase the risk of condensation are:

- Inadequate ventilation e.g., lack of natural, failure to open windows and trickle / background vents and lack of or failure to use mechanical extraction in bathrooms and kitchens.
- Inadequate heating of property, this could also include lack of heating provision, undersized boilers and radiators, lack of draught proofing and an adequate heating provision not being effectively used.
- Poor building design and construction – specific cold areas (cold bridging, where thermal integrity is breached) which are integral with the building construction.
- Inadequate venting of tumble dryers giving rise to increased humidity.
- Inadequate thermal insulation. e.g., missing, or defective wall and/or loft insulation.

- High humidity e.g., presence of rising and penetrating damp or overheating and lack of ventilation.
 - Drying of washing on radiators/clothes airers giving rise to increased humidity.
 - Cooking with saucepans on a hob without using saucepan lids giving rise to increased humidity.
 - Lack of use of mechanical ventilation whilst bathing, showering, and cooking (including items isolated or switched off).
 - Overcrowding, resulting in excess production of moisture over prolonged periods.
- d) Mould:
- Mould is a form of fungus that breaks down dead organic material. It usually grows in damp and humid conditions. It's common to notice mould growing in homes as they offer moisture, warm air, and materials to feed on, such as wallpaper, wood and carpet. Unfortunately, mould will continue to develop until it's cleaned and removed, and it can be harmful to health when spores are released into the atmosphere and breathed in.

4.0 Accountability, Responsibility and Guidance

4.1 Our Responsibilities, when DMC is reported or we find DMC in a property, CBC will:

- 4.1.1 Visit and complete a mould wash to remove the mould and the health risk associated to it.
- 4.1.2 Undertake a property inspection when a repair is reported relating to suspected DMC, an investigation will be completed to determine the cause of DMC.
- 4.1.3 Diagnose the cause of DMC to facilitate the delivery of effective measures based on the ethos of dealing with the cause of the DMC and not just the symptom. This may be a process of elimination, and the causes are not always easy to diagnose.
- 4.1.4 Inform the customer of the findings of the investigations following a property visit. This will include identifying the possible causes of DMC, recommending effective measures and all necessary remedial works/actions/enhancements and the estimated timescales to complete the works/measures; keeping the customer updated throughout the process from inception to completion.
- 4.1.5 Ensure that our colleagues are suitably trained to complete DMC related tasks/works, and only competent contractors will be employed. The customer's possessions will be adequately protected during the works.
- 4.1.6 Wherever practicable, insulate customers' homes in accordance with Decent Homes Standard to help reduce the likelihood of condensation occurring.

- 4.1.7 Take responsibility for maintaining the external fabric of tenant homes to avoid penetrating and rising damp and for carrying out remedial action if these problems occur.
- 4.1.8 Undertake reasonable improvement works required to assist in the management and control of DMC. This may include but is not limited to upgraded ventilation system installation and improved indoor air movement.
- 4.1.9 Where decoration is required after works associated with damp and mould have been completed, decoration vouchers will be provided. Further consideration will be given to supporting customers where their specific individual or family circumstances indicate they will struggle to re-decorate, such assistance will be limited to painting of finished surfaces. The nature of the decoration will solely be at our discretion and without prejudice.
- 4.1.10 Promote and provide general advice and guidance on how to minimise damp condensation, particularly when there are no apparent causes relating to design or construction. With newly developed properties, specific advice will be provided to those moving in regarding construction moisture which could require an extensive drying out period (12 months or more).
- 4.1.11 Ensure that all appropriate colleagues and contractors have an awareness of the policy and receive adequate training to enable them to report issues of DMC and to support our customers.
- 4.1.12 Ensure that technical colleagues are trained and competent in the diagnosis and treatment of DMC issues.
- 4.1.13 Use our customer and property information intelligently, to shape our future investment programmes to mitigate against the likely causes of DMC. We will always first consider whether the source of the DMC is a design, construction or maintenance issue which we can eliminate through work to the home. Where this is not the case additional support and advice will be provided to the customer on managing and controlling the occurrences of condensation damp. This support will be provided through the provision of verbal advice and guidance, literature and colleagues working directly with our customers experiencing condensation damp issues.
- 4.1.14 If it is unsafe for the occupants to remain in the property while the works are carried out or because of the extreme nature of the mould present, alternative accommodation arrangements will be made. This may be on a day-by-day basis or a temporary decant to an alternative property. The customer will be supported through this process to find suitable accommodation in line with the decant policy. In some cases, it may be necessary to re-house a family on a permanent basis if a medical professional advises that re-housing is the most suitable option. Re-housing will be considered in accordance with CBC's Lettings Policy and any local arrangements which may apply.

4.1.15 Promote our Complaints Policy and encourage the use of this and contact with the Housing Ombudsman.

4.2 Customer Responsibilities:

4.2.1 Tenants must act in a tenant like manner, in accordance with all conditions of the tenancy agreement and tenant's handbook. Clutter and hoarding may be contributing factors to DMC in a property and will be managed in accordance with relevant policies.

4.2.2 It is the customer's responsibility to immediately report any evidence of DMC and faulty equipment that will affect the management of humidity and moisture including, faulty extract fans, being unable to open windows, heating system failures etc.

4.2.3 Customers must allow access for inspections and for the carrying out of all remedial works.

4.2.4 Where customers are considering making any changes within their home: for example, converting rooms into one room, adding extensions, converting non-habitable buildings/spaces into habitable, they must seek advice and permission from CBC in accordance with their tenancy agreement, to ensure that the proposed alteration would not contribute to the accumulation of damp, mould, or condensation, as well as ensuring alterations comply with building control and planning guidelines.

4.3 Guidance to customers

Customers can help reduce the conditions that lead to condensation dampness by:

4.3.1 Keeping the presence of moisture to a minimum e.g., covering pans when cooking, drying laundry outside (where possible), keeping the kitchen or bathroom door closed.

4.3.2 Adequately heating rooms – The World Health Organisation recommends 18°C as a minimum.

4.3.3 Keeping the house well-ventilated e.g., opening windows during and after cooking/bathing, turning on and ensuring that the extractor fans or ventilation system installed in their home is regularly cleaned and working keeping trickle vents in windows open, allowing air to circulate around furniture and avoiding over clutter.

4.3.4 Following all CBC advice and guidance on managing humidity and moisture in the home which can lead to condensation. This information can be found on the website, in tenant newsletters (CBC news) and will be issued in other forms to affected customers.

- 4.3.5 If all reasonable efforts have been made to manage and control the presence of condensation and mould, and there is still an issue then the customer should contact CBC immediately to report the problem.
- 4.3.6 The tenancy agreement recommends that the customer arranges adequate household contents insurance for the home that they occupy.

4.4 Assisting our customers

- 4.4.1 Where internal conditions within a home are influencing the health and wellbeing of the occupants or are preventing inspections or repairs works being carried out, for example, overcrowding and excessive hoarding of personal belongings, we will provide support and assistance to customers to declutter and / or review their options that may include applications for a move to more appropriate or alternative suitable accommodation.
- 4.4.2 Our benefits and money advice service can assist with an income review, provide budgeting advice, assist where a customer is struggling to pay energy bills or where there are issues with energy supply.
- 4.4.3 We recognise that some of our customers may need help when it comes to meeting their repair responsibilities. We may, entirely at our discretion and without prejudice, provide a service in addition to our statutory and contractual responsibilities, to assist our customers who may need additional support to meet the conditions of their tenancy. We will make this assessment with the customer based on their individual needs, including whether there is anyone else who might reasonably assist them, and whether there are any immediate risks to their health or safety. This may include an extension to the scope of repairs which we typically carry out. Each request will be considered on a case-by-case basis.

5.0 Actions and Behaviours

- 5.1 To support the delivery of this policy, CBC has developed a bespoke process in our Housing Management system (QL), which facilitates the recording of DMC issues, assists with the issuing of remedial tasks and monitoring and reporting. All colleagues are required to record all activities in QL.
- 5.2 In delivering this policy CBC has adopted the following methodology:
- All appropriate colleagues will be trained to identify damp, mould and condensation concerns and be alert for health conditions that may be worsened by any property related problems.
 - We will make every visit count so that in the course of their day-to-day work, our colleagues, volunteers and contractors will proactively identify any concerns in relation to damp, mould, or condensation.

- All concerns over damp, mould, and condensation will be recorded during stock condition surveys, void works, and customer visitations.

5.3 Where mould is extreme, and the health and wellbeing of residents may worsen because of this CBC will class this as a Category 1 hazard under the Housing Health and Safety Rating System (HHSRS). In such cases CBC will:

- Respond the same day make the situation safe for the customer by either immediate mould wash or decant.
- Subsequent Supervisor visit within 5 working days of initial call to diagnose issues and plan remedial actions.

5.4 Where mould is reported as not extreme and classed as a Category 2 hazard under HHSRS, CBC will:

- Complete an inspection within 5 days, diagnose the issues and plan all remedial actions.
- Complete a mould wash within 5 days of supervisor visit.

5.5 CBC will consider injunctions to gain access after three no faulted access attempts following the report of DMC within a property.

5.6 All customers reporting DMC will be provided a free hygrometer to help understand and control humidity within their property.

5.7 CBC has a zero tolerance for allowing DMC to occur in our homes and will look to resolve all concerns rapidly with the customer. We will look to minimise self-reporting of issues from customers by proactively analysing our property and people data and regular home visits to identify concerns early.

5.8 Property MOTs will be in place for properties categorised as higher risk.

5.9 As we invest and improve our homes with an emphasis on fabric first for energy efficiency, we will ensure that these measures do not increase issues of damp, mould, and condensation in our homes.

6.0 Non-Compliance with the Policy

Financial: Automated process for capture of data and reporting provides efficiency, improves service and value for money. Service failure may result in litigation with potential for loss of revenues in the form of compensation for the customer and legal costs.

Strategic Risk: Management of DMC has typically been dealt with at an operational level, however, due to its increased profile this has emerged as a new priority area for CBC.

The Housing Ombudsman and the Social Housing Regulator have been clear that they will 'name and shame' poor performing organisations and have begun to do so. National and sector media are understandably interested in this important area and negative publicity would be reputationally damaging to any organisation.

CBC will respond proactively and in a timely fashion to understand the risk and our level of exposure and identify and deliver relevant actions to mitigate against such risks.

Non-Compliance with Policy: Colleagues and Contractors who fail to comply with this policy will pose a risk to CBC. Training will be provided and communications re DMC will be ongoing to mitigate against this. Where training and communications are not followed, an informal performance discussion will take place with those responsible and where matters fail to improve a formal performance review will follow will.

7.0 Related Policies, Quality Standards and Legislation

- 7.1 Defective Premises Act 1972
- 7.2 Environmental Protection Act 1990
- 7.3 Landlord and Tenant Act 1985 (Section 11)
- 7.4 Housing Act 2004
- 7.5 Decent Homes Standard 2006
- 7.6 Equality Act 2010
- 7.7 Home Standard, Regulator of Social Housing, 2015
- 7.8 Homes (Fitness for Human Habitation) Act 2018
- 7.9 Pre-Action Protocol for Housing Conditions Claims (England), 2021
- 7.10 The 'Safety and Quality Standard' - due to go live April 2024 superseding the 2015 version.
- 7.11 Housing Health and Safety Rating System (HHSRS) 2006

8.0 Consultation and Research

- 8.1 Housing Ombudsman report "Spotlight on Mould and Damp – It's not Lifestyle" (October 2021)
- 8.2 Office of the Deputy Prime Minister - Housing health and safety rating system (HHSRS) operating guidance: housing inspections and assessment of hazards
- 8.3 UK Parliament, House of Commons Library - Helping tenants with damp and mouldy housing (England), January 2023
- 8.4 Homes and Communities Agency – Home Standard, April 2012
- 8.5 Regulator of Social Housing - Damp and mould in social housing - learning the lessons, 28 June 2023

9.0 Communication, Monitoring, Reporting and Review of the Policy

This policy will be shared with all CBC colleagues and will be a public document shared via the CBC website.

DMC is topical at present, the Government through the Housing Regulator and Housing Ombudsman are promoting operational change and improvements, from reactive to proactive and so, for the foreseeable future, this policy will be reviewed annually.

CBC has developed monitoring reports for operational managerial use and specific DMC KPI's that are presented to and reviewed by the Leadership Team, Heads of Service, Housing Cabinet Committee and Cabinet.

Training will be provided and communications re DMC will be ongoing to mitigate against this.

Briefing Note: Health & Safety Service Update 2023/2024

Committee name: Cabinet

Date: 11th June 2024

Responsible officer: Bernadette Reed

This note provides information to keep Members informed of matters relating to the work of the Cabinet or a committee but where no decisions from Members are needed.

If Members have questions relating to matters shown, they are asked to contact the officer indicated.

1. Service Aims and Objectives

We aim to protect the health, safety and wellbeing of those working within the Borough in premises for which we have enforcement responsibility. We also aim to protect members of the public and others who may be harmed by a work activity.

We aim to support, encourage and advise and where necessary, hold businesses to account to ensure they effectively manage the occupational health and safety risks they create.

We aim to use the most appropriate method to influence those creating risks and target our interventions on those businesses and sectors which pose the higher level of risk.

We aim to contribute to the growth of local businesses by providing advice and guidance to create a level playing field.

We will work in partnership with the Health and Safety Executive (HSE) and others to ensure effective service delivery.

2. Background:

On 14th July 2015, Cabinet approved that health and safety service performance would be communicated to Members and the leadership team via a briefing note each year. This briefing note highlights matters of interest, our performance for the year in review and provides a plan of work for the year ahead.

The responsibility for health and safety enforcement is divided between local authorities and the HSE. The division of responsibilities depends on the work activity and can be found in the [Health and Safety \(Enforcing Authority\) Regulations 1998](#). For this authority it includes amongst others: offices, shops, hospitality sector, leisure activities, nurseries, museums, residential care homes, places of worship, tyre and exhaust fitting, steel stockholders, camping and caravan sites, animal boarding, beauty parlours and skin piercing activities (except in domestic premises).

Under Section 18 of the Health and Safety at Work Act 1974, this authority has a duty to ensure it has adequate arrangements for the **Page 188** of health and safety statutory provisions for which it is responsible and to ensure it has sufficient suitably qualified and suitably appointed officers to carry out enforcement. We must allocate sufficient time and resources to investigate accidents, dangerous occurrences, and cases of occupational ill health in line with the HSE incident selection criteria (ISC).

3. Organisational Structure:

Service delivery is ultimately the responsibility of the Chief Executive, Gareth Edmundson, supported by the Corporate Director Claire Hughes and the Head of Public Protection Louis Krog. This is the current [Senior Management Structure](#). The Head of Public protection has responsibility for a number of service areas namely licensing, private sector housing, the neighbourhood team, Solace and the public and environmental health team. The structure of the public protection team, which includes the health and safety team is shown in Appendix 1. The health and safety team is also responsible for animal licensing including (dangerous wild animals, home boarders, kennels, catteries, dog breeding, pet shops and zoos) and the Local Government (Miscellaneous Provisions) registrations (tattooing, acupuncture, semi-permanent make up and body piercing).

4. Service Delivery

The [Local Authority National Code](#) is statutory guidance issued under Sec 18 (4)(b) of the Health and Safety at Work etc Act 1974. Adherence to the code will ensure that this authority is compliant and consistent in its approach. It sets out a risk-based approach to targeting health and safety interventions by this authority. It provides a framework that recognises the role of businesses and the regulators in the management of risk, concentrating on 4 objectives:

- Clarifying the roles of business, regulators, and professional bodies.
- Outlining a risk-based approach to regulation which this Authority must adopt.
- Setting out the need for training and competencies of offices of this authority.
- Outlining arrangements for collection and publication of data.

The HSE 10-year strategy [Protecting People and Places](#) sets out ambitious objectives ensuring the safety of people and places is at the heart of everything we do as regulators with a focus on reducing ill health. We have regard to this when setting our priorities.

5. Setting Priorities:

Priorities for local authorities are set out each year in the Local Authority Circular [LAC 67/2](#). Our planned regulatory activity will focus on improved outcomes, better risk management, improved health and reduced injuries for workers and members of the public. We will address local priorities alongside national priorities set by the HSE.

Priority will be given to the health topics over the safety topics where resources are limited.

a. National Priorities:

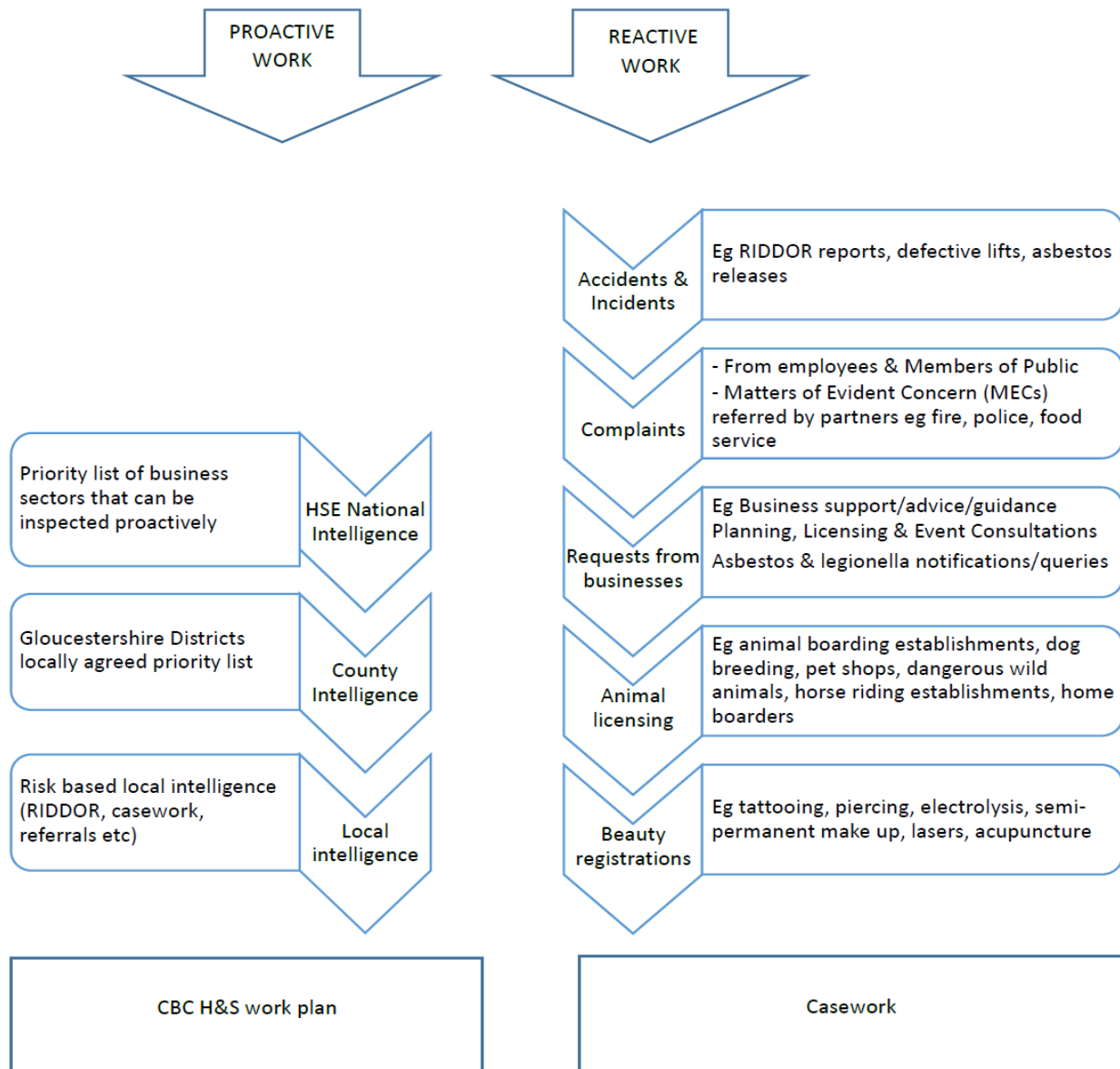
The national priorities in Annex A of LAC 67/2 are determined annually using HSE's most current regulatory intelligence. They are reviewed on an annual basis to allow flexibility and the inclusion of any emerging priorities which may result from new intelligence or in response to learning from major incidents.

b. Local Priorities:

As a local authority, we have access to a wealth of local information which is used to determine our specific local priorities and poor performers, by identifying the key risks of serious workplace accidents, injuries and ill-health in our community.

a. Reactive and proactive work streams:

Incoming work streams are shown in Fig 1 below with reactive work coming from a number of sources with all requests captured on our service request module of our management system Idox uniform.



The demand and nature for reactive work from 2018-2024 is shown in Appendix 2. The number of reports received under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 [RIDDOR](#) has remained relatively stable with an average of 74 per year and service requests 189 per year. Analysis of accident reports over the last 2 years shown that 35% were due to a slip or fall on the same level, 23% were due to a fall from a height, 13% were due to injuries sustained on lifting and carrying, 3% struck against a fixed object, 2% struck by a moving object, 1% struck by moving machinery, 1% injured by an animal and 1% injured through contact with a substance. The remainder were in the 'miscellaneous' category. Most service requests related to health and safety concerns at commercial premises.

b. Matters of Evident Concern (MECs):

Reactive work includes matters of evident concern (MECs) and Matters of Potential Major Concern (MPMC). [MEC](#)'s are defined as 'those that create a risk of serious personal injury or ill-health, and which are observed or brought to the inspector's attention'. Matters of Potential Major Concern [MPMC](#) are those which 'have a realistic potential to cause either multiple fatalities or multiple cases of acute or chronic ill-health. As a local authority we must take appropriate enforcement action where required and monitor MECs or MPMCs during advisory or other regulatory visits to identify potential local issues. Any MECs or MPMCs identified which may have national significance will be reported to HSE via lau.enquiries@hse.gov.uk

When selecting which complaints to investigate we use the HSE risk based selection criteria [Incident Selection Criteria](#)

c. Proactive interventions:

Our proactive work forms the basis of our intervention plans. Our 2023-24 intervention plan focused on:

- Health and safety and infection control within tattoo premises within the borough. All 8 received an in depth intervention.
- Workplace transport within higher risk premises including builders' merchants and warehouses with interventions conducted at 15 major sites.
- Awareness raising of the risks and controls around asthma from flour dust in all bakeries with visits to 2 main production sites.
- Awareness raising of the risks and controls of silica dust within all stone masons with site visits to 4 main workshops.
- Working with Ubico and organisers of large-scale events to highlight the risks to the public from becoming trapped in large commercial waste bins.
- Crowd management at large scale events via the monthly Safety Advisory Group (SAG) and the events consultative group (ECG) with associated on site spot checks. The SEHO also attended the Race Course's Safety Advisory Groups.

7. Intervention plan 2024/25:

We will use a range of interventions to increase our impact of influencing behaviour and thus improve the management of risk. We will explain to businesses why they are being inspected to protect against any formal complaint if a business considers they operate in a low-risk sector and have been unreasonably subjected to a proactive health and safety intervention.

The authority's health and safety intervention plan is formulated each year in accordance with the guidance issued by the HSE Local Authority Circular on 'Setting Priorities and Targeting Interventions' revision 13 [LAC 67/2 revision 13](#)

The Circular provides guidance and tools for priority planning and targeting of interventions, enabling the authority to meet the requirements of the National Local Authority Enforcement Code.

Our approach to interventions is targeted, proportionate, consistent and transparent in line with the Enforcement Code and our own [Corporate Enforcement Policy](#)

Appendix 3 shows Cheltenham Council's risk-based draft intervention plan for 2024-25. This plan is based on specific business sectors and nationally recognised specific hazards, identified by the HSE. Proactive inspection must only be used in the high-risk activities and sectors specified by the HSE or where our local intelligence suggests risks are not being effectively managed.

The HSE guidance allows for consideration of local intelligence when formulating the intervention plan.

The focus of the plan will be reviewed in the following circumstances:

- If an initial feasibility exercise does not justify the proposed intervention.
- If the first proactive inspections do not indicate the need for further interventions.
- If initial proactive inspections require intensive regulatory support (and/or enforcement) due to risks identified.
- If capacity in the team is affected.

8. Officer resourcing:

On 1st April 2024 we had 5 suitably qualified and authorised Health and Safety officers.

Officer	Position	Full Time equivalent on health and safety
Bernadette Reed*	Public and Environmental Health Team Leader	0.1
Sadie Hawson	Senior Environmental Health Officer (EHO) – Health and Safety Team/Animal licensing	0.5
Chris Waller*	Senior EHO – Food Safety Team	0.1
Neil Bacon*	EHO – Food Safety Team	0.1
Laura Oswald*	EHO- Food Safety Team	0.1
Vacant**	Health and Safety Technical Officer – Health and Safety Team	1

* The additional authorised officers are not routinely engaged in service delivery but provide resilience for us to perform our statutory function and assist in the intelligence gathering aspect of our intervention plan.

**This post became vacant in Sep 2023 and has been filled in part by a part time contractor. An officer has been recruited to post to start 3rd June 2024.

A prediction of all health and safety service demands for 2024/25 (based on previous 6 years figures, experience and intelligence), in light of the current officer allocation, suggests that we have sufficient resources to cover our statutory responsibilities.

9. Additional duties:

Officers within the health and safety team are also responsible for registrations under the Local Government (Miscellaneous Provisions) Act 1982 as amended by the Local Government Act 20023 and the associated bylaws (covering acupuncture, tattooing, ear piercing, electrolysis, semi-permanent make up and cosmetic piercing). We cannot refuse a registration if an application is properly made. It is an offence to operate without being registered, to contravene any bylaw or to fail to display your registration on the premises. Some contraventions can be dealt with under health and safety powers.

This authority is supporting the Health and Safety SEHO to obtain her Level 3 OFQUAL qualification for animal licencing, a requirement from the Department of Environment Food and Rural Affairs (Defra).

10 Indemnity of Inspectors:

Section 26 of the Health and Safety at Work etc. Act 1974 allows local authorities to indemnify inspectors appointed under that Act under specified circumstances. This authority indemnifies inspectors, against the whole of any damages and costs, or expenses, which may be involved, if the authority is satisfied that the inspector honestly believed that the act complained of was within their powers and that their duty as an inspector entitled them to do it, providing the inspector was not wilfully acting against instructions.

11. Partnership working:

We are active members of the County Health and Safety Group. The group aims to facilitate joint service objectives between district councils and the HSE eg priority lists, training, officer competency, joint working and mutual aid with the HSE. We work with others and the HSE to establish best practice and consistency in enforcement as required by law.

We update the County Council health protection team on our health and safety work streams via the bi annual health protection boards.

12. Monitoring

This authority has a duty to monitor and share intervention data with the HSE and the public. The authority submits an annual statutory return to the HSE (LAE1), which reports against proactive and reactive intervention categories such as the numbers of planned interventions, revisits, accident investigation site visits, requested visits and enforcement action. This allows us to benchmark, and peer review our data against other authorities. This data is shared with the Chartered Institute of Public Finance and Accountancy (CIPFA) and is publicly available.

Our key performance indicator (KPI) has been developed to include response times to health and safety service requests and responses to accident notifications. We measure the percentage of health and safety requests which are triaged for investigation within 24 hours from receipt of the request or notification. Our figures for Q3 and Q4 were 100% and 96% respectively. This will ensure compliance with the HSE incident selection criteria. All data is recorded on the authority's management information system (MIS) Uniform Idox and reported quarterly to our performance management team. We are transitioning to a new performance management system in the coming months.

13. Future Demands on the Service:

Based on an analysis of the establishment profile in the Cheltenham area, the number of staff within the team, the number of officers authorised as Inspectors, analysis of historic service data over the last 6 years, maintenance of a duty officer system and a time study of the required tasks within the service areas, it is considered that we will have sufficient resource to meet our legal health and safety obligations. However, the considerable uncertainty of the current regulatory operating environment and its unpredictable nature must be recognised. We do not have scope for value added tasks such as primary authority partnerships and full engagement in corporate projects without additional resources or re-evaluation of officer responsibilities. Capacity would be adversely affected by any changes in staffing (recruitment and retention) and any protracted difficult/complex investigation.

14. Risks

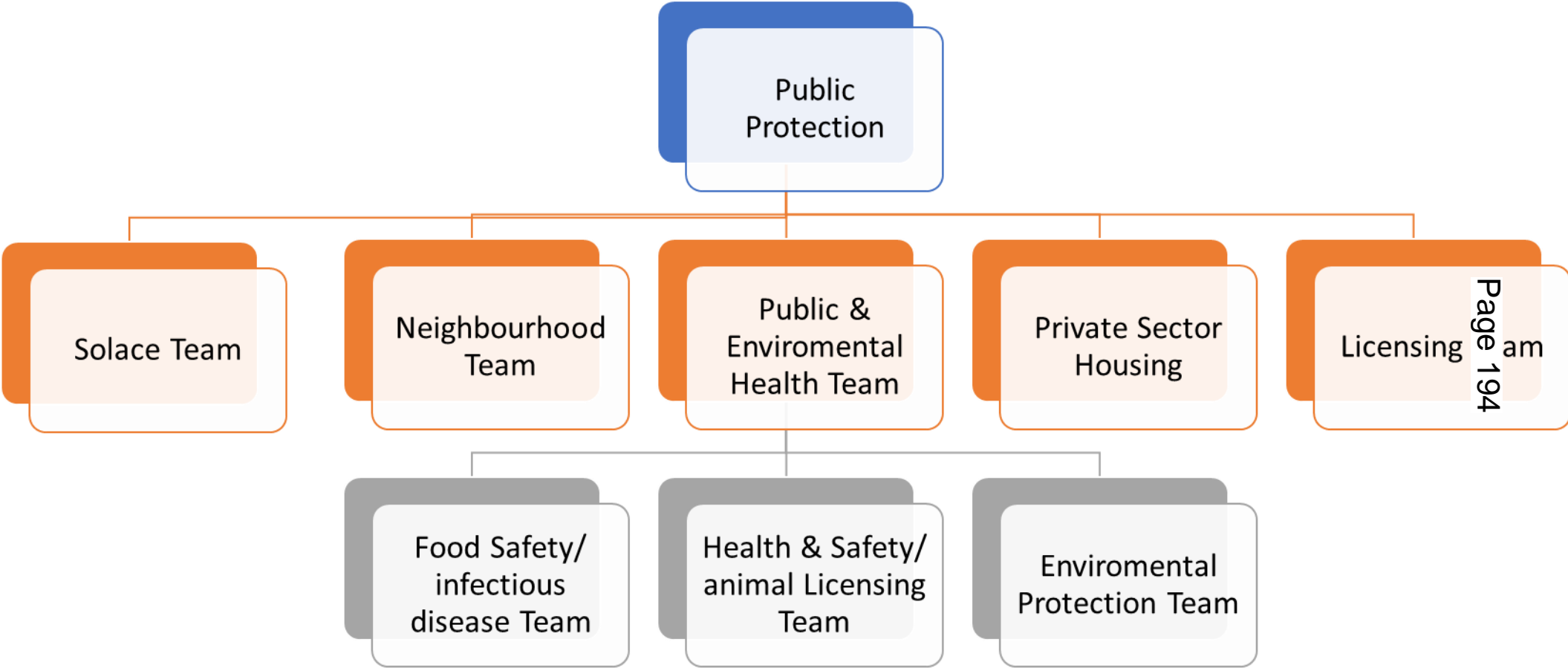
There are no key risks specific to the delivery of the health and safety work plan that need to be highlighted to Members.

Recruitment of appropriately trained staff is challenging. We continue to work with our HR team to recruit and to retain high quality competent officers. We are a participating local authority on the Local Government Association (LGA) skills shortage programme exploring alternative pathways to recruitment and retention.

We are currently advertising for an environmental health officer apprentice as a means of building future resilience within the public and environmental health team.

Contact Officer: Bernadette Reed Public and Environmental Health Team Leader
Tel No: 07500816810
Email: bernadette.reed@cheltenham.gov.uk

Reference documents:
[Local Authority Priorities and Targeting Interventions](#)
[National Local Authority Enforcement Code](#)



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	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Total	Ave/year
Riddor notifications	69	80	62	72	86	75	444	74
ISC met	12	10	11	10	8	7	58	10
ISC not met	57	70	51	62	76	70	386	64
ANILIC- animal licence applications	6	1	3	1	2	0	13	2
ANINF – Animal infections	0	0	2	1	3	1	7	1
ANLICQ - Animal licence queries	16	13	9	22	28	28	116	19
ASBSR- Asbestos	0	0	0	2	0	1	3	1
COOLEG- cooling towers/legionnaires	4	0	3	1	1	1	10	2
EASREG- HS registrations	19	0	9	34	28	31	121	20
EHLIFT- lift reports	0	0	1	5	7	9	22	4
EHSP- HS at commercial premises	41	38	15	29	70	70	263	44
GASSAF- gas safety	40	20	4	2	3	2	71	12
EVENT/S special events	83	82	107	80	80	73	505	84
Total SR	209	154	153	177	222	216	1131	189
Registrations: new/variation/ received (premises and personal) tattooing electrolysis ear piercing semi-permanent make up acupuncture cosmetic piercing	33	22	9	45	57	35	201	34

Cheltenham Borough Council Health and Safety Intervention Plan 2024/25 - DRAFT												
Annex A national priorities												
	A	M	J	J	A	S	O	N	D	J	F	M
Duty to manage asbestos – risk of occupational lung disease	Yellow		Yellow		Yellow		Yellow		Yellow		Yellow	Yellow
Spa pools on display – risk of legionella				Red	Red	Red						
Cooling towers – risk of legionella						Orange						
Work related stress – awareness raising		Green		Green		Green		Green		Green		Green
Work related stress - intelligence gathering	Purple		Purple		Purple		Purple		Purple		Purple	
Animal attractions – zoonotic risks	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Inflatable amusement device - anchorage	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Electrical safety in hospitality – risk of electrocution		Grey		Grey		Grey		Grey		Grey		Grey
Accessing large commercial bins – risk of entrapment	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Annex B proactive inspection												
Lung Disease – welding fumes in hot cutting									Blue	Blue	Blue	Blue
Musculoskeletal Disorders in residential care homes						Pink	Pink					
LPG explosion – catering	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Violence at work – lone workers/night workers/hospitality/betting shops					Blue	Blue	Blue	Blue	Blue			
Firework explosion – professional display at events	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Crowd management – large scale events	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red