



Public Document Pack

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20 September 2021

RESIDENTIAL AND WELLBEING SERVICES COMMITTEE

A meeting of the Residential and Wellbeing Services Committee will be held in the **Council Chamber at the Arun Civic Centre, Maltravers Road, Littlehampton, BN17 5LF** on **Thursday 30 September 2021 at 6.00 pm** and you are requested to attend.

Members: Councillors Pendleton (Chair), Gregory (Vice-Chair), Catterson, Mrs Cooper, Daniells, Mrs English, Hamilton, Hughes, Needs, Rhodes and Yeates

PLEASE NOTE: Subject to Covid-19 Risk Assessments members of the public are advised of the following:

Where public meetings are being held at the Arun Civic Centre in order to best manage the safe space available, members of the public are in the first instance asked to watch the meeting online via the Council's Committee pages – the meeting will be available to watch live via the internet at this address: [Arun District Council](#)

- a) Where a member of the public has registered to take part in Public Question Time, they will be invited to submit the question in advance of the meeting to be read out by an Officer. In response to the continuing health guidelines, there will be very limited public access to this meeting. Admission for public speakers will be by ticket only, bookable when submitting questions. Attendees will be asked to sit in an allocated seat in the public gallery on a first come first served basis. Only one ticket will be available per person.
- b) It is recommended that all those attending take a lateral flow test prior to the meeting.
- c) All those attending the meeting will be required to wear face coverings and maintain safe distancing when in the building/meeting room.
- d) Members of the public must **not** attend any face to face meeting if they or a member of their household have Covid-19 symptoms. I have removed reference to self-isolating as rules changed on 16 August – please let us know if you still require wording

Any members of the public wishing to address the Committee meeting during Public Question Time, will need to email Committees@arun.gov.uk by 5.15 pm on Wednesday 22 September in line with current Procedure Rules. It will be at the Chief Executive's/Chair's discretion if any questions received after this deadline are considered. Permitted questions will be read out by an Officer.

For further information on the items to be discussed, please contact: committees@arun.gov.uk

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

Members and Officers are invited to make any declaration of pecuniary, personal and/or prejudicial interests that they may have in relation to items on this agenda, and are reminded that they should re-declare their interest before consideration of the items or as soon as the interest becomes apparent.

Members and Officers should make their declaration by stating:

- a) the item they have the interest in
- b) whether it is a pecuniary/personal interest and/or prejudicial interest
- c) the nature of the interest

3. MINUTES

(Pages 1 - 8)

The Committee will be asked to approve as a correct record the minutes of the Residential and Wellbeing Services Committee held on 22 July 2021 and the Extraordinary Committee held on 19 August 2021.

4. ITEMS NOT ON THE AGENDA THAT THE CHAIRMAN OF THE MEETING IS OF THE OPINION SHOULD BE CONSIDERED AS A MATTER OF URGENCY BY REASON OF SPECIAL CIRCUMSTANCES

5. PUBLIC QUESTION TIME

To receive questions from the public (for a period of up to 15 minutes).

6. MOTION

The following Motion was submitted in accordance with Council Procedure 15.1 and 15.2 and referred to the Committee by Full Council on 15 September 2021.

Proposer: Councillor Stanley
Secunder: Councillor Bennett

This Council requests an officer report be produced exploring how we can further enhance our performance regarding Empty Homes, with an aim to bring even more of them back into use.

This report should include but not exclusively contain:-

1. Council tax charged on Empty Homes with a view to exploring a potential sliding scale increase over time. A similar system is currently being used in Brighton and Hove.
2. Council tax charged on Holiday Homes with a view to encourage owners to utilise their properties on at least an annual basis.
3. A review of the incentives and services we (could) offer property owners to increase engagement with our Empty Homes Team and support tenant management issues and misconceptions.
4. A review of how we promote our Empty Homes service and how we communicate success stories.

This Council acknowledges the potential financial impact of this work (both costs and income streams) well as the potential impact on officer resource and requests this information is included in the report.

Finally this Council requests a letter is sent to the relevant minister and local members of parliament requesting consideration is given to including Empty Homes that are brought back into use into the Housing Delivery targets for Local Authorities, and an option to co-sign this letter be given to all District Council Groups Leaders.

7. BUDGET 2022/2023 PROCESS

(Pages 9 - 12)

The report provides a summary of the budget process for 2022/23 which the Committee is asked to note.

8. SAFER ARUN PARTNERSHIP ANNUAL REVIEW 2020-21 (Pages 13 - 54)

This report sets out the progress of the Safer Arun Partnership (SAP) during the period April 2020 to March 2021 in delivering the strategic priorities as contained in its Partnership Plan. It provides information to enable Members to understand performance during the year allowing scrutiny of the partnership and provides a summary assessment of the future challenges and opportunities for SAP.

9. EMPTY HOMES COUNCIL TAX PREMIUM (Pages 55 - 60)

Members are asked to consider increases to Council Tax premiums payable for long term empty properties.

10. COMPLIANCE POLICIES APPROVAL (Pages 61 - 140)

Members are asked to approve new draft compliance policies to ensure landlords meet their legal and regulatory requirements in the following areas - Fire Safety, Gas Safety Electrical Safety, Lift Safety, Asbestos Management, and Legionella.

11. APPROVAL TO APPOINT A ROOFING CONTRACTOR (Pages 141 - 146)

This report seeks approval to award a contract for roofing works for various properties following a tendering process and to approve the virement of £100,000 from the Kitchen and Bathroom programme budget to the Roofing budget to fund the project.

OUTSIDE BODIES - FEEDBACK FROM MEETINGS

Will be circulated separately to the agenda should there be any.

12. WORK PROGRAMME (Pages 147 - 148)

The Committee is required to note the Work Programme for 2021/22.

13. EXEMPT INFORMATION

The Committee is asked to consider passing the following resolution: -

That under Section 100a (4) of the Local Government Act 1972, the public and accredited representatives of newspapers be excluded from the meeting for the following item of business on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Act by virtue of the paragraph specified against the item.

14. APPROVAL TO APPOINT A ROOFING CONTRACTOR - EXEMPT (Pages 149 - 154)
This report seeks approval to award a contract for roofing works for various properties following a tendering process.
15. AWARD OF SECTION 44A BUSINESS RATES (Pages 155 - 156)
Members to recommend that the relief be awarded.
16. COUNCIL TAX INSOLVENCY WRITE OFFS OVER £5,001 (Pages 157 - 162)
This report seeks Members' approval to write off outstanding council tax charges which are subject to insolvency action.
17. BUSINESS RATES INSOLVENCY WRITE OFFS OVER £10,001 (Pages 163 - 166)
This report seeks Members' approval to write off outstanding business rate charges.

Note: If Members have any detailed questions, they are reminded that they need to inform the Chair and relevant Director in advance of the meeting.

Note: Filming, Photography and Recording at Council Meetings – The District Council supports the principles of openness and transparency in its decision making and permits filming, recording and the taking of photographs at its meetings that are open to the public. This meeting may therefore be recorded, filmed or broadcast by video or audio, by third parties. Arrangements for these activities should operate in accordance with guidelines agreed by the Council and as available via the following link - [PART 8 - CP - Section 5 Filming Photographic Protocol](#)

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Public Document Pack Agenda Item 3

Subject to approval at the next Residential and Wellbeing Services Committee meeting

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RESIDENTIAL AND WELLBEING SERVICES COMMITTEE

22 July 2021 at 6.00 pm

Present: Councillors Pendleton (Chair), Mrs Cooper, Daniells, Mrs English, Hughes, Worne (Substitute for Needs), Yeates, Thurston (Substitute for Catterson) and Tilbrook (Substitute for Gregory)

Councillor English was also in attendance for all or part of the meeting.

[Note: The following Councillors were absent from the meeting during consideration of the matters detailed in the Minutes indicated – Councillor Worne – Minute 164 to Minute 166 (Part) – and Councillor Thurston – Minute 169 to Minute 172 (Part)].

158. WELCOME

The Chair opened the meeting and welcomed Members of the Committee, the Public and Press, other Members and Officers participating in the evening's second meeting of the Residential and Wellbeing Services Committee under the newly adopted Committee structure and the first in person since the easing of restrictions. The Chair noted that by the Council holding its meetings in the Civic Centre again it was setting an example and showing itself as ready to face the future.

159. APOLOGIES FOR ABSENCE

Apologies for Absence had been received from Councillors Gregory, Catterson, Needs and Hamilton.

160. DECLARATIONS OF INTEREST

There were no Declarations of Interest made.

161. MINUTES

The Minutes of the previous meeting held on 3 June 2021 were approved by the Committee.

162. ITEMS NOT ON THE AGENDA THAT THE CHAIRMAN OF THE MEETING IS OF THE OPINION SHOULD BE CONSIDERED AS A MATTER OF URGENCY BY REASON OF SPECIAL CIRCUMSTANCES

The Chair confirmed that there were no urgent items.

163. PUBLIC QUESTION TIME

The Chair invited questions from members of the public who had submitted their questions in advance of the meeting in accordance with the Council's Constitution. The Chair confirmed that six questions had been submitted. These were read out by the Committee Manager and responded to by the Chair.

(A schedule of the full questions asked and the responses provided can be found on the meeting's webpage at: [Agenda for Residential and Wellbeing Services Committee on Thursday 22 July 2021, 6.00 pm - Arun District Council](#))

The Chair then drew Public Question Time to a close.

164. FLAXMEAN SHELTERED HOUSING SCHEME

[Councillor Worne left the meeting during this item and returned from the beginning of Minute 167.]

Upon the invitation of the Chair, the Neighbourhood Services Manager presented her report explaining that it sought guidance from Members on which options regarding the site's future it wanted to be researched in greater detail by Officers and brought back to Committee at a later date for a final decision to be made.

Members (and a non-Committee Ward Member given permission to speak by the Committee) then took part in a full debate on the item where a number of points were raised including:

- the impact on the residents of both Flaxmean House and the bungalows in the different options
- the time scales involved
- the overprovision of sheltered and older peoples' housing in the district
- Flaxmean House being the only example of sheltered housing with shared bathing facilities
- whether current residents would be given first choice to return after decanting for refurbishment
- what sheltered housing accommodation is needed (studios, one or two-bed flats etc.)
- the option of a hybrid approach of semi-permanent renovation before future disposal of the site
- the significant sums of money involved and the possibility of delivering less for less expenditure
- the sums of money mentioned in the report being guestimates due to variables yet to be determined
- concerns for the future of the residents in the bungalows on the site
- doing nothing not being an option
- whether vacant units were being re-tenanted
- fears residents in other sheltered housing accommodation may now have of being moved should they raise concerns in the future

- the Council's duty to provide decent accommodation
- the need that whatever must be done must be done sensitively – these are residents' home
- the Council needing to retrofit all accommodation (insulation etc.) in future so if the site was retained there would be a need to retrofit anyway
- the Council's duty to maximise its assets
- a lack of communication with residents of the site, residents of the area more widely and Ward Members

The Neighbourhood Services Manager and Director of Services provided Members with answers to all points raised during the debate. It was confirmed that 12 residents with shared bathing facilities had been consulted and the majority wanted to move out. Only 3 residents wanted to stay with shared facilities in a slightly remodelled way. The need was for one-bed flats, and without full refurbishment the studios would still be sub-standard and below the quality of Arun's other sheltered housing stock. This report only included indicative costs for illustrative purposes. A consultant would need a specific remit in order to properly estimate the costs involved which could be considerably more as the Council would want to bring up the standard of the accommodation in all aspects, and any spend would need to be approved by Full Council. If the site was sold, the profits would be ring-fenced in the Housing Revenue Account (HRA). The Neighbourhood Services Manager and Director of Services stressed that they were keen on an inclusive approach and as such a wide range of stakeholders would be consulted.

Following a vote on each option, options 4 and 5 were determined to be the preferred options of the Committee. Councillor Pendleton proposed an amendment to the first recommendation in the report changing the options from '3 and 4' to '4 and 5'. This was seconded, and following a vote was declared CARRIED.

The substantive recommendations were then proposed and seconded.

The Committee

RESOLVED that

1. Detailed proposals for Options 4 and 5 be developed by Officers;
2. An options appraisal for the remaining sheltered housing stock be commissioned.

165. INFORMATION & ADVICE CONTRACT PROCUREMENT

Upon the invitation of the Chair, the Group Head of Community Wellbeing presented his report to the Committee. The recommendations were then proposed and seconded.

The Committee

RESOLVED that

1. Arun District Council (with West Sussex County Council and the other West Sussex District and Borough Councils) procure a Community Advice Services contract for the provision of an independent and comprehensive information and advice service for up to seven years from 1 April 2022: and
2. A funding contribution of £120,550 uplifted annually in line with the consumer price index calculated on the anniversary of the agreement, subject to satisfactory service reviews in line with Arun's Priorities and the availability of Arun District Council funding be provided.

166. ARUN WELLBEING PROGRAMME UPDATE

Upon the invitation of the Chair, the Communities & Wellbeing Manager presented her report and highlighted particular successes with the weight management programme, stop smoking service and pre-diabetes programme. She noted changes to delivery necessitated by the Covid-19 pandemic and the involvement of Arun community champions to better support work in marginalised communities.

The Chair commended the team for their enthusiasm and then Members took part in a full debate on the item where a number of points were raised including how and where some of the statistics mentioned in the report are determined, the South Downs National Park and social prescribing, social media campaigns to support the service, engagement with local schools and churches and the possibility of a programme involving narcotics.

The recommendations were then proposed and seconded.

The Committee

RESOLVED that

1. The report be noted; and
2. The Committee support targeted work in Arun's areas of significant health inequalities and need.

167. OUTSIDE BODIES

The Chair confirmed that there were a number of Outside Bodies that reported into this Committee and that it would be nice for the Committee to have reports from Members when they had attended a meeting. The Chair then proceeded to provide verbal updates on two Outside Bodies she had attended – the Health and Adult Social Care Scrutiny Committee (HASC) and the Sussex Police and Crime Panel. Written reports by the Chair were circulated to Members after the meeting.

168. WORK PROGRAMME

Upon the invitation of the Chair, the Director of Services presented the Work Programme and asked Members to email suggestions for inclusion in future iterations to Committee Services. The Chair raised the need for a complete review of the Council's sheltered housing stock. The Director of Place confirmed that this would be dealt with by the second recommendation approved earlier in the meeting during the Flaxmean Sheltered Housing Scheme item [Minute 164].

The Committee then noted the Work Programme.

169. EXEMPT INFORMATION

[Councillor Thurston left the meeting at the beginning of this item.]

The Committee

RESOLVED

That under Section 100a (4) of the Local Government Act 1972, the public and accredited representatives of newspapers be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Act by virtue of the paragraph specified against the items.

170. COUNCIL TAX INSOLVENCY WRITE OFFS OVER £5,001

Upon the invitation of the Chair, the Senior Revenues Assistant presented this report which sought Members' approval to write off outstanding council tax charges which were subject to insolvency action.

The Committee

RESOLVED

That Committee write off the outstanding council tax charges totalling £6,937.10 which are subject to insolvency action, which prevents the Council from pursuing the debtor for payment.

171. BUSINESS RATES INSOLVENCY WRITE OFFS OVER £10,001

Upon the invitation of the Chair, the Senior Revenues Assistant presented this report which sought Members' approval to write off outstanding business rate charges.

The Committee

RESOLVED

That Committee write off outstanding business rates charges totalling £27,106.30 which are included in the insolvency action.

172. BUSINESS RATES DISCRETIONARY RATE RELIEF - 2021/22

Upon the invitation of the Chair, the Senior Revenues Assistant presented this report which sought Members' approval to award Discretionary Rate Relief for the period 1 April 2021 to 31 March 2022 as per the Discretionary Rate Relief Policy.

The Committee

RESOLVED

That Discretionary Rate Relief totalling £3893.16 for the applications for the period 1 April 2021 to 31 March 2022 be awarded.

(The meeting concluded at 8.00 pm)

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Subject to approval at the next Residential and Wellbeing Services Committee meeting

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RESIDENTIAL AND WELLBEING SERVICES COMMITTEE

19 August 2021 at 4.00 pm

Present: Councillors Pendleton (Chair), Gregory (Vice-Chair), Mrs Cooper, Daniells, Mrs English, Roberts (Substitute for Hughes) and Yeates

Apologies: Councillors Catterson, Hamilton, Hughes and Needs

217. DECLARATIONS OF INTEREST

There were no declarations of interest made.

218. WAIVER OF STANDING ORDERS TO AWARD A CONTRACT TO SECURE REPLACEMENT OF THE COMMUNAL HEATING SYSTEM AT BERSTED GREEN COURT BY THE CURRENT CONTRACTOR

The interim Asset Manager explained that this extraordinary meeting had been called as the works required to be undertaken could not wait for approval until the next scheduled meeting of the Committee due to be held on 30 September 2021. He then provided members with an overview of his reported advising that the communal heating system at Bersted Green Court that provides heating and hot water for 75 older residents required replacement. The Committee were being asked to provide approval to appoint the recommended contractor to replace the communal boiler and plant as they have extensive knowledge of Bersted Green Court, the necessary skills and knowledge to carry out the work and the price quoted represented value for money. In summing up he explained that replacement of the system prior to winter of 2021 was required to reduce the risk of the current heating system failing. The situation had been further compounded by the need to remove asbestos from the plant room before any works could start and removal of this is required to take place during the summer.

The Chair then invited debate where the following points were raised, as the funds for this work were proposed to be taken from the Kitchen and Bathroom Programme Budget what was the status of this fund and would there be any impact on its required start date, it was explained that the Kitchen and Bathroom Programme Budget fund would be fully funded by the time the work was required to start. Further discussion was had on the life span of a commercial boiler, what other additional works were required for Bersted Green Court and the size of each unit within the building, would there be any disruption to the residents whilst the work to replace the heating system was carried out and if so what and how would this be communicated to the residents. All points raised were answered in full by the Director of Services and the Interim Asset Manager. The Chair also reminded the Committee that she had requested a full review be undertaken of Arun's sheltered housing schemes.

The recommendation was then proposed and seconded and,

Subject to approval at the next Residential and Wellbeing Services Committee meeting

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Residential and Wellbeing Services Committee - 19.08.21

The Committee

RESOLVED

That the waiver of standing orders to award a contract to replace the communal heating system at Bersted Green Court be approved and that the virement of £150,000 from the Kitchen and Bathroom Programme Budget to the Boiler Budget Programme Commercial Budget to fund the project also be approved.

(The meeting concluded at 4.20 pm)

ARUN DISTRICT COUNCIL

REPORT TO AND DECISION OF THE RESIDENTIAL AND WELLBEING SERVICES COMMITTEE ON 30 SEPTEMBER 2021

SUBJECT: Budget 2022/23 Process

REPORT AUTHOR: Carolin Martlew, Interim Group Head for Corporate Support

DATE: August 2021

EXTN: 37568

AREA: Corporate Support

EXECUTIVE SUMMARY:

The report provides a summary of the budget process for 2022/23.

RECOMMENDATIONS:

The Committee is requested to:

To note the budget setting process for 2022/23

1. BACKGROUND:

1.1. The budget for 2022/23 will be the first to be completed under the new Committee system form of governance. The relevant budget will therefore have to be considered by each Service Committee before the full budget is considered at the Corporate Policy and Performance Committee (CPPC) on 10 February 2022 before approval by Special Council on 23 February 2022.

2. PROPOSAL(S):

2.1 The purpose of this report is to inform Members of the budget process for 2022/23.

2.2 Members are aware that the Council continues to face net expenditure pressures due to the unprecedented financial uncertainty over Government funding, the economy which has been compounded by the COVID-19 crisis and also Brexit. Brexit continues to cause issues, especially since the UK's official departure from the EU on 31 December 2020.

2.3 It is accepted that within the resource constraints there is the requirement for some resource switching to enable the Council's priorities to be progressed and to meet new statutory requirements. Budget proposals

should be for the 2022/23 year and should take account of the medium term requirement to make savings. Any growth should be minimised and met from resource switching where possible. To be considered, any proposed growth proposal must clearly state the financial commitment, whether it is recurring, how it supports the Council's corporate objectives and the objective it supports. In addition, as explained above, the resource switching must be indicated and where this is not appropriate, how the growth is to be funded.

- 2.4 The budget guidelines issued will run parallel with any savings initiatives that are being worked on.
- 2.5 It should be noted that reports that require resource switching can be considered by Committees at any time during the year. However, significant permanent resource switching requires approval by Full Council as part of the formal budget setting process.
- 2.6 The budget resource switching parameters for 2022/23 are:
- Growth will only be allowed in essential/priority areas
 - Proposals should aim to be cost neutral
 - Proposals should clearly identify any expenditure savings and Income generating ideas where appropriate.
- 2.7 It should be noted that reports that require resource switching can be considered by Committees at any time during the year. However, significant permanent resource switching requires approval by Full Council as part of the formal budget setting process.
- 2.8 The key dates for this Committee for the Budget 2022/23 process are summarised below:

| | |
|--|-------------------|
| Budget Consultation Report | 30 September 2021 |
| | |
| Financial Prospect Report General Fund (CPPC) – confirms budget parameters | 14 October 2021 |
| | |
| Committee Budget Report – Service specific | 24 January 2022 |
| | |
| Corporate Policy and Performance Committee | 10 February 2022 |
| | |
| Special Council | 23 February 2022 |
| | |

- 2.9 It should be noted that any budget proposals should be fully costed and feasible to be delivered for inclusion in the budget for 2022/23.
- 2.10 A summary of the budgets managed by this Committee and the out turn for 2020/21 is shown in the Appendix for information. This Committee's controllable budget for 2021/22 is £3.239m. The figures shown for controllable expenditure and income exclude items that are for accounting purposes only.

| | | |
|--|------------|-----------|
| 3. OPTIONS: | | |
| N/A The budget has to be set within statutory deadlines. | | |
| 4. CONSULTATION: | | |
| Has consultation been undertaken with: | YES | NO |
| Relevant Town/Parish Council | | ✓ |
| Relevant District Ward Councillors | | ✓ |
| Other groups/persons (please specify) <ul style="list-style-type: none"> • Leader of the Council • Group Leaders | | ✓ |
| 5. ARE THERE ANY IMPLICATIONS IN RELATION TO THE FOLLOWING COUNCIL POLICIES: (Explain in more detail at 6 below) | YES | NO |
| Financial | ✓ | |
| Legal | | ✓ |
| Human Rights/Equality Impact Assessment | | ✓ |
| Community Safety including Section 17 of Crime & Disorder Act | | ✓ |
| Sustainability | ✓ | |
| Asset Management/Property/Land | ✓ | |
| Technology | | ✓ |
| Other (please explain) | | ✓ |
| 6. IMPLICATIONS: | | |
| The budget will form the main reference point for financial decisions made in 2022/23 and the process has to comply with the Constitution. | | |
| 7. REASON FOR THE DECISION: | | |
| To ensure that Members are fully informed about the budget process for 2022/23 as required by the Council's Constitution. | | |
| 8. BACKGROUND PAPERS: | | |
| The budget 2022/23 Process CPPC 1 September 2021 Constitution | | |

Appendix

| Actual 2019-20 £'000 | Description | Budget 2021-22 £'000 |
|---|--|-------------------------------------|
| Residential & Wellbeing Services | | |
| (94) | Arun Lifeline | (101) |
| 263 | Community Safety/Development | 416 |
| 189 | Activites for the Elderly | 160 |
| 1,492 | Homelessness & Housing Advice | 1,062 |
| 75 | Housing Strategy & RSL's | 34 |
| (25) | Leisure & Culture | (829) |
| 2,339 | Revenues & Benefits | 2,281 |
| 183 | Voluntary Sector | 216 |
| 4,422 | Total for Residential & Wellbeing Services: | 3,239 |

ARUN DISTRICT COUNCIL

REPORT TO AND DECISION OF RESIDENTIAL AND WELLBEING SERVICES COMMITTEE ON 30 SEPTEMBER 2021

REPORT

SUBJECT: Safer Arun Partnership Annual Review 2020-21

REPORT AUTHOR: Dax O'Connor, Community Safety Officer

DATE: 6 August 2021

EXTN: 37834

AREA: Community Wellbeing

EXECUTIVE SUMMARY:

This report sets out progress of the Safer Arun Partnership (SAP) during the period April 2020 to March 2021 in delivering the strategic priorities as contained in its Partnership Plan. It provides information to enable Members to understand performance during the year allowing scrutiny of the partnership and provides a summary assessment of the future challenges and opportunities for SAP.

RECOMMENDATIONS:

It is recommended that the Residential and Wellbeing Services Committee review and scrutinise the work of the Safer Arun Partnership as outlined in this report and:

1. Endorse the work of the Safer Arun Partnership and the importance of partnership working in contributing to reducing anti-social behaviour and addressing crime and disorder in Arun.
2. Recognition is given to the work of the Safer Arun Partnership in contributing to the delivery of the Council's strategic priority "supporting you if you need help".

1. BACKGROUND:

1.1. The Scrutiny Function

1.1.1. Legislation requires that the performance of local community safety partnerships is scrutinised at least annually, and that this is led by the relevant local authority via its Crime and Disorder Committee. The Council has designated the Residential and Wellbeing Services Committee to serve as the Crime and Disorder Committee in undertaking this scrutiny function.

1.1.2. The intention of scrutinising the Community Safety Partnership, known locally as the Safer Arun Partnership (SAP), is to provide open, objective, and constructive feedback to enhance working relationships between agencies.

- 1.1.3. Scrutiny should seek to add value to the joint work and responses that SAP provides to the public.
- 1.1.4. Scrutiny must be of the work of SAP as a whole rather than focusing on the performance of individual organisations.
- 1.1.5. Where the scrutiny function makes recommendations to SAP, consideration must be given to the availability of resources to the partnership and that all member organisations are collectively responsible for undertaking any additional work.
- 1.1.6. **Appendix A** provides guidance as to the scrutiny function in relation to Community Safety Partnerships and reference to associated legislation.

1.2. Community Safety Partnership overview

- 1.2.1. The Safer Arun Partnership works jointly to address and reduce anti-social behaviour and crime across the district. Membership comprises representatives from:

Sussex Police

Arun District Council

West Sussex County Council

Sussex Police and Crime Commissioner

West Sussex Fire and Rescue

Probation services

NHS Trust

- 1.2.2. For 2019-20, SAP retained the five key strategic priorities from the previous year. These were:

- Serious Violence
- Serious and Organised Crime
- Community Resilience
- Improving Public Confidence
- Tackling Anti-social Behaviour (ASB)

When reviewing the most prevalent areas of concern, locally, all partners felt that these priorities remained appropriate and where focused work needed to continue.

- 1.2.3. These strategic priorities were agreed by the partnership as being concerns that greatly affected the local area and where SAP could achieve the vision of:

“working in partnership to achieve the vision of proactively and reactively reducing the risk of harm and vulnerability associated with crime, disorder and anti-social behaviour for identified individuals, communities and neighbourhoods.”

1.3. Performance

- 1.3.1. Principal key findings of the 2021 Strategic Intelligence Assessment are summarised in **Appendix B**.
- 1.3.2. A copy of the Partnership Plan for 2020-21 is attached as **Appendix C**. This sets out the scope of the work of the Safer Arun Partnership and illustrates the working streams involved.
- 1.3.3. **Appendix D** illustrates some of the key highlights of the partnership during 2020-2021 when assessed against the Partnership Plan of the same period.
- 1.3.4. To help understand the complex work undertaken by the Council's ASB team, three case studies are provided in **Appendix E**. These highlight the challenging nature of some interventions and the partnership working that is involved to achieve successful outcomes.
- 1.3.5. Tackling ASB during 2020-21 proved particularly challenging for the Council and Sussex Police due to the Covid-19 pandemic. Breaches of lockdown restrictions were recorded as ASB, coupled with people spending long periods of time at home when previously they would have been out, saw an increase in reports received by agencies. Restrictions also significantly altered the way in which the Arun ASB team were able to operate, working remotely and having to engage in telephone and virtual meetings as opposed to their usual approach of face to face intervention work.
- 1.3.6. The data contained within this report is taken from records for the period April 2020 to March 2021 as required for this annual review. The Strategic Intelligence Assessment referred to at Appendix A (a link to the full SIA is provided in the background papers section) sets out data for January to December 2020.

1.4. Joint working with neighbouring Community Safety Partnerships

- 1.4.1. The Community Safety Partnerships (CSP) of Chichester and Arun continue to align themselves to work jointly in addressing common priority areas of concern. This recognises the benefit of sharing intelligence and affords the CSPs to mirror the local Sussex Police hub which formally identifies itself as Arun & Chichester.
- 1.4.2. Additionally, during 2020-21 SAP forged close working links with the CSP across Adur & Worthing to devise strategies to address the deleterious effects of young people exposed to and participating in acts of serious violence. This was a product of the partnership identifying the mobility of young people and the 'cross border' nature of the activities they were engaged in. By sharing knowledge and resources, the early identification of issues, individuals and incident 'hotspots' has been paramount in taking proactive action.
- 1.4.3. SAP supports and fully engages with the work of the West Sussex Community Safety Partnership which brings together all the localised CSPs to share intelligence and identify trends across the county.

1.5. Crime¹

1.5.1. Across Arun, the total incidents of crime decreased by 11.4% during the period from April 2020 to March 2021 when compared to the same period the previous year. This compares to a decrease of 15.9% across the Sussex force for the same period.

| No. of crimes recorded | | |
|------------------------|---------|-----------------|
| 2020-21 | 2019-20 | Change (+/-) |
| 10,083 | 11,377 | -1,294 (-11.4%) |

1.5.2. When analysing crime figures, it is helpful to do so by the occurrence per 1,000 population. This gives greater accuracy in interpreting the risk and likelihood of being a victim of crime within the district.

| No. of crimes recorded per 1,000 population in Arun | | |
|---|----------------------|--------------|
| 2020-21 ² | 2019-20 ³ | Change (+/-) |
| 63 | 76 | -13 |

1.5.3. Overall Violent Crime accounted for 50.6% of all crime recorded in Arun during 2020-21. This compares to 46% of recorded crime in 2019-2020. However, this crime category did see a decrease of 220 recorded incidents from the previous year. In addition to physical assault, crimes categorised as violent crime include a range of offences such as stalking, harassment, dogs dangerously out of control, and some offences of the road traffic act.

1.5.4. The category of violent crime provides the emphasis for some of the more robust partnership work, pathing the way for strategic planning and operational activity to disrupt and reduce violence in Arun across all age groups. This work is illustrated in the Partnership Plan (Appendix C).

1.5.5. Domestic Abuse Crime (recorded as any crime with a domestic abuse marker) saw 1,894 crimes recorded during 2020-21. There was a decrease of 1% (-20 offences) between 2019-20 and 2020-21.

The Safer Arun Partnership acknowledged the significance of domestic abuse at the outset of the Covid-19 pandemic as people were confined to their homes as a result of lockdown restrictions. Whilst the crime data indicates a negligible fall in recorded crime in this category, this could be because people felt unable to leave their homes to report incidents safely. SAP is aware that this is one of the most under reported criminal categories and, therefore, domestic abuse remains a priority area of focus for the partnership.

1.5.6. The fear of crime is a person's perception of how likely they are to experience crime. Fortunately, in Arun the likelihood of being a victim of crime is low. However, the perceived risk is a big factor that causes people to feel that they may become a victim of crime. This can have a negative impact on how people live their lives and how our towns, villages and neighbourhoods regarded. The

¹ Sussex Police CSP data

² Based on ONS mid-year prediction for 2020-April 2021 population data of 161,123

³ As per Annual Review 2019-20 based on 2011 Census population data of 149,515

accessibility of social media and online news outlets often heightens tensions and people's worries about an area when negative posts are shared, often due to isolated incidents or without reporting the full details.

1.5.7. For this reason, it was an aim in 2020-21 for the SAP partners to utilise social media and online presence to counter negative comments and help address the public perception of crime and the work agencies carry out. Although agencies have increased their online presence, there remains work to be done to become more visible in this way and provide reassurance to the general public.

1.6. Anti-social Behaviour (ASB)

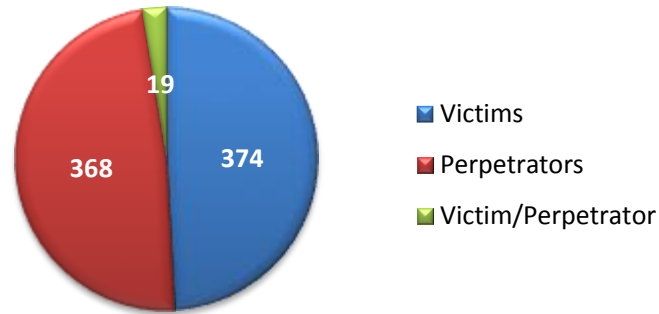
1.6.1. Tackling anti-social behaviour during the Covid-19 pandemic has thrown up many challenges for the Council's ASB team. Pre-Covid, the three ASB Caseworkers were co-located between the Civic Centre and Bognor police station. The onset of the working from home directive meant that the team had to overcome a number of issues including how to access police information in a timely manner, how to maintain the close working relationship and rapport with the Arun Neighbourhood Policing teams, and how to continue providing a proactive service to residents. Despite these challenges, the ASB team continued to deliver early intervention work and provide a cohesive service for the benefit of members of the public as well as assisting partners in tackling nuisance behaviour.

1.6.1.1. ASB team performance data 2020-21:-



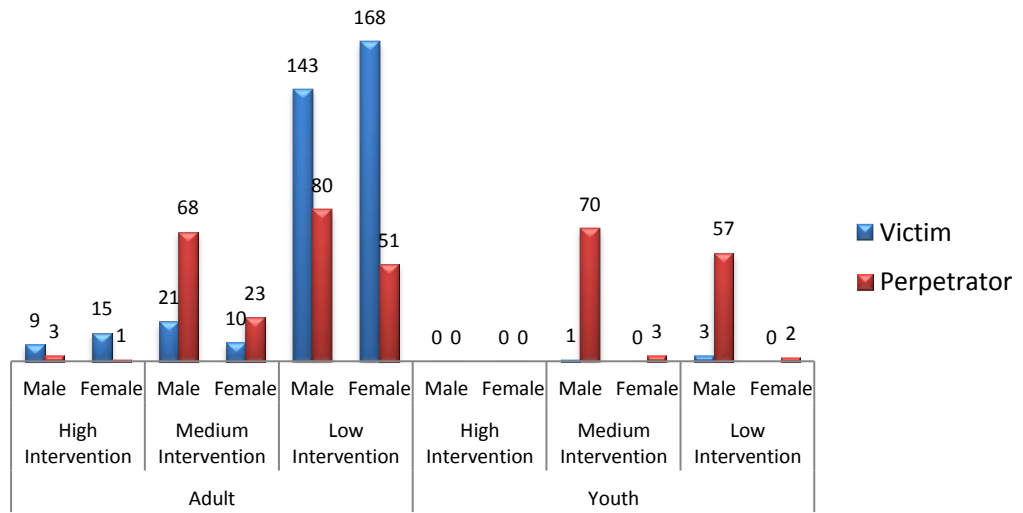
Breakdown of ASB Victims and Perpetrators Interventions

1 April 2020 - 31 March 2021

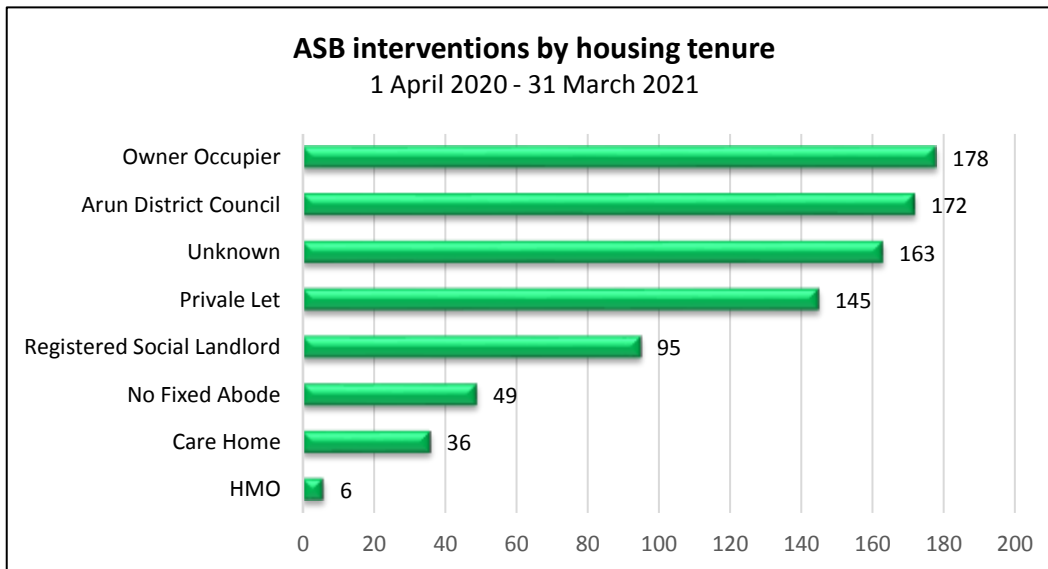


ASB Interventions by age, gender and level

1 April 2020 - 31 March 2021

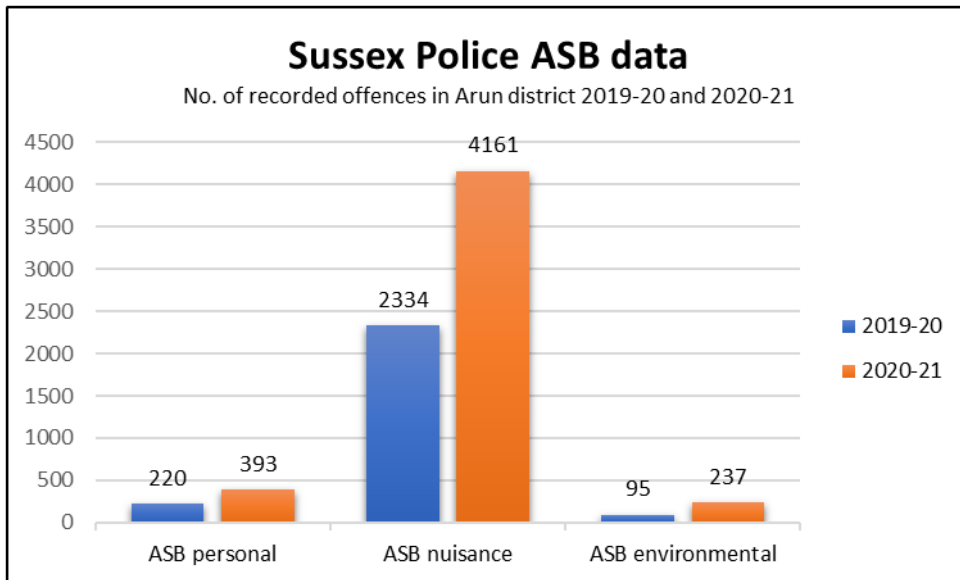


The ASB team carried out interventions, and gave support to housing providers and across a range of housing tenure types from 1 April 2020 to 31 March 2021 as set out below:-



1.6.2. The SAP Partnership Plan set the ASB team a target of achieving 5% or less reoffending rate for perpetrators of ASB during 2020-21. During this period, the re-offending rate was 7%. This equates to 159 individual perpetrators, of which 11 re-offended (assessed against compliance with Acceptable Behaviour Contracts or higher enforcement).

1.6.3. Sussex Police record anti-social behaviour incidents under three headings: personal, nuisance, and environmental. Each of these categories saw a significant rise in recorded offences during 2020-21 compared to 2019-20.



It must be noted that breaches of Covid-19 restrictions are recorded as anti-social behaviour incidents by Sussex Police, and this is a clear factor in the large rises across these categories throughout the twelve months from April 2020 to March 2021.

1.7. Public Confidence

1.7.1. SAP is conscious that the public need to feel safe, and that the work of the

partnership has a significant part to play in how the local area is perceived with regards to crime and nuisance behaviour. For this reason, taking steps to improve public confidence was seen as a strategic priority for 2020-21.

- 1.7.2. Partners engaged in improved and proactive use of social media to reach the public and to illustrate some of the work being done to keep communities safe. Messages posted by one agency were often shared by others in an effort to reach as wide an audience as possible.
- 1.7.3. However, the partnership recognises that some of the most vulnerable members of our community may not have access to social media. There continues to be a need to reach out across the district and highlight the continued joint working of the partnership via all available channels of communication.
- 1.7.4. Providing visibility of officers and engaging with people face to face is also an important element in providing reassurance to the public. Partners have identified a need to carry out joint patrols across locations where ASB is identified as a problem. This approach will create a sense of community engagement and build trust in the work of relevant agencies.
- 1.7.5. As mentioned at 1.4.6. the use of social media by the public to highlight incidents of crime and nuisance behaviour, and to make comment on issues within neighbourhoods, can also create a lack of public confidence in the authorities. Therefore, it is an aim of SAP to counter this by transparently promoting its joint approach to tackling these issues and what actions are being taken. The Partnership Plan is published on the Council's website alongside the strategic priorities. This will be added to and updated when appropriate, to include a 'RAG' rating of actions within the Partnership Plan.

1.8. Future challenges

- 1.8.1. The main challenge for SAP is sustaining effective partnership interaction and commitment from all agencies to the shared responsibility for problem solving and taking action to reduce crime and disorder. National best practice guidance is compelling in outlining the need for CSP partners to work together in order to successfully tackle the key strategic priorities. However, the continuing pressure on public services does result in different levels of participation and ownership of tasks. This is not isolated to SAP but is reflected across all of the CSPs in West Sussex.
- 1.8.2. It remains the case that SAP continues to be adversely affected by the reduction in capacity of agencies to commit and direct resources to the partnership. The detailed partnership working involved in running a CSP requires considerable resources to ensure that the identified priorities are given suitable support and visibility within agency plans. Varying in-house priorities can result in resources being allocated to what is regarded as the most important to each organisation. It is crucial therefore that partners recognise the importance of the SAP and their obligation to contribute to the safety of residents, businesses, and visitors of Arun.
- 1.8.3. A full review of how the Safer Arun Partnership functions is planned during 2021. This aims to refocus the partner organisations, remind them that their participation in the CSP is a statutory function, and to ensure the right officers

with decision making authority attend meetings. This will provide greater emphasis on partners taking responsibility for achieving the aims of SAP so there is a cohesive local response.

1.8.4. The funding structure and allocation of resources to SAP remain uncertain. The Sussex Police and Crime Commissioner (PCC) has historically been allocated grants from HM Government and passported these to CSPs. These funds are vital to allowing local partnerships to resource responses to local community safety issues. For 2020-21 SAP received £48,171 in grant funding from the PCC. Without this funding the partnership would need to look externally for funding to respond to specific issues and would need to increase its capacity to do this.

1.8.5. The funding provided to the CSP is used to commission and support initiatives with the remit of improving the safety of local communities. During 2020-21 partnership funding was allocated to several schemes, including providing radios for the Littlehampton Shopwatch scheme, contributing to youth outreach work, the Littlehampton Community Warden project, and a contribution to the role of a partnership data analyst across West Sussex.

1.9. Future opportunities

1.9.1. The opportunity to achieve greater participation from all agencies, partnership work can accomplish far more directed work in addressing community safety issues. Positive engagement will bring about greater shared local intelligence, improved resources, and renewed emphasis on tackling local issues.

1.9.2. SAP must remain fully committed to tackling the issues affecting residents, businesses and visitors to Arun and must demonstrate that it is willing to lead, build, support, and sustain a close partnership and working relationship to achieve its vision and aims. SAP must be transparent in its commitment to 'think outside the box' in seeking ways to engage with local communities and find opportunities to improve ways of working co-operatively. This approach will allow SAP to give consistent and encouraging messages of support to the people of Arun and confirm its aim of reducing crime and anti-social behaviour.

1.9.3. SAP has identified the need to develop two-way channels of communication between agencies and individuals/key community groups, including business partnerships and Councillors at parish and district level. This can assist SAP by affording local representatives the opportunity to affect the work of the partnership and being able to identify high level concerns of our communities.

1.9.4. Cllrs. Mrs Cooper and Rhodes, of the Residential and Wellbeing Services Committee, have been appointed as representatives to attend SAP meetings, with Cllr. Mrs Cooper having been elected chair. This will allow regular opportunity to feedback to this committee. It will also afford an opportunity to report directly to the partnership the high level concerns of members in regard to the partnership.

1.10. Conclusion

1.10.1. Arun District Council's core Community Safety team provides a key contribution to SAP and helps drive the partnership to achieve its priorities and

vision. The formation of strong and effective working links with partners has resulted in Arun's Community Safety team achieving positive outcomes in line with SAPs strategic priorities. This work is under constant review to ensure that the Council's contribution to the partnership is relevant and that it strives to respond effectively to local concerns within the confines of the available resources.

1.10.2. The Safer Arun Partnership is committed to ensuring that all responsible authorities participate and contribute to the aims of the partnership. At the partnership's July 2021 meeting, it was agreed to commence a review to ensure that all organisations are represented by decision making officers who can commit resources where a need is identified. It is recognised that improving engagement across the board can only enhance the effectiveness of the Safer Arun Partnership by providing greater intelligence and resources. There is also a need to ensure that other relevant organisations are invited to participate where their knowledge and expertise can assist the partnership.

2. PROPOSAL(S):

None.

3. OPTIONS:

1. For the Working Group to approve the recommendations to Cabinet as outlined in the report.
2. For the Working Group not to approve the recommendations outlined in this report.

4. CONSULTATION:

| Has consultation been undertaken with: | YES | NO |
|---|------------|-----------|
| Relevant Town/Parish Council | | x |
| Relevant District Ward Councillors | | x |
| Other groups/persons (please specify) | | x |
| 5. ARE THERE ANY IMPLICATIONS IN RELATION TO THE FOLLOWING COUNCIL POLICIES: (Explain in more detail at 6 below) | YES | NO |
| Financial | | x |
| Legal | | x |
| Human Rights/Equality Impact Assessment | | x |
| Community Safety including Section 17 of Crime & Disorder Act | ✓ | |
| Sustainability | | x |
| Asset Management/Property/Land | | x |
| Technology | | x |
| Other (please explain) | | x |

6. IMPLICATIONS:

Section 17 of the Crime and Disorder Act, as amended by the Police and Justice Act

2006, provides for a statutory duty of all local authorities to participate in Community Safety Partnerships and do all it reasonably can to prevent

- a) Crime and disorder in its area (including anti-social behaviour and other behaviour adversely affecting the local environment) and,
- b) The misuse of drugs, alcohol and other substances in its area.'

In addition, The Crime and Disorder (Overview and Scrutiny) Regulations requires the local authority to undertake scrutiny of the partnership at least once a year.

7. REASON FOR THE DECISION:

To support the work of the Safer Arun Partnership and recognise the importance of its statutory function in addressing community safety concerns across the district.

8. BACKGROUND PAPERS:

Appendix A – CSP scrutiny guidance

Appendix B – Strategic Intelligence Assessment 2021 key findings

Appendix C – Safer Arun Partnership Plan 2020-21

Appendix D – Key highlights of partnership outcomes 2020-21

Appendix E – Arun District Council's Anti-Social Behaviour team case studies

Safer Arun Partnership Strategic Intelligence Assessment 2021 - [Safer Arun Partnership | Arun District Council](#)

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GUIDANCE BETWEEN THE DESIGNATED SCRUTINY BOARD AND THE SAFER ARUN PARTNERSHIP

1. Purpose

The purpose of this guidance is to clarify and provide common understanding of how the scrutiny of crime and disorder in Arun should be carried out. Legislative regulations¹ and good working practices have influenced this guidance, which interested parties may revise by mutual agreement in order to continually improve the scrutiny process. The aim is to allow all parties to ensure that scrutiny of the Arun district Community Safety Partnership remains a positive process.

The legislation requires local authorities to have in place a Crime and Disorder Committee which is responsible for reviewing and scrutinising the work of its local Community Safety Partnership, known in Arun as the Safer Arun Partnership. This provides a platform for holding the Safer Arun Partnership and its responsible authority members to account, whilst enhancing the role of local communities in reducing crime and disorder. In Arun, the Residential and Wellbeing Services Committee has been designated the Crime and Disorder Committee for this purpose.

The responsible authorities required to participate in the Safer Arun Partnership include:-

- Sussex Police
- Arun District Council
- West Sussex County Council
- West Sussex Fire and Rescue Service
- National Probation Service
- National Health Service

2. Legislative provision

There are a number of key provisions set out within the regulations that guide the scrutiny of community safety partnerships. These are:-

- i) Every local authority is required to have in place a Crime and Disorder Committee with the power to review and scrutinise, and make reports and recommendations, regarding the work of its local community safety partnership.
- ii) Crime and Disorder Committees must meet at least once a year.
- iii) Responsible authorities must provide such information as required by the Crime and Disorder Committee within the timescales identified in the request.
- iv) Crime and Disorder Committee can request the attendance of a representative of a responsible authority in order to answer questions in relation to the discharge of

¹ The Crime and Disorder (Overview and Scrutiny) Regulations 2009 (S.I.2009/942) and the Crime and Disorder (Overview and Scrutiny) (Amendment) Regulations 2010 (S.I. 2010/616).

its functions as part of the community safety partnership, on the provision of reasonable notice of the meeting date.

- v) Where any recommendations are made by the Crime and Disorder Committee, the identified responsible authorities must respond in writing within 28 days.
- vi) Crime and Disorder Committees can co-opt additional members to serve on the committee to add value and expertise to the committees work. Co-opted members can include any person except a member of the local authority's executive

3. The principles of community safety scrutiny

- a) The scrutiny of community safety partnerships is intended to be positive, objective, and constructive. It should acknowledge good practice and recommend improvements where it feels these would be of benefit. The scrutiny process should seek to add value to improve public services.
- b) When conducting scrutiny reviews, it should be acknowledged that the role of reducing crime and disorder is a shared responsibility of a number of statutory services and this collective response should be considered by the Residential and Wellbeing Services Committee.
- c) Both officers and members of the organisations involved in the Community Safety Partnership should, at all times during the scrutiny process, be treated with respect and courtesy as should representatives of community groups and members of the public.
- d) Key partner agencies must be willing to share data and intelligence relating to the delivery of community safety strategies and services, and to undertake any duties that are reasonably expected of them to enable effective scrutiny to be carried out.
- e) Crime and disorder scrutiny will be open and transparent.

STRATEGIC INTELLIGENCE ASSESSMENT 2021¹

KEY FINDINGS

The overall crime rate decreased by 6% in comparison to 2019

While most high-level crime has reduced, risk for the most vulnerable adults and children has increased, including domestic abuse and drug use²

Arun had the third highest crime rate per 1000 population³ at 65 per 1000 residents

Police Community Safety Partnership data shows that 49.5% of all crimes in Arun are violent crimes which is comparable to rates across West Sussex

Drugs trafficking and supply has increased significantly compared to previous year (↑91%)

The severity of crimes recorded continues to increase across West Sussex. Although Arun crime severity score was 10.4 which is one of the highest in the county, however, still lower than both Sussex (11.6) and England (13.8)⁴

Domestic abuse crimes increased by 9% however the total number of reported domestic incidents decreased slightly (↓2%). The severity of recorded domestic crimes has increased during 2020

Reporting of all forms of Anti-Social Behaviour (ASB) increased, likely due to community tensions exacerbated by 3 national lockdowns within the last year. Environmental ASB has been a particular issue for the locality

The pandemic fight is not over yet and easing of the restrictions are still uncertain at the time of compiling this report. Therefore, it is a reasonable expectation that the effects of the pandemic will be reflected in crime figures going forward

¹ January 2020 – December 2020

² The Safer West Sussex Partnership Strategic Intelligence Assessment 2021

³ For West Sussex

⁴ The Crime Severity Score is calculated as follows: Sum [across all offences] (Weight * Number of offences) / (Area) mid-year population estimate. For more information visit the [ONS website](#)

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2020-2021 SAFER ARUN PARTNERSHIP PLAN



Introduction

The statutory Community Partnership (CSP) for the Arun district, known locally as the SAFER ARUN PARTNERSHIP (SAP), has considered its annual Strategic Intelligence Assessment for 2019-2020. This assessment has been used to form the evidence basis for the revised strategic plan.

The Strategic Vision

“To work in partnership to proactively and reactively reduce the risk of harm and vulnerability associated with crime, disorder and anti-social behaviour for identified individuals, communities and neighbourhoods.”

The vision relies on committed partners who are willing to work together on shared issues of concern and, ultimately, for the benefit of all local communities in Arun. The following partners have a critical role in delivering the strategic priorities:-

- **Arun District Council:** Community Safety, Housing (homeless, social and private), Licensing, Parks, and Cleansing.
- **Sussex Police:** Prevention, Response, MISPER, Divisional Intelligence Unit, Community Investigations Team.
- **Fire & Rescue:** Helping to spot the signs of serious and organised crime and building stronger and resilient communities.
- **West Sussex County Council:** Child & Adult social care, Youth Offending Service, Education services, Public health.
- **Probation:** National Probation service and Community Rehabilitation company – tackling and reducing re-offending, decreasing risk for local communities and rehabilitation of offenders.
- **Drug and Alcohol services:** Addressing substance misuse through dedicated support and treatment.
- **Local Voluntary sector:** Looking at how to address community issues including homelessness and mental health, and the inclusion of community groups to provide intelligence and communication.
- **Health Care services:** Primary healthcare provision for vulnerable adults, mental health services and reducing health inequality.
- **Crimestoppers:** Improving public confidence by issuing safety messages and information campaigns.

A holistic and strong partnership approach has the greatest potential to significantly reduce crime and disorder within Arun and offers the greatest opportunity to build stronger communities with confidence in their local services.

SAP Strategic Priorities 2020-2021**Serious Violence**

- Addressing County Lines operations in Arun.
- Raising awareness of cuckooing and the vulnerability of those individuals targeted by developing partnership initiatives and campaigns.
- Enhancement of intelligence sharing practices between agencies to highlight concerns at the earliest opportunity and to allow early intervention.
- Assessing the impact of drug related harm within local communities and developing shared solutions to reduce vulnerability and associated negative impacts.
- To consider drug demand and the impact this has on criminal behaviour in Arun.

Serious & Organised Crime

- To create effective training and publicity campaigns for both partners and the public as to the types of activity considered to constitute serious and organised crime and the effects on communities

Community Resilience

- To further develop and utilise the Joint Action Group (JAG) forum to raise awareness of the collaborative efforts of statutory and non-statutory groups to reduce community based nuisance and disorder.
- Ongoing engagement between partners and community groups to support local communities.
- Ensure that reporting pathways for non-statutory partners remain open and accessible to ensure effective responses.
- Empowering communities to take ownership of local issues and to feel safe in reporting and accessing statutory support.

Improving Public Confidence

- To continue developing effective and engaging public communication campaigns and use of social media to highlight partnership initiatives and actions.
- Address public perception of crime and disorder in Arun whilst developing strategies to reduce fear of crime.

Tackling Anti-social Behaviour

- To achieve 95%, or higher, early interventions by ASB team.
- Enhance working protocols and early identification of young perpetrators of ASB with partners and the responsibility for managing risk.
- Multi agency working with partners and housing providers to reduce the escalation of ASB.

All partners commit to undertaking their respective actions and are accountable to the Safer Arun Partnership, reporting on progress and outcomes on a quarterly basis.

Serious Violence

| Action | Lead Agency (Officer) | Working Group Link | Monitoring / Evaluation |
|--|-----------------------|---|--|
| Joint Arun and Chichester SOC Group to oversee local responses to County Lines operations in Arun. | Sussex Police | ♦ SOC Group | <ul style="list-style-type: none"> • Annual review of local profile around County Lines to be led by Arun CSP. • SOC actions and milestones to be documented in local profile document. • Evidence based report to be compiled showing effectiveness of SOC group and interventions. |
| Identify and share information on cuckooing victims/enforcers and agree multi-agency support and actions plans, identify associated drug related harm. | Sussex Police | <ul style="list-style-type: none"> ♦ SOC Group ♦ Arun & Chichester Cuckooing Safeguarding Group | <ul style="list-style-type: none"> • Review of local profile to include report on no. of properties identified, no. of visits conducted, no. of positive warrants, no. of arrests made, no. of closure orders, no. of referrals made to partner agencies. • Local profile to be included in annual SAP SIA. • Review of information sharing agreement. • Continuation of additional attendees as case requires ie: adult social care, RSLs and private landlords, CGL etc. • Documented actions and responsibilities to be recorded to ensure agency ownership of action plans using ECINS. |

| | | | |
|---|---|---|---|
| Review substance misuse support and rehabilitation services in Arun. | Arun District Council Change Grow Live | <ul style="list-style-type: none"> ◆ SOC Group ◆ Arun & Chichester Cuckooing Safeguarding Group | <ul style="list-style-type: none"> • Liaise with CGL to determine current scope of facilities and programme of support and proactive intervention. • Consider how drug and alcohol services would best meet local demand including support to sustain tenancies where required. |
| Monitor use of SAP funded clinical space in Littlehampton | Change Grow Live | <ul style="list-style-type: none"> ◆ Safer Arun Partnership | <ul style="list-style-type: none"> • CGL to provide quarterly updates to SAP to include data as set out in funding agreement, and any additional details requested by SAP. |
| Young person's violence reduction initiatives as funded by the West Sussex Violence Reduction Unit; championing the community response / mentoring of vulnerable pupils at the APC. | Arun District Council | <ul style="list-style-type: none"> ◆ Safer Arun Partnership | <ul style="list-style-type: none"> • Quarterly updates to be provided to SAP and outcomes evidenced in annual SIA evaluation. |
| Support the work of the West Sussex Violence Reduction Unit – consider local responses to implementing a public health approach to serious violence. | West Sussex County Council Health services Arun District Council | <ul style="list-style-type: none"> ◆ Safer Arun Partnership | <ul style="list-style-type: none"> • WSVRU area profile reports and analyst reporting. |
| Drug demand project – identifying the demand for drugs in Bognor Regis and the determinants of choice and use. | West Sussex County Council inc. Public Health Sussex Police Arun District Council | <ul style="list-style-type: none"> ◆ West Sussex CSP ◆ Safer Arun Partnership | <ul style="list-style-type: none"> • Final report document to be shared with SAP partners to determine actions and where they can aid drug reduction work. |

Serious & Organised Crime

| Action | Lead Agency (Officer) | Working Group Link | Monitoring / Evaluation |
|---|--|--------------------------|---|
| Intensification weeks of action to include multiple partners. | Sussex Police | | |
| Raise awareness of SOC strategy and targeted operations within Arun, liaising with external local stakeholders to reduce serious and organised crime. | Sussex Police West Sussex County Council Arun District Council | ♦ SOC Group | • Quarterly reports to SAP |
| Desktop review to scope the profile of offenders/repeat offenders in Arun. | National Probation Service KSSCRC | ♦ Safer Arun Partnership | • To be reported in annual SIA. |
| Desktop review to identify rates of reoffending within Arun and monitor whether reoffending results in progression to more serious crime. | National Probation Service KSSCRC | ♦ Safer Arun Partnership | • To provide local reoffending rates within annual SIA. |

Community Resilience

| Action | Lead Agency (Officer) | Working Group Link | Monitoring / Evaluation |
|---|--|---|--|
| Review partners attending JAG and their value in achieving agreed outcomes. | Sussex Police Arun District Council | ♦ Arun JAG | • Multi-agency outcomes to be recorded and evidenced via SIA. |
| Monitor process for community groups to report place based nuisance and disorder to JAG. | Arun District Council | ♦ Arun JAG | • Record number of 'community concern' forms submitted, and other reports received for discussion within JAG. |
| Ensure all JAG partners are aware of the need to share intelligence with statutory organisations in relation to place based crime and disorder. | Sussex Police Arun District Council | ♦ Arun JAG | • Remind JAG members of need for reports of place based nuisance and criminality to be submitted and channels. |
| Wick community communication campaign – directed at community cohesion and resilience, looking after young people, and a local response | Arun District Council | ♦ Safer Arun Partnership | • Quarterly progress and feedback reports to SAP. |
| Develop and utilise community hub space at Chilgrove House to engage and enhance inclusion with local community. | Arun District Council | ♦ Safer Arun Partnership | • Quarterly reports to SAP on use of the space and community engagement activities. |
| Implement Littlehampton Community Warden roles and promote to the community. | Arun District Council | ♦ Community wardens partnership working group | • Quarterly reports to SAP |

Improving Public Confidence

| Action | Lead Agency (Officer) | Working Group Link | Monitoring / Evaluation |
|--|--|--------------------------------------|--|
| Keep ADC website and social media pages updated with SAP information and initiatives. | Arun District Council | ♦ Partnership Communications Network | <ul style="list-style-type: none"> To be a permanent on-going process. |
| Regular partnership communication group to develop joint planned communications with multi-agency partners to promote campaigns and common queries. | Arun District Council Sussex Police | ♦ Partnership Communications Network | <ul style="list-style-type: none"> Communication pathways to be identified, recorded, and included in annual SIA. Initial group meeting to be completed by 31/08/2020. |
| Raise awareness of reporting procedures for urgent and non-urgent crime and nuisance behaviour for partners, community groups, and public to ensure effective and efficient responses. | Arun District Council Sussex Police | ♦ Joint Action Group | |
| Create calendar of public community safety messages to be issued throughout the year. | Arun District Council | ♦ Joint Action Group | <ul style="list-style-type: none"> Report on the campaigns developed and shared. All CSP members to receive and share messages across own platforms. |
| Promote initiatives and joint partnership interventions to tackle place based nuisance and disorder. | | ♦ Partnership Communications Network | <ul style="list-style-type: none"> Encourage all CSP members to 'follow' each other on social media and share messages |

| | | | |
|---|--|--------------------------|---|
| | | | to help reach greater audience. |
| Promote two-way channels of communication between agencies and key community groups (business partnerships, local and district Councillors) to affect conversations on work/actions undertaken. | Arun District Council Sussex Police | ♦ Safer Arun Partnership | <ul style="list-style-type: none"> • To be a permanent on-going process. |

Tackling Anti-social Behaviour

| Action | Lead Agency (Officer) | Working Group Link | Monitoring / Evaluation |
|---|---|---|--|
| Revise ASB partnership protocol to reflect team roles, responsibilities and agency thresholds. | Arun District Council Sussex Police | <ul style="list-style-type: none"> ◆ Arun JAG ◆ SOC Group | <ul style="list-style-type: none"> • To be uploaded to ADC website. • Production of public and professional documentation. • Share with internal teams and external groups. |
| Agree protocols with partners regarding the intervention of youth perpetrators of ASB. | Arun District Council West Sussex County Council | | <ul style="list-style-type: none"> • Identify reporting and referral pathways. • Records of interventions by level, age, and gender to be reported in annual SAP SIA. |
| Identify vulnerable repeat victims of ASB and target support interventions to the following timescales: High – within 3 days Medium – within 7 days | Sussex Police Arun District Council | <ul style="list-style-type: none"> ◆ SOC Group ◆ Arun JAG (hotspot locations) ◆ ASBRAC | <ul style="list-style-type: none"> • Evidenced in annual SAP SIA. |
| Proactive enforcement of PSPO to reduce street drinking and associated ASB. | Arun District Council Sussex Police | | <ul style="list-style-type: none"> • Evidenced in annual SAP SIA to include no. of interventions, no. of times alcohol was removed, no. of times people asked to leave an area, no. of FPNs issued. |
| Implement an Arun based Anti-social Behaviour Risk Assessment Conference to | Arun District Council Sussex Police | <ul style="list-style-type: none"> ◆ ASBRAC | <ul style="list-style-type: none"> • Evidenced in annual SAP SIA to include no. of cases, types of interventions and |

| | | | |
|---|--|----------|---|
| include statutory agencies and local RSLs. | | | enforcement action, tenure types and landlord. |
| Embed the use of ECINS as primary case management system for ASB in Arun. | Sussex Police Arun District Council | ♦ ASBRAC | <ul style="list-style-type: none"> All ASBRAC participants to be signed up to use of ECINS and have signed relevant Sussex Police ISA. |
| To achieve 5% or less reoffending rate for perpetrators of ASB. | Arun District Council | ♦ ASBRAC | <ul style="list-style-type: none"> To be evidenced in annual SAP SIA. |
| Victim Commissioner report – to include review of Community Trigger process in Arun and ensure it meets legislative requirements. | Sussex Police Arun District Council RSLs | ♦ ASBRAC | |

Current Active Multi-Agency Working Groups

| Working Group | SAP Priority | Strategic Owner |
|--|---------------------------------------|--|
| Serious & Organised Crime Group | Serious & Organised Crime | Sussex Police |
| Arun & Chichester Cuckooing Safeguarding Group | Serious Violence | Sussex Police |
| Arun Rough Sleepers Multi-Agency Meeting | Tackling Anti-social Behaviour | Arun District Council |
| | Serious Violence | |
| | Serious & Organised Crime | |
| Arun Joint Action Group | Community Resilience | Arun District Council Sussex Police |
| West Sussex Violence Reduction Unit | Serious Violence | West Sussex County Council |
| Local Action Teams | Community Resilience | Arun District Council Sussex Police |

Potential New Multi-Agency Working Groups

| Working Group | SAP Priority | Strategic Owner |
|--|---------------------------------------|--|
| Partnership Communications Network | Improving Public Confidence | Arun District Council |
| ASBRAC | Tackling Anti-social Behaviour | Sussex Police Arun District Council |
| Tackling youth violence projects steering groups | Serious Violence | Arun District Council |
| Community Wardens partnership working group | Community Resilience | Arun District Council |
| Peer Group Conference | Serious Violence | Arun District Council |

Proposed SAP Pathways All pathways must consist of two-way communication ensuring information and reporting goes both up and down the line and should allow cross priority communication as crime and problematic behaviour does not confine itself to a single category.

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GLOSSARY OF TERMS

| | |
|---------------|--|
| ADC | Arun District Council |
| ASB | Anti-social behaviour |
| ASBRAC | Anti-social Behaviour Risk Assessment Conference |
| CGL | Change Grow Live [drug and alcohol rehabilitation service] |
| CSP | Community Safety Partnership |
| ECINS | Empowering Communities [multi-agency information sharing software] |
| ISA | Information Sharing Agreement |
| JAG | Joint Action Group |
| KSSCRC | Kent, Surrey & Sussex Community Rehabilitation Company |
| LAT | Local Action Team |
| NPS | National Probation Service |
| PSPO | Public Spaces Protection Order |
| RSL | Registered Social Landlord |
| SAP | Safer Arun Partnership |
| SIA | Strategic Intelligence Assessment |
| SOC | Serious and Organised Crime |
| WSCC | West Sussex County Council |
| WSVRU | West Sussex Violence Reduction Unit |

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Key highlights of partnership outcomes compared with the Partnership Plan 2020-21

| Strategic Priority | Action | Commentary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------|-------|-----|----|------|---|----------------|---|----------|-------|---------------|----|--------------|----|--------|---|--------|-------|------------------------|----|---------------------|---|--------------------------|---|-------------------|---|----------------|---|------|---|-----|---|-----|---|
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 45</p> <p>Serious Violence</p> | <p>Identify and share information on cuckooing victims/enforcers and agree multi-agency support and actions plans, identify associated drug related harm.</p> | <p>Despite the challenges caused by national restrictions, officers were successful in keeping the cuckooing forum going. Data:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="1099 544 1541 916"> <p>Arun Cuckooing Group Data (tenure types) April 2020 - March 2021</p> <table border="1"> <caption>Arun Cuckooing Group Data (tenure types)</caption> <thead> <tr> <th>Tenure Type</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>ADC</td> <td>13</td> </tr> <tr> <td>RSLs</td> <td>6</td> </tr> <tr> <td>Private Rented</td> <td>3</td> </tr> </tbody> </table> </div> <div data-bbox="1576 544 2018 916"> <p>Arun Cuckooing Group Data (locations properties of concern) April 2020 - March 2021</p> <table border="1"> <caption>Arun Cuckooing Group Data (locations properties of concern)</caption> <thead> <tr> <th>Location</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Littlehampton</td> <td>13</td> </tr> <tr> <td>Bognor Regis</td> <td>10</td> </tr> <tr> <td>Findon</td> <td>1</td> </tr> </tbody> </table> </div> </div> <div data-bbox="1099 962 2018 1334" style="margin-top: 20px;"> <p>Arun Cuckooing Group Data (enforcement actions) January 2021 - June 2021</p> <table border="1"> <caption>Arun Cuckooing Group Data (enforcement actions)</caption> <thead> <tr> <th>Action</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>No. of property visits</td> <td>87</td> </tr> <tr> <td>No. of arrests made</td> <td>6</td> </tr> <tr> <td>No. of warrants executed</td> <td>3</td> </tr> <tr> <td>Possession Orders</td> <td>2</td> </tr> <tr> <td>Closure Orders</td> <td>1</td> </tr> <tr> <td>CAWN</td> <td>1</td> </tr> <tr> <td>CPN</td> <td>1</td> </tr> <tr> <td>CPW</td> <td>1</td> </tr> </tbody> </table> </div> | Tenure Type | Count | ADC | 13 | RSLs | 6 | Private Rented | 3 | Location | Count | Littlehampton | 13 | Bognor Regis | 10 | Findon | 1 | Action | Count | No. of property visits | 87 | No. of arrests made | 6 | No. of warrants executed | 3 | Possession Orders | 2 | Closure Orders | 1 | CAWN | 1 | CPN | 1 | CPW | 1 |
| Tenure Type | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADC | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RSLs | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Private Rented | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Littlehampton | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bognor Regis | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Findon | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Action | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of property visits | 87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of arrests made | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of warrants executed | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Possession Orders | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Closure Orders | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAWN | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CPN | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CPW | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>Serious Violence</p> | <p>Young person's violence reduction initiatives as funded by the West Sussex Violence Reduction Unit; championing the community response / mentoring of vulnerable pupils at the APC.</p> | <p>Mentoring project: this project commissioned a service provider to provide mentoring sessions to pupils at the Littlehampton APC. Work focused on engagement and enablement of making positive life choices. National restrictions disrupted much of this work and altered the delivery of sessions to include group work when mentors were allowed access to the premises. Positive feedback from students, parents, and staff.</p> <p>Community response: Connect 2 Project recruiting volunteers to act as community ambassadors, providing support and guidance to young people and their families. Local profile identified Littlehampton as an area of vulnerability and exposure of young people to violence, which is where this project is focused at this time. Covid-19 reduced capacity to fully embed project into the community, but it is seen as a positive for local people and SAP has committed additional funding for 2021-22.</p> |
| <p>Page 46 Serious Violence</p> | <p>Youth Outreach Provision</p> | <p>The Safer Arun Partnership gave funding to the provision of youth outreach work across Littlehampton and surrounding areas. This was provided by Arun Youth Projects and allowed for staff to visit locations and engage with young people on the street, in parks, and other public spaces.</p> <p>Outcomes of engagement with young people included (but not limited to):-</p> <ul style="list-style-type: none"> - Mental health check-ins - Challenging anti-social behaviour - Supporting vulnerable young people and inviting them to youth club sessions and online sessions - Signposting to alternative activities - Building positive relationships - Reminding of Covid-19 restrictions and safety - Providing safety advice about misuse of cannabis and alcohol |



It must be noted that Covid-19 lockdowns impacted the number of sessions and type of engagement that outreach workers were able to provide.

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|--------------------------------------|--|--|
| | | <div data-bbox="1093 140 2011 507" data-label="Figure"> </div> <div data-bbox="1093 549 2128 612" data-label="Text"> <p>It must be noted that Covid-19 lockdowns impacted the number of sessions and type of engagement that outreach workers were able to provide.</p> </div> |
| <p>Serious Violence</p> | <p>Drug demand project – identifying the demand for drugs in Bognor Regis and the determinants of choice and use</p> | <p>This is a partnership project between Sussex Police, West Sussex County Council including Public Health, Arun District Council, and local clinical drug support service. It looks to understand the supply of and need for drugs in Bognor Regis. It is hoped that outcomes can then shape services to reduce the demand for drugs. Agencies, support services, and end users have been engaged with results to be analysed and report hoped to be compiled during Autumn 2021.</p> |
| <p>Serious & Organised Crime</p> | <p>Raise awareness of SOC strategy and targeted operations within Arun, liaising with external local stakeholders to reduce serious and organised crime.</p> | <p>Modern day slavery – Arun has been identified as an area potentially vulnerable to organised immigration crime due to our geography and short distance from the continent. Our coastline offers accessible routes and landing points, plus relatively easy reach of Gatwick Airport and other regional aviation sites. Community Safety devised and put out a public campaign highlighting concerns around modern day slavery in the local area and how to report concerns.</p> |
| <p>Serious & Organised Crime</p> | <p>Hub Intelligence Meeting (HIM) Process</p> | <p>Changes have been implemented for the local police intelligence meetings. These include identifying the most prolific perpetrators of crime and harm within the district and undertaking focused, targeted work to reduce their offending and reduce both victim and community vulnerability. This supports the work of serious and organised crime plus crosses other strategic priorities e.g. anti-social behaviour and serious violence.</p> |

| <p>Community Resilience</p> | <p>Wick community communication campaign – directed at community cohesion and resilience, looking after young people, and a local response</p> | <p>Following a significant sexual exploitation case in Wick, Community Safety instigated an initiative to scope how the local community can be better engaged with and to provide additional tools to aid the safety of young people. When researching this project, it was identified that the same safety concerns are held in multiple wards across the district. As a result, the geography of the campaign has been extended to be Arun wide, and will provide various media channels plus a dedicated website where information and support is made available to young people, parents, and local communities.</p> | | | | | | | | | | | | | | |
|--|--|---|------------|-----------------|------|---|--------|----|----------|-----------------|---------|---|---------------|----|--------------|----|
| <p>Community Resilience</p> | <p>Implement Littlehampton Community Warden roles and promote to the community.</p> | <p>SAP committed funding, in partnership with Littlehampton Town Council and Arun District Council, to implement a pilot Community Warden project for 18 months. This was to reach the whole of Littlehampton and provide support to communities as well as working in partnership with other agencies to reduce anti-social behaviour. Recruitment took place in January 2021 and the Wardens (1 x Senior 2 x Wardens) commenced in post at the start of April 2021.</p> | | | | | | | | | | | | | | |
| <p>Page 48</p> <p>Tackling Anti-social Behaviour</p> | <p>Implement an Arun based Anti-social Behaviour Risk Assessment Conference to include statutory agencies and local RSLs.</p> | <p>The Hate and Anti-social Behaviour Risk Assessment Conference (HASBRAC) was convened during the initial Covid-19 national lockdown in 2020. Agencies refer cases to this forum where assessment of the circumstances are considered, and a joint response formulated.</p> <p>Despite the challenges of instigating this whilst restricted to virtual meetings only, there has been good engagement from agencies. Meetings are held monthly, and information is recorded via the ECINS system (below).</p> <p>Since its inception, HASBRAC has discussed a total of 69 cases which can be broken down as follows:-</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="1095 1050 1541 1428"> <p>HASBRAC data (case severity of risk) April 2020 - March 2021</p> <table border="1"> <thead> <tr> <th>Risk Level</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr> <td>High</td> <td>5</td> </tr> <tr> <td>Medium</td> <td>64</td> </tr> </tbody> </table> </div> <div data-bbox="1570 1050 2016 1428"> <p>HASBRAC data (locations* of cases) April 2020 - March 2021</p> <table border="1"> <thead> <tr> <th>Location</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr> <td>Arundel</td> <td>7</td> </tr> <tr> <td>Littlehampton</td> <td>28</td> </tr> <tr> <td>Bognor Regis</td> <td>34</td> </tr> </tbody> </table> </div> </div> | Risk Level | Number of Cases | High | 5 | Medium | 64 | Location | Number of Cases | Arundel | 7 | Littlehampton | 28 | Bognor Regis | 34 |
| Risk Level | Number of Cases | | | | | | | | | | | | | | | |
| High | 5 | | | | | | | | | | | | | | | |
| Medium | 64 | | | | | | | | | | | | | | | |
| Location | Number of Cases | | | | | | | | | | | | | | | |
| Arundel | 7 | | | | | | | | | | | | | | | |
| Littlehampton | 28 | | | | | | | | | | | | | | | |
| Bognor Regis | 34 | | | | | | | | | | | | | | | |

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| | | <p>* Locations recorded above do not just include the town centre, but accounts for cases that fall within surrounding villages and parishes.</p> |
| <p>Tackling Anti-social Behaviour</p> | <p>Embed the use of ECINS as primary case management system for ASB in Arun.</p> | <p>ECINS is a multi-agency case management portal that allows agencies to access shared information about incidents, individuals, and cases. This results in a more efficient and co-ordinated way of working between agencies, covering issues such as ASB, cuckooing, rough sleepers, and unlawful encampments. Authorised officers are able to track cases and add update information ensuring agencies are all able to access accurate information about cases.</p> <p>Arun District Council Community Safety and Sussex Police have led a co-ordinated effort to increase the use of ECINS, which is now successfully accessed by a wide range of organisations.</p> <p>Whilst all agencies use their own in-house systems, utilising ECINS has led to an improved local response to place based issues through proactive and real time sharing of information in a secure and accessible way with partners.</p> |
| <p>Tackling Anti-social Behaviour</p> | <p>Victim Commissioner report – to include review of Community Trigger process in Arun and ensure it meets legislative requirements.</p> | <p>Arun District Council and Police undertook a full review of the local Community Trigger process to ensure compliance with legislation.</p> |

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Arun DC Anti-social Behaviour Team Case Study (1)



Trigger: Reports from various section of the local community in Rustington about the presence of street beggars basing themselves in the village centre, particularly within the shopping precinct. Complaints were received about the aggressive nature of the begging for money and food, but also about concerning breaches of Covid-19 restrictions including beggars not wearing face masks, and not allowing people to socially distance by sitting directly outside shop doorways and obstructing footpaths.

History: On engagement, it was established that, in the main, the beggars were Eastern Europeans but were not homeless in the local area. The ASB team undertook extensive research with other agencies and identified that these individuals were travelling from Brighton and were accommodated there. Joint working with Immigration Compliance and Enforcement (ICE) confirmed that they were travelling between the UK and Romania, some doing so every month. Individuals were being supported by a charity in Brighton, benefitting from accommodation, meals, clothes, and toiletries which illustrated there was no need for them to be begging. It was also established that some individuals were connected with incidents of begging in other areas

Concerns:



Actions:

- Initial work undertaken to try and identify who the beggars were. Largely this was conducted via site sits from ASB Caseworkers and stop-checks from the Police.
- Individuals identified were spoken to in English or Romanian and ID cards were requested to establish the identity of the person spoken to. On each occasion they were instructed to leave the area.
- Close liaison with ICE helped to understand the powers and procedures that could be utilised to focus on those who were not eligible for EU settled status. This work with ICE also helped to establish the regular air travel between the UK and Romania of most of the cohort.
- On identification of the individuals, liaison took place between the Council and Brighton & Hove City Council's homelessness service. Enquiries were also made with the Brighton Exploitation Co-ordinator to rule out concerns that this group were being exploited. As a result, the Senior ASB Caseworker attended regular Sussex wide multi-agency forums to understand the scale of this issue and to input on ways to deal with it across the county.

- Community Protection Warnings and Notices were issued by both the ASB team and Sussex Police to repeat offenders.
- Regular intervention and engagement with beggars by the ASB team and Sussex Police.
- Reissuing of the Council's homelessness campaign to encourage members of the public to give money to charities, where homelessness support can be provided, rather than to individuals which may incentivise begging on the street.

Outcomes:

- ☑ Proactive engagement with agencies, including the parish council, enabled efficient engagement with street beggars and enabled identification of individuals.
- ☑ Services in Brighton were able to engage with individuals and ultimately repatriated 6 of the 7.
- ☑ Use of Community Protection Warnings to deter beggars from continuing their behaviour.
- ☑ Significant reduction of incidents of beggars in the village centre.
- ☑ Highlighted the ability of the ASB team to engage with partners and lead multi-agency responses to community based concerns.
- ☑ No further incidents have been reported. The ASB team continue to monitor the area and will not hesitate to take action should the issue return.

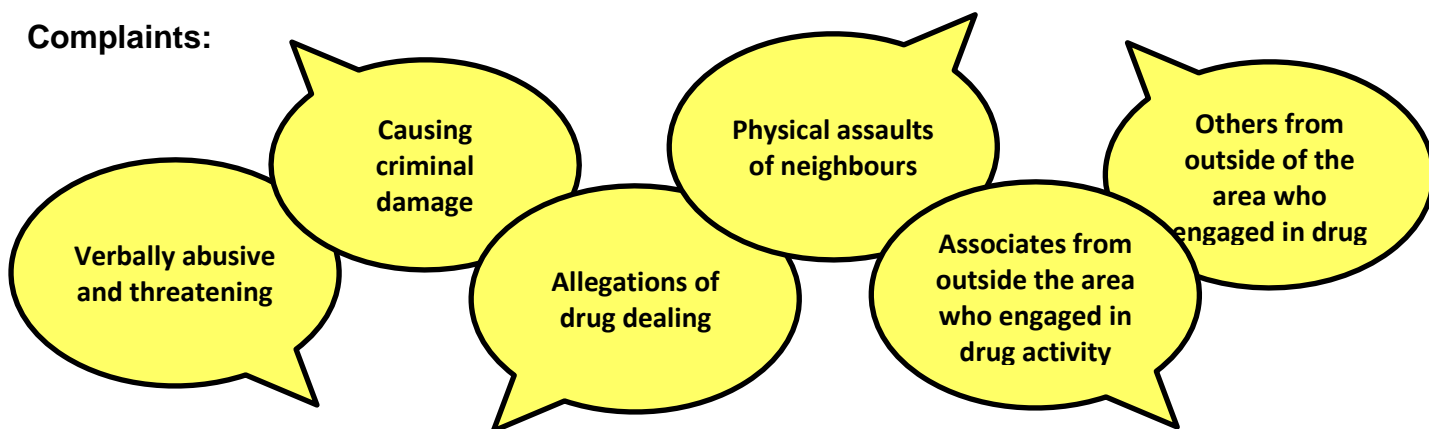
Arun DC Anti-social Behaviour Team Case Study (2)

Trigger: Complaints received by the ASB team in relation and individual, and their associates, causing anti-social behaviour on the Trees Estate in Bersted. The individual was not a resident of the local area but had family who were. At the time, they had taken to living in a horse box which had been parked in a residential car park without permission. Incidents included alleged drug dealing, threats to residents, screaming and shouting, acts of violence and verbal aggression to neighbours. Residents on the estate were concerned for their own safety and wellbeing, reporting lack of sleep, fearful of going out, panic attacks, and being frightened to leave doors and windows open (at the height of a heatwave at the time).



Background: The individual was quickly identified, and it was established that they were well know to the Police. Their activity and behaviour brought others to the estate where they too involved themselves in the supply of drugs which caused a significant negative impact on residents across the estate. Despite arrests by the Police, the individual was permitted to return to the estate and continued to cause harm to the community.

Complaints:



Actions:

- Close liaison between the ASB team and local Policing team to identify the calls and reports being made with specific relation to this individual and their associates.
- House to house enquiries conducted to identify residents being affected and to understand the scale of the problems being caused.
- Work carried out to engage with residents and provide reassurance about reporting and providing statements.
- Joint work instigated with the Council’s neighbourhood housing team to compile further details about the impact on residents and to identify what was happening. The horse box was parked on land owned by the housing team and so work was undertaken to remove it.

Outcomes:

- ☑ Prioritisation given by the ASB team to collating a detailed case against the individual, including taking and giving statements, documenting injuries caused, obtaining a chronology of calls, crime reports and police data.
- ☑ Taking the lead in instigating legal action and applying to Court for an injunction; this process was completed within a two week time frame, a particularly quick period when going through the Court system.
- ☑ A two-year injunction was secured requiring the individual to leave the Tress estate immediately and prevented from returning to a defined area around the estate. The power of arrest was also attached to the Court Order.
- ☑ The individual left the area when served the injunction and has not returned since.
- ☑ Liaison with residents continued after the injunction was obtained and residents have reported they feel much safer in their community.

ARUN DISTRICT COUNCIL

REPORT TO AND DECISION OF RESIDENTIAL & WELLBEING COMMITTEE ON 30 SEPTEMBER 2021

| | |
|-----------------|---|
| SUBJECT: | Council Tax - Empty Homes Discount |
|-----------------|---|

| | |
|-----------------------|---|
| REPORT AUTHOR: | ANDREW DALE – Revenues & Benefits Manager |
| DATE: | 16 August 2021 |
| EXTN: | 01903 737630 |
| AREA: | RESIDENTIAL SERVICES |

EXECUTIVE SUMMARY:

Committee is asked to consider that the Council maximises the increased premiums payable for long term empty properties to be listed at Full Council for decision.

RECOMMENDATIONS: Committee is requested to:

The Residential and Wellbeing Committee is recommended to increase the premium on long term empty properties as follows:

- 100% premium from 1 April 2022 for those properties which are empty for 2 years and over
- 200% premium from 1 April 2022 for those properties which are empty for 5 years and over
- 300% premium from 1 April 2022 for those properties which are empty for 10 years and over

To give the Head of Residential Services delegated authority in exceptional circumstances to waive any premium on a case by case basis.

1.0 BACKGROUND:

- 1.1 Since 2013 Local Authorities have had discretion to vary the amount of Council Tax charged on long term empty properties, under the Local Government Finance Act 2012 (S11-13). The Rating (Property in Common Occupation) and Council Tax (Empty Dwellings charged) Act 2018 now allows Local Authorities to increase the

Premium on long term empty properties. The purpose of this report is to consider the amount of premium the Council wish to charge going forward on long term empty properties.

1.2 From 1 April 2019 onwards, the government with new legislation are allowing councils to charge higher premiums in addition to the normal council tax bill. The premium increases the longer the property is left empty as below:

| | 2020/2021 | 2021/2022 |
|----------------------------------|-----------|-----------|
| Empty for up to 2 years | 0% | 0% |
| Empty for between 2 and 5 years | 100% | 100% |
| Empty for between 5 and 10 years | 200% | 200% |
| Empty for over 10 years | 200% | 300% |

1.3 The council can choose to apply a premium up to the amount shown in the table. This means that a property left empty for over 10 years could pay up to quadruple (400%) council tax from April 2021.

1.4 The premium does not apply to any empty property qualifying for a Council Tax exemption, for example while waiting for probate to be granted or where the owner is now in a care home.

1.5 The intention of the change is to encourage owners of long-term empty properties to bring them back into use.

2.0 PROPOSAL

2.1 We are proposing that we implement these changes to our empty long term premiums as the intention of the discretionary power is to help local authorities increase the volume of their local housing stock by incentivising property owners to bring long term empty homes back into use to provide safe, secure and affordable homes. This will support local communities by increasing the supply of affordable housing available in the district.

- a) A certain level of empty homes is inevitable due to housing market churn; however, long term empty properties are more likely to deteriorate and may result in associated anti-social behaviour in an area.
- b) We are conscious that there are a variety of reasons why properties remain empty, but it is important to try and encourage homeowners to bring empty properties back into use particularly with the current pressure on finding housing for residents.

- c) There are currently 171 properties which have been unoccupied and unfurnished for more than two years within the district and therefore are already subject to an Empty Homes Premium.
- d) Bringing a home that is subject to the Premium back into use reduces the liability and potential receipt of that property

2.2 The proposal is to increase the Empty Homes premium from 1 April 2022 to:

| | 2022/2023 |
|----------------------------------|-----------|
| Empty for up to 2 years | 0% |
| Empty for between 2 and 5 years | 100% |
| Empty for between 5 and 10 years | 200% |
| Empty for over 10 years | 300% |

2.3 Exceptions to the empty property premium

2.3.1 The local discretionary Council Tax relief policy at Arun District Council provides support for customers who are suffering hardship or other exceptional circumstances affecting their ability to pay council tax. Where a customer is having trouble selling a property, payment of council tax can be deferred until the sale and in some exceptional cases, with the approval of the Head of Residential Services, the empty property premium will be waived.

2.3.2 There are however some rare occasions where it may be appropriate to reduce or waive the premiums that are not currently covered by the discretionary relief policy. It is proposed that the policy is amended to allow consideration where a property already attracts the premium and is purchased by someone intending to live there but unable to do so immediately due to its condition or where the property is going through structural repairs and there are exceptional circumstances. Any exception period would be determined by the Council on receipt of the relevant evidence and/or documentation for the approval of the Head of Residential Services.

2.4 Policy Context

2.4.1 Full Council approved the charging mechanism for empty homes from 1st April 2013. The Council currently charges long term empty dwellings at the previous maximum rate of an additional 50% after having been empty for 2 years. The Premium aims to assist Local Authorities in the implementation of local Empty Homes Strategies. It was designed to persuade owners of registered long term empty homes to take steps to bring those homes back into use.

- a) From April 2019 the Premium charge can be increased to an extra 100% of the occupied Council Tax

b) From 1st April 2020 for properties empty between 5 & 10 years the Premium can be increased to 200%.

c) From April 2021 properties empty for more than 10 years the Premium can be increased to 300% of the occupied Council Tax.

2.4.2 It is important that we provide maximum financial help to local people to help them secure housing and help the local economy. It is also key that we adopt policies for these additional funding streams that will ensure fairness and that funding from the Government is maximised to help the vulnerable in our district by freeing up empty properties that can be brought back into use.

3.0 OPTIONS:

3.1 That the Council increases its empty premium in line with new legislation as follows:

a) 100% premium from 1 April 2022 for those properties which are empty for 2 years and

b) 200% premium from 1 April 2022 for those properties which are empty for 5 years and

c) 300% premium from 1 April 2022 for those properties which are empty for 10 years and over

3.2 OTHER OPTIONS CONSIDERED

3.2.1 Stop the Premium charge

3.2.2 Leave the Premium charge at the existing level (50%)

4. CONSULTATION:

| Has consultation been undertaken with: | YES | NO |
|--|------------|-----------|
| Relevant Town/Parish Council | | x |
| Relevant District Ward Councillors | | x |
| Other groups/persons (please specify) | | x |

| 5. ARE THERE ANY IMPLICATIONS IN RELATION TO THE FOLLOWING COUNCIL POLICIES: (Explain in more detail at 6 below) | YES | NO |
|---|------------|-----------|
| Financial | x | |
| Legal | | x |
| Human Rights/Equality Impact Assessment | | x |
| Community Safety including Section 17 of Crime & Disorder Act | | x |
| Sustainability | | x |
| Asset Management/Property/Land | | x |
| Technology | | x |
| Other (please explain) | | x |

6.0 IMPLICATIONS:

6.1 Financial:

6.1.1 There are currently 171 properties in the borough that have been empty for over 2 years. The current premium generates an additional income for the authority above the current standard Council Tax charge of £191.52.

6.1.2 Increasing the premiums in line with the maximum amounts set out in the legislations could generate additional income for ADC of £34,878 in 2021/22

6.2 The above forecasts are subject to the number of empty properties remaining the same would reduce if the proposed implementation of the increased premium has the desired effect of reducing the number of long-term empty properties. The figures exclude any allowance for non-collection (assumed to be 1% in the tax base calculation). The table below summarises the annual additional income attributable to the Council (excluding preceptor elements):

| Long Term Empty Properties | A | B | C | D | E | F | G | H | Total | Band D equivalent |
|-----------------------------------|----|----|----|----|----|---|---|---|-------|-------------------|
| Empty between 2 and 5 years | 27 | 38 | 30 | 24 | 14 | 7 | 9 | 1 | 150 | 142.5 |
| Empty between 5 and 10 years | 6 | 3 | 5 | 1 | 3 | 2 | 0 | 0 | 20 | 18.3 |
| Empty over 10 years | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |

6.3 The breakdown of long-term empty properties based on the equivalent of a Band D property is shown below, alongside the potential increases in the tax base and council tax income.

| | Increase 2022/23 |
|------------------------------|------------------|
| Empty between 2 and 5 years | 142.5 @ 100% |
| Empty between 5 and 10 years | 18.3 @ 200% |
| Empty over 10 years | 1 @ 300% |
| Band D Council Tax | 191.52 |
| Additional Income (Arun DC) | £34,878 |

7.0 REASON FOR THE DECISION:

7.1 To reduce the number of long term empty properties in the district and maximise available income from Council Tax.

8.0 BACKGROUND PAPERS:

8.1 [The Rating \(Property in Common Occupation\) and Council Tax \(Empty Dwellings\) Act 2018](#)

ARUN DISTRICT COUNCIL

REPORT TO AND DECISION OF THE RESIDENTIAL & WELLBEING SERVICES COMMITTEE ON 30 SEPTEMBER 2021

SUBJECT: Compliance Policies Approval

REPORT AUTHOR: Steve Madell, Interim Asset Manager

DATE: 18 August 2021

TEL NO: 07733 125706

AREA: Services Directorate

EXECUTIVE SUMMARY:

The Council need to ensure residents can live safely in their homes. All landlords need to make sure they meet legal and regulatory requirements for Compliance functions. The big six compliance areas which landlords need to manage are:-

- Fire Safety
- Gas Safety
- Electrical Safety
- Lift Safety
- Asbestos management
- Legionella

The Council have worked with Penningtons, a leading consultancy who specialise in Compliance Management, to review the existing policies to ensure a clear and consistent approach is adopted. A new policy for each of the big six compliance areas has been drafted. These draft policies are attached as appendices to this report.

RECOMMENDATIONS:

The committee is recommended to approve the following policies for publication:

- Fire Safety;
- Gas Safety;
- Electrical Safety;
- Lift Safety;
- Asbestos management;
- Legionella.

And to give delegated authority to the Group Head of Residential Services to make minor changes to the policies.

Background

The Council need to ensure residents can live safely in their homes. All landlords need to make sure they meet legal and regulatory requirements for Compliance functions. The big six compliance areas which landlords need to manage are:-

- Fire Safety;
- Gas Safety;
- Electrical Safety;
- Lift Safety;
- Asbestos management;
- Legionella.

The Council is currently under regulatory notice with the Regulator for Social Housing for failures to adequately manage compliance risk. Progress has been made since the notice was issued. Penningtons, a leading consultancy who specialise in Compliance Management carried out a Compliance Health check earlier this year. It highlighted where the Council was managing compliance well, and recommendations for further improvement.

One of the recommendations was to review existing policies to ensure a clear and consistent approach. The Council have worked with Penningtons and a new policy for each of the big six compliance areas has been drafted.

Penningtons were able to provide external assurance that the Council's draft policies covered legal and regulatory requirements as well ensuring good practice elements are reflected in the policies. Whilst there are some choices to be made in how far an organisation goes in managing compliance, the policy intentions contained in the draft policies are in line with what most good social landlords are doing and what the Regulator would expect to see.

Each Policy is structured in a consistent way:

- Introduction and Policy Objectives
- Scope
- Regulatory Standards, Legislation and Guidance
- Additional Legislation
- Obligations
- Statement of Intent
- Inspection Programmes
- Follow-up Work
- Data and Record Keeping
- Resident Involvement and Engagement
- Key Roles and Responsibilities
- Competent Persons
- Training
- Performance Reporting
- Quality Assurance
- Non-Compliance/ Escalation Process
- Approval

Fire Safety Policy

The Council is responsible for carrying out fire risk assessments, and taking action to identify, manage and mitigate risks associated with fire within the communal areas of buildings the Council own and manage

The policy sets out how the Council will carry out periodic fire risk assessments using competent risk assessors, take action to deal with recommendations coming from these risk assessments and carry out regular servicing and maintenance of equipment.

Gas Safety

The Council is responsible for maintaining and repairing heating systems to homes, most notably properties which contain gas installations and appliances. We are also responsible for maintaining other types of heating systems to ensure that all heating appliances provided for residents by the Council are safe.

This policy sets out how the Council will

- carry out a programme of annual gas safety checks to all domestic properties the Council own and manage every 12 months,
- carry out an annual safety check to properties with ground source heat pumps, air source heat pumps, oil-fired systems, solid fuel, liquid petroleum gas (LPG), biomass and solar thermal and
- carry out a programme of annual gas safety checks and services to all communal blocks.

Electrical Safety

The Council have a duty to ensure that electrical installations in rented properties are:

- Safe when a tenancy begins.
- Maintained in a safe condition throughout the tenancy so the property is fit for habitation.

To comply with these duties, electrical installations are required to be periodically inspected and tested. There is no legal requirement setting out how frequently this must be done. However, guidance recommends this is carried out every five years and this is what most landlords will do. The current approach at the Council is a five-year programme and this is what is reflected in the policy.

Lift Safety

The Council needs to maintain lifts and lifting equipment. Passenger lifts in workplaces (for example, offices and communal blocks), which are used by people during their course of work, fall within the scope of Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). This means a thorough examination is carried out every 6 months.

Stairlifts are not covered by LOLER and the Council's policy does not require the Council to carry LOLER Thorough Examinations to them. The policy commits the Council to carry out an annual service to stairlifts.

Asbestos

The Council has a legal obligation under Part 2, Section 4 'Duty to manage asbestos in non-domestic properties'. This means having asbestos surveys and data for the common parts of blocks of flats. Surveys are in place for these areas.

There is no similar obligation to manage asbestos in domestic properties, but there is a duty to keep residents safe, and contractors safe when they are working in domestic properties. It is good practice to hold asbestos information about all properties and the Council has committed within the policy to complete 100% of surveys for domestic properties by 31 March 2028.

Legionella

The Council must meet the legal obligations which require it to deal with the risks associated with legionella bacteria within the properties owned or managed. Legionella bacteria can cause a potentially fatal form of pneumonia called Legionnaires' disease

All blocks with shared water systems will be risk assessed. In addition, all sheltered housing and temporary accommodation blocks will have new risk assessment carried out every 2 years. As far as it is reasonably practical, measures to reduce and/or control exposure to legionella bacteria must be introduced, including managing the conditions that support the growth of the bacteria in water systems.

Domestic properties are generally considered low-risk and many landlords do not undertake risk assessments for domestic properties. The Council carry out risk assessments within void properties and is proposing to risk assess 5% of domestic properties per year to ensure risks are understood and manage risks within domestic premises.

2. PROPOSAL(S):.

Committee is asked to

1) Approve the adoption of following policies

- Fire Safety – Appendix 1
- Gas Safety - Appendix 2
- Electrical Safety – Appendix 3
- Lift Safety – Appendix 4
- Asbestos management – Appendix 5
- Legionella – Appendix 6

2) to give delegated authority to the Group Head of Residential Services to make minor changes to the policies

3. OPTIONS:
 The Council must have policies which cover the main compliance functions. This is the only option available although within each document there are policy choices about for instance how often an assessment needs to take place.

4. CONSULTATION:

| Has consultation been undertaken with: | YES | NO |
|--|-----|----|
| Relevant Town/Parish Council | | X |
| Relevant District Ward Councillors | | X |
| Other groups/persons (please specify) | | X |

5. ARE THERE ANY IMPLICATIONS IN RELATION TO THE FOLLOWING COUNCIL POLICIES: (Explain in more detail at 6 below)

| | YES | NO |
|---|-----|----|
| Financial | x | |
| Legal | x | |
| Human Rights/Equality Impact Assessment | | x |
| Community Safety including Section 17 of Crime & Disorder Act | | x |
| Sustainability | | x |
| Asset Management/Property/Land | | x |
| Technology | | X |
| Other (please explain) | | x |

6. IMPLICATIONS:

Financial

Some of the policy approaches are not explicitly required by law. However, the Council needs to demonstrate that it is managing compliance risks reasonably and in step with the rest of the housing sector.

For instance, whilst there is no legal duty to carry out an electrical test every five years this is the approach now taken by most landlords. If the Council did not adopt this approach it would place the Council at risk if there was a failure with an electrical system.

The proposed approach to carrying out asbestos surveys and legionella risk assessments within domestic properties is a proportionate approach to the risk identified and allows the Council over time to improve information held about homes.

Legal.

In August 2018 the Council was issued with Regulatory Notice by the Social Housing Regulator for failure to meet with Consumer Standards concerning health and safety requirements in relation to fire safety and water supply. The key finding was that though there was a serious risk of harm to tenants, there was no proactive risk assessment process and where risks were identified reactively there was no process for taking

precautions to prevent the serious harm. A compliant risk assessment methodology requires systematic assessment of risks and a programme for managing and addressing potentially serious risk issues at speed. These policies address this gap in the council's duty to reduce the risk of serious harm to tenants and residents and deals with other areas of risk not limited to just fire safety and water supply.

Committee is asked to note that these policy choices create a legitimate expectation that the Council will operate in accordance with the policies. Committee will therefore need an assurance from Officers that the Council is able to comply with these policy choices. Failure to comply with your own policy can be treated by the ombudsman as maladministration, and could also be regulatory failure in the eyes of the Regulator of Social Housing.

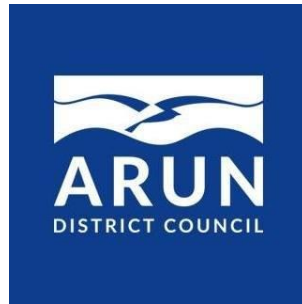
7. REASON FOR THE DECISION:

Committee needs to approve policies

8. BACKGROUND PAPERS:

- Fire Safety Policy – Appendix 1
- Gas Safety Policy - Appendix 2
- Electrical Safety Policy – Appendix 3
- Lift Safety Policy– Appendix 4
- Asbestos management Policy – Appendix 5
- Legionella Policy– Appendix 6

Fire Safety Policy



| | |
|------------------------------------|--|
| Name | Fire Safety Policy |
| Owner | Chief Executive Officer |
| Last Review | June 2021 |
| Next Review | June 2023 |
| Consultation Residents | TBC |
| Confidentiality | Low |
| Approval and Recommendation | CMT |
| Approval | Resident Services and Well-being Committee |

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1.0 Introduction and Policy Objectives

- 1.1 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and residents are clear on how we propose to comply with our legal and regulatory Fire safety obligations. This policy provides a practical framework within which to meet these obligations
- 1.2 The policy is to be used to implement the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage.
- 1.3 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our shared drive and distributed to all relevant members of staff.

2.0 Scope

- 2.1 This policy is relevant to all our Councillors, employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services.
- 2.2 The policy should be used by all to ensure they understand the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage. Adherence to this policy is mandatory.

3.0 Regulatory Standards, Legislation and Guidance

- 3.1 **Regulatory Standards** - We must ensure we comply with the Regulator of Social Housing's regulatory framework and consumer standards for social housing in England; the Home Standard is the primary one applicable to this policy.
- 3.2 **Legislation** - The principal legislation applicable to this policy is:
 - The Regulatory Reform (Fire Safety) Order 2005 (the FSO).
- 3.3 **Guidance** - The principal guidance documents applicable to this policy are:
 - LACORS - Housing - Fire Safety: Guidance on fire safety provisions for certain types of existing housing.
 - Local Government Association: Fire safety in purpose-built blocks of flats.
 - HHSRS Operating Guidance - Housing Act 2004: Guidance about inspections and assessment of hazards given under Section 9.
 - HHSRS Operating Guidance - Housing Act 2004: Addendum for the profile for the hazard of fire and in relation to cladding systems on high rise residential buildings.

- Ministry of Housing, Communities & Local Government (MHCLG): Advice for Building Owners of Multi-storey, Multi-occupied Residential Buildings (January 2020).
- National Fire Chief Council's Guidance (NFCC) - Fire Safety in Specialist Housing - May 2017: Covers sheltered schemes, supported schemes and extra care schemes.

3.4 **Additional Policy Direction** - The following documents set out some considerations for landlords in respect of fire safety, and whilst not statutory guidance or approved legislation, there are certain recommendations or proposals which are relevant to this policy:

- Building a Safer Future - Independent Review of Building Regulations and Fire Safety: Final Report (May 2018).
- Building a Safer Future - Proposals for reform of the building safety regulatory system: A consultation (June 2019).
- The Regulatory Reform (Fire Safety) Order 2005: Call for Evidence (July 2019).
- Grenfell Tower Inquiry: phase 1 report. Volume 1 - 4 (October 2019).
- Draft Building Safety Bill 2020.
- Fire Safety Bill 2019-2021.

3.5 **Sanctions** - 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 by the Fire and Rescue Service under the FSO; and via a regulatory notice judgement from the Regulator of Social Housing.

4.0 Additional Legislation

4.1 This policy also operates within the context of the following legislation:

- Housing Act 2004
- Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Management of Houses in Multiple Occupation (England) Regulations 2006
- Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006
- Gas Safety (Installation and Use) Regulations 1998
- The Furniture and Furnishings (Fire Safety) Regulations 1988
- The Health and Safety (Safety Signs and Signals) Regulations 1996
- The Building Regulations 2010: Approved Document B Fire Safety
- Electrical Equipment (Safety) Regulations 2016
- Construction (Design and Management) Regulations 2015
- Data Protection Act 2018 and UK GDPR

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Homes (Fitness for Human Habitation) Act 2018

5.0 Obligations

- 5.1 Arun is the 'responsible person' for the purposes of the legislation, by virtue of the fact that we own and manage homes and buildings where residents and leaseholders live.
- 5.2 The responsible person (Arun) must carry out a fire risk assessment (FRA) for the purpose of identifying the general fire precautions and other measures needed to comply with the Regulatory Reform (Fire Safety) Order 2005 (the FSO). Although under the FSO this requirement only applies to common parts of premises, in practice the responsible person will need to consider the entire premises, including units of residential accommodation.
- 5.3 The responsible person must implement all necessary general fire precautions and any other necessary measures identified by an FRA.
- 5.4 The responsible person must put in place a suitable system of maintenance and appoint competent persons to implement any procedures that have been adopted.
- 5.5 The responsible person must periodically review FRAs in a timescale appropriate to the premises and/or occupation fire risk level. This timescale is determined by the fire risk assessor carrying out the FRA.

6.0 Statement of Intent

- 6.1 We acknowledge and accept our responsibilities under the FSO as outlined in Section 5.
- 6.2 Each property requiring an FRA will have one in place which has been carried out by a competent fire risk assessor, and which is compliant with the British Standards Institution's PAS 79 specification.
- 6.3 Fire evacuation strategies will be determined on a building by building basis, in accordance with the recommendations of the competent fire risk assessor.
- 6.4 All FRAs will be reviewed no later than the review date set within the most recent FRA for that building.
- 6.5 The FRA for a building will be reviewed in the event of:
- A fire;
 - Change in building use;
 - Change in working practices that may affect fire safety;
 - Following refurbishment works; or
 - If required following an independent fire safety audit.
- 6.6 We will operate robust processes to implement all mandatory fire precaution measures identified by FRAs.

- 6.7 We will test battery operated and/or hard-wired smoke alarms and carbon monoxide detectors as part of the annual gas safety check (or at void stage) - any requiring replacement will be raised as repairs for remediation. Any properties without a carbon monoxide detector will have one fitted at the time of the gas service.
- 6.8 We will ensure that all domestic properties have a hard-wired smoke alarm system fitted within five years of the approval of this policy.
- 6.9 Personal Emergency Evacuation Plans (PEEPs) will be carried out by a suitably trained person, reviewed annually, and made available to the Fire and Rescue Service in the event of an evacuation, as follows:
- For any disabled resident and/or employee within any sheltered or supported housing schemes); and
 - For any resident within a building where we have a responsibility for carrying out an FRA, where we have been notified that they are storing oxygen in their home for medical use.
- 6.10 We are committed to working with the local Fire and Rescue Service to create safer places to live and work. This joint working may include sharing information, having FRAs reviewed, and staff training.
- 6.11 We will refer all new tenancies to West Sussex Fire and Rescue Service for a free home fire safety check.
- 6.12 We will ensure appropriate evacuation policies are in place across our blocks which are in accordance with the recommendations of the competent fire risk assessor and any guidance from West Sussex Fire and Rescue Service.
- 6.13 We will operate processes to gain access should any resident or leaseholder refuse access to carry out essential fire safety inspection and remediation works (as tested in the case Croydon Council v. Leaseholder 1st August 2014). Reference should be made to our access policy
- 6.14 We will operate processes to gain access to properties where resident vulnerability issues are known or identified (including hoarding), whilst ensuring we safeguard the wellbeing of the resident.
- 6.15 We will operate contract management arrangements with the contractors responsible for delivering the service, including; ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.16 We will operate a process to manage immediately dangerous situations identified during fire safety programmes.
- 6.17 We will adopt a clear communal area approach in all internal communal areas, requiring residents to remove combustible materials from corridors and fire escape routes. Reference should be made to our Clean Communal Area Policy.
- 6.18 We will not permit the storage of mobility scooters within internal communal areas under normal circumstances. However, Arun reserves the right to allow storage under exceptional circumstances and this will be judged on a case by case basis.

- 6.19 We will establish and maintain a risk assessment for fire safety management and operations, setting out our key fire safety risks and appropriate mitigations.
- 6.20 We will operate processes to record and action any fire safety related 'near misses'. A 'near miss' is an unplanned event which does not result in an injury but had the potential to do so.
- 6.21 We will ensure there is a process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to fire safety.
- 6.22 Appendix 1 provides a list of general policy statements to support FRA process.

7.0 Inspection Programmes

- 7.1 **FRAs** - We will ensure all our communal blocks and other properties (supported schemes/offices/shops/depots), that we own or manage, have an FRA in place where we have the legal obligation to do so.
- 7.2 Thereafter, we will maintain a programme of FRA reviews, in a timescale appropriate to the premises and/or occupation fire risk level. This timescale will be determined by the fire risk assessor carrying out the FRA (between one and three years) with all sheltered and temporary accommodation on an annual programme.
- 7.3 All FRAs will be Type 1 surveys. Type 2, 3 and Type 4 surveys will only be commissioned where it is deemed appropriate for a particular property or block.
- 7.4 We will ensure that a pre-occupation FRA is carried out on all new build schemes or new acquisitions where we have an obligation to do so, followed by a post-occupation FRA, a maximum of three months after the first tenant moves in.
- 7.5 **Properties managed by others** - We will obtain FRAs where our properties are managed by a third party. If the third party does not provide the FRA, we will carry out the FRA and re-charge them for the cost of this work.
- 7.6 **Fire door audits** - Arun are currently within the first year of a three year fire-door replacement programme which will ensure all doors are fit-for-purpose and appropriately accredited. Following the completion of this programme (or sooner if required by law), we will undertake a six-monthly audit of all communal fire doors, and an annual audit of 25 per cent sample of flat entrance doors. This sample will increase if issues are found on the initial sample.
- 7.7 **Servicing** - We will carry out a programme of servicing, maintenance and testing, in accordance with all relevant British Standards and manufacturer's recommendations, to all fire detection, prevention and firefighting systems and equipment within buildings we own or manage.
- 7.8 **Regular inspections** - We will carry out a programme of regular inspections to all blocks with a fire risk assessment in place to audit that all required management actions are taking place.

8.0 Follow-up Work

- 8.1 We will ensure processes are in place to implement all mandatory fire precaution measures identified by FRAs, in accordance with the following priorities and timescales (unless specified differently by the competent fire risk assessor):
- Intolerable risk - within 24 hours.
 - High risk - within three months.
 - Medium risk - within six months.
 - Low risk - within 12 months or delivered as part of a planned programme within 12 months.
- 8.2 We will ensure there is a process in place to manage follow-up works arising from fire door audits, and servicing and maintenance checks to fire systems and equipment.

9.0 Data and Record Keeping

- 9.1 We will maintain a core asset register of all properties we own or manage, setting out which properties require an FRA. We will also set out which properties require fire safety servicing and maintenance regimes (for example, fire alarms, emergency lighting and smoke/heat detection).
- 9.2 We will operate a process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from fire safety programmes and the programme remains up-to-date.
- 9.3 We will hold fire safety inspection dates, FRAs, FRA actions, and fire safety servicing records against all properties on each programme. These will be held in the Geometra system.
- 9.4 We will keep fire safety log books electronically (or securely on site where practical), for all properties on the FRA programme.
- 9.5 We will keep all records for at least five years and have processes and controls in place to maintain appropriate levels of security for all fire safety related data.

10.0 Resident Involvement and Engagement

- 10.1 We consider good communication essential in the effective delivery of fire safety programmes, therefore we will establish a resident engagement strategy and communication programme. This will support residents in their understanding of fire safety, advise them of how they can keep themselves and other residents safe, and encourage them to report any fire safety concerns.
- 10.2 We also aim to engage with vulnerable and hard to reach residents. We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.
- 10.3 A full version of the FRA will also be made available to residents, upon request.

11.0 Key Roles and Responsibilities

- 11.1 The Chief Executive has overall governance responsibility for ensuring this policy is fully implemented in order to ensure full compliance with legislation and regulatory standards. The Chief Executive will recommend this policy to the Residential and Wellbeing Committee for formal approval and adoption. This policy will be reviewed every two years (or sooner if there is a change in legislation or regulation).
- 11.2 For assurance that this policy is operating effectively in practice, the Residential and Wellbeing Committee will receive regular updates on its implementation, fire safety performance and non-compliance.
- 11.3 The Director of Services will receive monthly performance reports in respect of fire safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 11.4 The Group Head of Residential Services has strategic responsibility for the management of fire safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 11.5 The Interim Asset Manager has operational responsibility for the management of fire safety and will be responsible for overseeing the delivery of these programmes.
- 11.6 Neighbourhood Housing Services will provide support where gaining access to properties is difficult.

12.0 Competent Persons

- 12.1 The operational lead responsible for the delivery of fire safety will hold a relevant managerial qualification. Examples include the NEBOSH National Certificate in Fire Safety and Risk Management or Level 4 VRQ Diploma in Asset and Building Management Compliance. If they do not have this already, they will obtain it within 12 months of the approval of this policy.
- 12.2 Only suitably competent contractors, fire risk assessors and fire engineers will undertake FRAs or works to fire safety equipment, systems and installations. These must be certified by BAFE and/or an IFSM member, and on a UKAS accredited certification scheme that meets the competency criteria established by the Fire Risk Assessment Competency Council.
- 12.3 Only suitably competent fire safety consultants and contractors will provide third party technical quality assurance checks.
- 12.4 All contractor checks will be undertaken during procurement and then on an annual basis and evidenced appropriately.

13.0 Training

- 13.1 We will deliver training on this policy and the procedures that support it, including: team briefings; basic fire safety awareness training; and on the job training for those delivering the programme of FRAs and other fire safety programmes, planned

maintenance and repairs works as part of their daily job. All training undertaken by staff will be formally recorded.

14.0 Performance Reporting

14.1 We will report key performance indicator (KPI) measures for fire safety. These will be provided to CMT on a monthly basis and to the Residential Services and Wellbeing Committee on a quarterly basis. As a minimum, we will report:

Data - the total number of:

- Properties - communal blocks and other properties;
- Properties on the FRA programme;
- Properties not on the FRA programme;
- Properties with a valid and in date FRA;
- Properties without a valid and in date FRA;
- Properties due a new FRA within the next 90 days; and
- Completed, in-time and overdue follow-up works/actions arising from the programme (split by priority).

Narrative - an explanation of the:

- Current position;
- Corrective action required;
- Anticipated impact of corrective action; and
- Progress with completion of follow-up works.

In addition:

- Compliance with the fire safety equipment, systems and installations servicing and maintenance programme.
- The number of RIDDOR notifications to the HSE with regards to fire safety.
- Details of any enforcement notices from the Fire and Rescue Service or other enforcement bodies.
- Recording and reporting on property fires to identify trends and target awareness campaigns.

15.0 Quality Assurance

15.1 We will commission a programme of third-party quality assurance audits of FRAs (field and desktop), on a five per cent sample basis.

15.2 We will carry out a programme of regular property inspections to all properties with an FRA to audit that all required management actions have been completed.

- 15.3 We will carry out an independent audit of fire safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify any non-compliance issues for correction.

16.0 Non-Compliance/ Escalation Process

- 16.1 Our definition of non-compliance is: any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety. All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or becoming aware of it.
- 16.2 Any non-compliance issue identified at an operational level will be formally reported to the Group Head of Residential Services in the first instance, who will agree an appropriate course of corrective action with the Director of Services and report details of the same to the Chief Executive .
- 16.3 In cases of serious non-compliance, the Chief Executive will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

17.0 Glossary

17.1 This glossary defines key terms used throughout this policy:

- **BAFE:** Is the independent register of quality fire safety service providers, who are certified to ensure quality and competence to help meet fire safety obligations.
- **FRA:** A fire risk assessment is an assessment involving the systematic evaluation of the factors that determine the hazard from fire, the likelihood that there will be a fire and the consequences if one were to occur.
- **FRA survey:** The FSO states that an FRA is required, however, it does not prescribe how intrusive or destructive this should be. There are four types of FRA:
 - Type 1 - common parts only (non-destructive), basic level to satisfy the FSO.
 - Type 2 - common parts only (destructive), element of destruction on sample basis.
 - Type 3 - common parts and flats (non-destructive), considers means of escape and fire detection within at least a sample of flats.
 - Type 4 - common parts and flats (destructive).
- **IFSM:** The Institute of Fire Safety Managers.
- **PAS79:** A publicly available specification published by the British Standards Institution which focuses on making sure that all the required information that pertains to both an FRA and its findings are recorded.
- **PEEP:** A personal emergency evacuation plan is a bespoke escape plan for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period in the event of any emergency.
- **UKAS:** The National Accreditation Body for the United Kingdom, appointed by government to assess and accredit organisations that provide services including certification, testing, inspection and calibration.

Appendix 1 – General Policy Statements

Person Centred Fire Risk Assessments (PCFRA's)

~~We note that~~ Arun District Council are carrying out a programme of PCFRA for residents in all sheltered housing schemes and will attempt to deal with the range of issues that have been highlighted as a result of PCFRA's being completed.

Work on installing measures to reduce the risk to residents, such as providing vibrating pillows and arranging the installation of strobes, for example, is part of a package of remedial work will be considered.

For the most serious of cases, where residents cannot self-evacuate to outside of their flat (in the event of the fire being in their flat) other risk-reduction measures will be considered.

Until these issues are fully implemented, the risk level in these sheltered schemes will be higher than previously established, but Arun District Council are working to reduce the overall risk as soon as possible.

Gas Servicing

Arun District Council has a Gas Service contract in place for all housing stock (except for leasehold properties, which are the responsibility of each individual leaseholder).

Fire Doors

All flat entrance doors should be a FD30s standard as prescribed in BS 8214, fitted with a positive self-closing device. Arun District Council have a programme to replace flat entrance doors to ensure compliance.

Smoke Detection

Arun District Council have a programme to install Grade D mains powered smoke detection

The type of coverage to be installed is;

- For general needs flats at least Grade D1 Category LD3
- For general needs flats, where the flat layout requires residents to pass the kitchen or lounge from the bedroom, at least Grade D1 Category LD2

- For sheltered flats at least Grade D1 Category LD1

Grade D1: a system of one or more mains-powered smoke (or heat) alarms each with integral battery stand-by supply.

LD3 coverage: a system incorporating detectors in circulation spaces that form part of the escape routes from the dwelling only.

LD2 coverage: a system incorporating detectors in all circulation spaces that form part of the escape routes from the dwelling and in all rooms or areas that present a high fire risk to occupants i.e. risk rooms.

LD1 coverage: a system incorporating detectors in all circulation spaces that form part of the escape routes from the dwelling and in all areas that a fire might start.

Bin Stores

Arun District Council will investigate the feasibility of relocating bin stores at least 4m from the building as part of future refurbishment projects.

Electric Testing

Arun District Council will carry out a Periodic Electrical Condition inspection on the entire system at least every 5 years in residential blocks.

Any Category 1 or Category 2 defects identified in the inspection will be resolved as soon as possible.

ADC will consider whether to install arc fault detection devices (AFDDs) as part of Electrical Policy to mitigate the risk of fire in AC final circuits of a fixed installation due to the effects of arc fault current.

PAT Testing

Arun District Council will carry PAT testing in accordance with The Institution of Engineering and Technology (IET). This will cover ADC owned appliances only. ADC will not PAT test residents own appliances.

Oxygen

Where residents require the use of oxygen tanks, the flat will be suitably indicated and a record kept in the Premise Information Box for use by the emergency services.

Records

ADC hold the following records on their Compliance database

| Description | How | Frequency |
|---|--------------------------|--------------------|
| <ul style="list-style-type: none"> Means of escape checks to ensure that all exit doors are available for use, Escape routes are clear, Resident's balconies do not contain fire loading, Fire resisting doors are operating correctly and are without damage and that there are no obvious fire hazards. | Caretaker inspections | Monthly |
| Maintenance and test records for other building services, e.g., Gas safety checks. | Gas servicing programme | Annual |
| Emergency lighting (monthly tests and routine servicing). | Servicing | Every 6 months |
| Fire alarm (weekly test records and 6 monthly service records). | Test (sheltered housing) | Weekly |
| | Servicing | Every three months |
| AOVs and smoke vents. | Monthly test | Every three months |
| Dry risers. | TBC | |
| Firefighting lifts. | N/A | N/A |
| Fire shutter in bin store | N/A | N/A |

Balconies

ADC will write to all residents living in properties and inform them about the risks arising from the presence of combustible materials on balconies. We will make it clear that smoking, the use of barbecues and storage of flammable property on balconies can increase that risk. Advice from fire and rescue authorities is clear that barbecues should not be used on balconies.

Contractors

All contractors working on ADC premises must submit RAMS which are reviewed and signed off by ADC staff. This includes suitable controls regarding contractors, particularly those involving 'Hot Works' or any works affecting the passive or active fire safety systems. Whilst there are no portable fire extinguishers provided in the building, it is recommended that contractors provide their own firefighting equipment whilst they are working on site.

Engagement with Residents

ADC will ensure residents are provided with the following information;

- a) Measures to prevent fires in their own flat and the common parts,
- b) The importance of keeping their block secure and being vigilant for deliberate fire setting,
- c) The need to avoid the storage of petrol, bottled gas and other dangerous substances in their flat, balcony or in shared storage areas,
- d) Action to take in the event of a fire in their flat,
- e) The means of escape from the block,
- f) A clear explanation of what the 'Stay Put/Simultaneous' evacuation policy means, (as applicable)
- g) The responsibility of residents to safeguard the communal escape routes,
- h) The policy of housekeeping in the common parts,
- i) The importance of not carrying out alterations to their flat that could be detrimental to fire safety,
- j) The importance of routine testing of fire alarms,
- k) The importance of not obstructing fire and rescue service access to the block,
- l) The means for reporting defects in fire safety measures within their flats and the common parts.

Staff Training

ADC will ensure any staff who may work on site completes fire safety training at least once every two years, with this training covering the following points

- The action that should be taken on discovering a fire
- How to raise the alarm
- The action taken on hearing the alarm
- Assisted Evacuation training to help tenants/visitors requiring assistance
- The arrangements for calling the fire brigade
- The location of the assembly point at a safe place
- The location, and the use of fire-fighting equipment
- The importance of keeping fire doors closed
- How to isolate gas and electrical power
- The importance of general fire safety
- The significant findings from your fire risk assessment
- Details and dates of the training should be recorded.

Void Flats

ADC will, when a top storey flat is void and access is possible, take the opportunity to fire stop the roof void compartment walls accessible from that flat, ensure any loft hatch is upgraded to a fire resisting standard and ensure that the flat's ceilings are not breached by light fittings, vents etc. without suitable protection.

Cladding

Where buildings have small areas of combustible (i.e. timber or UPVC) panelling on the external walls, at refurbishment ADC will replace these with non-combustible materials. Where the Fire Risk Assessment highlights a particular issue with external panelling, this will be actioned appropriately.

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Gas and Heating Policy



| | |
|------------------------------------|--|
| Name | Gas and Heating Policy |
| Owner | Chief Executive Officer |
| Last Review | June 2021 |
| Next Review | June 2023 |
| Consultation Residents | TBC |
| Confidentiality | Low |
| Approval and Recommendation | CMT |
| Approval | Resident Services and Well-being Committee |

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1.0 Introduction and Policy Objectives

- 1.1 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and residents are clear on how we propose to comply with our legal and regulatory gas safety obligations. This policy provides a practical framework within which to meet these obligations
- 1.2 The policy is to be used to implement the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage.
- 1.3 As a landlord, Arun District Council (Arun) is responsible for the maintenance and repairs to our homes, communal blocks and other properties we own and manage, many of which will contain gas installations and appliances. The Gas Safety (Installation and Use) Regulations 1998 (as amended) specifically deal with the installation, maintenance and use of gas appliances, fittings and flues in domestic properties and certain commercial premises to ensure they remain safe.
- 1.4 We are also responsible for maintaining other types of heating systems to ensure that all heating appliances provided for residents are safe. These include, ground source heat pumps, air source heat pumps, oil-fired, solid fuel, liquid petroleum gas (LPG), biomass and solar thermal.
- 1.5 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and residents are clear on our legal and regulatory gas/heating safety obligations. This policy provides the framework our staff and partners will operate within in order to meet these obligations.
- 1.6 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our shared drive and distributed to all relevant members of staff.

2.0 Scope

- 2.1 This policy is relevant to all our Councillors employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services.
- 2.2 The policy should be used by all to ensure they understand the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage. Adherence to this policy is mandatory.

3.0 Regulatory Standards, Legislation, and Approved Codes of Practice

- 3.1 **Regulatory standards** - we must ensure we comply with the Regulator of Social Housing's regulatory framework and consumer standards for social housing in England; the Home Standard is the primary one applicable to this policy.
- 3.2 **Legislation** - The principal legislation applicable to this policy is:
- The Gas Safety (Installation and Use) Regulations 1998 (as amended), (hereafter referred to as the Gas Safety Regulations). We have a legal obligation under Part F, Regulation 36 of the legislation (Duties of Landlords) and we are the 'Landlord' for the purposes of the legislation.
- 3.3 **Approved Code of Practice (ACoP)** - The principal ACoP applicable to this policy is:
- ACoP L56 - 'Safety in the installation and use of gas systems and appliances' (5th edition 2018).
- 3.4 **Guidance** - The principal guidance applicable to this policy is:
- INDG285 - 'A guide to landlords' duties: Gas Safety (Installation and Use) Regulations 1998 as amended Approved Code of Practice and Guidance (3rd Edition 2018).
- 3.5 **Sanctions** - 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 the Gas Safety Regulations; and via a regulatory notice from the Regulator of Social Housing.

4.0 Additional Legislation

- 4.1 This policy also operates within the context of the following legislation:
- Health and Safety at Work Act 1974
 - The Management of Health and Safety at Work Regulations 1999
 - The Workplace (Health, Safety and Welfare) Regulations 1992
 - Gas Safety (Management) Regulations 1996 (as amended)
 - The Building Regulations in England and Wales
 - Dangerous Substances and Explosive Atmospheres Regulations 2002
 - Pressure Equipment Regulations 1999
 - Pressure Systems Safety Regulations 2000
 - Pipelines Safety Regulations 1996
 - Heat Network Regulations 2014
 - Health and Safety (Safety Signs and Signals) Regulations 1996
 - Provision and Use of Work Equipment Regulations 1998
 - Construction (Design and Management) Regulations 2015
 - Landlord and Tenant Act 1985
 - Data Protection Act 2018
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
 - Homes (Fitness for Human Habitation) Act 2018

5.0 Obligations

- 5.1 The Gas Safety Regulations impose duties on landlords to protect residents in their homes. The main landlord duties are set out in Regulation 36 and require landlords to:
- Ensure gas fittings and flues are maintained in a safe condition. Gas appliances should be serviced in accordance with the manufacturer's instructions. If these are not available it is recommended that they are serviced annually, unless advised otherwise by a Gas Safe registered engineer.
 - Ensure the annual safety check is carried out on each gas appliance and flue within 12 months of the previous safety check.
 - Have all installation, maintenance and safety checks carried out by a Gas Safe registered engineer.
 - Keep a record of each safety check for at least two years.
 - Issue a copy of the latest safety check record to existing residents within 28 days of the check being completed, or to any new resident when they move in.
 - Display a copy of the latest safety check record in a common area of a building where the gas appliance serves a communal heating system to multiple homes.
- 5.2 In addition, landlords must ensure that no gas fitting of a type that would contravene Regulation 30 (for example, certain gas fires and instantaneous water heaters) 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.
- 5.3 These obligations apply to both gas heating and liquid petroleum gas heating systems.
- 5.4 **Other heating types** - Although there is no legal requirement to do so, we will carry out an annual safety check to properties with heating types as set out in Section 1.2 of this policy.

6.0 Statement of Intent

- 6.1 We acknowledge and accept our responsibilities under the Gas Safety Regulations as outlined in Section 5.
- 6.2 We will carry out an annual gas/heating safety check to all properties with gas central heating, ground source heat pumps, air source heat pumps, oil-fired, solid fuel, liquid petroleum gas (LPG), biomass and solar thermal.
- 6.3 We will ensure that copies of all landlord's gas safety records (LGSRs) certificates are provided to residents or displayed in a common area within 28 days of completion.
- 6.4 We will cap off gas supplies to all properties when the property becomes void and a new resident is not moving in immediately after. This will be completed by the end of the next working day.
- 6.5 We will ensure that gas safety checks are carried out within 24 hours of the commencement of a new tenancy (void or new build properties), mutual exchange

- and/or transfer, and that the resident receives a copy of the LGSR within 10 days after moving in.
- 6.6 We will ensure a gas safety check is carried out following our installation of any new gas appliance and obtain a gas safety certificate to confirm the necessary checks have been completed. The safety check will include a gas soundness test of the carcass, gas working pressures being taken, a visual inspection of the meter installation and a visual inspection, including the safe working operation, on all other gas appliances and associated flues within a property.
- 6.7 We will carry out a five point visual check of resident owned appliances, provided that the resident is able to provide evidence that the appliance has been installed by a Gas Safe engineer. If the resident is unable to provide this evidence then the appliance will be capped off until such time it can be evidenced as being safe. The visual safety check (location, flueing, ventilation, signs of distress and stable and secure) will be done on gas cookers and gas fires, where the manufacturers' instructions are available. Where appliances are found to be faulty these will be disconnected, and a warning notice issued.
- 6.8 A safety check will be carried out on completion of any repair and/or refurbishment works to occupied or void properties where works may have affected any gas fittings, appliances or flues.
- 6.9 We will test battery operated and/or hard-wired smoke alarms and carbon monoxide detectors as part of the annual gas safety check (or at void stage) - any requiring replacement will be raised as repairs for remediation. Any properties without a carbon monoxide detector will have one fitted at the time of the gas service.
- 6.10 We will carry out an annual gas safety check to all properties where the gas supply has been capped at the request of the resident, to ensure the supply has not been reconnected by the resident. At the same time, we will check on the resident's wellbeing and assess whether the lack of gas heating is adversely affecting the condition of the property. In addition, we will communicate quarterly with these residents to ensure the property remains capped and inform the resident of what is required to reinstate gas at the property.
- 6.11 Any open flue gas appliances found in any rooms that are being used as bedrooms will be removed.
- 6.12 We will ensure that there is a robust risk register in place for the management of immediately dangerous situations identified from the gas/heating safety check.
- 6.13 We will operate a robust process if there is difficulty gaining access to a property to carry out the gas/heating safety check or remediation works. We will use the legal remedies available within the terms of the tenancy agreement or lease provided the appropriate procedures have been followed and approval given by a Head of Service (or more senior role). Where resident vulnerability issues are known or identified, we will ensure we safeguard the wellbeing of the resident.
- 6.14 We will operate effective contract management arrangements with the contractors responsible for delivering the service, including; ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring

that contractors' employee and public liability insurances are up to date on an annual basis.

- 6.15 We will ensure that all replacements, modifications and installations of gas appliances and heating systems within our properties will comply with all elements of Building Regulations, Part J Combustion Appliances and Fuel Storage Systems.
- 6.16 We will establish and maintain a risk assessment for gas safety management and operations, setting out our key gas safety risks and appropriate mitigations.
- 6.17 We will ensure there is a robust process in place to investigate and manage all RIDDOR notifications submitted to the HSE in relation to gas and heating safety.

7.0 Inspection Programmes

- 7.1 **Domestic properties** - We will carry out a programme of annual gas safety checks to all domestic properties we own and manage, which will be completed within 12 months from the date of the previous LGSR certificate.
- 7.2 We will consider, and implement if appropriate, the 'MOT' approach to gas safety checks within the lifecycle of this policy (from June 2021). This approach, under Part F, Regulation 36 (3) of the Gas Safety Regulations, allows a gas safety check to take place within ten months and one day of the previous safety check and retain the original 12 month anniversary date of the previous LGSR.
- 7.3 We will carry out an annual safety check to properties with, ground source heat pumps, air source heat pumps, oil-fired systems, solid fuel, liquid petroleum gas (LPG), biomass and solar thermal.
- 7.4 **Communal blocks and other properties** - We will carry out a programme of annual gas safety checks and services to all communal blocks and other properties (supported schemes/offices/shops/depots), where we have the legal obligation to do so, which will be completed within 12 months from the date of the previous LGSR certificate.
- 7.5 **Properties managed by others** - We will obtain LGSR certificates where our properties are managed by a third party. If the third party does not provide the LGSR certificate, we will carry out the inspection and re-charge them for the cost of this work.

8.0 Follow-up Work

- 8.1 We will ensure there is a robust process in place for the management of any follow-up works required following the completion of a gas/heating safety check (where the work cannot be completed at the time of the check).

9.0 Data and Record Keeping

- 9.1 We will maintain a core asset register of all properties we own and/or manage, with component/attribute data against each property to show gas/heating servicing requirements.

- 9.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from gas/heating programmes and the programme remains up-to-date.
- 9.3 We will hold gas/heating inspection dates and inspection records against each property we own or manage. We will hold inspection dates in QL and inspection records in QL.
- 9.4 We will ensure the Gas Safe registered engineer records the details of all appliances and other equipment which is served by the gas/heating supply in every domestic property, communal block or other property.
- 9.5 We will keep all completed safety check records, warning notices and remedial work records for at least two years and have robust processes and controls in place to maintain appropriate levels of security for all gas/heating safety related data and records.

10.0 Resident Involvement and Engagement

- 10.1 We consider good communication essential in the effective delivery of gas and heating safety programmes, therefore we will establish a resident engagement strategy and communication programme to support residents in their understanding of gas and heating safety.
- 10.2 This will assist us in maximising access to carry out gas safety checks, encourage and support residents to report any concerns about gas and heating safety, and help us engage with vulnerable and hard to reach residents.
- 10.3 We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.

11.0 Key Roles and Responsibilities

- 11.1 The Chief Executive has overall governance responsibility for ensuring this policy is fully implemented in order to ensure full compliance with legislation and regulatory standards. The Chief Executive will recommend this policy to the Residential and Wellbeing Committee for formal approval and adoption. This policy will be reviewed every two years (or sooner if there is a change in legislation or regulation).
- 11.2 For assurance that this policy is operating effectively in practice, the Residential and Wellbeing Committee will receive regular updates on its implementation, gas/heating safety performance and non-compliance.
- 11.3 The Director of Services will receive monthly performance reports in respect of gas and heating safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 11.4 The Group Head of Residential Services has strategic responsibility for the management of gas and heating safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.

- 11.5 The Interim Asset Manager has operational responsibility for the management of gas and heating safety and will be responsible for overseeing the delivery of these programmes.
- 11.6 Neighbourhood Housing Services will provide support where gaining access to properties is difficult and will assist and facilitate any legal access processes as necessary.

12.0 Competent Persons

- 12.1 The operational lead responsible for the delivery of gas safety will hold a relevant managerial qualification. Examples include the Level 4 VRQ in Gas Safety Management (if they are not Gas Safe Registered) or the Level 4 VRQ Diploma in Asset and Building Management Compliance. They will also hold full membership of the Association of Gas Safety Managers (AGSM). If they do not have these already, they will obtain them within 12 months of the approval of this policy.
- 12.2 All operatives/engineers (internal or external) will maintain Gas Safe accreditation for all areas of gas/LPG works that they undertake and will be members of the Nationally Accredited Certification Scheme for Individual Gas Fitting Operatives (ACS).
- 12.3 Only suitably competent Gas Safe accredited contractors will undertake works to gas/LPG fittings, appliances and flues.
- 12.4 Only suitably competent Oil Firing Technical Association (OFTEC) and/or HETAS accredited contractors will undertake works to oil fired and solid fuel fittings, appliances and flues.
- 12.5 Only individuals/organisations with a Microgeneration Certification Scheme accreditation (MCS) will undertake works on ground/air source heat pumps, solar thermal and biomass heating systems.
- 12.6 Only suitably competent NICEIC (or equivalent) electrical contractors and operatives will undertake servicing and repairs to electrical heating systems.
- 12.7 Only suitably competent Gas Safe registered and NICEIC (or equivalent) third party technical auditors will undertake quality assurance checks.
- 12.8 All contractor checks will be undertaken during procurement and then on an annual basis and evidenced appropriately.

13.0 Training

- 13.1 We will deliver training on this policy and the procedures that support it, including: team briefings; basic gas and heating safety awareness training; and on the job training for those delivering the programme of gas and heating inspections, planned maintenance and repair works as part of their daily job. All training undertaken by staff will be formally recorded.

14.0 Performance Reporting

- 14.1 We will report robust key performance indicator (KPI) measures for gas/heating safety. These will be provided to CMT on a monthly basis and to the Residential Services and Well Being Committee on a quarterly basis. As a minimum, we will report:

Data - the total number of:

- Properties - split by category (domestic, communal and others);
- Properties on the gas/heating servicing programme;
- Properties not on the gas/heating servicing programme;
- Properties with a valid and in date LGSR/certificate;
- Properties without a valid and in date LGSR/certificate;
- Properties due to be serviced within the next 30 days; and
- Completed, in-time and overdue follow-up works/actions arising from the programme.

Narrative - an explanation of the:

- Current position;
- Corrective action required;
- Anticipated impact of corrective actions; and
- Progress with completion of follow-up works.

In addition:

- The number of RIDDOR notifications to the HSE with regards to gas/heating safety.

15.0 Quality Assurance

- 15.1 We will ensure there is an annual programme of third party quality assurance audits of gas/heating safety checks, gas appliance services and gas appliance repair works. This will be:

- 100 per cent of all new installations;
- 100 per cent of all certificates;
- 10 per cent sample of field checks.

- 15.2 In addition, we will undertake 100 per cent desktop audits of all LGSR certificates.

- 15.3 We will carry out an independent audit of gas/heating safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify non-compliance issues for correction.

16.0 Non-Compliance/Escalation Process

- 16.1 Our definition of non-compliance is: any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health

or safety. All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred or becoming aware of it.

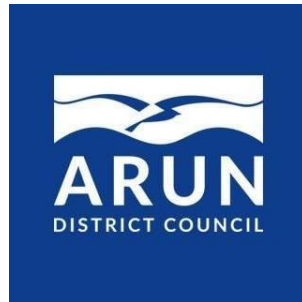
- 16.2 Any non-compliance issue identified at an operational level will be formally reported to the Group Head of Residential Services in the first instance, who will agree an appropriate course of corrective action with the Director of Services and report details of the same to the Chief Executive.
- 16.3 In cases of serious non-compliance, CMT will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

17.0 Glossary

17.1 This glossary defines key terms used throughout this policy:

- **Gas Safe Register:** the official list of gas engineers who are qualified to work legally on gas appliances.
- **LGSR:** Landlord's Gas Safety Record - a certificate containing the results of the annual safety check carried out on gas appliances and flues.

Electrical Safety Policy



| | |
|------------------------------------|--|
| Name | Electrical Safety Policy |
| Owner | Chief Executive Officer |
| Last Review | June 2021 |
| Next Review | June 2023 |
| Consultation Residents | TBC |
| Confidentiality | Low |
| Approval and Recommendation | CMT |
| Approval | Resident Services and Well-being Committee |

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1.0 Introduction and Policy Objectives

- 1.1 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and we are clear on how we propose to comply with our legal and regulatory electrical safety obligations. This policy provides a practical framework within which to meet these obligations
- 1.2 The policy is to be used to implement the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage.
- 1.3 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our shared drive and distributed to all relevant members of staff.

2.0 Scope

- 2.1 This policy is relevant to all our Councillors employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services.
- 2.2 The policy should be used by all to ensure they understand the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage. Adherence to this policy is mandatory.

3.0 Regulatory Standards, Legislation, and Codes of Practice

- 3.1 **Regulatory standards** - We must ensure that we comply with the Regulator of Social Housing's regulatory framework and consumer standards for social housing in England; the Home Standard is the primary one applicable to this policy.
- 3.2 **Legislation** - The principal legislation applicable to this policy is as follows:
 - Landlord and Tenant Act 1985.
 - The Electricity at Work Regulations 1989.
 - The Electrical Equipment (Safety) Regulations 2016.
 - The Homes (Fitness for Human Habitation) Act 2018.
 - The Management of Houses in Multiple Occupation (England) Regulations 2006.
- 3.3 **Guidance and codes of practice** - The principal guidance and codes of practice applicable to this policy are:
 - IET Wiring Regulations British Standard 7671: 2018 (18th edition).

- The Code of Practice for In-Service Inspection and Testing of Electrical Equipment (ISITEE) 2012 (4th edition).
- HSE INDG236: 'Maintaining portable electrical equipment in low risk environments' (as amended 2013).
- Electrical Safety Council: 'Landlords' Guide to Electrical Safety 2009'.
- Code of Practice for the Management of Electrotechnical Care in Social Housing (January 2019).

3.4 **Sanctions** - 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 listed in 3.2; and via a regulatory notice from the Regulator of Social Housing.

4.0 Additional Legislation

4.1 This policy also operates within the context of the following legislation:

- Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Workplace (Health Safety and Welfare) Regulations 1992
- Regulatory Reform (Fire Safety) Order 2005
- The Building Regulations for England and Wales (Part P)
- The Housing Act 2004
- The Occupiers' Liability Act 1984
- Health and Safety (Safety Signs and Signals) Regulations 1996
- Provision and Use of Work Equipment Regulations 1998
- Construction, Design and Management Regulations 2015
- Data Protection Act 2018
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

5.0 Obligations

5.1 The Landlord and Tenant Act 1985 and the Homes (Fitness for Human Habitation) Act 2018 place duties on landlords to ensure that electrical installations in rented properties are:

- Safe when a tenancy begins.
- Maintained in a safe condition throughout the tenancy so the property is fit for habitation.

5.2 To comply with these duties, electrical installations are required to be periodically inspected and tested. There is no legal requirement setting out how frequently we must carry out inspections and tests in domestic properties.

- 5.3 However, best practice guidance from the Electrical Safety Council and from BS7671:2018 recommends that electrical installations are tested at intervals of no longer than five years from the previous inspection. This guidance also states that any deviation from a five year interval should be at the recommendation of a competent NICEIC qualified (or equivalent) person, and should be backed up by sound evidence to support the recommendation.
- 5.4 All electrical installations will be inspected and tested prior to the commencement of any new tenancies. This means that tests should be carried out whilst properties are void and when mutual exchanges take place, and a satisfactory Electrical Installation Condition Report (EICR) must be issued to the resident upon moving in.
- 5.5 The Electricity at Work Regulations 1989 places duties on employers that all electrical installations and appliances within the workplace are safe and that only competent persons work on the electrical installations, systems and equipment.
- 5.6 The Electrical Equipment (Safety) Regulations 2016 requires landlords to ensure that any electrical appliances provided as part of a tenancy are safe when first supplied.
- 5.7 The Management of Houses in Multiple Occupation (England) Regulations 2006 require that every electrical installation in an HMO is inspected and tested at least every five years by a suitably qualified person.

6.0 Statement of Intent

- 6.1 We acknowledge and accept our responsibilities with regards to electrical safety under the legislation and regulations, as outlined in Section 5.
- 6.2 We will deliver an electrical inspection and testing programme as set out in Section 7.
- 6.3 We will ensure that all electrical installations are in a satisfactory condition following the completion of an electrical installation condition report (EICR).
- 6.4 We will ensure that a full electrical installation condition report (EICR) is undertaken in the case of a change of occupancy (void properties and mutual exchanges).
- 6.5 We will test battery operated and/or hard-wired smoke alarms and carbon monoxide detectors as part of the annual gas safety check (or at void stage) - any requiring replacement will be raised as repairs for remediation. Any properties without a carbon monoxide detector will have one fitted at the time of the gas service.
- 6.6 We will ensure that all properties have a hard-wired smoke alarm system within a period of no longer than five years following the approval of this policy.
- 6.7 We will operate a process if there is difficulty gaining access to a property to carry out the electrical safety check or remediation works. We will use the legal remedies available within the terms of the tenancy agreement or lease, provided the appropriate procedures have been followed and approval given by a Head of Service (or more senior role). Where resident vulnerability issues are known or identified, we will ensure that we safeguard the wellbeing of the resident.
- 6.8 We will ensure that there is a process in place for the management of immediately dangerous situations identified from the electrical safety check.

- 6.9 We will operate contract management arrangements with the contractors responsible for delivering the service, including; ensuring contracts/service level agreements are in place, conducting client-led performance meetings and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.10 We will operate measures to identify, manage and/or mitigate risks related to portable electrical appliances in the properties we are responsible for.
- 6.11 We will establish and maintain a risk assessment for electrical safety management and operations, setting out our key electrical safety risks and appropriate mitigations.
- 6.12 We will ensure there is a process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to electrical safety.

7.0 Inspection Programmes

- 7.1 We will carry out a programme of five yearly electrical installation inspections and tests to all domestic properties, communal blocks and other properties (unless the competent person recommends an earlier next test date), and this will include the issuing of a new satisfactory EICR. The inspection and test is driven from the anniversary date of the most recent EICR.
- 7.2 **New builds and rewires** - All new builds, and all properties which have had a rewire, will receive their first electrical installation inspection and test five years after the date of installation, and every five years thereafter.
- 7.3 **Properties managed by others** - We will obtain EICRs where our properties are managed by a third party. If the third party does not provide the EICR, we will carry out the inspection and re-charge them for the cost of this work.

8.0 Follow-up Work

- 8.1 We will endeavour to repair all Code 1 (C1) and Code 2 (C2) further investigation (FI) defects identified by an electrical installation condition report (EICR) at the time of the check, to produce a satisfactory EICR. Where this is not possible, we will make the installation safe and return to complete the required remediation works within ten working days to ensure a satisfactory EICR is produced.
- 8.2 Where any C1 and C2 further investigation (FI) defects have been repaired, they will be recorded on the satisfactory EICR to provide an audit of the work completed.
- 8.3 We will review all Code 3 (C3) observations and determine the most appropriate course of action.

9.0 Data and Record Keeping

- 9.1 We will maintain a core asset register of all properties we own or manage, with component/attribute data against each property to show electrical safety servicing requirements.
- 9.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from the electrical safety programme and the programme remains up-to-date.
- 9.3 We will maintain accurate records, against each property we own and/or manage, of the following:
- Inspection dates;
 - EICRs;
 - Minor Electrical Works Certificates and Building Regulation Part P notifications associated with remedial works; and
 - Electrical Installation Certificates.
- 9.4 We will hold these in the Geometra system.
- 9.5 We will keep all records for at least ten years, and have robust processes and controls in place to maintain appropriate levels of security for all electrical safety related data.

10.0 Resident Involvement and Engagement

- 10.1 We consider good communication essential in the effective delivery of electrical safety programmes, therefore we will establish a resident engagement strategy and communication programme to support residents in their understanding of electrical safety.
- 10.2 This will assist us in maximising access to carry out electrical inspections, encourage and support residents to report any concerns about electrical safety, and help us to engage with vulnerable and hard to reach residents.
- 10.3 We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.

11.0 Key Roles and Responsibilities

- 11.1 The Chief Executive has overall governance responsibility for ensuring this policy is fully implemented in order to ensure full compliance with legislation and regulatory standards. The Chief Executive will recommend this policy to the Residential and Wellbeing Committee for formal approval and adoption. This policy will be reviewed every two years (or sooner if there is a change in legislation or regulation).
- 11.2 For assurance that this policy is operating effectively in practice, the the Residential and Wellbeing Committee will receive regular updates on its implementation, electrical safety performance and non-compliance.
- 11.3 The Director of Services will receive monthly performance reports in respect of electrical safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.

- 11.4 The Group Head of Residential Services has strategic responsibility for the management of electrical safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 11.5 The Interim Asset Manager has operational responsibility for the management of electrical safety, and will be responsible for overseeing the delivery of these programmes.
- 11.6 Neighbourhood Housing Services will provide support where gaining access to properties is difficult and will assist and facilitate any legal processes as necessary.

12.0 Competent Persons

- 12.1 The operational lead responsible for the delivery of electrical safety will hold a relevant managerial qualification. Examples include the Level 4 VRQ in Electrical Safety Management or the Level 4 VRQ Diploma in Asset and Building Management Compliance. If they do not have this already, they will obtain it within 12 months of the approval of this policy.
- 12.2 The lead who has responsibility for operational delivery, will maintain Approved Electrical Contractor Accreditation with the National Inspection Council for Electrical Inspection Contracting (NICEIC), or equivalent, for all areas of electrical inspection, testing, installation and repair works that they undertake.
- 12.3 Only suitably competent NICEIC (or equivalent) electrical contractors and operatives will undertake electrical works on our behalf.
- 12.4 Only suitably competent NICEIC (or equivalent) third party technical auditors will undertake quality assurance checks.
- 12.5 All contractor checks will be undertaken during procurement and then on an annual basis and evidenced appropriately.

13.0 Training

- 13.1 We will deliver training on this policy and the procedures that support it, including: team briefings; basic electrical safety awareness training; and on the job training for those delivering the electrical safety programme, planned maintenance and repair works as part of their daily job. All training undertaken by staff will be formally recorded.

14.0 Performance Reporting

- 14.1 We will report robust key performance indicator (KPI) measures for electrical safety. These will be provided to Director of Services on a monthly basis and to the Residential Services and Well Being Committee on a quarterly basis. As a minimum, we will report:

Data - the total number of:

- Properties - split by category (domestic, communal and others);

- Properties on the electrical inspection and testing programme;
- Properties not on the electrical inspection and testing programme;
- Properties with a satisfactory and in date EICR;
- Properties without a satisfactory and in date EICR;
- Properties due to be inspected and tested within the next 30 days; and
- Completed, in-time and overdue follow-up works/actions arising from the inspection programme.

Narrative - an explanation of the:

- Current position;
- Corrective action required;
- Anticipated impact of corrective action; and
- Progress with completion of follow-up works.

In addition:

- The number of RIDDOR notifications to the HSE with regards to electrical safety.

15.0 Quality Assurance

- 15.1 We will ensure there is programme of third party quality assurance audits of electrical safety checks. This will be:
- 20 per cent desk-top review of all certificates
- 15.2 We will carry out an independent audit of electrical safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify non-compliance issues for correction.

16.0 Non-Compliance/Escalation Process

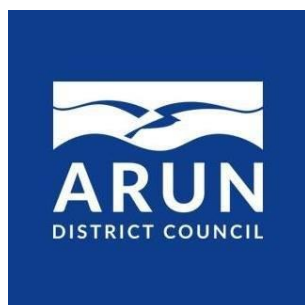
- 16.1 Our definition of non-compliance is: any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety. All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or becoming aware of it.
- 16.2 Any non-compliance issue identified at an operational level will be formally reported to the Group Head of Residential Services in the first instance, who will agree an appropriate course of corrective action with the Director of Services and report details of the same to the Chief Executive .
- 16.3 In cases of serious non-compliance, Chief Executive will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

17.0 Glossary

17.1 This glossary defines key terms used throughout this policy:

- **EICR:** Electrical Installation Condition Report - a formal document that is produced following an assessment of the electrical installation within a property (domestic or communal). It must be carried out by an experienced qualified electrician or approved contractor.
- **NICEIC:** National Inspection Council for Electrical Installation Contracting - an organisation which regulates the training and work of electrical contractors in the UK. The NICEIC is one of several providers given Government approval to offer Competent Person Schemes to oversee electrical work within the electrical industry.

Lift Safety Policy



| | |
|------------------------------------|--|
| Name | Lift Safety Policy |
| Owner | Chief Executive Officer |
| Last Review | June 2021 |
| Next Review | June 2023 |
| Consultation Residents | TBC |
| Confidentiality | Low |
| Approval and Recommendation | CMT |
| Approval | Resident Services and Well-being Committee |

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1 Introduction and Policy Objectives

- 1.1 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and residents are clear on how we propose to comply with our legal and regulatory Lift safety obligations. This policy provides a practical framework within which to meet these obligations
- 1.2 The policy is to be used to implement the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage
- 1.3 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our shared drive and distributed to all relevant members of staff.

2 Scope

- 2.1 This policy is relevant to all our employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services.
- 2.2 The policy should be used by all to ensure they understand the obligations placed upon Arun to maintain a safe environment for residents and employees within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage. Adherence to this policy is mandatory.
- 2.3 We own and manage domestic properties which have been adapted with living aids such as stair lifts to enable residents to continue to live independently. We take responsibility for the lifts which have been installed within our domestic properties which we have been made aware of.

3 Regulatory Standards, Legislation and Codes of Practice

- 3.1 **Regulatory Standards** - We must ensure we comply with the Regulator of Social Housing's regulatory framework and consumer standards for social housing in England; the Home Standard is the primary one applicable to this policy.
- 3.2 **Legislation** - The principal legislation applicable to this policy is as follows:
 - The Health and Safety at Work Act 1974.
 - The Lifting Operation and Lifting Equipment Regulations 1998 (LOLER).
 - The Provision and Use of Work Equipment Regulations 1998 (PUWER).
- 3.3 **Approved Code of Practice (ACoP)**-The principal ACoP applicable to this policy is:
 - ACoP L113 - Safe use of lifting equipment: Lifting Operations and Lifting Equipment Regulations 1998 (2nd edition 2014).

3.3.1 Guidance - The principal guidance applicable to this policy is as follows:

- INDG422 - Thorough examination of lifting equipment: A simple guide for employers (2008).
- INDG339 - Thorough examination and testing of lifts: Simple guidance for lift owners (2008).

3.4 Sanctions - 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 LOLER or PUWER; and via a regulatory notice from the Regulator of Social Housing.

4 Additional Legislation

4.1 This policy also operates within the context of the following legislation:

- The Management of Health and Safety at Work Regulations 1999
- The Provision and Use of Work Equipment Regulations 1998 (PUWER)
- The Workplace (Health Safety and Welfare) Regulations 1992
- The Building Regulations 2004 - Part M
- Construction (Design and Management) Regulations 2015
- Disability and Discrimination Act 2005
- Equality Act 2010
- Housing Act 2004
- Landlord and Tenant Act 1985
- Data Protection Act 2018
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Homes (Fitness for Human Habitation) Act 2018

5 Obligations

LOLER and PUWER

5.1 Passenger lifts in workplaces (for example, offices and communal blocks), which are used by people during their course of work, fall within the scope of Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). The Provision and Use of Work Equipment Regulations 1998 (PUWER) applies to all work equipment, including lifting equipment.

5.2 LOLER requires landlords to maintain lifts and ensure that they have thorough examinations:

- Before use for the first time;
- After substantial and significant changes have been made;

- At least every six months if the lift is used at any time to carry people or every 12 months if the lift is only carrying loads (or in accordance with an examination scheme); and
- Following exceptional circumstances such as damage to, or failure of, the lift, long periods out of use, or a major change in operating conditions which is likely to affect the integrity of the equipment.

5.3 Arun will keep copies of all thorough examination reports.

Health and Safety at Work Act 1974

5.4 Section 3 of the Health and Safety at Work Act makes employers, such as landlords, responsible for the health and safety of employees and people using or visiting their premises, so far as reasonably practicable (including residents).

5.5 For tenanted properties with domestic lifts, duties may be adequately discharged by carrying out regular service and maintenance at periodic intervals.

Insurance

5.6 Insurers may impose demands for similarly stringent levels of risk management to cover public liability.

6 Statement of Intent

6.1 We acknowledge and accept our responsibilities under the legislation outlined in Section 5.

6.2 We will adopt the same principles to the management of lifts within domestic properties as passenger lifts and any other lifts provided as work equipment, and will therefore carry out a programme of periodic servicing and maintenance.

6.3 We will ensure all passenger lifting equipment is subject to a thorough examination before being commissioned into use for the first time.

6.4 All passenger lifting equipment will be subject to a periodic thorough examination and routine servicing and maintenance.

6.5 All lifts that we install in properties we own or manage will be fully accessible for disabled users, as per the requirements of the Disability Discrimination Act 2005, the Equality Act 2010, and to the specifications outlined in Part M of the Building Regulations 2004.

6.6 We will endeavour to ensure that all lifting equipment will be in full working order at all times. Where we become aware of a breakdown we will ensure our lift contractor attends within four hours.

6.7 We will operate robust processes to deal with entrapment situations. In the event of any persons becoming trapped in a lift we are responsible for we will ensure our lift contractor attends within two hours.

- 6.8 We will operate a robust process to manage and rectify immediately dangerous situations identified during a lift safety check or any other maintenance work.
- 6.9 All passenger lifts will have an intercom that dials directly to a dedicated call centre. Call handlers will contact emergency services if there is an urgent concern for a person's welfare.
- 6.10 We will operate a robust process to gain access to properties to undertake lift safety inspections and remediation works. Where resident vulnerability issues are known or identified we will ensure we safeguard the wellbeing of the resident.
- 6.11 We will operate effective contract management arrangements with the contractors responsible for delivering the service, including; ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.12 We will establish and maintain a risk assessment for lift safety management and operations, setting out our key lift safety risks and appropriate mitigations.
- 6.13 We will ensure there is a robust process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to lift safety.

7 Inspection Programmes

- 7.1 **Thorough examinations** - all passenger lifts will be subject to a thorough examination:
- Before being commissioned into use for the first time;
 - Every six months if the lift is being used to carry people;
 - Every 12 months if the lift only carries loads;
 - In accordance with an examination scheme (as prepared by a competent person);
or
 - In accordance with our insurer's specification.
- 7.2 **Maintenance** - All lifting equipment will be subject to routine servicing and maintenance in line with manufacturers' recommendations and/or the examination scheme.

8 Follow-up Work

- 8.1 We will ensure there is a robust process in place for the management of any follow-up works required following the completion of a thorough examination or servicing and maintenance inspection (where the work cannot be completed at the time of the assessment or check).

9 Data and Record Keeping

- 9.1 We will maintain a core asset register of all properties we own or manage, setting out which properties have lifts which require a thorough examination. We will also set out which properties have lifts which require ongoing servicing and maintenance. This register will also hold data against each property asset of the type, age and condition of lifting equipment in place.
- 9.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from lift safety programmes and the programme remains up-to-date.
- 9.3 We will hold records of the following against all properties on each programme:
- Thorough examination dates and reports;
 - Servicing and maintenance dates and reports;
 - Any examination schemes in place;
 - Evidence of completed remedial works.
- 9.4 All records and data as outlined above will be stored in the Geometra system.
- 9.5 We will keep all records for at least five years, and have robust processes and controls in place to maintain appropriate levels of security for all lift safety related data and records.

10 Resident Involvement and Engagement

- 10.1 We consider good communication essential in the effective delivery of lift safety programmes, therefore we will establish a resident engagement strategy and communication programme to support residents in their understanding of lift safety.
- 10.2 This will assist us in maximising access to carry out periodic servicing and thorough examinations, encourage residents to report any lift safety concerns, and help us to engage with vulnerable and hard to reach residents.
- 10.3 We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.

11 Key Roles and Responsibilities

- 11.1 The Chief Executive has overall governance responsibility for ensuring this policy is fully implemented in order to ensure full compliance with legislation and regulatory standards. The Chief Executive will recommend this policy to the Residential and Well Being Committee for formal approval and adoption. This policy will be reviewed every two years (or sooner if there is a change in legislation or regulation).
- 11.2 For assurance that this policy is operating effectively in practice, the Residential and Wellbeing Committee will receive regular updates on its implementation, lift safety performance and non-compliance.

- 11.3 The Director of Services will receive monthly performance reports in respect of lift safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 11.4 The Group Head of Residential Services has strategic responsibility for the management of lift safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 11.5 The Interim Asset Manager has operational responsibility for the management of lift safety, and will be responsible for overseeing the delivery of these programmes.
- 11.6 Neighbourhood Housing Services will provide support where gaining access to properties is difficult and will assist and facilitate any legal access process as necessary.

12 Competent Persons

- 12.1 The operational lead responsible for lift safety will undertake appropriate training, such as the LEIA Practical Management of a Lift/Escalator Contract or IOSH Managing Safely course (or equivalent), to ensure lift safety programmes are managed effectively. Alternatively, they may hold or obtain a relevant managerial qualification such as the Level 4 VRQ Diploma in Asset and Building Management Compliance.

- 12.2 The Approved Code of Practice for LOLER states:

You should ensure that the person carrying out a thorough examination has such appropriate practical and theoretical knowledge and experience of the lifting equipment to be thoroughly examined as will enable them to detect defects or weaknesses and to assess their importance in relation to the safety and continued use of the lifting equipment.

- 12.3 Therefore, only suitably competent lift consultants and contractors, registered with the Lift and Escalator Industry Association (or equivalent), will be appointed to undertake thorough examinations, risk assessments, prepare examination schemes and undertake lifting equipment works.
- 12.4 All contractor checks will be undertaken during procurement and then on an annual basis and evidenced appropriately.

13 Training

- 13.1 We will deliver training on this policy and the procedures that support it, including: team briefings; basic lift safety awareness training; and on the job training for those delivering the programme of lift inspections, planned maintenance and repair works as part of their daily job. All training undertaken by staff will be formally recorded.

14 Performance Reporting

14.1 We will report robust key performance indicator (KPI) measures for lift safety. These will be provided to CMT on a monthly basis and to the Residential Services and Well Being Committee on a quarterly basis. As a minimum, we will report:

Data - the total number of:

- Properties - split by category (domestic, communal blocks and other properties);
- Properties on the thorough examination programme;
- Properties not on the thorough examination;
- Properties with a valid and in date thorough examination;
- Properties without a valid and in date thorough examination;
- Properties due to be examined within the next 30 days; and
- Completed, in-time and overdue follow-up works/actions arising from the programme (split by priority).

Narrative - an explanation of the:

- Current position;
- Corrective action required;
- Anticipated impact of corrective actions; and
- Progress with completion of follow-up works.

In addition:

- The number of RIDDOR notifications to the HSE with regards to lift safety.

15 Quality Assurance

15.1 We will ensure there is programme of annual third party quality assurance audits of lifts that are not included on the thorough examination programme.

15.2 We will carry out an independent audit of lift safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify non-compliance issues for correction.

16 Non-Compliance

16.1 Our definition of non-compliance is: any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety. All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or becoming aware of it.

16.2 Any non-compliance issue identified at an operational level will be formally reported to the Group Head of Residential Services in the first instance, who will agree an appropriate course of corrective action with the Chief Executive Officer and report details of the same to the CMT.

- 16.3 In cases of serious non-compliance, CMT will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

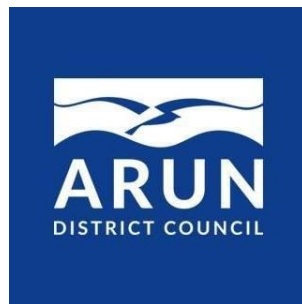
17 Glossary

17.1 This glossary defines key terms used throughout this policy:

- **Examination scheme** - LOLER permits a scheme of examination (examination scheme), drawn up by a competent person, as an alternative to the fixed maximum periods of a thorough examination.
- **IOSH Managing Safely course** - The Institution of Occupational Safety and Health (IOSH) have designed the IOSH Managing Safely course for managers and supervisors of organisations in virtually all industry sectors, in order to give them all they need to know to effectively manage health and safety in the workplace.
- **LEIA** - The Lift and Escalator Industry Association is the trade association and advisory body for the lift and escalator industry.
- **LOLER** - Lifting Operations and Lifting Equipment Regulations 1998 - regulations which place duties on people and companies who own, operate or have control over lifting equipment.
- **PUWER** - Provision and Use of Work Equipment Regulations 1998 - legislation which places duties on people and companies who own, operate or have control over work equipment. PUWER also places responsibilities on businesses and organisations whose employees use work equipment whether owned by them or not.
- **Thorough examination** - A systematic and detailed examination of the equipment and safety-critical parts, carried out at specified intervals by a competent person who must then complete a written report.

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Asbestos Policy



| | |
|------------------------------------|--|
| Name | Asbestos Policy |
| Owner | Chief Executive Officer |
| Last Review | June 2021 |
| Next Review | June 2023 |
| Consultation Residents | TBC |
| Confidentiality | Low |
| Approval and Recommendation | CMT |
| Approval | Resident Services and Well-being Committee |

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1.0 Introduction and Policy Objectives

- 1.1 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and residents are clear on how we propose to comply with our legal and regulatory asbestos safety obligations. This policy provides a practical framework within which to meet these obligations
- 1.2 The policy is to be used to implement the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage.
- 1.3 Homes or buildings built or refurbished before the year 2000 may contain asbestos. If an asbestos containing material is disturbed or damaged it can release asbestos fibres into the air which are a danger to health if inhaled. Workers who carry out repairs and maintenance work are at particular risk, however, building occupants could also be put at risk.
- 1.4 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and residents are clear on our legal and regulatory asbestos safety obligations. This policy provides the framework our staff and partners will operate within in order to meet these obligations.
- 1.5 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our shared drive and distributed to all relevant members of staff.

2.0 Scope

- 2.1 This policy is relevant to all our Councillors employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services.
- 2.2 The policy should be used by all to ensure they understand the obligations placed upon Arun to maintain a safe environment for residents and employees within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage. Adherence to this policy is mandatory.

3.0 Regulatory Standards, Legislation, and Approved Codes of Practice

- 3.1 **Regulatory Standards** - We must ensure we comply with the Regulator of Social Housing's regulatory framework and consumer standards for social housing in England; the Home Standard is the primary one applicable to this policy.
- 3.2 **Legislation** - The principal legislation applicable to this policy is:
 - The Control of Asbestos Regulations 2012.

3.3 **Approved Code of Practice (ACoP)** - The principal ACoP applicable to this policy is:

- ACoP L143 - 'Managing and working with Asbestos' (Second edition December 2013).

3.4 **Guidance** - The principal guidance applicable to this policy are as follows:

- HSG264 - 'Asbestos: The survey guide' (Second edition 2012, this holds ACoP status).
- HSG248 - 'Asbestos: The analysts guide for sampling, analysis and clearance procedures' (First edition 2006).
- HSG247 - 'Asbestos: The licensed contractors' guide' (First edition 2006).
- HSG227 - 'A comprehensive guide to managing asbestos in premises' (First edition 2002).
- HSG210 - 'Asbestos Essentials - A task manual for building, maintenance and allied trades and non-licensed asbestos work' (Fourth edition 2018).

3.5 **Sanctions** - 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 the Control of Asbestos Regulations; and via a regulatory notice from the Regulator of Social Housing.

4.0 **Additional Legislation**

4.1 This policy also operates within the context of the following legislation:

- Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Workplace (Health Safety and Welfare) Regulations 1992
- Personal Protective Equipment at Work Regulations 1992
- Hazardous Waste (England and Wales) Regulations 2005 (Amendment 2009)
- Control of Substances Hazardous to Health Regulations (as amended) 2002 (COSHH)
- Construction (Design and Management) Regulations 2015
- Defective Premises Act 1972
- Landlord and Tenant Act 1985
- Data Protection Act 2018
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Homes (Fitness for Human Habitation) Act 2018
- The Asbestos (Licensing) (Amendment) Regulations 1998

5.0 **Obligations**

5.1 Under The Control of Asbestos Regulations 2012 (CAR 2012) Arun has a legal obligation under Part 2, Section 4 ‘Duty to manage asbestos in non-domestic properties’, and is the ‘Duty Holder’ for the purposes of the legislation. We are required to:

- Find out if asbestos containing materials (ACMs) are present, where we have an obligation to do so, presuming that materials contain asbestos unless we have strong evidence that they do not.
- Identify the location and condition of any ACMs.
- Assume asbestos is present if the property was built prior to the year 2000. If built after the year 2000 asbestos is unlikely to be present and no further action will be required.
- Keep an up-to-date record (an asbestos register) of the location and condition of ACMs or presumed ACMs.
- Assess the risk from any ACMs found.
- Prepare an Asbestos Management Plan that sets out how we will manage the risk from ACMs, and review and monitor its implementation.
- Set up a system to provide information on the location and condition of ACMs to anyone who is liable to work on or disturb them.
- Assess the reliability of information we receive relating to asbestos within the properties we own and manage. Anyone who has information on the whereabouts of asbestos within these properties is required to make this available to us.

6.0 Statement of Intent

6.1 We acknowledge and accept our responsibilities under CAR 2012 as outlined in Section 5, and we recognise that the main hazard in relation to asbestos is the non-identification of ACMs. As such, we will protect those persons potentially exposed to asbestos as far as is reasonably practical, through the use of appropriate control measures and working methods.

6.2 To fully comply with CAR 2012, we will have a Board approved Asbestos Policy, an Asbestos Management Plan and we will maintain an Asbestos Register.

6.3 We will carry out an intrusive refurbishment/demolition survey to domestic and non-domestic properties as and when required, as per HSG264.

6.4 We will ensure that information about ACMs (known or presumed) is provided to persons liable to disturb it, accidentally or during the course of their work. This includes employees, contractors and residents.

6.5 We will generally not use asbestos labelling in domestic premises, however, in non-domestic premises and common areas of domestic blocks, labelling will be used where practicable.

6.6 We will ensure that there is a process in place to manage immediately dangerous situations identified during asbestos related works.

- 6.7 We will operate effective contract management arrangements with the contractors responsible for delivering the service, including; ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.8 We will use the legal remedies available within the terms of the tenancy and lease agreement should any resident, leaseholder or shared owner refuse access to carry out essential asbestos related inspection and remediation works. Where resident vulnerability issues are known or identified we will ensure we safeguard the wellbeing of the resident.
- 6.9 We will establish and maintain a risk register for asbestos management and operations, setting out our key risks from asbestos and appropriate mitigations.
- 6.10 We will ensure there is a process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to asbestos safety.
- 6.11 We will assess the risk of materials and recommended actions and undertake any remedial work required to reduce the risk of an ACM to an acceptable level.

7.0 Inspection Programmes

- 7.1 **Non-domestic properties** - All non-domestic properties (communal blocks/supported schemes/offices/depots) that we own or manage, built prior to the year 2000, will have an asbestos management survey that is compliant with CAR 2012 (dated after 6 April 2012 when this legislation came into effect).
- 7.2 Thereafter, we will maintain a programme of asbestos re-inspections for all non-domestic properties that contain ACMs (known or presumed). Re-inspections will either be annual or in accordance with the risk level as identified by the previous survey. We will not re-inspect any properties where the initial asbestos management survey confirms that there are no ACMs.
- 7.3 **Domestic properties** - We currently hold asbestos survey data on approximately 25 per cent of our domestic properties. It is our intention to have survey data on 100% of our domestic properties, built prior to the year 2000, by March 31st 2028.
- 7.4 **Garages** - We own or manage garages, many of which may contain ACMs. We will carry out a risk based programme of sample inspections to assess the location and condition of ACMs within these garages and implement a programme of remedial works as necessary.
- 7.5 **Repairs / planned maintenance** - We will review existing asbestos survey information prior to carrying out any intrusive void work, day-to-day repairs, planned maintenance or refurbishment work. Where there is no asbestos information, prior to the work taking place, we will commission an refurbishment/demolition survey to the areas of the property that are likely to be disturbed as part of the proposed works. We will also undertake a management survey to the remainder of the property as part of the same refurbishment/demolition survey. Once completed, survey details will be provided to the relevant operatives or contractors.

8.0 Follow-up Work

8.1 Where asbestos is positively identified and removal, sealing or encapsulation is recommended by the competent person, this will be carried out as follows:

- **Non-licensed works** (as defined in regulation 2 of CAR 2012) - will be undertaken by a Licensed Asbestos Removal Contractor (LARC) licensed by the Health and Safety Executive in compliance with CAR 2012.
- **Notifiable non-licensed works** (as defined in regulation 2 of the CAR 2012) - will be undertaken by a LARC.
- **Licensed works** (as defined in regulation 2 of CAR 2012) - will be undertaken by a LARC.

9.0 Data and Record Keeping

9.1 We will maintain a core asset register of all properties we own or manage, setting out which properties are and are not required to be included on the asbestos re-inspection programme.

9.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from asbestos programmes and the programme remains up-to-date.

9.3 We will keep an asbestos register in the Geometra system. The asbestos register will include: details of ACMs in the properties we own or manage, with information on the type, address, location and condition. We will hold inspection dates, asbestos surveys, and details of remediation works and evidence of completion of these works in the Geometra system.

9.4 We will keep all asbestos records generated, and have robust processes and controls in place to maintain appropriate levels of security for all asbestos related data.

10.0 Resident Involvement and Engagement

10.1 We consider good communication essential in the effective delivery of asbestos safety, therefore we will establish a resident engagement strategy and communication programme. This will support residents in their understanding of asbestos, advise them of how they can manage any risk if there is asbestos within their property, and encourage them to report any asbestos safety concerns.

10.2 We also aim to successfully engage with vulnerable and hard to reach residents. We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.

10.3 We will provide residents with a copy of the asbestos survey for their property, upon request.

11.0 Key Roles and Responsibilities

- 11.1 The Chief Executive has overall governance responsibility for ensuring this policy is fully implemented in order to ensure full compliance with legislation and regulatory standards. The Chief Executive will recommend this policy to the Residential and Wellbeing Committee for formal approval and adoption. This policy will be reviewed every two years (or sooner if there is a change in legislation or regulation).
- 11.2 For assurance that this policy is operating effectively in practice, the Residential and Wellbeing Committee will receive regular updates on its implementation, asbestos safety performance and non-compliance.
- 11.3 The Director of Services will receive monthly performance reports in respect of asbestos safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 11.4 The Group Head of Residential Services has strategic responsibility for the management of asbestos safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 11.5 The Interim Asset Manager has operational responsibility for the management of asbestos safety and will be responsible for overseeing the delivery of these programmes. The Interim Asset Manager will fulfil the role of the appointed Duty Holder and will be the overall Responsible Person on behalf of Arun.
- 11.6 Neighbourhood Housing Services will provide support where gaining access to properties is difficult.

12.0 Competent Persons

- 12.1 The operational lead will hold a qualification relevant to the effective delivery of asbestos management. Examples include the asbestos specific P405, P402, P407 or W504 qualifications or the Level 4 VRQ Diploma in Asset and Building Management Compliance. If they do not have one of these, they will obtain this within 12 months of the approval of this policy.
- 12.2 Only competent contractors (as per HSG264) will carry out asbestos management surveys (including refurbishment and demolition surveys). They will be UKAS accredited for surveying services and analytical services.
- 12.3 Only competent Licensed Asbestos Removal Contractors will carry out all work on asbestos, including non-notifiable non-licensed work, notifiable non-licensed work or licensed works.
- 12.4 Suitably competent persons will undertake asbestos re-inspections, under the supervision of persons who are suitably trained and competent to manage this work.
- 12.5 Only suitably competent asbestos consultants and contractors will provide third party technical quality assurance checks.
- 12.6 All contractor checks will be undertaken during procurement and then on an annual basis and evidenced appropriately.
- 12.7 All contractors in the supply chain will be expected to provide asbestos awareness training to their operatives.

13.0 Training

- 13.1 We will deliver training on this policy and the procedures that support it, including team briefings; basic asbestos awareness training; and on the job training for those delivering the asbestos programme, planned maintenance and repair works as part of their daily job. All training undertaken by staff will be formally recorded.

14.0 Performance Reporting

- 14.1 We will report robust key performance indicator (KPI) measures for asbestos safety. These will be provided to Director of Services on a monthly basis and to the Residential Services and Wellbeing Committee on a quarterly basis. As a minimum, we will report:

Data - the total number of:

- Properties - communal blocks and other properties;
- Properties on the asbestos management/re-inspection programme;
- Properties not on the asbestos management/re-inspection programme;
- Properties with a valid and in date survey/re-inspection;
- Properties without a valid and in date survey/re-inspection;
- Properties due to be surveyed/re-inspected within the next 90 days; and
- Completed, in-time and overdue follow-up works/actions arising from the surveys.

Narrative - an explanation of the:

- Current position;
- Corrective action required;
- Anticipated impact of corrective action; and
- Progress with completion of follow-up works.

In addition:

- The percentage of domestic properties with full asbestos data;
- The number of RIDDOR notifications to the HSE with regards to asbestos safety.
- The number of asbestos related incidents/near misses/non-conformities in addition to RIDDOR reportable incidents

15.0 Quality Assurance

- 15.1 We will require external contractors to provide the results of their own five per cent quality assurance audit checks, as required by UKAS, on request.

- 15.2 We will commission 5 per cent third party audits of asbestos surveys and post inspect asbestos removals works.
- 15.3 We will commission an independent audit of asbestos management at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify any non-compliance issues for correction.

16.0 Non-Compliance/Escalation Process

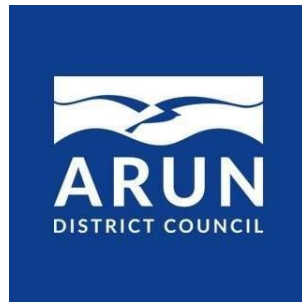
- 16.1 Our definition of non-compliance is any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety. All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred or becoming aware of it.
- 16.2 Any non-compliance issue identified at an operational level will be formally reported to the Group Head of Residential Services in the first instance, who will agree an appropriate course of corrective action with the Director of Services Officer and report details of the same to the Chief Executive.
- 16.3 In cases of serious non-compliance, Chief Executive will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

17.0 Glossary

17.1 This glossary defines key terms used throughout this policy:

- **Duty Holder:** The owner of the non-domestic premises or the person or organisation that has clear responsibility for the maintenance or repair of non-domestic premises, for example through an explicit agreement such as a tenancy agreement or contract.
- **Management survey:** A survey to enable the management of asbestos-containing materials during the normal occupation and use of premises.
- **Refurbishment/demolition survey:** A refurbishment/demolition survey is a survey which is necessary prior to any works which may affect the fabric of a building, and which is used to locate (as far as reasonably practicable) asbestos-containing materials. The survey may be within a localised area or cover the whole building.
- **UKAS:** The appointed national accreditation body for asbestos surveyors. Accreditation is a means of assessing, in the public interest, the technical competence and integrity of organisations offering evaluation services.

Legionella Policy



| | |
|------------------------------------|--|
| Name | Legionella Policy |
| Owner | Chief Executive Officer |
| Last Review | June 2021 |
| Next Review | June 2023 |
| Consultation Residents | TBC |
| Confidentiality | Low |
| Approval and Recommendation | CMT |
| Approval | Resident Services and Well-being Committee |

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1.0 Introduction and Policy Objectives

- 1.1 The key objective of this policy is to ensure our Councillors, Corporate Management Team, employees, partners and residents are clear on how we propose to comply with our legal and regulatory Legionella safety obligations. This policy provides a practical framework within which to meet these obligations
- 1.2 The policy is to be used to implement the obligations placed upon Arun to maintain a safe environment for residents and employees, within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage.
- 1.3 The key objective of this policy is to ensure that our Councillors, Corporate Management Team, employees, partners and residents are clear on our legal and regulatory legionella obligations. This policy provides the framework our staff and partners will operate within in order to meet these obligations.
- 1.4 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our shared drive and distributed to all relevant members of staff.

2.0 Scope

- 2.1 This policy is relevant to all our Councillors, employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services.
- 2.2 The policy should be used by all to ensure they understand the obligations placed upon Arun to maintain a safe environment for residents and employees within the home of each resident, and within all communal areas of buildings and other properties we own and/or manage. Adherence to this policy is mandatory.

3.0 Regulatory Standards, Legislation and Approved Codes of Practice

- 3.1 **Regulatory Standards** - We must ensure we comply with the Regulator of Social Housing's regulatory framework and consumer standards for social housing in England; the Home Standard is the primary one applicable to this policy.
- 3.2 **Legislation** - The principal legislation applicable to this policy is as follows:
 - The Health and Safety at Work Act 1974.
 - The Management of Health and Safety at Work Regulations 1999 (Management Regulations).
 - The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH).
- 3.3 **Approved Code of Practice (ACoP)** - The principal ACoP applicable to this policy is:

- ACoP L8 - 'Legionnaires' disease: The control of legionella bacteria in water systems' (4th edition 2013).

3.4 **Guidance** - The principal guidance applicable to this policy is as follows:

- HSG274 - Legionnaires' disease: Technical guidance Part 1: The control of legionella bacteria in evaporating cooling systems (2013).
- HSG274 - Legionnaires' disease: Technical guidance Part 2: The control of legionella bacteria in hot and cold water systems (2014).
- HSG274 - Legionnaires' disease: Technical guidance Part 3: The control of legionella bacteria in other risk systems (2013).
- INDG458 - Legionnaires' disease: A guide for duty holders Leaflet (HSE Books 2012).

3.5 **Sanctions** - 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 COSHH Regulations; prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007; and via a regulatory notice from the Regulator of Social Housing.

4.0 Additional Legislation

4.1 This policy also operates within the context of the following legislation:

- The Workplace (Health Safety and Welfare) Regulations 1992
- Construction (Design and Management) Regulations 2015
- Housing Act 2004
- Landlord and Tenant Act 1985
- Homes (Fitness for Human Habitation) Act 2018
- Data Protection Act 2018
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Public Health (Infectious Diseases) Regulations 1998
- Water Supply (Water Quality) Regulations 2016
- Water Supply (Water Fittings) Regulations 1999

5.0 Obligations

5.1 The Management Regulations and the Health and Safety at Work Act 1974 place a duty on us, as an employer and landlord, to ensure our employees and others affected by our undertakings (for example, residents), are not exposed to health and safety risks, including the risk from legionella.

5.2 We have a legal obligation under COSHH to prevent or control exposure to biological agents, including legionella.

5.3 Arun is the 'Duty Holder' as defined by ACoP L8 and we must take necessary precautions to prevent, reduce or control the risks of exposure to legionella.

5.4 As the Duty Holder, we must:

- Carry out a risk assessment for all hot and cold water systems, cooling plant and any other systems that can produce water droplets to identify and assess potential risks.
- Implement measures to either eliminate, reduce or control identified risks.
- Appoint a Responsible Person to take managerial responsibility for:
 - Carrying out risk assessments;
 - Producing written schemes of control (a practical, risk management document used to control the risk from exposure to legionella); and
 - Implementing the written scheme of control.
- Appoint a Deputy Responsible Person who will provide cover to the responsible person in their absence.
- Keep associated records for five years.

6.0 Statement of Intent

- 6.1 We acknowledge and accept our responsibilities and obligations under the legislation outlined in Section 5.
- 6.2 We will review legionella risk assessments every two years for sheltered schemes or temporary accommodation schemes, or more frequently where the risk assessor recommends this. Schemes will be assessed as high, medium or low risk.
- 6.3 Written schemes of control will be in place for all properties risk assessed as requiring controls to manage the risk of legionella exposure.
- 6.4 When properties become void the water system will be flushed and recommissioned before the property is let, and the shower head replaced or sterilised.
- 6.5 We will carry out checks to identify pipework 'dead legs' and remove them within void properties.
- 6.6 We will operate a process for the management of immediately dangerous situations identified from the legionella risk assessment or water testing/monitoring regime.
- 6.7 We will use the legal remedies available within the terms of the tenancy and lease agreement should any resident, leaseholder or shared owner refuse access to carry out essential legionella related inspection and remediation works. Where resident vulnerability issues are known or identified we will ensure we safeguard the wellbeing of the resident.
- 6.8 We will operate contract management arrangements with the contractors responsible for delivering the service, including; ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.9 We will establish and maintain a risk assessment for legionella management and operations, setting out our key legionella risks and appropriate mitigations.

- 6.10 We will ensure there is a process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to legionella safety.

7.0 Inspection Programmes

- 7.1 **Communal blocks and other properties** - We will ensure all communal blocks and other properties (supported schemes/offices/shops/depots) that we own or manage are subject to an initial visit to establish whether a legionella risk assessment (LRA) is required. Thereafter, if an LRA is required, the property will be included on the LRA programme. If an LRA is not required, we will record this on our core asset register.
- 7.2 For all sheltered schemes and temporary accommodation, we will undertake LRAs and review the LRA every two years, or more frequently where a water system is likely to undergo change and is therefore a higher risk.
- 7.3 LRAs will also be reviewed in the following circumstances:
- Change in building use.
 - Change in internal layout of water system.
 - Change in building occupation that increases the risk due to health.
 - After a confirmed or suspected outbreak of Legionella.
 - Following a legionella audit (if required).
- 7.4 **Domestic properties** - As of April 2021 circa 40% of our domestic stock had been risk assessed. We will undertake an annual programme of five per cent sample surveys in domestic properties. These will be prioritised according to the perceived level of risk (based on design, size, age and type of water supply).
- 7.5 **Testing and monitoring** - We will undertake testing and monitoring (for example, monthly temperature checks) as set out within any written schemes of control.

8.0 Follow-up Work

- 8.1 We will ensure there is a process in place for the management of any follow-up works required following the completion of an LRA or ongoing monitoring (where the work cannot be completed at the time of the assessment or check).

9.0 Record Keeping

- 9.1 We will maintain a core asset register of all properties we own or manage, setting out which properties require a LRA. We will also set out which properties require ongoing testing and monitoring as prescribed by the written control scheme (for example, monthly temperature checks).
- 9.2 We will operate a process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from legionella programmes and the programmes remain up-to-date.

- 9.3 We will hold LRA inspection dates, LRAs, and testing and monitoring records against all properties on each programme. These will be held in the Geometra system.
- 9.4 We will keep legionella log books electronically (or securely on site where practical), for all properties on the LRA programme.
- 9.5 We will keep all records for at least five years, and have robust processes and controls in place to maintain appropriate levels of security for all legionella related data.

10.0 Resident Involvement and Engagement

- 10.1 We consider good communication essential in the effective delivery of legionella programmes, therefore we will establish a resident engagement strategy and communication programme. This will support residents in their understanding of legionella risks, advised them of how they can manage the risks within their properties, and to encourage them to report any concerns about water safety.
- 10.2 We also aim to engage with vulnerable and hard to reach residents. We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.
- 10.3 We will display written schemes of control in communal areas of buildings to inform occupants how the risk of exposure to legionella bacteria is being managed and controlled.

11.0 Key Roles and Responsibilities

- 11.1 The Chief Executive has overall governance responsibility for ensuring this policy is fully implemented in order to ensure full compliance with legislation and regulatory standards. The Chief Executive will recommend this policy to the Residential and Well Being Committee for formal approval and adoption. This policy will be reviewed every two years (or sooner if there is a change in legislation or regulation).
- 11.2 For assurance that this policy is operating effectively in practice, the the Residential and Wellbeing Committee will receive regular updates on its implementation, legionella safety performance and non-compliance.
- 11.3 The Director of Services will receive monthly performance reports in respect of legionella safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 11.4 The Group Head of Residential Services has strategic responsibility for the management of legionella safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 11.5 The Interim Asset Manager has operational responsibility for the management of legionella safety and will be responsible for overseeing the delivery of these programmes. The Interim Asset Manager is the Responsible Person.
- 11.6 The Compliance Co-ordinator is the Deputy Responsible Person who will provide cover to the Interim Asset Manager (Responsible Person) in their absence.

- 11.7 Neighbourhood Housing Services will provide support where gaining access to properties is difficult.

12.0 Competent Persons

- 12.1 As we must appoint a Responsible Person (Interim Asset Manager) and a Deputy Responsible Person (Compliance Co-ordinator), they should both be trained, instructed, and informed to the same level and should assist in the frequent monitoring of written control schemes. Therefore, they should hold a relevant qualification such as the BOHS P901 - Management and control of building hot and cold water services or the HABC Level 2 Award in Legionella Awareness (or equivalent). If they do not have these already, they will obtain them within 12 months of the approval of this policy.
- 12.2 Only suitably competent consultants and contractors, registered with the Legionella Control Association (or equivalent), will undertake LRAs, prepare written schemes of control and undertake works in respect of legionella control.
- 12.3 Only suitably competent consultants and contractors, registered with the Legionella Control Association (or equivalent), will undertake third party technical quality assurance checks.
- 12.4 All contractor checks will be undertaken during procurement and then on an annual basis and evidenced appropriately.

13.0 Training

- 13.1 We will deliver training on this policy and the procedures that support it, including: team briefings; basic legionella awareness training; and on the job training for those delivering the programme of LRAs and legionella testing and monitoring, as part of their daily job. All training undertaken by staff will be formally recorded.

14.0 Performance Reporting

- 14.1 We will report robust key performance indicator (KPI) measures for legionella safety. These will be provided to CMT on a monthly basis and to the Residential Services and Well Being Committee a quarterly basis. As a minimum, we will report:

Data - the total number of:

- Properties - split by category (domestic, communal blocks and other properties);
- Properties on the LRA programme;
- Properties not on the LRA programme;
- Properties with a valid and in date LRA;
- Properties without a valid and in date LRA;
- Properties due an LRA within the next 30 days; and

- Completed, in-time and overdue follow-up works/actions arising from the programme.

Narrative - an explanation of the:

- Current position;
- Corrective action required;
- Anticipated impact of corrective action; and
- Progress with completion of follow-up works.

In addition:

- The number of RIDDOR notifications to the HSE with regards to water safety.

15.0 Quality Assurance

- 15.1 We will ensure there is a programme of third party quality assurance audits to five per cent of LRAs. Annual audits will be undertaken to all systems identified as a high risk.
- 15.2 We undertake internal desktop audits to 100 per cent of all certification.
- 15.3 We will carry out an independent audit of legionella safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify any non-compliance issues for correction.

16.0 Non-Compliance Escalation Process

- 16.1 Our definition of non-compliance is: any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety. All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or becoming aware of it.
- 16.2 Any non-compliance issue identified at an operational level will be formally reported to the Group Head of Residential Services in the first instance, who will agree an appropriate course of corrective action with the Director of Services and report details of the same to the Chief Executive
- 16.3 In cases of serious non-compliance, Chief Executive will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

17.0 Glossary

17.1 This glossary defines key terms used throughout this policy:

- **BOHS:** British Occupational Hygiene Society.
- **Duty Holder:** the owner of the non-domestic premises or the person or organisation that has clear responsibility for the maintenance or repair of non-domestic premises, for example through an explicit agreement such as a tenancy agreement or contract.
- **Legionellosis:** a collective term for diseases caused by legionella bacteria including the most serious Legionnaires' disease, as well as the similar but less serious conditions of Pontiac fever and Lochgoilhead fever.
- **LRA:** Legionella Risk Assessment - an assessment which identifies the risks of exposure to legionella in the water systems present in a premises and the necessary control measures required.

ARUN DISTRICT COUNCIL

REPORT TO AND DECISION OF THE RESIDENTIAL & WELLBEING SERVICES COMMITTEE ON 30 SEPTEMBER 2021

SUBJECT: Approval to award a contract for roofing works for residential properties.

REPORT AUTHOR: Steve Madell, Interim Asset Manager

DATE: 6 August 2021

TEL NO: 07733 125706

AREA: Services Directorate

EXECUTIVE SUMMARY:

A number of roofs on residential properties managed by the Council have reached the end of their life and need to be replaced. A specification of works was produced, and the project was tendered.

The Procurement process was managed by Hampshire County Council Procurement Manager and tenders issued via the Open Portal on behalf of the Council. Bidders were asked to submit a price for each property and complete a quality questionnaire. Tenders were evaluated on a price per quality point methodology to ensure the bidder who offered the best value for money would be the successful tenderer.

RECOMMENDATIONS:

The committee is recommended to approve awarding a contract for roofing works for various properties and to approve the virement of £100,000 from the Kitchen and Bathroom programme budget to the Roofing budget to fund the project. Both of these budgets are in the Housing Revenue Account Capital Programme.

Background

Arun District Council needs to maintain its homes, including ensuring roofs are wind and weatherproof. We have identified a number of properties where the roofs have reached the end of their life and require replacement. In total there are 174 properties where the roof requires replacement.

A technical specification outlining what work is required was produced. The tender process was managed by Hampshire County Council Procurement Manager and tenders issued via the Open Portal. Bidders were asked to submit a price for each property and complete a quality questionnaire. Tenders were evaluated on a price per quality point methodology to ensure the bidder who offered the best value for money would be the

successful tenderer.

Using price per quality point, quality is always marked out of 100% with weightings suitably divided amongst the quality questions. Once the final quality score for a tenderer is known their price is divided by this quality score. The result will indicate how much you are paying for each point of quality awarded. This essentially combines price and quality in such a way as to determine the best value for money, which the traditional ways of evaluating tenders does not do.

Nine contractors submitted a tender. One was automatically excluded because no quality questionnaire was submitted. Three other bidders were eliminated at the evaluation stage because they did not comply with the tender instructions. The five remaining tenders were evaluated. Approval is sought to award the contract to the bidder who was ranked no.1 following the evaluation.

2. PROPOSAL(S): .

It is proposed that a contract is awarded to carry out roof replacement works to various Arun District Council owned Residential properties.

3. OPTIONS:

Given the current age and condition of the roofs there is no option other than replacement.

4. CONSULTATION:

| Has consultation been undertaken with: | YES | NO |
|--|-----|----|
| Relevant Town/Parish Council | | X |
| Relevant District Ward Councillors | | X |
| Other groups/persons (please specify) | | X |

5. ARE THERE ANY IMPLICATIONS IN RELATION TO THE FOLLOWING COUNCIL POLICIES: (Explain in more detail at 6 below)

| | YES | NO |
|---|-----|----|
| Financial | x | |
| Legal | x | |
| Human Rights/Equality Impact Assessment | | x |
| Community Safety including Section 17 of Crime & Disorder Act | | x |
| Sustainability | | x |
| Asset Management/Property/Land | | x |
| Technology | | X |
| Other (please explain) | | x |

6. IMPLICATIONS:

Financial

There are enough funds in the 2021/22 capital programme budget to pay for this project subject to virement being approved.

The original roofing budget was £250,000. Other smaller roofing projects have been carried out costing £150,000 and this project will incur approximately £200,000 expenditure in 2021/22. In total, £350,000 is required for the Roofing budget in 2021/22. A virement is recommended from the kitchen and bathroom programme budget of £100k to reroofing to fund the project. The kitchen and bathroom project will not start until early 2022 and the full budget for 2021/22 is not required.

Legal.

This a contract for the execution of works. It is not above the GPA(WTO) threshold of £4,733,252 and therefore the old EU now GPA/WTO rules do not apply. It is governed by Contract Standing Orders (CSO).

In order to ensure competitiveness and value for money a formal tender process was carried out.

The Council has an obligation under the Tenancy Agreement to maintain the building and keep in good condition. Sometimes the only cost-effective way to maintain a roof is to replace it.

The report of the Interim Monitoring Officer to the Committee on 3 June 2021 outlined in Appendix 2; Paragraph 14; Reserved Matters that the Committee is responsible for awarding contracts valued at over £100,000 unless prior authorisation has been given to officers by a report to committee approving the budget and setting out relevant heads of terms of the contract.

7. REASON FOR THE DECISION:

The Council is required to maintain its homes, including ensuring roofs are wind and weatherproof.

The Council has an obligation under the Tenancy Agreement to maintain the building and keep in good condition.

Residential Services and Wellbeing Committee need to approve the appointment of all contracts above £100,000. This was outlined in Reserved Matters in the report of the Interim Monitoring Officer to the Committee on 3 June 2021.

8. BACKGROUND PAPERS:

N/A

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Appendix 1 – Properties included in Roofing Project

| |
|------------------------------------|
| PITCH ROOFING |
| • 1-3,4-6 ORME COTTAGES |
| • 2,4 HIGHFIELD COTTAGES |
| • 17,18,27 BARNFIELD COTTAGES |
| • 32,33,34,35,36 FALKLAND AVENUE |
| • 37,39,41 & 45 FALKLAND AVENUE |
| • 10-11 MILL ROAD |
| • 5,6,7,8,9 OAKTREE COTTAGES |
| • 17,18,19,21,22 OAKTREE COTTAGES |
| • 25,26,28 OAKTREE COTTAGES |
| • 9,11,15,25 SHARDELOES ROAD |
| • BLOCK17-23 FITZALAN ROAD |
| • 3,8,10,12 COUNCIL COTTAGES |
| • 1-22 CHIPLEY COURT |
| • 116,118,120,122 ORCHARD WAY |
| <u>FLAT ROOFING</u> |
| • BLOCKS 1-22 WHITE CROFT ASH LANE |
| <u>ROOFLIGHT GLAZING</u> |
| • BERSTED GREEN COURT |

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Agenda Item 12

| RESIDENTIAL & WELLBEING SERVICES COMMITTEE | <u>Report Author</u> | <u>Date of Meeting</u> | <u>Time</u> | <u>Full Council Meeting Date</u> |
|---|---|-------------------------------|--------------------|---|
| | | | | |
| Arun Wellbeing Report Flaxmean Report Information & Advice Contract Procurement | | Thurs 22 July | 6pm | 15 Sept |
| | | | | |
| Safer Arun Partnership Report Compliance Policies Approval to Appointing Roof Contractor Empty Homes Premium Budget 2022/2023 process | RW/GB Steve Madell Steve Madell Andy Dale Carolin Martlew | Thurs 30 September | 6pm | 10 Nov |
| | | | | |
| Local Community Network Update Report Housing Revenue Account Update Report Allocations Policy Review | Robin Wickham Glen Smith | Thurs 2 December | 6pm | 12 Jan |

| | | | | |
|---|--|---------------------------|-----|---------|
| | | | | |
| Sussex Police Precept Budget Report | | Mon 24 January | 6pm | 9 March |
| | | | | |
| Leisure Operating Contract Report | | Thurs 17 March | 6pm | 11 May |

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