

Meeting:	Employees Consultative Forum
Date:	31 July 2008
Subject:	Annual Health and Safety Report For period 1 st April 2007 to 31 st March 2008
Key Decision	No
Responsible Officer:	Myfanwy Barrett
Portfolio Holder:	David Ashton
Exempt:	No
Enclosures:	None

Section 1 – Summary and Recommendations

Summary

This report sets out a summary of the council's health and safety performance for the year 1st April 2007 to 31st March 2008. It also provides an update of activities undertaken including action as part of the response to the Health and Safety Executive (HSE) post inspection management Action plan. In addition it provides information on performance measures including training data, audits and accidents. It looks ahead to the work planned to support the council in its change agenda and in response to new legislation.

Recommendations: That Cabinet notes this report on corporate health and safety performance

Reason: The report meets the objective to assure the health, safety and welfare at work of employees, to promote well being; and to lead and be an exemplar of good health and safety for our community.

Section 2 – Report

1. Executive Summary

The main points during the period 2007/2008

- Reissue of the corporate health and safety policy
- Continuing development of health and safety codes of practice to meet identified needs
- Continuing audits of development and implementation of Health and Safety Plans
- Continued support for the managers and employees induction training programmes.
- Support and development of the Health at Work Group
- Continued development of Education Health and Safety Forum.
- Visits by the HSE and Fire Brigade
- Positive feedback from the HSE on progress and in particular on our holistic approach to stress and well being
- Further development of the Corporate health and safety scorecard
- Overall meeting key challenges – embedding the health and safety plans and the score card approach to measuring health and safety performance.

2. Background

2.1 The council has annually undertaken a review of how it manages health and safety across its operations. It does so as a matter of good practice to challenge and prioritise areas of health and safety risk and to enable it to better assign resources to meet its statutory, moral and other obligations.

2.2 It is known from research that successful organisations manage their business well including the threats to their success. It is also known that accidents and ill health, the most visible effect of which is absence from work, put huge pressures and resource costs on organisations. They hamper organisational success and prevent organisations fulfilling their mission to their customers and stakeholders. The government set itself and business targets to reduce accidents and ill health caused by work. Central to delivery of those is the role of public bodies as major employers and procurers of goods and services to be exemplars of good practice for their local communities including businesses.

3. Post Inspection Action Plan

3.1 As part of the drive for improved health and safety standards in the public sector the Health and Safety Executive (HSE), the council's Enforcing Authority, carried out a management inspection in 2005 and periodic interim visits to test progress on our post inspection action plan. The key strands of the Post inspection Action Plan has been the embedding of a health and safety management system based on health and safety plans

across all council functions. The plans are backed by a programme of audits and a strategic level group, the Health and Safety Partnership Board (HSPB) whose task is to champion and challenge health and safety performance in the organisation. The last visit from HSE was in December 2007. The inspector reviewed the council's health and safety management in three key areas – general health and safety, management of legionella and management of asbestos. Below is a summary of the inspector's feedback.

3.2 General Health and Safety Management

"Harrow produces a Group plan which gives responsibilities to group managers, service managers and team leaders. H&S training is part of managers (sic) PWP (IPAD type)".

3.3 Management of Legionella

"Team leaders responsible for Risk Assessment and implementation of controls. Legionella management arrangements are adequate. From 1st July 2008 all Legionella work will be managed by Keir in a 10-year Partner contract with LB Harrow. The new arrangements for legionella management need to be understood especially the monitoring role of Harrow".

3.4 Asbestos management

All properties have been surveyed. Level2 surveys carried out. All corporate properties have an Asbestos management plan on site. Plan contains floor plan with key about presence and location of asbestos along with CAD drawing. This information is made available to contractors, design team and independent Planning Supervisors. Asbestos Plan reviewed annually Procedure in place where prior to construction/demolition work a Level 3 survey is carried out. Permit-to-work system includes referring to asbestos management plan. Adequate system and arrangements are in place for asbestos management.

3.5 Stress Management

Health at Work Group has revised Stress policy and is devising a health action plan. In raising awareness of stress as part of the "Well Being" programme Harrow has a holistic approach to stress. The "Well Being" and holistic approach imitative taken by Harrow is a good attempt to make the Stress Management Standards work resulting in useful arrangements and procedures developed to manage stress".

3.6 Generally the HSE review was supportive of the action we have taken to date against our action. It also provided an opportunity for us to give notice of our intention to move the post inspection plan on to better reflect recent changes in the governance and operational structure within the council, something inspectors are in agreement with.

4. Health and Safety Policy and Guidance

In the previous year Health and Safety Services revamped existing policies and procedures as well as introduced new ones. In this year there has been less emphasis on new policies but more on testing compliance with keys ones through the audit programme, training and review. The following have been changed or introduced during the year.

A new driving policy

A new policy on dealing with difficult people

A policy in Lifting Operations

A new Construction policy incorporating CDM (Construction Design and Management)

A revised council health and safety policy

Revised Directorate policies changed to reflect the changes in management

5. Health and Safety Groups

5.1 Health and Safety Groups are central to the council's strategy for gaining cooperation of employees for promoting and maintaining high standards of performance in health and safety. Group members are tasked with working collaboratively to raise the profile of health and safety across the council and beyond. The Health and Safety Partnership Board (HSPB), the strategic level group met and approved the council's revised policy statement. They tasked a subgroup, The Health at Work Group (HAWG) with taking forward action to promote positive health and well being messages to staff and to identify and address ill health and absence.

5.2 Directorate Safety Groups meet to consider issues local to them as well as any referrals from the HASPB and the HAWG. It has been a challenging year for them as staff changes continued across the council. Environmental and Community have combined to better reflect the new Directorate of Environmental and Community Services.

5.3 Meetings of the Educational Health and Safety Forum included talks by Community Safety, and Road Safety. School staff also had an opportunity for update on the new Construction (Design and Management) Regulations 2007. This is a topical area for schools given the range of refurbishment and new build projects currently being undertaken.

6 Health and Safety Visits Inspections and Audits

Audits and inspections are the means by which we proactively assess health and safety performance. It supports the roll out of the health and safety management system based on health and safety plans. Over 150 visits took place to carry out planned inspections audits and site-specific training courses and workshops as well as to respond to requests for intervention. The majority of visits were for Children Services Directorate schools, particularly where building work was in progress. Visits for the Community and Environment Directorate included fact-finding visits to a number of Waste Handling Sites to assist managers procuring waste handling contracts.

7. Health and Safety Training

A key observation from the management inspection feedback was that we had a raft of courses. However, they were not compulsory, particularly management training. Health and Safety Induction for managers and staff is a compulsory training course. Health and well being has also been integrated into the compulsory corporate induction courses for new managers and staff. Health and Safety Services have developed a training grid to help managers identify the training required for different staff in different areas of work and provided tailored training to support this. In addition to the regular training programme, the following new courses were specifically developed and delivered during the year :-

Health and Safety for Premises Managers

Stress and well being training for managers and teams

Evacuation chair training for operatives and escorts

Health and Safety for Youth Service Volunteers

Working with hazardous substances for Street Scene staff

Training for drivers/ assistants on safety in reversing vehicles

Coaching for staff to meet health and safety components of their profession qualification

Training for Education Visits Coordinators

8. Educational Visits and Journeys

In September 2007, Health and Safety Services took over scrutiny of visits undertaken by our schools and Children's Services. Educational visits and journeys are an integral part of learning for our young people widening their experience and view of the world they are part of. However, it can be an area of public concern and incidents nationally attract high profile sometime adverse reaction. Our role is to help schools look critically at their practice to ensure that reasonable precautions are taken without detracting from the young people's enjoyment and experiences. We have a programme to update the training of all coordinators who have local oversight of these trips to ensure that they are planned and conducted well but importantly that any feedback about what worked and what did not is shared across the school and wider learning community.

9. Occupational Health

In April 2007, the Health and Safety Service took over management of the Occupational Health Service contract. The opportunity was taken to review the service and to formalise a system of key performance indicators for the service. A successful rollover of the contract to the year 2008/9 was achieved at current prices, with fine-tuning the service to ensure best use and returns for the council. For example, the service will be providing access to physiotherapy services to proactively address musculoskeletal conditions which nationally account for a substantially proportion of ill health absence. There will also be specific consultant access for managers to improve their skills in dealing with health at work. Occupational Health information has been incorporated into staff and managers' health and safety training.

10. Promotion of health, safety and well being

10.1 The Council with our Occupational Health provider, held a very successful health at work event in July 2007. Staff from across the council (and visitors to the civic centre) had an opportunity to visit the stands and get information on health and wellbeing. Staff signed up for health checks, relaxation therapies as well as seminars on health topics. Regular health visits are made to the Depot, targeting hard to reach groups. The fair, opened by the Mayor, was supported by a range of groups and volunteers representing diverse organisations such as Harrow Association for Disabled people, St Marks and Northwick Park NHS Trust.

10.2 The revamped intranet presented an opportunity to refresh and update Health and safety information for staff, managers and partners across the council.

In October the council marked national health and safety week by a series of seminars based on the theme for the week *preventing musculoskeletal injury*. The seminars called "Better Backs" contributed the work already being done to address the main causes of MSD's by ensuring risk assessment for manual handling and work with DSE's are being done; training staff in handling safety, and working safely with DSE workstations. support

11. Employee Assistance Programme

In April 2007, the Health and Safety Service also took over management of the Employee Assistance Programme. This is part of our benefit package that enables employees to get independent telephone advice and where indicated face to face counselling support for a range of problems. This supports employees in maintaining their mental, social and emotional wellbeing, contributing to general health and resilience of the workforce and

ultimately of the organisation. The programme provider will take part in onsite health promotion planned for next year to raise staff's awareness of the benefits of the service.

12. Health and Safety Score Card

12.1 Self assessment is part of the strategy for driving forward health and safety performance. The scorecard was introduced as part of that. It gives an abbreviated measure of health and safety progress across Directorates. The eight measures are fundamental to strategic management assurance based as they are on criteria associated with good health and safety performance. There are

- Planning for health and safety
- Assessment of health and safety risk
- A robust review process to ensure that assessments (and plans) reflect changing circumstances and that the assumptions on which they are based remain valid.
- Proactive inspection and audit, which support both planning and risk management
- Departmental health and safety group meetings as the basis of communication and consultation
- Visible leadership and management of health and safety
- Staff training and development for health and safety competence
- Management training and development for health and safety leadership

12.2 The scorecard is monitored by the HSPB. While the criteria in the current scorecard are all well founded and still highly relevant to the council's operations, at least two other measures could be included to further enhance the usefulness of the card e.g. a measure to chart sickness absence and another, which looks at environment conditions. There is also a clear case for training to support managers in using the scorecard effectively as a tool to highlight the work they are doing but also to help them bench mark their practice effectively against others as an aid to improvement and shared learning. There is also the opportunity for integrating the scorecard into the council's overall improvement monitoring regime.

13. Accidents at Work

13.1 The data for reported accidents in the year are shown in Table 1. The total for the previous year is also shown (in brackets). The distribution of numbers between Directorates is not exactly comparable with the previous year because of movement of staff across Directorates during the year. Though the total overall is slightly up on last year the five- year trends continue downwards.

Table 1: Reported Employee Accidents by Directorate 1 April 2007 to 31 March 2008

Directorate	Reported Employee Accidents 1/4/2007-31/3/2008
Corporate Finance	2
Strategy & Business Support	9
Children's Services	199
Adults & Housing	96
Community & Environment	117
Total reported	423 (418)*

**Note: the total for the previous year in give in brackets*

13.2 The majority of accidents to employees in children's Services were to staff in schools and were for the most part minor injuries as can be seen from the number of RIDDOR reportable events recorded (as shown in Table 2). Most incidents resulted during teaching and support of students in Special Schools. However, we consider all of these to ensure that all action is taken to prevent them because of the impact on staff of repeated minor injuries.

Table 2: Reported Employee RIDDOR Accidents by Directorate

Directorate	Reported Employee RIDDOR Accidents 1/4/2007- 31/3/2008
Corporate Finance	0
Strategy & Business Support	1
Children's' Services	11
Adults & Housing	3
Community & Environment	10
Total reported	25 (29)*

**Note: the total for the previous year in give in brackets*

13.3 The number of near-miss incident reported by employees is shown in table 3. Near-miss reporting is encouraged to ensure that early action can be taken to prevent injury and losses leading greater adverse impact for the council.

Table 3: Reported Employees Near-miss Incidents by Directorate

Directorate	Reported Employees Near-miss Incidents 1/4/2007- 31/3/2008
Corporate Finance	1
Strategy & Business Support	0
Children's' Services	32
Adults & Housing	27
Community & Environment	17
Total reported	77 (32)*

**Note: the total for the previous year in give in brackets*

13.4 The top five causes of employee accidents account for the majority of reports. They total has fallen but the causes are largely unchanged from previous years and reflect the national picture of accidents causes. The picture also supports the council continuing to target these priority areas for attention.

Table 4: The Top Five Causes of Employee Accidents

Causes of Reported Accidents	Reported Employee Accidents – Top Five Causes (1/4/2007- 31/3/2008)
Violence and aggression	157
Slips, trips and falls	73
Struck by/struck against	57
Manual handling	27
Falls from height	11
Total reported	325 (355)*

**Note: the total for the previous year in give in brackets*

13.5 The occupational groups reporting most accidents are shown in table 5. Teachers in schools make up the majority of employees so their position at the top may not be unexpected. However, the number must also be seen in the light of the fact that there are larger numbers of teachers and that the majority of the accidents are minor.

Table: 5 The Top Five Occupational Groups Reporting Accidents

Occupational Group	Reported accidents by top five occupational groups (1/4/2007- 31/3/2008)
Teacher/TA	152
Escorts	20
Refuse collector	34
Parking attendant	20
Day Centre Officer	19
Caretakers	17
Total reported	262 (355)*

**Note: the total for the previous year in give in brackets*

13.6 Tables 6 and 7 below summarise the accidents/incident data relating to non - employees. The majority relate to children in schools and residents in social care and Housing establishments. The data also includes RIDDOR reportable injuries (in brackets), the majority of which arose from children injured at play being taken to hospital and frail elderly clients falling.

Table 6: Non employee Accidents (and RIDDOR reports) by Directorate

Directorate	Non employee accidents (and RIDDOR reports) 1/4/2007- 31/3/2008
Corporate Finance	0 (0)
Strategy & Business Support	4(0)
Children's' Services	324(180)
Adults & Housing	197(26)
Community & Environment	39(3)
Total reported	556 (208)

Note: RIDDOR Reports in brackets

Table 7: Contractor incidents reports by Directorate

Directorate	Contractor accidents (and RIDDOR) reports 1/4/2007- 31/3/2008
Corporate Finance	0
Strategy & Business Support	0
Children's' Services	5
Adults & Housing	2
Community & Environment	2
Total reported	9 (6)*

**Note: the total for the previous year in give in brackets*

13.5 There were five reported fire incidents as shown in table 8 below. The main one was that involving a major school fire referred to elsewhere. No injuries were sustained in any of the reported incidents.

Table 8: Fires reported 1/4/2007- 31/3/2008

Directorate	Reported fires 1/4/2007- 31/3/2008
Corporate Finance	0
Strategy & Business Support	0
Children's Services	1 (Bentley Wood)
Adults & Housing	2
Community & Environment	2
Total reported	5 (6)*

**Note: the total for the previous year in give in brackets*

14. Health and Safety Training data

A range of health and safety training was delivered during the year both centrally and locally in Directorate. New courses were developed to meet emerging needs and an opportunity was taken to refresh existing courses such as Health and Safety Induction, Stress Risk Assessment and Well Being. Training was also carried out involving contract partners and the voluntary sector organisations that work closely with us. As well as large group training, coaching and mentoring was employed to assist managers across the council in developing their health and safety competence. Table 9 provides a summary of the main courses held during the year.

Table 9: The Main Health and Safety Training Courses Attendances 1/4/2007- 31/3/2008

Directorates Courses /	Corporate Finance	Strategy and Business Support	Children's Services	Adults and Housing	Environment and Community	Total
Health and Safety Induction for staff	10	45	14	19	60	148
Health and Safety Induction for managers		6	6	4		16
Health and Safety Risk Assessment	1	2	37	6	8	52
Health and Safety for Premises managers		1	38	3	6	48
Stress Awareness						
Fire Marshals	1	5	8	5		19
Fire Risk Assessment		2		4		6
Lone working			3			3
Personal safety	2	4	1	6	8	21
DSE users			3	14		17
DSE assessors	1	18	4	6	3	32
Stress awareness/risk assessment	10	1	1		23	35
COSHH update			4		7	11
Evac chair training						4
Educational Visits coordinators						89
Manual Handling		8	25	23	5	61
Common back problems						30
Basic Construction awareness					14	14
CDM overview						11
CDM coordinators						11
Asbestos Awareness						8

15. Legislation Update

15.1 Two major pieces of legislation relevant to health and safety came into force during the year - the Construction (Design and Management) Regulations (CDM) 2006 and the Corporate Manslaughter Act 2007. The CDM Regulations were revised and reissued by the Health and Safety Executive. The regulations aim to tighten the link between the client of construction projects and their responsibility for ensuring that health and safety is properly integrated into the planning and execution of all construction works including maintenance and refurbishment. Health and Safety Services have held training including joint work with council partners to update officers on the changes. The health and safety policies and codes of practice for construction have also be updated in line with the revised regulations and reissued.

15.2 The Corporate Manslaughter Act 2007 is not a health and safety statute. However, it has implications for the health and safety culture in the organisation as illustrated by how health and safety is supported and managed. The Act seeks to overcome the need to establish a controlling mind in looking at organisational culpability where a serious incident occurs as a result of a gross breach of a duty of care. In that sense the new Act is a potential risk to the organisation financially and reputationally. Training on the requirements and implications of the Act are being integrated into existing health and safety courses and briefings for key groups rolled out across the council.

16. Emergency support

In July 2007, officers from across the council were engaged in supporting the Bentley Wood College following a major fire. Health and safety support was necessary to ensure that the salvage and recovery work was conducted without increased risks to the staff and partners working to preserve the college and maintain as much as possible of its teaching and learning function. Briefings were held for staff and students including students new to the college. Importantly support continues during rebuilding particularly support for the school community who were are the forefront of dealing with the disruption.

17. Fire Safety

The council has been unable to appoint a permanent fire advisor and it was agreed to build upon existing expertise supplemented by the use of external consultants as necessary. So far one officer has successfully completed the qualifying programme for institute of Fire Engineering Technicians with another two ear-marked for development in this area. Fire audits are planned for the next year to ensure that all areas are meeting current requirements.

18. Health and Safety Enforcing Authority

18.1 Apart from the HSE Inspection review visit detailed above, HSE as the council's enforcing authority made contact with the council on two other issues during the year. They visited the Bentley Wood site where re-instatement works continue following the fire. The school is also the site of a major building project to deliver accommodation for its sixth form college. The visit was part of their monitoring inspection regime. There was no action identified for the council arising from their visit.

18.2 The compliance arm of HSE also contacted us during the year following an issue raised by an employee with them. Following receipt of information from management and health and safety adviser the matter was resolved.

19. Health and Safety research

As part of a Masters degree project, a Health and Safety Adviser investigated of the experience and construction of violence and aggression among local authority parking attendants. Staff from two local authorities were interviewed in depth. The research provided a unique perspective into the meaning and experience of violence, leading to recommendations for working practices. Action will be taken to bring the findings to the widest possible audience and to respond effectively to the recommendations.

20. Plans for 2008/2009

- Continue to use national and local campaigns as opportunities to promote health safety and well being during the year – particularly through a health and safety fair in July and events for safety week in October. We will raise awareness of men's health issues during the national men's health week in June.
- Continue to support all Directorates on their service improvement plans, in particular the actions to address sickness absence and to improve employee well being; action to deliver key services to the schools, housing and adult services communities.
- Continue to monitor the services, including Occupational Health, which contribute to assuring health and safety well being across the council to ensure that services are operating effectively and in ways that make best use of resources.
- Continue the project to revamped the Health and Safety and Occupational Health intranet portal to enable our health and well being messages to be communicate with as wide an audience as possible. As part of that we will carry out a review to ensure that the content is comprehensive and supports all the council's operations.
- Identify a suite of e-learning packages to support Directorates' changing needs for current and self-directed resources.
- The health and safety plans have proved successful in focussing directors and managers on assigning health and safety responsibilities in their teams. The next stage is to monitor ensure that health and safety training needs are being identified and linked explicitly into their IPAD and performance schemes.
- Devote more resources to monitoring what is being done so early intervention and support in Directorates can be put in place to arrest the cycle of things going wrong.
- Continue and extend the work with council partners including the third sector to ensure that the council's standards are not compromised.
- Harrow Health and Safety Service was a founder member of the Contractor Health and Safety Assessment scheme (CHAS) – a national scheme for screening contractors for health and safety compliance. It is recognised by HSE, the ABI and the procurement industry. In view of the client duties in CDM Regulations,

contractor competence being relied on will be subject to monitoring and audit using the CHAS scheme tools.

- A review of the school visits programme will be undertaken and information shared to support any improvements indicated. The feasibility of providing an online application and approval process will be looked at. A database of providers will be compiled including information on their risk assessments and Adventure Activity License arrangement. These measures should speed up the current LEA approval process whilst ensuring a risk-based approach to assurance checks.
- Continue to support research into health, safety and well being issues so that actions are targeted and evidence based.

21. Cost of Accidents and Work Related Ill Health.

21.1 The most significant risk if the plan are not realised is the costs to the council – legal, financial and reputation. The amount of time taken away from work following an injury or ill health depends on the type of injury or cause of the ill health as well as the individual's response, which is difficult to predict. Hence, the unit labour cost to the Council of absence due to injury/ill -health has to be estimated at an average daily rate for the organisation. Information from the 2000/01 Labour Force Survey and HSE data have been used to calculate length of absence and the following costs have been estimated in table10 below.

Table 10: The Estimated Cost of Accidents 1 April 2007 to 31 March 2008

Directorate	Accidents 1 April 2007 to 31 March 2008
Corporate Finance	2
Strategy & Business Support	9
Children's Services	199
Adults & Housing	96
Community & Environment	117
Total reported accidents	423
Estimated cost (min)	£132,048*

Note: Costs associated with work related illness have not been included. The estimate reflects labour costs (average daily rate). No additional costs such as hiring replacement staff, investigation time of the accident, etc have been included. All sickness absence recorded on SAP was 66,636 days at an average cost of £8,396,136 (daily pa y rate).

21.2 The cost of accidents and ill health are not only monetary costs but account must be taken of the cost to the reputation of the council including its credibility with its community and peer authorities, including the results of CPA and other inspections. This is particularly relevant given the powers in the new Corporate Manslaughter Act to make a publicity order covering in a case.

22. Staffing/workforce

During the year Health and Safety Services lost two experienced members of staff. This will have an impact on the volume of work that can be delivered.

23. Equalities impact

The equality impact of health and safety continues to be part of the monitoring carried out in planning and delivering the service. For example equality data in all training attended and the use of accessible venues is well established. Alternative formats for delivery of messages are used and locally based delivery of training and occupational Health Services has enable us to include hard to reach groups including part time workers.

24. Legal comments

None

25. Community safety

25.1 The content of the report and recommendations address the need for partner agencies to work together to develop and implement strategies to minimise the impact of crime, drugs and anti-social behaviour on our staff, contractors etc particularly more vulnerable staff e.g. lone workers. The report also provides evidence of the costs of accidents, including a disproportionate number of violence and aggression cases.

25.2 The report also recognises that new legislation will have an impact on future risk assessment practices and priorities e.g. The Corporate Manslaughter Act 2007

25.3 The report makes direct recommendations relating to partnership working arrangements and activities that should be co-ordinated across agencies and implementation of these recommendation will serve to underpin the delivery of crime reduction strategy priorities, specifically the violent crime, assaults and ASB priorities and as such directly support section 17 key objectives.

26. Financial Implications

There are no growth items in the proposed plans for 1st April 2008 – 31st March 2009. All items should be contained within the existing budgets.

27. Performance Issues

Health and safety performance have the potential to impact on the council meeting the objectives in its improvement programme. The performance implications are included in the main body of the report, which summarises the Council's performance to date.

28. Risk Management Implications

Management of Health and safety risk is central to this report and contributes to the overall management of risk across the council's operations.

Section 3 - Statutory Officer Clearance

Name: ...Myfanwy Barrett	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: ...17.6.2008.....		
Name: Helen White	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date:17.6.2008.....		
Name: Tom Whiting	<input checked="" type="checkbox"/>	Divisional Director (Strategy & Improvement)
Date:17.6.2008.....		

Section 4 - Contact Details and Background Papers

Contact: Brenda Goring
 Service Manager
 Harrow Health and Safety Services
 Tel 020 8424 1512
Brenda.goring@harrow.gov.uk

Background Papers:
 None

The report include the following considerations

1.	Consultation	YES
2.	Corporate Priorities	YES