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HEALTH AND SAFETY COMMISSION

CONSTRUCTION INDUSTRY ADVISORY COMMITTEE (CONIAC)

Occupational Health Support Pilot Scheme for the Construction Industry

Summary

This paper describes progress to date on the development of an occupational health scheme for the construction industry. The Occupational Health Working Party now seeks suggestions from CONIAC on membership of an 'Action Forum' to take forward the establishment of a Consortium to set up and manage an Occupational Health Support Pilot Scheme.

Timing

1. CONIAC members are invited to respond either at meeting M1/2003 or beforehand (see para 9) so as to inform the establishment of an 'Action Forum' as quickly as possible.

Background

2. At the *Tackling Health Risks in Construction* conference in October 2000, representatives of every part of the industry from clients to contractors, employers and trade unions, indicated their willingness to co-operate in establishing a comprehensive, national occupational health scheme. Since that time, work has progressed through a series of stages to develop a model scheme:
 - HSE commissioned Sypol to produce a proposal and scoping/specification for a feasibility study into the establishment of a comprehensive occupational health scheme for all construction workers.
 - The feasibility study, conducted by Amey Vectra, recommended that a national scheme, based on a hub and spokes model, could be viable and should be piloted.
 - A pilot scheme, confined to a discrete geographical area and based on the hub and spokes model, has been designed and tested with

potential providers. This has confirmed that the model is workable and that potential providers exist within the market to deliver the scheme. However, there should be a strong focus on evaluation to ensure that lessons learnt are carried forward.

3. More detail on the action taken to develop the model scheme is at Annex A. A full description of the proposal is at Annex B.

CURRENT POSITION

4. At its last meeting, the CONIAC Occupational Health Working Party recognised that the project has now reached the stage at which ownership should shift to the industry, with HSE continuing to adopt a facilitation role. This will be affected through the establishment of a Consortium responsible for funding and managing the scheme, including the application of match-funding from Government, etc.
5. The OHWP suggests the formation of an 'Action Forum' to take these ideas forward. This will be an independent body with autonomy from CONIAC. It should consist mainly of 5 or 6 influential people from within the construction industry. It would also include officials from HSE and the DTI. Members of the Action Forum should be strategic thinkers who are doers, with the necessary networking skills to establish the managing Consortium (see Annex C for a person specification).

NEXT STEPS

6. The Action Forum's first task will be to decide on the selection criteria for the product that best meets the desired occupational health support model for the construction industry. HSE will put forward its views. The provider of the chosen product should take up a seat on the Action Forum to be involved in the next phase, the formation of the Consortium. This will involve engaging and recruiting organisations to commit time, resources or funding towards the running of the pilot scheme and the exploration of suitable match-funding opportunities. This will be a challenging task and we believe that it is important at this stage to begin to raise awareness and engage interest within the industry. To begin this process, we propose to issue a press release after the CONIAC meeting and prepare an information pack for interested parties.
7. HSE has already identified the "Partners in Innovation" Scheme as a potential source of matched funding. However, the expected timetable for putting forward expressions of interest (based on last year's timetable) means that the establishment of the action forum must be effected quickly. **We would be interested in any other ideas CONIAC may have on possible funding opportunities so that we can plan accordingly.**
8. Once the Consortium is formed and the requisite resources acquired, the Consortium itself will oversee the running of pilot scheme. The Action Forum will then take on a steering and advisory role for the duration of

the pilot scheme (See Annex D for the Action Plan and predicted timetable).

Action

9. Members are invited to:

- Agree that an Action Forum should be established.
- Provide suggestions for membership of the Action Forum (directly to Richard Boland as soon as possible or at the CONIAC meeting on the 27th March).
- Suggest funding opportunities for the pilot.

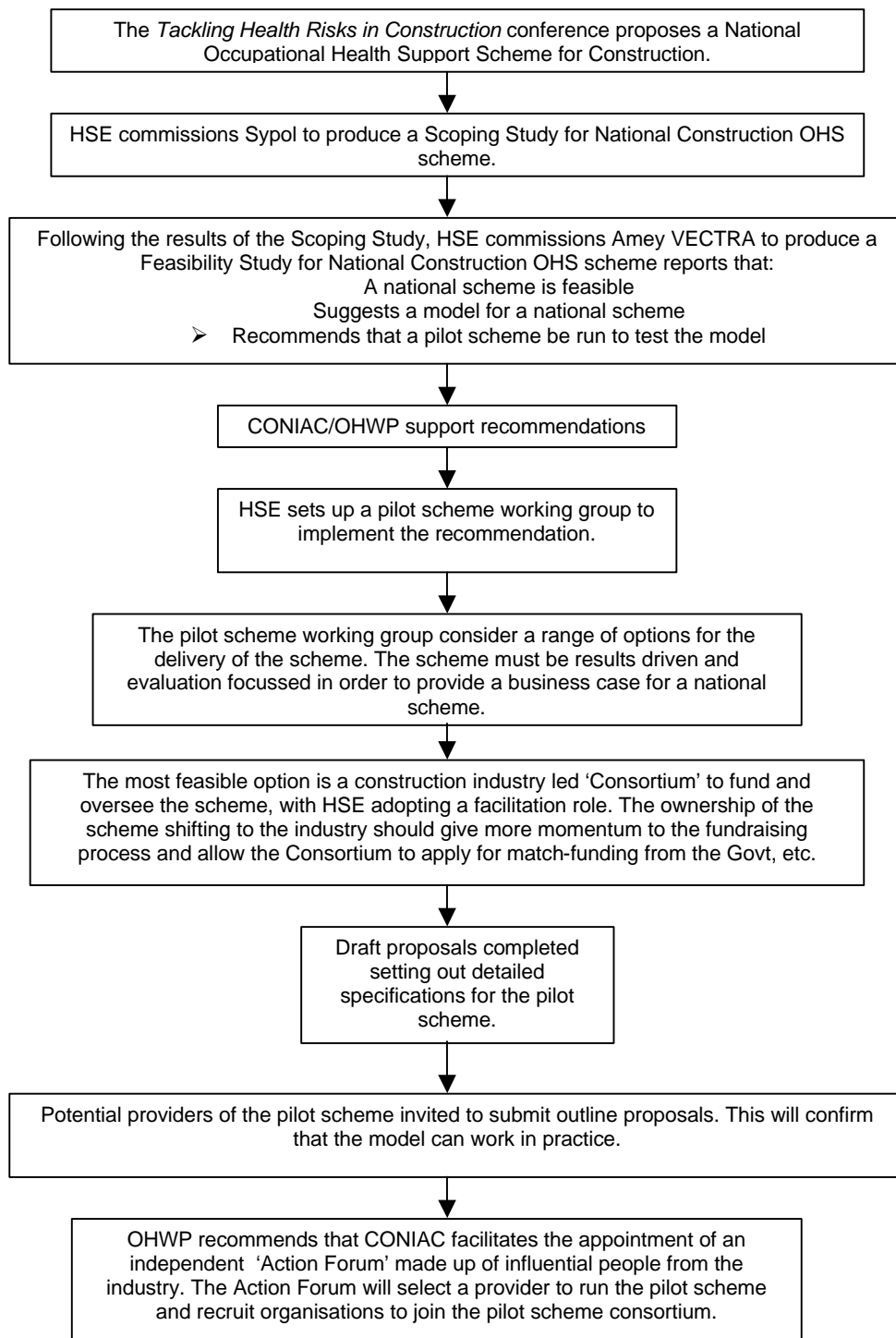
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ANNEX A - Construction OHS pilot scheme – Actions so far



ANNEX B - PROPOSAL FOR THE OCCUPATIONAL HEALTH SUPPORT PILOT SCHEME FOR THE CONSTRUCTION INDUSTRY

Project: Pilot occupational health support scheme within the construction industry.

Background: Construction workers have one of the highest rates of work related illness of all occupational groups. In 1995/6 a total of 1.2 million days were lost in the construction industry as a result of work-related ill health. This is twice as many as are lost through accidents. The estimated annual cost of work-related ill health to the construction industry at that time was £760 million, with the overall cost to society being significantly greater.

Another of the key issues currently facing the construction industry is a skills shortage. The Construction Industry Training Board has predicted that over the next five years, 350,000 extra people will be needed. Preventing ill health would help to retain a large number of the skilled workers needed in the industry and help make it a more attractive environment into which to recruit.

At the *Tackling Health Risks in Construction* conference in October health scheme, representatives of every part of the industry from clients to contractors, employers and trade unions, indicated their willingness to co-operate in establishing a comprehensive, national occupational health scheme.

Progress: HSE commissioned Sygol/Lawrence Waterman to produce a Proposal and Scoping/Specification for a feasibility study into the establishment of a Comprehensive Occupational Health Scheme for all Construction Workers.

This led to HSE commissioning Amey VECTRA Ltd to undertake a feasibility study for a national scheme. The report concluded that a national scheme, based on the model that Amey VECTRA put forward, would be feasible and recommended that pilot studies should be undertaken.

These recommendations gained the full support of the Construction Industry Advisory Committee (CONIAC) and the Strategic Forum for Construction.

HSE has been working to design a pilot project, using the model from the Amey VECTRA report and adapting it so it can operate at a local level. HSE is also facilitating the formation of a consortium, which will fund and oversee the pilot scheme.

Objectives:

- Provide a framework of support for construction employers (within a defined geographical area) to employ best practice occupational health activities to improve, preserve and protect the health of their employees.
- Aid employers (through advice on occupational health management) to reduce incidence rate of cases and workdays lost due to work-related

ill health and injury in the construction industry, in line with the targets set out by CONIAC.

- Test the practical application of the operational model and evaluate it. Make recommendations based on the evaluation for initiating a National Occupational Health Support Scheme for the construction industry.

Methods: It is envisioned that the objectives will be achieved (within a defined geographical area) by a central core or hub service, which will:

- Provide free advice on occupational health and health promotion for construction employers and workers.
- Provide free on-site risk assessments for employers.
- Identify a range of specialist support (e.g. OH nurses and physicians, physiotherapists, occupational hygienists, etc) and advise on its purchase.

[See attached diagram for further details]

In addition, the pilot scheme's provider must market their services to construction employers (especially SMEs), primary health care providers and intermediaries within the defined area and also collect occupational health data (including baseline data) that is essential to evaluation.

Evaluation: The independent evaluation of the pilot needs to consider three inter-related issues. Firstly, does the occupational health scheme contribute towards the meeting of the targets set out by CONIAC? Secondly, does the scheme reduce workers' exposure to key risks? Thirdly, do the schemes encourage better occupational health management?

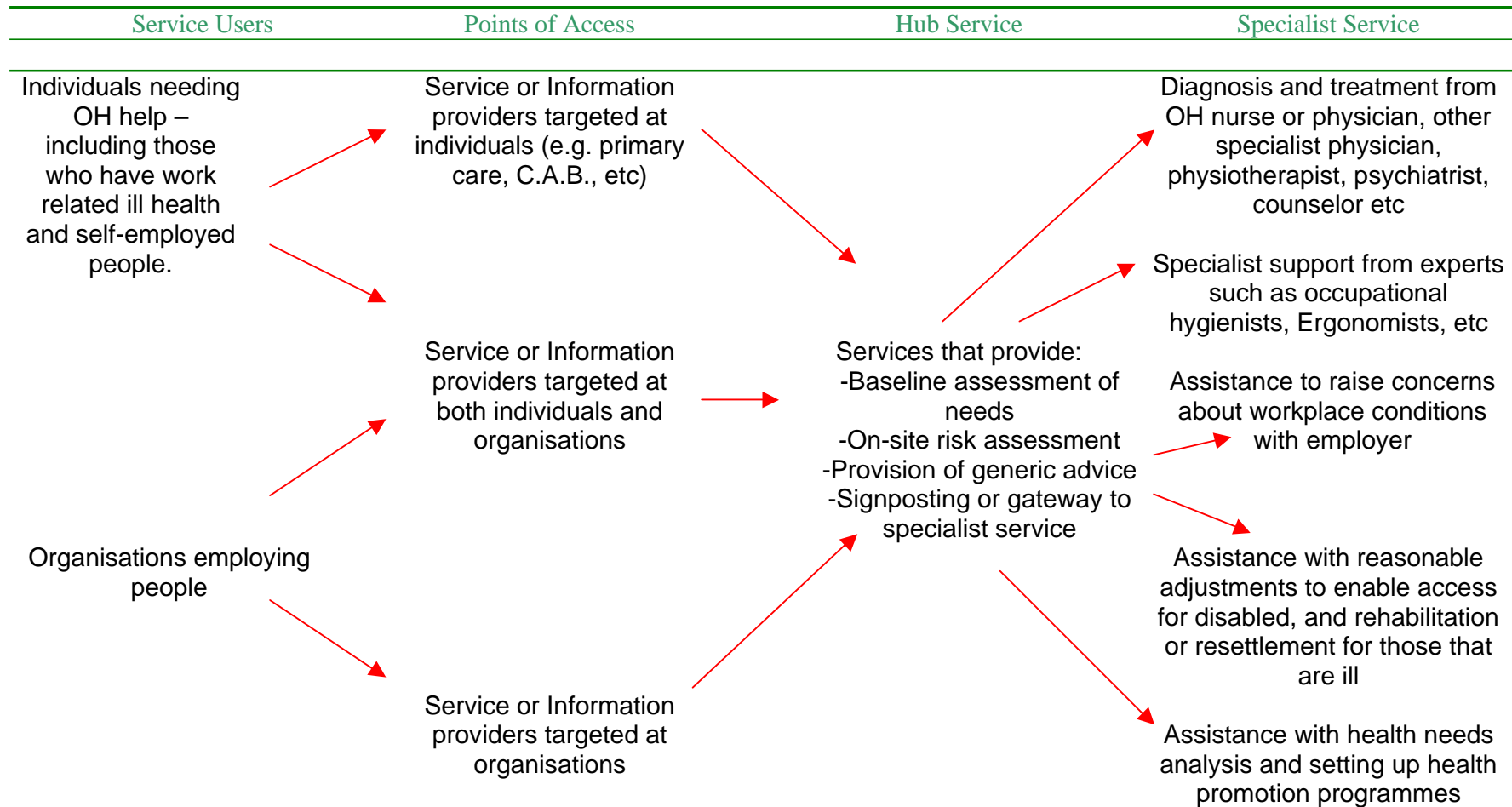
Timescale: It is anticipated that the pilot scheme will be 24 months in duration. It is also anticipated that the evaluators will be appointed a number of months in advance of the scheme's commencement (to aid with the design of the data collection systems) and retained for up to a year after the scheme's end, in order to collate the information gained and present the results and recommendations.

Management: It is envisioned that a fundholder will oversee the scheme, in accordance with the advice of a steering group (which must include HSE) and a project manager.

Costs/Benefits: It is estimated that the project will cost between £1 - £1.3 million, 15-20% of which will be set aside for the independent evaluation.

The costs/benefits section of the Amey VECTRA report estimates that on a national scale, an occupational health support scheme for the construction industry would cost £80 million per annum. However, if this scheme achieves CONIAC targets of a 50% reduction in the number of working days lost due to work-related ill health and injury, this would represent a saving to the industry of £380 million (NET benefit £300m) per annum. If the national scheme realises half of the efforts needed to achieve the CONIAC target, this would still achieve a saving of £190 million (NET benefit £110m) per annum.

HUB MODEL FOR OCCUPATIONAL HEALTH SUPPORT

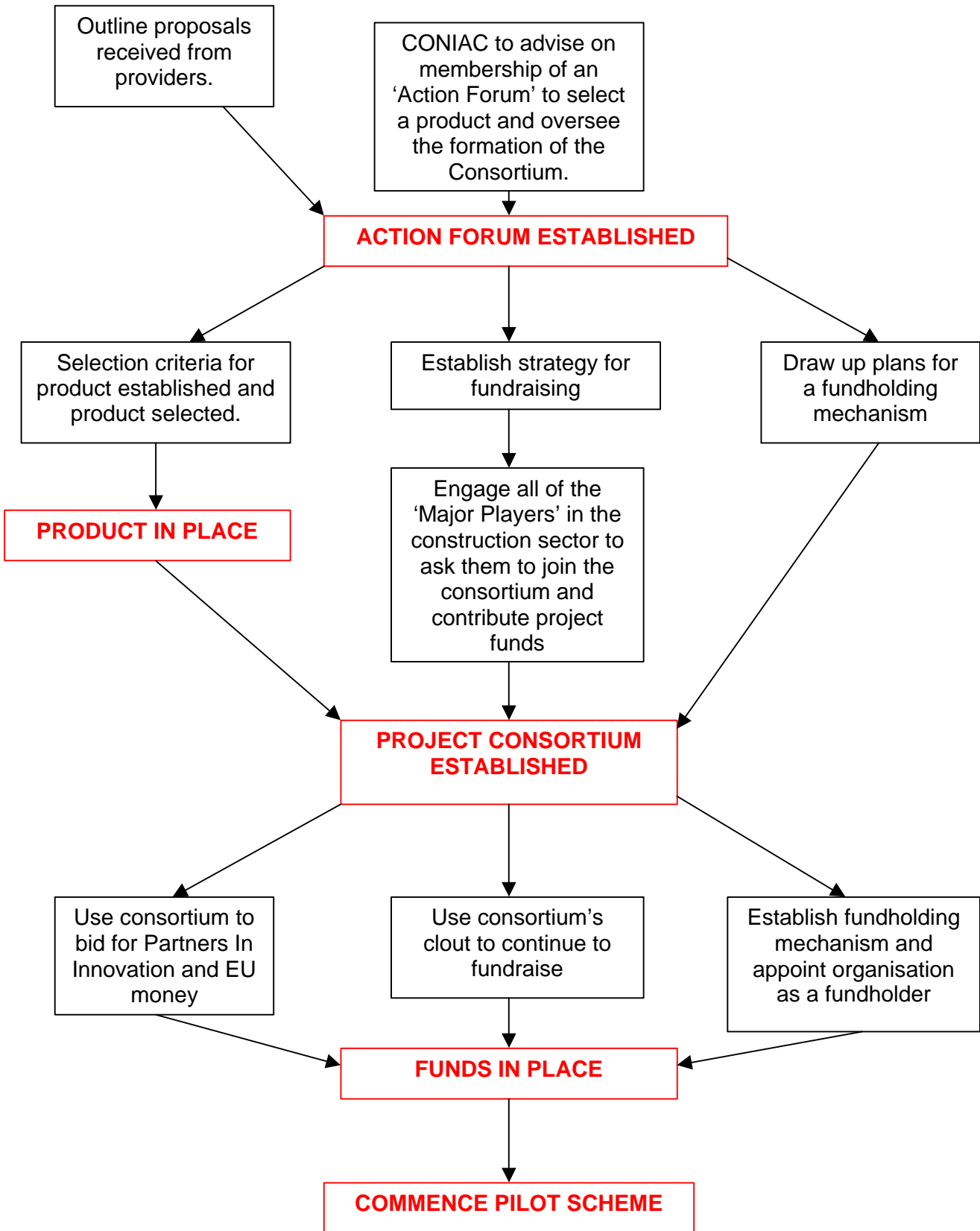


ANNEX C – ACTION FORUM PERSON SPECIFICATION

The Action Forum needs members who:

- are of high profile and influential at the top of their field
- are innovative, good strategic thinkers
- are outcome focused and CAN DO
- have good networks and are effective networkers
- arise from/can “reflect” a wide constituency of interests
- are committed to the delivery of the occupational health model described
- have individual expertise to bring to the table, in particular:
 - experience in assembling a project consortium
 - knowledge of funding opportunities
 - marketing skills

ANNEX D - Draft Action Plan & Milestones



PREDICTED TIMETABLE 2003

Below are the approximate dates that actions will be required to happen in order for the Consortium to be able to apply for Partners In Innovation match-funding:

27th March – nominations from CONIAC members for the Pilot Scheme Action Forum.

1st May – Deadline for the establishment of the Action Forum.

mid-May – First meeting of the Action Forum to discuss product selection.

Early June – Second meeting of the Action Forum to discuss engagement and recruitment strategy for potential Consortium members. This meeting will include the provider of the product.

Early August – Third meeting of the Action Forum to discuss progress and review the engagement and recruitment strategy.

Early September – Submit expression of interest to Partners in Innovation.

End of September - Core members of the Consortium established.

1st week of October – Submit 1st stage proposal to Partners In Innovation, stating the members of the Consortium and the funds/time/resources to be matched by the project.