

# SECURING HEALTH TOGETHER

HSE BOOKS

A long-term occupational health strategy  
for England, Scotland and Wales

Produced by the Health and Safety Commission and Health and Safety Executive in association with the Department for Environment, Transport and the Regions, Department of Health, Department of Social Security, Department for Education and Employment, Scotland Office, Scottish Executive, Wales Office and the National Assembly for Wales.



SCOTLAND OFFICE



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**Rt Hon Michael Meacher**

Minister of State for  
Environment, Department of  
the Environment Transport



**Lord Whitty**

Parliamentary Under  
Secretary of State,  
Department of Environment



**Yvette Cooper**

Parliamentary Under  
Secretary of State for  
Public Health,



**Hugh Bayley**

Parliamentary Under  
Secretary of State for  
Social Security,



**Margaret Hodge**

Parliamentary Under  
Secretary of State for  
Employment and Equal



**Rt Hon John Reid**

Secretary of State for  
Scotland,  
Scotland Office



**Rt Hon Paul Murphy**

Secretary of State for  
Wales,  
Wales Office



**Susan Deacon**

Minister for Health and  
Community Care,  
Scottish Executive



**Edwina Hart**

Secretary for Finance,  
National Assembly of Wales

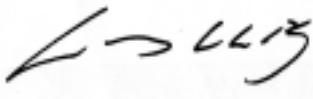
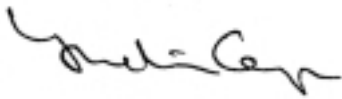
# PREFACE


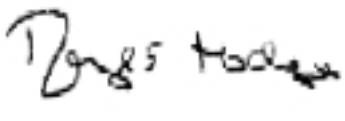
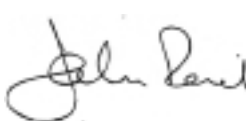
Why do we need a long-term occupational health strategy? To stop people from being made ill by work; to help people who are ill to return to work; and to improve work opportunities for people currently not in employment due to ill health or disability.

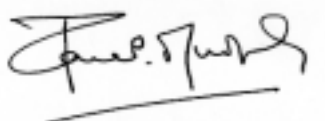
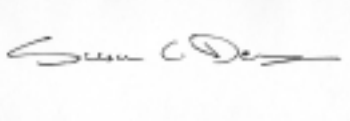
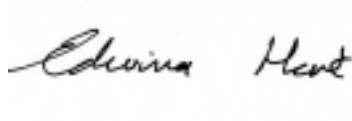
The Government wants better health at work and stronger action to achieve it. We want to build a better quality of life for everyone. The public health initiatives in England,<sup>1</sup> Scotland<sup>2</sup> and Wales<sup>3</sup> demonstrate our commitment to working in partnership to save lives, promote healthier living and reduce inequality in health.

The working environment is an ideal setting to promote the health of workers and the public alike. Our economic policies aim to help organisations across all sectors to succeed. Their success depends upon a healthy workforce. This occupational health strategy is a vital link that will help us to make all these policies effective. It is also a core element in reducing sickness absence, improving rehabilitation after ill health and helping people into work.

People working in isolation on these issues will not make a real difference. We need new partnerships to make an impact on these - partnerships involving Government, Local Authorities, individuals, large and small employers, trade unions, and health professionals. We will work with you, and encourage others to work together, to achieve success. We must target our collective efforts on the areas that need it most. The occupational health strategy is a framework that we can use to achieve this by identifying the key areas for actions and setting them in train. This is envisaged as a ten year process and we must start now if we are to hit the challenging targets set out by the strategy.

Michael Meacher            



# FOREWORD



This strategy signals the Health and Safety Commission's commitment to its priority theme of occupational health. Too many people are made ill at work. That is why the recent Department of the Environment, Transport and the Regions (DETR)/ Health and Safety Commission (HSC) Statement *Revitalising Health and Safety*<sup>4</sup> sets out a challenging target for reducing the numbers of days lost through illness and injury at work. This strategy is the next step in achieving that target.

There are sound moral, legal, and economic reasons for employers and others in positions of responsibility to ensure that:

- ▼ work does not damage the health of workers or members of the public;
- ▼ people are not excluded from work due to ill health or disability; and
- ▼ individuals who have been ill are rehabilitated.

Of course work can contribute to good health. Those who suffer most from ill health are those without a job. Moreover the work environment can be used to promote health messages. The new occupational health strategy provides a unique opportunity to promote good health as well as to cope with the consequences of poor health. We must not let this slip by.

We have been successful in recent years in raising awareness that occupational health must be properly managed, especially through initiatives such as the *Good Health is Good Business*<sup>5</sup> campaign. We know that today's health challenges at work - like tackling back pain - need a new, modern approach. This approach must be based on partnership. Key to the success of this strategy is the involvement of all those who have an interest in *preventing* ill health at work, *treating* ill health and *rehabilitating* those who have suffered. So HSC will be working with others on common goals and focused action.

I know that all interested parties will want to join together to work with HSC to make this strategy succeed. The potential benefits are great - improved wealth and improved health; benefits to business and the community; benefits to managers, employees and their trade union representatives. I look forward, as the Chair of the new Partnership Board, to working with all those who can champion the strategy and make a difference.

On behalf of HSC I commend this strategy to employers, trade unions, health and other professionals and all those who want to see a healthier workplace as an integral component of a healthier nation.

A handwritten signature in black ink. The word "Bill" is written in a simple, slightly cursive font. To its right, the name "Callaghan" is written in a more elaborate, flowing cursive script, with a large loop at the end of the word.

*Bill Callaghan, Chair, Health and Safety Commission*

# AN OCCUPATIONAL Health Strategy for Great Britain

## Summary

- 1 This strategy represents a joint commitment by Government bodies concerned with occupational health, and other interested parties outside Government, to work together to reach the following common goals:
  - ▼ reduce ill health both in workers and the public caused, or made worse, by work;
  - ▼ help people who have been ill, whether caused by work or not, to return to work;
  - ▼ improve work opportunities for people currently not in employment due to ill health or disability; and
  - ▼ use the work environment to help people maintain or improve their health.
- 2 By 2010 interested parties will work together to achieve the following targets:
  - (a) a 20% reduction in the incidence of work-related ill health;
  - (b) a 20% reduction in ill health to members of the public caused by work activity;
  - (c) a 30% reduction in the number of work days lost due to work-related ill health;
  - (d) everyone currently in employment but off work due to ill health or disability is, where necessary and appropriate, made aware of opportunities for rehabilitation back into work as early as possible; and
  - (e) everyone currently not in employment due to ill health or disability is, where necessary and appropriate, made aware of and offered opportunities to prepare for and find work.
- 3 These headline targets are designed to focus and inspire action. For the strategy to succeed, interested parties must contribute, setting their own targets appropriate to their work and associated ill health problems. Action in all workplaces will make a

difference. All interested parties, including individuals, large and small employers, trade unions, health professionals, Local Authorities and other Government bodies, have an important role to play if we are to make an impact on the burden of ill health.

- 4 To achieve these targets, the strategy will be to take forward five key programmes of work relating to:
  - ▼ compliance;
  - ▼ continuous improvement;
  - ▼ knowledge;
  - ▼ skills; and
  - ▼ support mechanisms.
- 5 These programmes will be complemented by other Government initiatives, in particular the Welfare to Work<sup>6</sup> agenda including New Deal, ONE and the developing role of primary care. To deliver the programmes of work, sound management principles (like good communication and consultation, prioritisation of actions and evaluating effectiveness) will be essential. Evaluation in particular will be crucial in ensuring that the strategy makes an impact. Where evaluation indicates that a particular action is not contributing to a programme of work, the action should be modified to make it effective, or stopped.
- 6 We can currently estimate that, in present value terms, the gross benefits to society of reaching three of the headline targets may be between **£8.6 - 21.8 billion by 2010** (see paragraph 13).

# INTRODUCTION

- 7 This strategy was developed as a result of contributions from, and discussions with, interested parties (Government Departments, Local Authorities, large organisations and small firms, workers and their representatives, doctors, nurses, hygienists, designers, ergonomists, human resource professionals, students, other individuals etc). Therefore, when the word 'we' is used in the strategy document it refers to all relevant interested parties.
- 8 Despite good progress in reducing the numbers of accidents at work, we still need to strive to achieve similar success in tackling the current high levels of work-related ill health. An HSE survey in 1995<sup>7</sup> suggested that over two million people were suffering from illness which they thought was caused by work. These figures mean great personal suffering and family hardship, and costs to individuals, employers and society. The new strategy addresses this.
- 9 The strategy recognises that the world of work is changing, and that this has an impact on occupational health (eg new health risks emerging at work). The strategy also recognises that social as well as work factors could contribute to causing some of the ill health identified at work (eg back pain). To successfully tackle such forms of ill health interested parties need to work together. A recent example of this happening successfully is the Back in Work project,<sup>8</sup> where, in England, the Department of Health and HSE are working together to address back pain in the workplace.
- 10 Better occupational health will benefit everyone. If individuals' health at work is improved, they will enjoy happier, longer and more fulfilled lives. There will be benefits to organisations as people work more effectively. For society, better occupational health will contribute to a prosperous economy, with a reduction in demand on the health and social security systems as well as the outcome, in time, of a fitter older population. In 1995, the cost to society of work-related illness in Great Britain was estimated to be £10 billion, with musculoskeletal conditions being responsible for about £5.5 billion of this. The strategy will help to reduce these costs.
- 11 This occupational health strategy is the next step in making the *Revitalising Health and Safety Strategy Statement*<sup>4</sup> happen and complements the public health initiatives in England, Scotland and Wales. The work is also complementary to other Government initiatives such as *A strategy for sustainable development in the United Kingdom*<sup>9</sup> and *Modernising Government*.<sup>10</sup> Further effort will be made to integrate these strategies in a structured and consistent way.

- 12 Currently HSE and Local Authorities already put considerable effort into occupational health. In addition HSE will pump prime the implementation of this strategy by allocating £0.5 million during 2000/2001. HSC, by working with HSE and Local Authorities, will ensure that work on health is refocused to contribute to the occupational health strategy. This action will gain the maximum benefit from the resources employed. In the short term, HSE will continue some of its existing work on health and will initiate new work already planned. Over time, as information on evaluation becomes available, there will undoubtedly need to be some refocusing of effort on the more effective components of HSE's work. Other interested parties are also reviewing how they resource their contributions to the strategy.
- 13 In time, if we are successful and meet some of our headline targets, in present value terms, the actions we take could **save society about £8.6 - 21.8 billion by 2010**. This is for the targets relating to a 20% reduction in the incidence of work-related ill health; a 30% reduction in the number of work days lost due to work-related ill health; and making people who are long-term sick or disabled, due to a work-related illness, aware of opportunities for rehabilitation back into work. These figures are based on calculations per 100 000 workers. This figure will increase significantly when other savings are considered, for example those achieved as a result of improving job opportunities for people not currently in work on health-related grounds. It is therefore important that in order to achieve these savings, the initial implementation and delivery of the strategy is adequately resourced and supported by all the partners.
- 14 At an organisational level, as well as improving the health of individuals at work and people working more effectively at work, the experiences of companies such as South West Water<sup>11</sup> demonstrate that a strong health and safety culture contributes significantly to profitability. For example, South West Water expects to save nearly £1 million over ten years through a programme to prevent just one type of work-related ill health (upper limb disorders).

# NEW STRUCTURES

## to implement and deliver the occupational health strategy

- 15 If we are to secure health together we will need the continuing commitment of all parties to take the strategy forward. As part of the strategy, new structures, through which interested parties will be fully involved, will be introduced to implement and deliver the strategy.
- 16 A **Partnership Board** will oversee the implementation and delivery of the strategy. The Chair of HSC, Bill Callaghan, will chair the Partnership Board. The individuals selected for the Board will be of high profile and at the top of their field. The membership will give us the balance of skills and experiences we need as well as opportunities to influence key networks. An updated list of the Partnership Board members can be found on the strategy's website,<sup>12</sup> along with the Board's Terms of Reference.
- 17 The Partnership Board is not a representative body and will not necessarily reach consensus. Its role will be to produce strategic ideas, to champion the cause, to use its networks to resolve challenges and to take an overview of progress. Another key task will be to ensure that the sound management principles are adopted when taking forward the strategy's programmes of work (in particular those of evaluation as outlined in paragraph 43). This important work will help to ensure that only effective actions which contribute to progressing the strategy are continued. The Partnership Board will report on progress to HSC, who will then update ministers and give advice if required.
- 18 A **Programme Action Group (PAG)** will also be set up to oversee and facilitate the delivery of each of the strategy's five programmes of work (compliance, continuous improvement, knowledge, skills, and support mechanisms). The PAGs will identify, and then outline the detail of, what needs to be done under each of the programmes. The PAGs will achieve this by:
- ▼ considering the priority areas identified by discussions with interested parties;
  - ▼ setting targets to take forward the priority areas;
  - ▼ reviewing what work is currently being done to progress these targets;
  - ▼ identifying gaps that need to be filled;

- ▼ agreeing which partners will initiate action;
- ▼ considering advice or guidance forwarded from the Partnership Board; and
- ▼ preparing progress updates for the Partnership Board.

PAGs will not manage particular projects or actions under each programme; instead they will act as facilitators.

- 19** PAGs will be made up of leading players in the particular areas being considered. Individuals will be invited onto the groups for the personal contribution they can offer by way of knowledge, skills and the networks they can influence. The membership and Terms of Reference for each PAG will be displayed on the strategy's website.

# WHAT DO WE WANT to achieve?

20 We want the strategy to:

- ▼ reduce ill health in workers and the public caused, or made worse, by work;
- ▼ help people who have been ill, whether caused by work or not, to return to work;
- ▼ improve work opportunities for people currently not in employment due to ill health or disability; and
- ▼ use the work environment to help people maintain or improve their health.

21 We also want to achieve substantial reductions in:

- ▼ the cost to individuals, business, Government and society from work-related ill health and from people not currently in work because of ill health or disability;
- ▼ the numbers of people dying from work-related illness (this will need to be set in context, because the incidence of mesothelioma, a cancer arising from exposure to asbestos, is predicted to rise over the next few years and these cases cannot be prevented);

and a significant improvement in:

- ▼ the physical and mental health of individuals from better management of workplace health, and from using the work environment to promote health (by promoting 'active lifestyle' messages).

22 To help us reach these goals, we have developed five headline targets which we will move towards over the next ten years, so that by 2010 we will have:

**(a) A 20% reduction in the incidence of work-related ill health**

23 Although preventable, many people are still being made ill by work. Our aspiration is for all interested parties to take the necessary steps to prevent ill health caused by work. The term 'work-related ill health' means physical and mental illness, disability or other health problems that are caused or made worse by someone's work.

24 As no single source of information is available in Great Britain on the nature and extent of occupational and work-related ill health, HSE and other interested parties use a range of sources to estimate how many people are made ill by work. We will use these data sources, and develop others, to measure progress towards this target. We have already made progress in this area. For example, estimates on the benefits from achieving this target can be calculated per 100 000 workers (paragraph 13). Due to the current extent of people being made ill by work, a 20% reduction is a challenging target. To be successful we will certainly have to tackle the dominant, but difficult, factors that are making people ill at work, for example, musculoskeletal conditions and stress.

**(b) A 20% reduction in ill health to members of the public caused by work activity**

25 Members of the public can be made ill by work activity (eg being accidentally sprayed with pesticides, exposure to asbestos fibres or from hospital-acquired infections). It is our aspiration for interested parties to work together to ensure that work activity does not make, or contribute to, members of the public being made ill.

26 We currently do not collect all the information needed to enable us to measure progress towards this target. However, data is available in some areas, such as hospital-acquired infections. Although addressing all the causes of, or contributors to, ill health to the public by work is important, significant progress towards this challenging target can only be made by identifying and then addressing the major contributors.

### **(c) A 30% reduction in the number of work days lost due to work-related ill health**

27 An indicator used regularly to monitor progress of other Government initiatives (eg *A strategy for sustainable development in the UK*<sup>9</sup> and the *Revitalising Health and Safety* initiative<sup>4</sup>) is the number of work days lost. The figures used as indicators are usually calculated, and presented, per 100 000 workers. To complement, and contribute to, these other initiatives we have introduced a target to reduce the numbers of days lost due to work-related ill health.

28 Measuring the number of work days lost through illness is a useful measure as it relates to the incidence of ill health, the severity of the ill health and how long an individual is absent from work. This information is collected in different ways. We will need to standardise this so that we can measure progress towards this target and we may need to review how we collect this data over time.

### **(d) Everyone currently in employment but off work due to ill health or disability is, where necessary and appropriate, made aware of opportunities for rehabilitation back into work as early as possible**

29 Interested parties recognise the importance of early interventions to provide rehabilitation for those people at work, who have been made ill, in helping them back into work. The provision of rehabilitation is a multidisciplinary function (performed, for example, by managers, occupational health professionals, doctors and/or nurses). There is a range of opportunities to deliver the different elements that make up rehabilitation (for example, return-to-work assessment, physiotherapy, counselling and retraining). This target is the first step in ensuring that those currently in employment, who have been made ill, are rehabilitated back into work.

30 As there is very little information collected on the provision of rehabilitation, this target will be hard to measure. Early work will be required to set data collection in place. We have already made some progress in this area. For example, estimates on the benefits from achieving this target can be calculated (paragraph 13). Ensuring everyone is made aware of these opportunities might seem daunting, but we would not wish to exclude any individual from being given at least the opportunity for rehabilitation.

These opportunities should only be offered where it is clearly necessary and appropriate. Where individuals return to work after mild illnesses of very short duration, offers of rehabilitation might not be necessary. On the other hand, in circumstances where it is unlikely that an individual will ever be able to return to work, offers of rehabilitation might be inappropriate and possibly even distressing. This is a challenging target, as we are trying to achieve a change in how rehabilitation is currently viewed and handled in the work environment. Such a change of culture will also help those out of work, who need help, to be rehabilitated back into work.

**(e) Everyone currently not in employment due to ill health or disability is, where necessary and appropriate, made aware of and offered opportunities to prepare for and find work**

31 Many people currently not employed due to ill health or disability are not given the right support to help them get into work. Our aspiration is to ensure that this is put right. Again we would not wish to exclude any individual from the opportunities open to them. We also recognise that there will be circumstances where a person may not be able to work and for these it might not be appropriate to offer assistance. Much work will be required to develop measures for this target. It should not prove difficult to record whether individuals are being made aware of, and offered, opportunities that will help them find work. However, it will be more challenging to record whether they actually take up the opportunities.

## **Why do we need targets and what do they mean?**

32 The strategy's headline targets were developed from discussion with interested parties, and from a strong belief that they are essential to focus action if the occupational health strategy is to make a difference. Although these are targets set by HSC and Government, they benefit all in society and all interested parties have a role to play in achieving them. HSC and Government alone cannot deliver improvements towards these targets. The headline targets reflect the scope of the strategy, and state what the strategy is designed to achieve. We have selected different, but often complementary, targets which should help us to progress towards the strategy's goals by approaching important areas from different directions. We recognise that this has resulted in some overlap between the issues encompassed by the five headline targets.

- 33** We recognise that it will be difficult to measure some of the headline targets. However, we consider that it is better to set relevant targets than to target only those things which can currently be measured. Although these targets are not always grounded in exact science or precise analysis, the existence of a target is a powerful spur to solving measurement problems. A priority for the PAG looking at knowledge will be to identify gaps in the data required to measure the strategy's targets, and then to initiate work to fill these gaps.
- 34** The headline targets should be seen as shared aspirations that everyone can work to, and which could inspire interested parties to set their own local targets for improvements in occupational health. The PAGs (paragraph 18) will also be encouraged to set targets for each of the strategy's programmes of work. These lower level targets will be taken forward by the body or partners who have responsibility for the areas being addressed.
- 35** Current trends indicate that these are challenging targets and that we will not reach them unless everyone helps to progress the strategy's programmes of work. We also recognise that some of the existing baseline measures for the strategy's targets (eg the incidence of work-related ill health) may increase initially as we raise awareness of the issues being addressed.
- 36** We would prefer to take gradual steps towards each headline target, and perhaps set intermediary targets. But we recognise that in practice, because we have selected challenging targets where much ground work is required, we do not expect step by step progress. However, we do think that intermediary targets and indicators are important; we anticipate that in time these will be introduced for the lower level projects set by the PAGs and other interested parties.
- 37** The use of targets is commonplace today. They have been set to reflect the Government's overarching themes and various Departmental objectives (eg the Public Health Strategies for England, Scotland and Wales, Modernising Government, Sustainable Development and New Deal). The occupational health strategy introduces five new headline targets which are linked to, and complement, existing Government targets. Interested parties who work to achieve these will also be contributing to the Government's other targets. For example, the Cabinet Office and Treasury have set targets for reducing sickness absence in the public sector.<sup>13</sup> Work to progress the occupational health strategy will contribute to this.

# HOW WILL WE

## achieve the strategy's goals and targets? - The strategy

38 To achieve the goals and targets, the strategy will be to take forward five key programmes of work. Each programme will have:

- ▼ a specific aim;
- ▼ priority areas to address (identified after discussions with interested parties); and
- ▼ targets set by the PAG for that programme.

39 Progress towards the programme aims will be achieved by putting in place a series of projects/actions for the short, medium and long term. Some may already be under way, and some will involve introducing new work. The PAGs will detail the projects/actions to be taken forward under the five programmes of work.

40 The strategy's website<sup>12</sup> will outline in full the projects/actions that are to be taken forward by interested parties under each programme of work. Appendix 2 shows how the information on projects will be presented on the website. We encourage all interested parties to access this information, identify what work is being taken forward under each programme area and see whether they can contribute. If you would like to provide a contribution, please ask for a copy of the registration form via e-mail.<sup>14</sup> If you cannot access e-mail, use Appendix 3, a hard copy of the registration form.

### Evaluation and sound management principles

41 Sound management principles will be crucial to underpin the delivery of the strategy. These include:

- ▼ gaining commitment;
- ▼ effective communication;
- ▼ discussion, consultation and working in partnership;
- ▼ identifying and agreeing priorities;

- ▼ setting targets;
- ▼ monitoring the effectiveness of action taken; and
- ▼ sharing success.

**42** We have provided some information within this publication on how to address certain areas (eg setting targets, paragraphs 22-37). However, we recognise that further information is required to help you prepare contributions to the programmes of work. We will place this guidance on the strategy's website once it has been developed.

**43** We see the evaluation of the strategy's programmes of work, and of the individual contributions to these programmes, as crucial to the overall success of the strategy. Evaluation will ensure that the programmes of work address their priorities and meet their associated targets and that if a particular action is not contributing to the programmes of work it will be modified or stopped.

# PROGRAMMES of work

44 The strategy's five programmes are given on pages 15-30. Each programme is equally important, and will be progressed in parallel. In each case, after considering priorities, the PAG for each programme will set targets and identify the projects and actions that need to be taken forward by appropriate interested parties to deliver them. The diagram at Appendix 1 provides a pictorial representation of the structure of the Strategy. The priority areas for each programme suggested below have been developed through discussions with interested parties. The PAGs will need to take a view on whether these priorities need to be reviewed, and changed if appropriate. Please consider all these programmes and think how you could contribute to them. Please register your project with us.



# PROGRAMME 1

## To improve the law in relation to occupational health and compliance with it (**Compliance**)

### Scope

- 45 This programme is about improving the law when appropriate, and improving compliance with existing and future legislation relating to occupational health (eg The Health and Safety at Work etc Act,<sup>15</sup> The Disability Discrimination Act<sup>16</sup> and The Working Time Regulations<sup>17</sup>).
- 46 The actions required of duty holders to achieve compliance focus on the good management of health risks. As much of today's legislation is goal setting rather than prescriptive, the actions required can change over time. This programme therefore needs to include the important work of developing standards, or guidance on best practice, to support occupational health legislation, as well as enforcing the law when appropriate.

### Aim

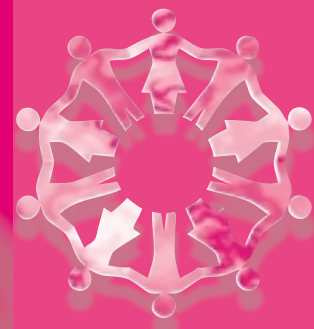
- 47 The aim for this programme is that **by 2010 there will be a substantial increase in the number of duty holders complying with legislation related to occupational health.** The priority areas include:
- ▼ improving the law by introducing agreed new and revised health-related legislation and/or guidance and by removing unnecessary legislation;
  - ▼ increasing the involvement of health and safety representatives to promote compliance with the law;
  - ▼ increasing fines/sentences or introducing other disincentives for breaches of health and safety legislation;
  - ▼ increasing the information available on the economic benefits of addressing occupational health to help promote compliance with the law;
  - ▼ raising awareness of the law within priority groups (eg small firms);
  - ▼ securing consistent enforcement action on health issues;
  - ▼ increasing the involvement of interested parties (eg trade associations) to produce standards; and
  - ▼ raising awareness among employers that reasonable adjustments to working arrangements should be made for employees or job seekers who are, or who become, disabled.



## Examples

48 The examples below illustrate activity that will contribute to this programme.

<b>Project</b>
<i>Good Health is Good Business</i> Campaign - Making it Happen.
<b>Aims</b>
To build on the activity of previous phases of the <i>Good Health is Good Business</i> campaign (GHGB), and to secure employers' compliance with occupational health legislation.
<b>Summary</b>
The GHGB campaign, launched in May 1995, aims to raise awareness of occupational health and to improve employers' competence in the management of health risks. The campaign is fully supported by Ministers and is a priority objective for HSC. It is a key feature of the HSE/Local Authority Enforcement Liaison Committee's (HELTA) plans. Effective health risk management is the key to reducing the incidence of occupational ill health. In past years, the campaign has focused on specific health risks including musculoskeletal disorders, respiratory sensitisers, noise, occupational cancers, dermatitis, hand arm vibration, and solvents.
The campaign has now entered its fourth phase which will have a greater emphasis on securing compliance with the law. It will be built around the key theme 'Making it Happen'. HSE and Local Authorities will undertake a range of initiatives to promote this phase and will continue to work in co-operation with intermediaries to persuade employers (particularly those in small and medium sized firms) to take effective action to protect workers from work-related illness.
<b>Partners</b>
HSE, Local Authorities, intermediaries (eg trade associations and trade unions); TUC; British Chambers of Commerce; British Occupational Hygiene Society; RoSPA; Scotland Office and Scottish Executive; Wales Office and National Assembly for Wales.
<b>Activities</b>
Activities that will contribute to this are being prepared by all of HSE's operational units and by local authority environmental health officers. They include enforcement initiatives on: manual handling, hand arm vibration, inhalable dust, stress, ionising radiation, dermatitis, solvents, and noise.
<b>Contributions to priorities under this programme</b>
<ul style="list-style-type: none"> <li>■ Securing consistent enforcement action on health issues; and</li> <li>■ raising awareness of the law in priority groups.</li> </ul>

**Project**

Disability Discrimination Act 1995 (Part II).

**Aims**

To ensure that disabled people do not face unlawful discrimination in the workplace.

**Summary**

These provisions were implemented on 2 December 1996. Under the Act a disabled person can complain to an employment tribunal if she or he believes that unlawful discrimination has taken place.

**Partners**

DfEE, Employment Tribunal Service, and Disability Rights Commission.

**Activities**

These include the 'See the Person' publicity campaign to raise awareness; the provision of a DDA helpline to provide information and a range of booklets; monitoring of implementation through research; identifying trends from employment tribunal decisions.

**Contributions to priorities under this programme**

- Raising awareness of law within priority groups; and
- raising awareness amongst employers that reasonable adjustments to working arrangements should be made for employees or job seekers who are, or who become disabled.



# PROGRAMME 2

## Striving for excellence through continuous improvement in occupational health (**Continuous improvement**)

### Scope

49 The purpose of this programme is to promote a culture and environment where occupational health issues are addressed through interested parties:

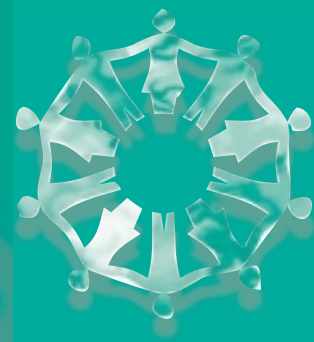
- ▼ collaborating;
- ▼ forming partnerships;
- ▼ valuing innovation; and
- ▼ striving for continuous improvement in occupational health because they want to be among the best.

50 This programme will include promoting good health at work beyond the legal minimum of preventing work-related ill health and adjusting work environments to accommodate people not currently in work due to ill health or disability. It will also encompass using the work environment to tackle the non-work contributors to work-related ill health; doing all that is required to rehabilitate individuals after ill health; and to promote general health. Champions, committed individuals with knowledge of the strategy and its links with other initiatives, will be used to help progress the strategy within different sectors and professions.

### Aim

51 **By 2010 we will strive to promote a culture and create an environment where people can collaborate, form partnerships and work together in innovative ways to address occupational health.** Priority areas include:

- ▼ increasing the number of firms whose culture encourages the management of health issues as an integral part of their day to day business;
- ▼ increasing the number of partnerships and joint ventures between industry, occupational health professionals, regulators and other interested parties;
- ▼ Government Departments and Agencies demonstrating that they are exemplary employers in improving the health of their staff at work;
- ▼ increasing participation in award schemes with an occupational health component (eg Scottish *Health at Work* award<sup>18</sup> and Wales' *Corporate Standard* for workplace health promotion<sup>19</sup>);



- ▼ increasing involvement of employees or their representatives in decision-making processes and implementation schemes;
- ▼ occupational health needs being tackled at a local level (in both the geographical and company sense);
- ▼ employers being encouraged to consider flexibility in the design and management of work so that it is adapted to individuals' needs throughout their working life, and so that, as far as practicable, people are not excluded from work due to ill health or disability;
- ▼ those who are made ill by work being made aware of timely and appropriate opportunities to help them return to work. This action will increase the numbers of people being rehabilitated back to work, and reduce those who are retired on the grounds of ill health; and
- ▼ improving the physical and mental health of individuals by using the work environment to promote health.

## Examples

52 The examples below outline valuable contributions to this programme, which directly progress the priority of getting occupational health needs considered at a local level.

**Project**

Health Improvement Programmes in England (HImPs).

**Aims**

To improve health and reduce health inequalities, to modernise and build high quality public services and strong communities.

**Summary**

HImPs are the vehicles for making a major and sustained impact on the health problems of every locality in England. They take a holistic approach, drawing on the contributions of NHS bodies, Local Authorities, local businesses, voluntary bodies, community groups and individuals. This widest possible involvement from the outset is an opportunity to take a fresh approach to health, including occupational health. The first HImPs in England were prepared from April 1999, based on existing local planning activity, and have begun to set a strategic framework for action on local and national priorities. Many of the first HImPs include targets on occupational health.

**Partners**

NHS bodies, Local Authorities, Community Health Councils, local businesses, voluntary bodies, community groups and individuals.

**Activities**

Local partnerships between health authorities, Local Authorities, and local business are being developed across the country:

- North Derbyshire has set targets to achieve 100% of planned inspections of local authority enforced premises. Work is also taking place jointly with physiotherapists in the Health Authority to raise awareness of the need for manual handling risk assessments in residential care homes. Across Derbyshire, partnerships to raise awareness on lower back pain in warehouse premises and to tackle risks from asbestos, stress and violence are also planned.

- Taunton Deane Borough Council, in partnership with Somerset Health Trust, has developed a long term strategic project to raise awareness of occupational health issues and to develop multiagency interventions for musculoskeletal problems.

- Tees Health Authority, working with HSE, trade unions, local chambers of commerce, NHS Trusts and district councils is using new and innovative ways to improve the health and safety performance of local businesses and to promote health messages through the workplace. These include fitness testing, promoting occupational health monitoring, and programmes on smoking, alcohol and substance abuse.

**Contributions to priorities under this programme**

- Increasing the number of partnerships and joint ventures between industry, occupational health professionals, regulators and other interested parties;

- occupational health needs being tackled at local levels; and

- improving the physical and mental health of individuals and society by using the work environment to promote health.

**Project**

Working Well Together (WWT).

**Aims**

To secure commitment from stakeholders in the construction industry to continuously improve health, safety and welfare performance and achieve reductions in accidents and ill health.

**Summary**

The Working Well Together campaign challenges all industry stakeholders - training providers, professional and trade bodies, trade unions, clients, designers, suppliers, contractors and workers - to commit themselves publicly to raising standards in three key areas: competence, communication, and co-operation.

**Partners**

HSC's Construction Industry Advisory Committee, TUC, Construction Confederation.

**Activities**

There was a national launch on 12 May 1999 followed by six regional launches; information packs were distributed to employers and workers through a national telephone helpline and the campaign was promoted through a dedicated web site ([wwt.uk.com](http://wwt.uk.com)); nationwide promotional bus tours took place in August 1999 visiting construction sites with similar tours in Scotland and the North of England in March/April 2000 and Wales and the South of England in August 2000; there have been WWT exhibitions and presentations at conferences, including IOSH and the Construction Confederation in October 1999; a successful national WWT conference in the Midlands was held in June 2000; and a WWT award scheme and ceremony is planned for October 2000 followed by a two day occupational health conference.

**Contributions to key priorities under this programme**

- Increasing the number of firms whose culture encourages the management of health issues as an integral part of their day to day business;
- increasing the number of partnerships and joint ventures between industry, occupational health professionals, regulators and other interested parties; and
- increasing involvement of employees or their representatives in decision-making processes and implementation schemes.

**Project**

Healthy Workplace Initiative for England (Back in Work pilot projects).

**Aims**

To encourage employers to work with other stakeholders to improve health in the workplace.

**Summary**

The first theme of the Healthy Workplace Initiative is back pain and the 'Back in Work' pilot projects (BiW(P)) will seek to raise awareness of the costs of back pain and promote good practice that tackles back pain in a holistic and integrated way. BiW(P) will support twenty pilot projects that focus on one or more of the main elements in the development of back pain, ie prevention, access to assessment and treatment, rehabilitation and managed return to work. This work will help provide models for others in how good practice is effective in tackling back pain and reducing working days lost through back pain. The results will also form the basis of guidance on good practice to be published in mid 2001.

**Partners**

DoH, HSE, employers, trade unions and employees and occupational health professionals.

**Activities**

■ Courtaulds Textiles and the National Joint Council for the Hosiery and Knitwear Industries are taking forward a joint partnership to develop a project to prevent back problems in the textiles industry.

■ Groundwork, Bury is providing education, awareness and compliance assistance to help the local business community to prevent musculoskeletal injuries.

■ Rolls-Royce, Bristol is investigating the cost-effectiveness of providing rapid access to physiotherapy for employees of SMEs with back pain or neck pain.

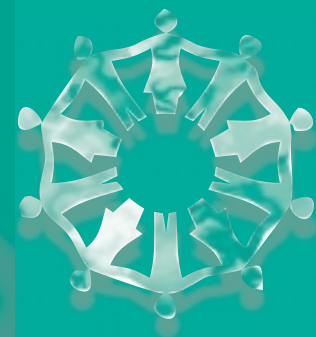
**Contributions to priorities under this programme**

■ Increasing the number of firms whose culture encourages the management of health issues as an integral part of their day to day business;

■ increasing the number of partnerships and joint ventures between industry occupational health professionals, regulators and other interested parties;

■ occupational health needs being tackled at a local level; and

■ increasing participation in award schemes with an occupational health component.

**Project**

Towards a Safer Healthier Workplace: provision of occupational health and safety services for the staff of the NHS in Scotland.

**Aims**

For the NHS in Scotland to be an exemplar in the provision of occupational health and safety services to its staff.

**Summary**

The Occupational Health and Safety Service (OHSS) short life working group was set up in July 1998 to identify strategic and practical action to ensure a comprehensive and inclusive occupational health and safety service equally accessible to all staff in the NHS in Scotland (NHSiS). The outcome of this working group was the OHSS strategy Towards a Safer Healthier Workplace. This will offer NHSiS staff an integrated, comprehensive, accessible and inclusive service which will be consistent throughout Scotland.

**Partners**

NHSiS, HSE, RCN, Scottish Executive, Scottish TUC and GMB.

**Activities**

- Fully involving staff in developing and determining standards, to implement policies and procedures to minimise and prevent accidents;
- benchmarking of health and safety standards and common NHSiS reporting structures, indicators of service supply and quality; and
- standard audit procedures and outcome indicators for the OHSS in Scotland.

**Contributions to priorities under this programme**

- Government departments and agencies demonstrating that they are exemplary employers in improving the health of their staff at work; and
- occupational health needs being tackled at a local level.



# PROGRAMME 3

## To obtain essential knowledge on occupational health (**Knowledge**)

### Scope

53 This programme is about promoting the collection of data, and other facts, and processing this material to obtain the knowledge needed to move other parts of the strategy forward and to monitor the success of the strategy.

### Aim

54 **By 2010 there will be increased collaboration to collect the necessary occupational health data and other facts using a co-ordinated and standardised approach, and to process the required knowledge.** Priority areas include:

- ▼ agreeing occupational health data needs (eg for measuring the headline targets, assessment of trends, measurement of exposures, incidence of ill health and economic cost of work-related ill health);
- ▼ setting up and managing the systems for collecting data;
- ▼ agreeing a co-ordinated research programme for occupational health;
- ▼ commissioning and conducting the required research;
- ▼ agreeing standardised mechanisms for collecting and sharing data and research;
- ▼ working together to process the required knowledge; and
- ▼ employers and workers collaborating to decide data needs within individual workplaces, to help them understand what problems need to be tackled.

### Examples

55 The examples below illustrate activity that will contribute to this programme. The example of the CBI Survey also demonstrates that every project, even if initiated by an individual interested party, has an important role to play in taking the programmes of work forward.

**Project**

CBI Survey on Managing Occupational Health.

**Aims**

To collate data on occupational health provision across British business with a view to delineating resources/needs across sectors and highlighting best practice.

**Summary**

The intention of this survey is to generate comprehensive data from industry on occupational health and also to provide information on occupational health outcomes. It is a questionnaire-based survey, co-ordinated by a CBI members' working group reporting to the CBI health and safety panel. The resulting analysis and recommendations will contribute to the 'business case' for the occupational health strategy. It will assist in the dissemination of best practice on appropriate provisions of services and also the setting of targets for reducing the incidence of occupational ill health.

**Partners**

CBI, member companies and trade associations.

**Contributions to priorities under this programme**

- Agreeing occupational health data needs;
- setting up management systems for collecting; and
- agreeing standardised mechanisms for collecting and sharing data and research.

**Project**

Health of Wales Information Systems (HOWIS)

**Aims**

An electronic service which will allow people in NHS bodies, the National Assembly of Wales and other interested organisations easy access to information about the health status of the population of Wales, to explore the factors that affect health, and to monitor the impact of NHS services in addressing health needs.

**Summary**

HOWIS will exploit existing data flows and may demand information from areas such as demography, lifestyle factors, health care activities, performance management, public information, mortality and morbidity. The range of information will develop incrementally and requirements will change over time, so HOWIS will need to be flexible enough to change and meet these needs. This will be a continuous process, and one which should be developed over a 3-5 year period. The service will be presented in a form that is appropriate and easy to use.

**Partners**

NHS Health Authorities and Trusts, Welsh Local Authorities, National Assembly for Wales, voluntary bodies, community groups and individuals.

**Contributions to priorities under this programme**

- Agreeing occupational health data needs;
- setting up and managing systems for collecting and sharing data and research;
- working together to process the required knowledge; and
- agreeing standardised mechanisms for collecting and sharing data and research.



# PROGRAMME 4

To ensure that all interested parties have the necessary competence and skills **(Skills)**

## Scope

56 To achieve the 2010 headline targets, all parties need to have the relevant competence and skills to perform their role effectively. Managers, workers, doctors, nurses, hygienists, designers, ergonomists, human resource professionals, students, and children (in their own context) need to be aware of how they can contribute to protecting and enhancing health during work activities. This will involve identifying the standard of skills required for different roles, and working towards ensuring that at whatever stage you are in life, or whatever your occupation, you have been given an opportunity to gain the necessary skills.

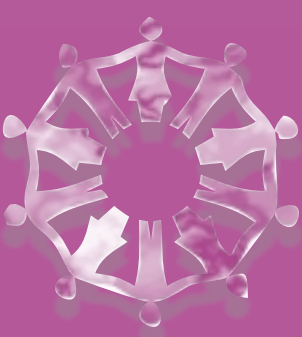
## Aim

57 The aim for Programme 4 has three components:

- (a) to make a substantial move towards understanding and agreeing the skills (which will not necessarily be formal qualifications), which different interested parties require;
- (b) to increase the opportunities that are available for the people to gain the necessary skills; and
- (c) to increase awareness of these opportunities.

58 The following are priority areas:

- ▼ identifying the skills required and gaps within the system;
- ▼ developing plans to fill these gaps;
- ▼ getting health and safety considerations delivered as part of the school curriculum (eg under Key Stage 1 of Personal, social and health education and citizenship, pupils could learn the basic rules and skills of keeping themselves healthy and safe, see Appendix 2);
- ▼ health and safety being a component of all relevant management and professional training courses (eg MBAs);
- ▼ producing guidance on competence and on what is a competent person;



- ▼ increasing the percentage of GPs who have a sound understanding of occupational health and when to seek specialist help; and
- ▼ promoting opportunities to gain skills.

## Examples

59 The example below illustrates activity that will contribute to this programme. This demonstrates that interested parties are working together to deliver valuable contributions to the programmes of work.

<b>Project</b>
Provision of health and safety training by Trade Unions through contracts with employers.
<b>Aims</b>
To ensure members have necessary health and safety awareness and training, through co-operation with employers.
<b>Summary</b>
Several trade unions are providing training services to employers to assist them in supporting safe systems of work and preventing occupational accidents and ill health. The courses are specifically designed to meet the needs of individual companies. Training is both practical and relevant. Courses are run for managers, supervisors, trade union safety representatives and employees and focus on fostering partnership.
<b>Partners</b>
Trade unions, employers and employees and training bodies such as the Construction Industry Training Board.
<b>Activities</b>
<ul style="list-style-type: none"> <li>■ UCATT (Union of Construction Allied Trades and Technicians) are providing health and safety training to workers to assist them in registering with the Construction Skills Certification Scheme. Some on-site induction courses are provided and a site supervisor safety course is being developed. UCATT aim to extend the work throughout the UK and develop more specialist courses in eg asbestos awareness, manual handling and COSHH.</li> <li>■ GMB (General, Municipal and Boiler Makers Union) have an independent training arm called GMB Training Services who work with a wide range of employers to provide health and safety training and to assist in solving health and safety problems. Courses are wide ranging, including risk assessment, health and safety for small business; stress awareness and stress management.</li> </ul>
<b>Contributions to priorities under this programme</b>
<ul style="list-style-type: none"> <li>■ Developing plans to fill gaps in training needs;</li> <li>■ health and safety being a component of all relevant management and professional training courses; and</li> <li>■ promoting opportunities to gain skills.</li> </ul>



# PROGRAMME 5

## To ensure that appropriate mechanisms are in place to deliver information, advice and other support on occupational health **(Support)**

### Scope

60 Appropriate information, advice and support (eg helplines, information centres or providers of occupational health support) need to be available and provided by competent individuals and organisations. Some interested parties may also need help to recognise when they need to call on other people's skills to find a solution to a problem, and how they can go about obtaining this support.

61 Delivery of the information, advice or other support will need to be imaginative and innovative (eg using state-of-the-art methods such as developing IT), as well as making sure that the right support, in the right format, is delivered to the right people at the right time.

### Aim

62 By 2010 everyone has access to the appropriate occupational health support by:

- ▼ identifying the information, advice and other support required to help people contribute to the strategy's targets;
- ▼ setting up suitable frameworks and delivering this information, advice and other support to the right people; and
- ▼ raising awareness of the existence of these frameworks and what they can deliver to those who need the support.

63 Priority areas include:

- ▼ identifying and taking forward feasible options for action from the Occupational Health Advisory Committee report on improving access to occupational health support;<sup>20</sup>
- ▼ examining the feasibility of new legislation on the accessibility and availability on occupational health support in the context of the whole strategy;
- ▼ identifying local gaps in the provision of information, advice and other support and then taking the required action to plug these gaps;
- ▼ ensuring that support is provided by professionally skilled people when appropriate;
- ▼ raising awareness of who can provide information, advice and other support on occupational health to communities;



- ▼ developing one-stop shops where people can go for information on occupational health issues, 24 hours a day (eg online or interactive, possibly linking with the new Small Business Service);<sup>21</sup> and
- ▼ ensuring that all information, advice and other support is provided in the right format for the different target audiences.

## Examples

64 The example below illustrates activity that will contribute to this programme. The recommendations from this work will help us progress all the priority areas. This example highlights the fact that a lot of work has already been initiated that will contribute to the programmes.

<b>Project</b>
Improving access to occupational health support.
<b>Aims</b>
To carry forward the implementation of the recommendations to Ministers in the Occupational Health Advisory Committee's (OHAC) Report on Improving Access to Occupational Health Support.
<b>Summary</b>
The OHAC report sets out 30 recommendations intended to put in place comprehensive frameworks for occupational health support that would raise awareness and enable access to such support for everyone that needs it, but particularly people working in small businesses. A joint HSE/DH project management board is to be created to carry forward the recommendations of the report.
<b>Partners</b>
HSE, Department of Health, NHS Executive, other Government departments, health trusts and Local Authorities, TUC, CBI, small businesses and intermediaries.
<b>Activities</b>
Recommendations from the report include action to: <ul style="list-style-type: none"><li>■ ensure occupational health is a core issue for health improvement programmes and primary care group strategies;</li><li>■ provide occupational health training for primary care teams;</li><li>■ provide guidance on how to get competent occupational health advice;</li><li>■ pilot a telephone helpline and explore interactive IT systems; and</li><li>■ pilot a package to enable small businesses to audit their own health and safety performance.</li></ul>
<b>Contributions to priorities under this programme</b>
<ul style="list-style-type: none"><li>■ Identifying and taking forward feasible options for action from the OHAC report;</li><li>■ raising awareness of who can provide information, advice and other support on occupational health to communities;</li><li>■ developing one stop shops where people go for information on occupational health issues; and</li><li>■ ensuring that information, advice and other support are provided in the right format for the different target audiences.</li></ul>

# WHY SHOULD YOU contribute to the strategy?

**65** The measures outlined in this document will ensure that interested parties take the necessary steps to ensure that today's, and future, occupational health challenges are addressed. The structures put in place (the Partnership Board and PAGs) will help us to focus on the key areas and to ensure that all our contributions are having an impact, and help us to reach the strategy's goals (see paragraph 1) to:

- ▼ reduce ill health both in workers and the public caused, or made worse, by work;
- ▼ help people who have been ill, whether by work or not, to return to work;
- ▼ improve work opportunities for people currently not in employment due to ill health or disability; and
- ▼ use the work environment to help people maintain or improve their health.

**66** The greater the number of people who get involved, the more likely it is that we will progress towards the goals quickly. National benefits associated with this success include: financial savings (see paragraph 13); contributing to other national and local targets; preventing work-related ill health; and helping individuals enjoy happier, longer and more fulfilled lives. At an individual or organisational level there are also benefits to the interested parties who take on this approach. Individuals will benefit as their health at work will improve, and business will benefit as people work more effectively.

**67** This is a working document which presents a picture of how we see the strategy at this point in time. The strategy is not set in stone. Rather we want it to evolve over the coming years and we are calling on you to get involved and contribute to its development. If you have not yet contributed to the strategy, then consider what you can do and join with us to address occupational health now and in the years to come. You can contact us at: The Occupational Health Strategy Unit, HSE, 7NW, Rose Court, 2 Southwark Bridge, London SE1 9HS. Tel: 020 7717 6198. Fax: 020 7717 6980. E-mail: [oh.strategy@hse.gsi.gov.uk](mailto:oh.strategy@hse.gsi.gov.uk) or visit our website ([www.ohstrategy.net](http://www.ohstrategy.net)).

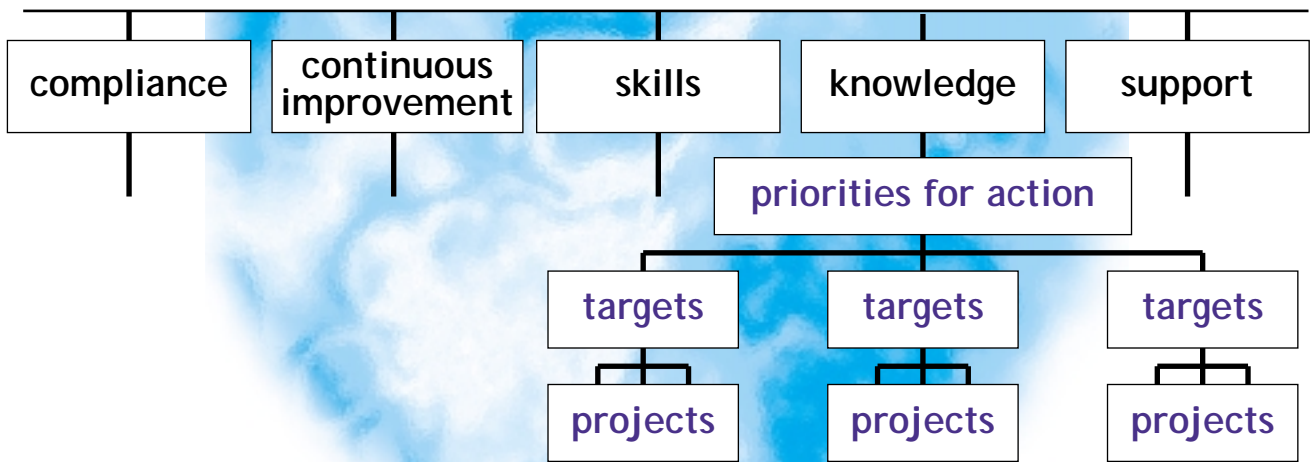
# APPENDIX 1

## Structure of the strategy

management principles

aspirational goals for the strategy

programme areas



0 ————— YEARS —————> 10

evaluation

# APPENDIX 2

## Example of a completed form

### FORM TO RECORD PROJECTS/ACTIONS CONTRIBUTING TO THE OCCUPATIONAL HEALTH STRATEGY FOR GREAT BRITAIN

**Title of Project/Action:** (EXAMPLE) INTEGRATING HEALTH AND SAFETY CONCEPTS INTO THE REVIEW OF THE NATIONAL CURRICULUM IN ENGLAND

**Which Programme Goal/Target does this project/action contribute to:** SKILLS

**Objective:** To contribute to the review of the National Curriculum in England (from September 2000) to get better integration of risk concepts.

**A Brief Description of the Work:**

Links to HSC Strategic Plan. In 1999 HSE was involved in the review of the National Curriculum in England. The review provided an opportunity to reconsider how the concept of risk is taught in primary and secondary schools. Health and safety/risk concepts are already covered to some degree in art, science, PE and design and technology. We wanted a more holistic approach, and to get other subjects on board, eg Information and Computer Technology.

**Estimated Cost per year of Project :**

To HSE?

To partners?

**Contact:** Julia Soave

**Address:** SASD, Policy Unit, HSE, 8SW, Rose Court, 2 Southwark Bridge, London SE1 9HS

**Tel:** 020 7717 6406 **GTN:** 3053 6406 **Fax:** 020 7717 6417

**e-mail:** julia.soave@hse.gsi.gov.uk

**Other Partners Involved:** Qualifications and Curriculum Authority, DfEE

**When is the project due to start:** January 1999

**When is the project likely to finish:** ongoing

**What was achieved (quantify where possible):**

HSE, in consultation with the Qualifications and Curriculum Authority, drew up a new health and safety teaching requirement which is included in the curriculum from September 2000. It applies to science, design and technology, information and communication technology, art and design, and physical education. HSE has drafted guidance to familiarise teachers with some of the terms used in the statement and indicate how this statement can be used to teach the concept of risk and develop pupils' ability to assess and control risks.

**Further Action Planned:**

Finalising guidance; setting up contacts in Wales and Scotland. More work on Citizenship part of the curriculum.

*Return to the Occupational health strategy unit, HSE, 7NW, Rose Court, 2 Southwark Bridge, London SE1 9HS  
Tel: 020 7717 6198 Fax: 020 7717 6980 E-mail: oh.strategy@hse.gsi.gov.uk*

*All contributions to the occupational health strategy, including contact details, will be placed in the public domain unless you indicate that you would like them to remain confidential.*

**Data Protection Act 1998**

*This Act requires the Health and Safety Executive (HSE) to inform you that this form may include information about you (this is called 'personal data' in the Act) and that we are a 'data controller' for the purposes of the Act. HSE will process the data for health, safety and environmental purposes. HSE may disclose these data to any person or organisation for the purposes for which it was collected or where the Act allows disclosure. As data subject, you have the right to ask for a copy of the data and to ask for any inaccurate data to be corrected.*

# APPENDIX 3

## Project form

FORM TO RECORD PROJECTS/ACTIONS CONTRIBUTING TO THE OCCUPATIONAL HEALTH STRATEGY  
FOR GREAT BRITAIN

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Title of Project/Action:

---

Which Programme Goal/Target does this project/action contribute to:

---

Objective:

---

A Brief Description of the Work:

---

Estimated Cost per year of Project :

To HSE?

To partners?

---

Contact:

Address:

Tel:

Fax:

e-mail:

---

Other Partners Involved:

---

When is the project due to start:

When is the project likely to finish:

---

What was achieved (quantify where possible):

---

Further Action Planned:

---

*Return to the Occupational health strategy unit, HSE, 7NW, Rose Court, 2 Southwark Bridge, London SE1 9HS  
Tel: 020 7717 6198 Fax: 020 7717 6980 E-mail: oh.strategy@hse.gsi.gov.uk*

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# REFERENCES

- 1 Department of Health *Saving lives: Our healthier nation* The Stationery Office 1999 ISBN 0 10 143862 1
- 2 The Scottish Office Department of Health *Towards a healthier Scotland* The Stationery Office 1999 ISBN 0 10 142692 5
- 3 The Welsh Office *A strategic framework. Better Health, Better Wales* 1998. For further information, visit the Welsh Assembly website: [www.wales.org.uk](http://www.wales.org.uk)
- 4 *Revitalising Health and Safety: Strategy Statement* June 2000 The Stationery Office 2000. Further copies are available from: Department of the Environment, Transport and the Regions, Free Literature Service, PO Box 236, Wetherby, West Yorkshire LS23 7NB Tel: 0870 1226 236 Fax: 0870 1226 237 Internet service: [www.detr.gov.uk/pubs/index.htm](http://www.detr.gov.uk/pubs/index.htm)
- 5 The *Good Health is Good Business* campaign (GHGB) was launched in May 1995 and aims to raise awareness of occupational health issues in the workplace and to improve employers' competence in the management of health risks. For further information on GHGB, ring the HSE InfoLine on 08701 545500 or visit the HSE website: [www.hse.gov.uk](http://www.hse.gov.uk)
- 6 'Welfare to Work' is the umbrella heading for a raft of government initiatives aimed at combating social exclusion by offering unemployed people the help they need to find and stay in work. It includes measures to help specific groups including young and long-term unemployed people, single parents and disabled people, who face particular disadvantages in the labour market. Help can be in the form of advice and guidance from an adviser and help to tackle problems such as basic skills needs, as well as access to education, training and work opportunities (initiatives include the New Deal programmes and the One service). For further information visit the New Deal website ([www.newdeal.gov.uk](http://www.newdeal.gov.uk))
- 7 Jones J R and Hodgson J T *Self-reported work-related illness in 1995. Results from a household survey* HSE Books 1998 ISBN 0 7176 1509 X
- 8 Healthy Workplace Initiative: Back In Work project: For further information on these initiatives visit the Our Healthier Nation website at [www.ohn.gov.uk](http://www.ohn.gov.uk)
- 9 Department of Environment Transport and the Regions *A better quality of life, A strategy for sustainable development in the United Kingdom* Cm 4345 Stationery Office 1999 ISBN 0 10 143452 9

- 10 Cabinet Office *Modernising Government* The Stationery Office 1999 ISBN 0 10 1431023
- 11 South West Water led water industry research on the business benefits of improved occupational health (the Frank Davies Project Report 1998). The research findings were externally verified by Marsh, a leading provider of insurance and risk management services. On receiving the report, Sir Frank Davies (then Chair of HSC) said that the research proved for the first time in the UK that the cost of a case of ill health is more than the cost of an accident. Following on from this work the Water Industry has made 'Twelve Promises to the Nation', regarding occupational health, and has begun work on a ten-year occupational health strategy for the water industry entitled *Clear Water 2010*. For further information, contact Rob Gwyther, South West Water, Peninsula House, Rydon Lane, Exeter, EX2 7HR. Tel: 01392 446688
- 12 For further information on the Occupational Health Strategy and its Partnership Board visit the Occupational Health Strategy website: [www.ohstrategy.net](http://www.ohstrategy.net); for information on HSE visit: [www.hse.gov.uk](http://www.hse.gov.uk)
- 13 Cabinet Office *Working well together: Managing attendance in the public sector* 1998. For further information ring John Goddard on 020 7270 4678
- 14 Occupational health strategy e-mail address: [oh.strategy@hse.gsi.gov.uk](mailto:oh.strategy@hse.gsi.gov.uk)
- 15 *Health and Safety at Work etc Act 1974* The Stationery Office ISBN 0 10 543774 3
- 16 *Disability Discrimination Act 1995* The Stationery Office 1996 ISBN 0 10 545095 2
- 17 *The Working Time Regulations 1999 SI 1999/3372* The Stationery Office 1999 ISBN 01 10 85698 8
- 18 *Scotland's Health at Work Award Scheme (SHAW)*. For further information on this Award Scheme ring The Health Education Board For Scotland on 0131 536 5500 or visit [www.hebs.scot.nhs](http://www.hebs.scot.nhs)
- 19 *Wales' Health at Work: The Corporate Standard*. For further information on this award scheme for workplaces in Wales, phone Maureen Howell, Health Promotion Division, National Assembly for Wales, tel 029 20 681258 or visit [www.wales.org.uk](http://www.wales.org.uk)

20 *The Occupational Health Advisory Committee Report and Recommendations on improving access to occupational health support*. Copies are available from: Angela Wearne, Health Directorate, 7NW, Rose Court, 2 Southwark Bridge, London SE1 9HS. Tel: 020 7717 6225. Any enquiries to: June Manson Tel: 020 7717 6229

21 The Small Business Service (SBS) is a Government Agency whose purpose is to build an enterprise society in which all small businesses thrive and achieve their potential. The address of the SBS is: Small Business Service, 1 Victoria Street, London SW1H 0ET. Tel: 020 7215 5363. E-mail: [enquiries@sbs.gsi.gov.uk](mailto:enquiries@sbs.gsi.gov.uk) or visit their website: [www.businessadviceonline.org](http://www.businessadviceonline.org)

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