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HEALTH AND SAFETY COMMISSION

OCCUPATIONAL HEALTH AND SAFETY SUPPORT: DEVELOPING A NATIONAL SYSTEM

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Issue

1. For the Commission to give a steer on the broad shape of a national occupational health and safety support system for inclusion in HSC's SR2004 storyboard.

Timing

2. For discussion at the meeting on 11th November 2003.

Recommendation

3. The Commission is asked to:

- Agree the overarching model for a national occupational health and safety support service (paras 6-12 and Annex 1);
- Note existing evidence and experience of OH&S support activities (Annex 2) and what this means for the shape of any future provision (paras 13 –14);
- Consider options for progressing wider access to occupational health support (paras 15-21);
- Give a steer on the preferred option for HSC/E's SR2004 submission.

Background

4. The publication in July 2000 of Securing Health Together and the complementary Occupational Health and Advisory Committee's (OHAC) Report and Recommendations on Improving Access to Occupational Health Support was the catalyst for a series of contiguous projects and activities designed to identify and build the infrastructure

necessary for expanding occupational health and safety support. The development of HSC's proposed strategy reinforces the need to take this work forward. The new 7-point strategy sets out our desire to see the development of occupational health and safety advice and support outside HSE with national coverage that is active in preventing ill health, promoting rehabilitation, and getting people back to work more quickly whatever the cause of their ill health.

5. This paper describes an overarching model for OH&S support provision and some options for developing it. We recognise that the Commission will not be in a position to provide any definitive answers on their preferences until its strategy is firmed up and wider considerations on the shape and role of HSC/E resolved. Nevertheless, stimulating debate now will allow us to provide more coherent arguments for OH&S support provision in our SR2004 storyboard and provide a steer for shaping our plans and working up any preferred option. We will then return to the Commission with more detailed plans.

A model for Occupational Health and Safety Support

6. The SH2 Support Programme Action Group (Support PAG) has now completed its work on a proposed structure for health, safety and rehabilitation support. Its report will be discussed at the OHAC open meeting that will take place on 20th November, which Ministers will attend.

7. Fundamental to the process of developing a model was the need to reach a common understanding on what occupational health support should actually mean in practice. The conclusion of the PAG was that OH&S support should go beyond the more traditional emphasis on medical advice and intervention and incorporate the full range of advice that employers and workers may need to tap into. These include: advice on hazard identification, risk management, best practice control measures; providing information and training on occupational health related issues; measuring workplace hazards; monitoring trends in health; managing attendance and case management of workers off sick.

8. The overarching model developed by the PAG has evolved over time to reflect practical experience. It is designed to incorporate a number of components that collectively provide employers and workers, working together, with the support necessary to meet their occupational health and safety needs (see Annex 1). These are:

   - Active marketing – raising awareness and creating demand
   - Customer/clients – employers, workers and 'hard to reach' groups
   - Access Points – different and flexible routes to generic advice
   - Support Service – assistance with problem solving from professionally trained health and safety advisers
   - Virtual Network of Specialist Support – a network of professionals to support employers in dealing with health and safety issues e.g. physiotherapists, ergonomists, engineers, case managers and HR experts.
   - National Centre of Excellence – overall management and facilitation of the service

9. It is envisaged that two of the components, access points and support service, would be free to users. However, any further specialist support would be chargeable to the employer.

10. Proactive prevention of risks to health and safety is at the core of the model. It offers employees and employers advice on best-practice solutions for assessing and reducing exposure to key health risks with a gateway to further specialist support, if required. Medical interventions may be provided as part of the support system but these are seen as complementary to a much broader advice and support base.

11. We believe this is the right approach because it puts the emphasis on prevention and control; helps employers to understand what they need to do, now and in the future; and provides a more sustainable and robust approach to health and safety improvement in the longer term. Moreover, it helps employers to employ and retain through rehabilitation those in poor health or disabled and ensure that work does not further harm their health. On the other hand, those models of OH&S provision, which emphasise medical intervention, do not address the core causes of ill health or feed back skills and learning for the continuous improvement we wish to see in health and safety performance.

12. The key to the model proposed is that services that contribute to the provision of support are accessed through distinct access points. Ideally, the access points should have a common identity, a link with a national Centre for Excellence and provide a set of core services. The services will not necessarily be identical, as they will each be tailored to meet the needs of the specific population they serve. Specialist services will be linked to access points but not owned by them. *Safe and Healthy Working* OH scheme in Scotland (see HSC/ 03/141) has provided us with evidence that the model can work in practice across a defined geographical area.

Developing a national occupational health and safety system: what we know

13. A wide range of research and initiatives, not all led by HSE have added to our knowledge and understanding of the risks and challenges we face in developing a coherent support system – Annex 2 provides a summary. From these we have learnt that:

- The most pressing need for OH&S support is in SMEs. Initial feedback from the Scottish scheme suggests that key concerns are: employers' legal duties, including risk assessment; welfare issues e.g. temperature, breast-feeding; DSE; PPE; hazardous substances; sickness absence and return to work issues; stress.

- SMEs are reluctant to contact HSE for advice or unaware that HSE's Infoline could provide advice. This has implications for the ownership and marketing of any schemes.

- The success of local OH initiatives depends both on the vision, competence and commitment of staff and the trust placed in them by clients.

- Ministerial interest and commitment, from a number of departments, is essential – for the Scottish initiative this was an important driver in getting key partners to work together

- Capacity for tapping into specialist NHS occupational health resources for medical advice, including NHS Plus, is limited. The NHS structure is too immature at this stage to provide a single route to influence primary care to provide OH support. Moreover, GPs do not have the time or appropriate training to address occupational health. Changing this is a long-term issue.

14. In the light of this evidence, we have identified four potential options. These are predicated on the development of OH&S support provision to deliver what is best for the health and safety system as a whole, not just HSC/E, paying particular attention to those groups which are most at risk e.g. the transient ends of the economy,

Option 1: A comprehensive national service

15. This option would incorporate all of the elements of the model support service described in Annex 1 – information and advice, availability of professional assessments of health and safety risks by suitably qualified advisers, routing to free specialist support and signposting to commercial specialist services. The aims would be to provide accessible coverage to core standards specified by a national "Centre of Excellence" which would also be responsible for strategy; provision of core training; generic systems and networks development/ management e.g. telephone helpline, websites, and research.

16. These are ambitious aims. This option would take some time to put in place (S*afe and Healthy Working* took a year from inception to roll out). Securing funding would be a significant hurdle. No robust estimates of the costs of this option are available, although it is clear that these would depend on how closely the scheme is tied into existing health/ safety infrastructure. Extrapolation of the costs per head of the working population for *Safe and Healthy Working* (£1m per annum, with many of the overheads currently borne by existing health services infrastructure – see Annex 3) suggests that the basic scheme (which does not include the specialist services) could cost at least £15m. A more conservative estimate based on similar national programmes suggests that £25m might be more realistic. Further work would also be required to scope who would be best placed to manage the scheme; where local services should be located; and whether there was sufficient expertise in the market to deliver the services. HSE might not be best placed to lead given existing fears about the link between the provision of advice and enforcement.

Option 2: Discrete elements of the model

17. This option could provide a stepping stone to a fully comprehensive national service by making discrete elements available nationally e.g. a telephone helpline with signposting to where to look for further help, but without links to a full local professional support service. It could be argued that the infrastructure for these elements already exists, for example, Infoline could be suitably enhanced, "franchised" to the support service and rebranded and marketed specifically to appeal to those segments we wish to reach e.g.

small firms and workers most at risk e.g. the transient ends of the economy. The advantage is that, appropriately marketed, it could provide a distinct and trusted brand (like NHS Direct).

Option 3: Independent/ local/ regional/ sector support services

18. This option is one that promotes the development of OH&S schemes along the lines of the Support PAG model, but primarily supported by or funded outside HSE through public, private or voluntary sector sources e.g. Department of Health Section 64 funding[1] or industry sources. It is essentially somewhat organic and opportunistic, albeit making the most of opportunities, which HSE may have worked to facilitate.

19. Evidence suggests that such an approach has the potential to be fruitful e.g. the Workwell HAZ funded project in Sandwell; the Lanarkshire helpline which developed into a key element of *Safe and Healthy Working*; or private providers funded by mixed funding streams. Such schemes have a strong partnership approach, provide access to hard to reach groups, e.g. ethnic minorities, and are driven very much by local, community or sector specific needs. However, building diverse schemes into coherent national provision with a common identity providing all the desired elements of HSE's OH&S model would pose a challenge. The complexity and variation of funding routes could also have consequences for the sustainability, breadth and security of provision. While this approach is pragmatic, it is unlikely to deliver a service with national coverage.

Option 4: Local/ regional/ sector services based on the Support PAG model

20. A logical extension of Options 2 and 3 is a model which conforms to the Support PAG vision, with discrete elements of the service provided nationally e.g. a Centre of Excellence, marketing, telephone helpline but with professional OH&S support service provision determined regionally/ locally/ by sector to suit the community served. This option would maximise synergies with other stakeholders and funding organisations. HSE would have a proactive role to play in facilitating these partnerships which could include Job Centre Plus, PCTs, business links, local authorities, charities, faith communities, employers, trade unions, insurance companies.

21. The advantage of this option is that it would provide a more coherent service with a distinct brand while retaining flexibility and local/ sectoral ownership. It would be amenable to resourcing through challenge or matched funding schemes and might include resource contributions from a range of partners, including industry [and/ or their insurers]. This option would also take advantage of potential synergies with DWP infrastructure. Experiments are underway to provide better health and employment framework support for those on IB and unemployed, especially disadvantaged groups.

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[1] Section 64 of the Health Services and Public Health Act 1968 gives the Secretary of State for Health the power to make grants to voluntary organisations in England whose activities support the Department of Health's policy priorities. The Section 64 (S64) General Scheme of Grants helps to strengthen and further develop the partnership between the Department of Health and the voluntary and community sector. The 2002/3 budget was £45m. The grants are discretionary, and the terms and conditions agreed by Ministers and approved by H M Treasury apply. Occupational health promotion may be supported under the schemes Public Health priority area.

Key issues and risks

22. Although each of the options described has their own risks and benefits, a number of generic risks need to be borne in mind:

- ***Is the vision right?*** It is clear that an evaluation led approach will be necessary to test out the vision and build any case for public investment. Until existing schemes are evaluated, evidence about the contribution that a national OH&S support system will make to health and safety outcomes is limited. Moreover, continuing with an incremental approach which tests out variations to the broad model would be a lower risk option.

- ***Can we create demand?*** Although we know that OH&S support provision is low in small firms and hard to reach groups, the service will not necessarily be taken up unless the model and marketing routes we use appeals to those groups. The choice of ownership of the service will be critical, given the importance of trust in creating demand.

- ***Is sufficient expertise available to supply the demand generated?*** It is not clear whether there would be sufficient occupational health and safety professionals (e.g. advisers, ergonomists) to supply the demand generated by a national occupational health and safety support service. Putting in place the necessary skills base will add to the critical path for delivery.

- ***Can we access sustainable funding sources?*** National OH&S provision will require significant investment by government, if only to grow the service. The sustainability of any proposed OH&S support structure depends largely on the security of funding streams, maximising synergies to share overheads, balance between free services.

- ***How do we manage expectations?*** Assuming that funding was made available to pursue a preferred option, evidence suggests that the critical path for delivering support schemes is lengthy and requires robust planning and management. Influencing stakeholders to manage their expectations will be a key element of the management process.

Next Steps

23. A key step will be persuading Ministers of the feasibility of delivering a national occupational health and safety support service and that it will make a difference. The Commission may wish to opt for a less ambitious but pragmatic option which falls short of a comprehensive national service (option 1), as this may be of lower risk, and less costly. BWED will work up details of the preferred option and develop a strategy for influencing the wide range of stakeholders to take the option forward.

Consultation

24. Policy Group, Regional Directors, relevant sectors and DoH. OHAC's open meeting on 20th November, which Ministers will attend, will explore how best to engage stakeholders in delivering an occupational health and safety support system.

Presentation

25. No immediate issues. A communications and influencing strategy will be developed as part of the programme of work to develop the preferred option for OH&S support.

Costs and Benefits

26. Costs and spending profiles would vary depending on the option and sponsorship route chosen. A robust costs benefit analysis would require the results from the evaluation of existing OH support scheme.

Financial/Resource Implications for HSE

27. These depend on the preferred option, but are likely to place demands on HSE's programme budget. We will need to develop a bid for additional programme funding as part of HSC/E's SR2004 submission. We anticipate the Commission will wish to support this, given that it is a strategic priority. However, if the bid is not successful, the Commission will need to consider the consequences for delivery of the strategy, in particular any prioritisations, which may be necessary.

Action

28. The Commission is asked to:

- Agree the overarching model for a national occupational health and safety support service (paras 6-12 and Annex 1);
- Note existing evidence and experience of OH&S support activities (Annex 2) and what this means for the shape of any future provision (paras 13 –14);
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