

Health and Safety Commission Paper		HSC/05/56	
Meeting Date:	5 April 2005	Open Gov. Status:	Fully Open
Type of Paper:	Above the line	Paper File Ref:	
Exemptions:	None		

## HEALTH AND SAFETY COMMISSION

### The Wider Health Agenda: an Update on Occupational Health

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Cleared by Jonathan Rees on 21 March 2005

#### Issue

1. To review recent activities in relation to workplace health and to consider the gear change needed to deliver our targets and play a vibrant role in helping to deliver Health Department's goals and DWP's "Opportunity and Security throughout life".

#### Timing

2. Routine.

#### Recommendation

3. That the Commission
  - Agree to the proposals set out in para 10 for a step change in activity
  - Make suggestions for membership of the Workplace Health Direct Senior Stakeholders' Council, including Commissioners themselves.

#### Background

4. The effect of work-related ill health on UK productivity is huge.
  - In 2003-2004, 609,000 **new** cases of work-related ill-health were reported (out of a total of 2.2 million new and existing cases). This included 254,000 stress cases and 204,000 musculoskeletal disorders (MSD) cases.
  - 29.8 million working days were lost to work-related ill health; on average each person suffering from stress took 28.5 days off in that year; for MSDs, this figure was 19.4 days.

- The costs of work-related ill health (based on 2001-02 data) was borne primarily by individuals and the economy - £5.9 to 9.4 billion to individuals and £11.3 to 17.3 billion to the economy.
5. The HSC's Strategy identified the need to do more on health. This requirement has been delivered to date in ways outlined in Annex 1 attached.
  6. HSE has also been working on passive smoking (now called second hand smoking). The lead for this has now been taken by the Department of Health, the Scottish Parliament and the Welsh Assembly as a public health issue. HSE will await the outcome of the various consultations in England, Scotland and Wales before considering any additional measures to the existing free guidance leaflet *Passive Smoking at Work*. The position in each of the Countries is set out in Annex 2.

### **Current Considerations**

7. A great deal of work has been taking place over the last few months to assess what needs to be done to reach our targets, using a model developed for HSE's Resources and Delivery Group – the Intervention Logic Model. Key issues that this approach has highlighted are
  - The number of people that we need to impact upon to ensure that enough take the necessary action is huge – about 16 million for instance, to achieve our target of reducing the new MSD cases by 16,320 by 2008 (ie. an 8% reduction on the 204,000 new cases reported in 2003/04)
  - HSE cannot possibly do this alone; we need to arm others to play their part
  - Prevention by itself is not enough: getting people back to work has an important part to play
8. HSC is committed to working in partnership. We are better able to achieve these goals if we secure cross government support especially with links to DoH, Scotland, Wales and DWP and partnership working means that we also need to help them with their own delivery. See Annex 3 for an overview of current linkages.
9. All this means that we now need to substantially increase activities, think of different ways of delivery using whatever organisations and arrangements are best able to provide the necessary gearing.

### **Suggested Further Action**

10. Our proposals are set out below;

#### MSDs

We will to continue the “prevention plus return to work” approach but increase activity by

(a) producing core material, marketing this and getting it used. It will take the form of a “toolkit” which could be used by LA & HSE inspectors, sector organisations, individual firms, trade unions and other stakeholders to prevent backpain, arm ache, knee problems by concentrating on particular activities eg. lifting and handling, using display screen equipment, carpet laying. This approach is being tested by means of the backs project (see Annex 1; the Commission will receive a more detailed paper on this at the May meeting)

(b) orchestrating a “stay active and go back to work” campaign in England, similar to Working Backs Scotland and Welsh Backs. This will only be effective if we secure support from the Department of Health, and other key players

### Stress

(a) we will work closely with organisations in the sectors reporting the highest levels of stress: health, education, local authorities, Central Government, and the financial sector to implement the Stress Management Standards approach. We will provide a support programme to actively help organisations in the key sectors so that we can practice and provide tailored advice. We will be working closely with ACAS as a source of help and advice. We will provide encouragement to those in our non-target sectors.

We have already had success in seeking willing NHS Trusts which is being reported on separately at this April Commission meeting – paper HSC/05/53, and we are holding a “Stress & the City” meeting in conjunction with the relevant local authorities to market the approach to the financial sector.

(b) we will market HSE’s managers’ guide “Managing sickness absence and return to work”, as part of organisations’ stress arrangements.

### Workplace Health Direct

This is an exciting major project for HSE, on a scale unlike anything we have done before. Whilst the project is largely running to schedule, with key milestone reached, there are risks which we are working on to manage;

- We will acquire the resources necessary to deliver and in particular the appropriate skills. We have already bought in marketing expertise to develop a marketing strategy and prepare a specification for the work
- We have held information events to ensure that potential contractors know what is expected of them in providing expressions of interest and subsequent bids to reduce the risk of not being able to recruit suitable contractors within the timescales to the standards required. These events have given us confidence that we will receive sufficient bids and we will offer advice to improve their quality if this proves necessary

- We are reviewing the governance arrangements for the project. We already have a Project Board but we believe a Senior Stakeholders' Council would provide a vital further dimension and we will be setting this up. Members could encourage use of the service by both employers in small businesses and workers, facilitate providers partnerships (eg. with the local authorities), give marketing advice etc.

## **Action**

11. The Commission is invited to comment on these proposals, and to agree to the recommendations at para 3.

## DELIVERY OF HSC'S STRATEGY IN RELATION TO OCCUPATIONAL HEALTH

- for Musculoskeletal Disorders (MSD)
  - producing important base material (eg. Manual Handling Assessment Chart (MAC), lifting and handling aids guidance) to enable stakeholders to prevent ill health and injury
  - working with health departments and others to encourage people with pain to stay active and return to work because as MSDs, especially backpain are common health problems, prevention alone will not be the solution.
  - Backs project, as part of the communications intervention to promote the “sensible health and safety” message, the first part of which is about the business case. (for more detail see Annex 1, Appendix 1)
  
- for Stress
  - developing with stakeholders the Stress Management Standards approach and launching this on Stress Awareness Day last year.
  - encouraging those organisations most able to make a respectable contribution to the targets to implement the approach (for more detail see Annex 1, Appendix 2)
  
- for providing access to occupational health, safety and return to work support
  - working with stakeholders on the Safe and Healthy Working initiative in Scotland and funding the evaluation and making a major contribution to the 2 other pilots, Constructing Better Health (in Construction industry) and Better Health at Work (in Kirklees).
  - contributing to the development of a model for Healthy Working Lives in Scotland – from 1 April 2005 based in the NHS. This will integrate occupational health and safety support (Safe and Healthy Working) with Scotland’s Health at Work (the award scheme) and other services for employers and individuals either provided from within NHS Boards or by referral to other organisations and professional support.
  - working up the new approach announced by the Secretary of State on 2 February and called Workplace Health Direct. (more detail of the service was contained in MISC/05/01 and see attached Annex1, Appendix 3 - printed information we have produced for those wanting to participate in Workplace Health Direct which can be viewed on [www.hse.gov.uk/workplacehealth](http://www.hse.gov.uk/workplacehealth))
  
- For Managing Sickness Absence and Return to Work

Communicating our managing sickness absence and return to work approach by a guide for employers and managers, a free leaflet for employees, a free desk aid for small businesses and new HSE web pages. We are working on e-learning modules in partnership with the CIPD and ACAS, and on a joint HSE/TUC good practice leaflet for trade union representatives.

## MSD Programme

### Purpose of Programme

Musculoskeletal Disorders (including back pain/manual handling issues, upper limb disorders/display screen equipment issues, and lower limb disorders) remain the most common types of occupational ill health. An estimated 1.1M people in GB are currently affected by a work-related MSD, accounting for 11.8 million days working days lost per year (SWI03/04). Each case results in an average 20 days lost.

The MSD Programme aims to deliver a reduction of 16,320<sup>1</sup> fewer people first reporting awareness of work-related MSD (from a baseline of 204,000) by the end of FY 2007/2008. It will also contribute indirectly to the target to deliver a 9% reduction in the number of working days lost.

Delivery of the programme depends on the holistic 'Securing Health Together' (SH2) approach; ie:

- preventing MSD cases wherever possible;
- and
- managing those cases that do occur,

and ensuring that all such interventions are informed by the necessary knowledge and skills, and the promotion/delivery of appropriate information and advice.

### Successes

- Development of lifting and handling aids as a central facet of HSE's MSD strategy – will underpin a major HSE Backs ! initiative in June/July 2005
- Close involvement with Working Backs Scotland – and the development of the 'stay active with back pain' message- a practical demonstration that we can change thinking on MSDs
- May 2003 launch of the MAC (Manual Handling Assessment Charts) - a tool to help identify high risk manual handling jobs. Originally designed for HSE and Local Authority inspectors, but in the event employers, safety representatives, safety officers and others are all finding it useful.
- Securing consensus on proposals for landmark HSE publication, *Upper limb disorders in the workplace* (HSG 60). Published in 2002 to considerable acclaim, has now sold over 8,000 copies.
- The 'safety representatives skills questionnaire' – recently developed in collaboration with the TUC, it will be rolled out at safety reps' training courses in the coming months and seek their views on h&s/MSD performance in the workplace and how we can reduce MSD incidence

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<sup>1</sup> The programme target, which contributes to HSE's PSA targets, will need to be revisited in the light of the SWI 2004/05 baseline figures, which are not expected to be available until November 2005.

- Hits on the MSD website have nearly trebled (to 95,000) over the past year

## **Challenges**

- Unifying the programme – by integrating former sector programme projects – and ensuring that it is all target-driven
- Expanding the programme so that we have a fighting chance of hitting our PSA targets (our Intervention Logic Model (ILM) shows the programme falling well short of the targets at present)

Fashioning a coherent set of messages on MSDs (given that there are many different types of MSD – making the ‘one size fits all’ approach difficult)

## Stress Programme

### Purpose of Programme

Half a million people in GB are currently affected by work-related stress, depression or anxiety, accounting for 12.8 million working days lost each year (SWI03/04). Each case results in an average 29 working days lost.

The Stress Programme aims to deliver a reduction of 20,320<sup>2</sup> fewer people first reporting awareness of work-related stress (from a baseline of 254,000) by the end of FY 2007/2008. It will also contribute indirectly to the target to deliver a 9% reduction in the number of working days lost.

The main vehicle for reducing the incidence of stress-related ill health is effective use of the Stress Management Standards (SMS), which enables organisations to assess their current exposure to stress risks and devise and implement action plans, followed by a later re-assessment. The change pathway requires workers and managers to understand and accept the value of the SMS solution, agree to participate, carry out stress audits, develop and implement action plans, and achieve sustainable reduction in job-related stress.

### Successes

- Jane Kennedy, Minister of State for Work, launched the Management Standards 03 November. This was followed by a series of 50 National workshops, developed and held in partnership with the International Stress Management Association, to introduce the Standards and process.
- Stress Web Pages registered a surge in the number of contacts rising from around 14000 in September to 31000 in November. This coincides with the launch of the Management Standards and supporting material.
- HSE's case study guide 'Real Solutions, Real People' (launched in October 2003) is in the top 5 in terms of revenue generated.
- Demand for the ISMA/HSE joint badged Management Standards leaflet for employees has exhausted the initial print run of 250,000.
- Following the success of the Management Standards web based consultation and the 'Stress Solutions' online discussion group, HSE invited to speak at Cabinet Office 'e-participation group'
- Peer-review, consultation and partnership working integrated throughout development process eg stress partners/piloteers meetings, conference of stress experts, focus groups run with CIPD and ACAS, novel public consultation via website and CD-Rom
- West Dorset Improvement Notice – demonstrated clearly benefits of tackling stress at organisational level. Lots of support/interest generated within NHS.

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<sup>2</sup> The programme target, which contributes to HSE's PSA targets, will need to be revisited in the light of the SWI 2004/05 baseline figures, which are not expected to be available until November 2005.

- HSE authors had two important technical papers setting out policy background/science and practical development of Management Standards published in September 2004 edition of 'Work & Stress'.
- Government Stress Network meets regularly to share best practice. Parts of DEFRA and DWP officially piloted Standards during 2003 and now looking to roll out more widely. HSE has also met with DfEE, MOD and several police forces to explore current initiatives and encourage uptake of Standards.
- Training course for Enforcers developed and rolled out across HSE's Field Operations Division.

## **Challenges**

- Working with partners eg managing expectations from these relationships.
- Developing the business case is a key element in persuading others to adopt the SMS approach. A lot of the benefits associated with tackling workplace stressors are difficult to quantify and where benefits should be quantifiable, often there are inadequate recording systems in place eg is sickness absence directly attributable to workplace stress.
- Stress ILM highlighted importance of Management Standards uptake in public sector. Links to Government Setting an Example (GSE) programme identified, in particular, opportunities to secure top-level commitment for SIPs through Ministerial Task Force
- There remains stigma around mental illness and apprehension around how to manage those returning to work after such an illness. The stress programme will need to work closely with the Rehabilitation programme to address this.

HARD COPY

**Information we have produced for those wanting to participate in Workplace Health Direct**

## **Position in England, Scotland and Wales on Second Hand Smoking**

HSE will await the outcome of the various consultations in England, Scotland and Wales before considering any additional measures to the existing free guidance leaflet *Passive Smoking at Work*. The position in each of the Countries is as follows:

England: The Department of Health will be consulting on implementation of the proposals in the *Choosing Health White Paper* to end smoking in enclosed public places and workplaces (with some exceptions). The proposals will be implemented in:

- all Government Departments and the National Health Service by end 2006;
- all enclosed public places and workplaces other than licensed and exempted premises (eg private clubs, residential care homes, prisons) by end 2007; and
- all licensed premises preparing and serving food by end 2008; other pubs and bars will be free to choose whether to be smoke-free although smoking in the bar area will be prohibited.

Scotland. A Bill has been introduced into the Scottish Parliament for a complete ban on smoking in public places and workplaces to come into force in Spring 2006. The formal consultation period on the draft Bill is starting now for responses by 26 May.

Wales: A special committee of the Assembly is due to report in May 2005 on an appropriate way forward.

