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HEALTH AND SAFETY COMMISSION

The Health Agenda Gaining Momentum

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Issue

1. Activity and progress in taking forward the Health Agenda.

Timing

2. Routine.

Recommendation

3. That Commissioners note the paper and oral presentation in preparation for the HSC's "Good Jobs, Good Health" Conference to be held on 10 October.

Background

4. At the HSC Residential on 7th June the Commission considered our position on the new health agenda. HSC/06/64 described work planned by HSE and others in light of that discussion. This paper describes some of the progress that we have made on health more generally. It is not intended to be comprehensive: we do not cover for instance our important work on inspection, the work of EMAS, nor our disease reduction programme. But rather it seeks to give a flavour of some of our newer influencing, outreach and campaigning work over the last couple of years.

Argument

5. Attention to health and work matters has increased significantly over the past twenty years. "Revitalising Health and Safety", "Securing Health Together", and the "Strategy for Workplace Health and Safety to 2010 and Beyond" led to an adjustment in our priorities and, in pursuit of the health and safety PSA target, to a greater focus on addressing those conditions that are responsible for the vast majority of work-related sickness absence, i.e. MSDs and Stress. Better understanding of the needs of small firms has enabled us to launch the "Workplace Health Connect" service. More recently we have helped shape the "Health, Work and wellbeing" strategy and programme in

partnership with DH and DWP; Professor Dame Carol Black, the first ever National Director for Health and Work takes up her new appointment on 29 August.

6. The second year of our Workplace Strategy saw us reach the midpoint towards the 10-year Revitalising targets. HSE's statisticians conclude that we have probably and possibly met the 5-year targets set for ill health and days lost respectively: the 10-year health targets are; To reduce the number of working days lost per 100,000 workers from work-related injury by 30%; and to reduce the incidence rate of cases of work-related ill health by 20%.
7. The annexes to this paper set out progress and successes in the following key areas:
 - Stress
 - MSDs
 - Sickness absence and Return to Work
 - Public Sector
 - Workplace Health Connect
 - Scotland/Wales

Consultation

8. Within HSE.

Presentation

9. The HSC's annual stakeholder event this year will debate "Good Jobs, Good Health", and the role of health and safety in the broader public health and productivity agendas. The information contained in this paper and our oral presentation forms part of the broad contextual backdrop to that debate.

Financial/Resource Implications for HSE

10. The latest HSC Business Plan states that HSE's gross administration budget in 2006/07 is £222.6m, of which 17.3% (£38.5m) is allocated to the Fit3 Strategic Programme; the latter also gets a share of the communications budget. We estimate that around 40% of total Fit3 resources is being employed to tackle health-related issues. However, this underestimates the amount that HSE as a whole is devoting to health – a significant proportion of HSE's 'non-Fit3' resources (e.g. science, policy, enforcement) is also being used to tackle these issues.

Action

11. To note.

STRESS

What we did

- The Management Standards for Work-Related Stress were launched in November 2004. Phase one of implementation started in April 2005.
- HSE has supported 68 organisations, employing over 350,000 people, across health services; education; central Government; Local Authorities; and financial services to run the Standards approach.
- Phase two began in April 2006 and is targeted at a population of 9 million employees, in over 1300 organisations in these sectors.
- A series of over 60 regional workshops is being run in 2006/7 to persuade and equip employers in these sectors to use the Standards approach.
- Organisations who attend the workshops will have access to follow-up and support provided by HSE and HSL.

How we did it

- Around 80 employers' organisations, trades unions, existing practitioners, and other key players in the sectors were identified and attended a series of meetings with HSE in Spring 2005 to help develop our plans.
- We work closely with the Ministerial Task Force to generate high-level commitment across the public sector to adopting our approach.
- Phase one relies on the support provided by 50 specially trained FOD inspectors acting as "stress partners" to participating organisations.
- HSE also contracted Acas to help organisations with key aspects of the process. The Acas contract emphasises the importance of creating sustainability by training up key personnel in participating organisations.

Use of resources

- Programme has involved joint working between HSE's Stress Programme (total estimated staff costs of about £700,000) and Public Services Programme teams (total estimated staff costs of about £290,000).
- Close working with FOD and HSL also essential to co-ordinate support.
- Phased approach has been designed so that evidence from phase one will enable us to deploy resources more effectively in phase two - essentially using the same resources to deliver support to nearly 20 times as many organisations.

Outcome

- Management Standards widely recognised as the leading approach to managing work-related stress, both in the UK and internationally.
- HSE approach welcomed by employers, employers' organisations and trades unions, and key stakeholders such as CIPD, Acas and IiP.
- HSE's operational expertise on stress is much more widely developed.
- Examples of the benefits organisations have achieved from using the Management Standards include:
 - Hinchingbrooke NHS Trust: Lowest sickness absence levels for 2 years; vacancies at lowest recorded levels.
 - Somerset County Council: Sickness absence levels reduced by 25%; a net saving of £1.5million over two years.
 - Norfolk County Council (Education Authority): 40% reduction in numbers of teaching staff taking time off for stress.
 - West Yorkshire Probation Board: Stress-related absence reduced by 600 days per year.

MSD (MUSCULO SKELETAL DISORDERS) PROGRAMME

What we did

- Re-focussed the MSD Programme, by combining its traditional 'policy' dimension (e.g. managing the relevant regulations, providing advice and guidance) with a wider range of PSA target-driven activity.
- Developed a broad-based MSD campaign strategy, comprising inspection, publicity and stakeholder elements.
- This strategy was initiated by the Backs! 2005 campaign in June-July 2005 and is set to continue with Better Backs in October-November 2006 and a further campaign in Autumn 2007.

How we did it

- Emphasis on simultaneous, larger-scale activity – spanning publicity, inspection, and stakeholder engagement.
- Local Authority engagement – on the back of which LAs have signed up to deliver even more (80 years of inspector resource) for Better Backs 2006.
- Wider stakeholder engagement – accounting, in all, for some 119 stakeholder events and activities

Use of resources

Backs! 2005 deployed the following resources:

- £3.3M of HSE resource (incl. £1.84M publicity spend; £1.29M inspector/HSAO/specialist/project team salary spend);
- 42.5 inspector years (total estimated staff cost of about £2.4M)

A particularly innovative use of resource in Backs! 2005 was the £100k stakeholder budget (part of the wider publicity/communications budget). This budget supported 80 stakeholder events and activities and the stakeholders concerned reported real benefits – illustrating the point that, if anything, such initiatives are better undertaken by our stakeholders than by ourselves (for whom smaller-scale initiatives can carry a disproportionate planning overhead – and not make real inroads into our targets).

Outcome

To date, successes/achievements – from Backs! 2005 - include:

- Publicity: Following Backs! 2005 39% of employers and 32% of workers surveyed recalled the publicity – of these 46% of employers stated they would take action.
- Workplace inspections: 4,002 inspections undertaken for Backs! 2005, with over half a million workers at the locations visited. 51% of a sample of follow-up visits demonstrated clear improvement as a result of a single inspection, achieved by revising working procedures, manual handling training, purchase of new equipment or a combination of these. A further 22% had work in progress.
- National stakeholder partnership working. The partnership delivered the potential (based on stakeholder feedback) to reach an audience of around 10 million workers.
- Local Authority partners delivered a third of inspections and a significant number of stakeholder events.

As reported above, immediate improvements are evident from all elements of Backs! 2005. But will these improvements “stick” – and will they translate into delivery of our PSA targets? This is what our future evaluation activity will seek to establish. But, in any event, all the available evidence suggests that we need continued campaigning to have lasting impact – behaviours are not changed overnight.

Managing Sickness Absence and Return To Work

What we did

- In October 2004, published, alongside the Government's Framework for Vocational Rehabilitation, authoritative good practice advice on managing sickness absence and return to work. This promotes a holistic approach that has been welcomed by experts, practitioners, employers and trade unions.
- Put together the business case, subsequently accepted, for a separate Managing Sickness Absence and Return To Work Programme to contribute towards delivery of the Fit3 Strategic Programme's working days lost target – this recognises that preventative activities alone cannot achieve all of the target.
- Forged close links with Acas and the Chartered Institute of Personnel and Development to promote absence management and this has led to agreement for delivery of an e-learning tool for line managers in November 2006.
- Worked with the Stress/Public Services Programme on the design of their Healthy Workplace Solutions Workshops on managing absence and stress in the Public and Financial Sectors.
- Worked with the Public Services Programme to raise the profile of managing sickness absence and return to work amongst Inspectors so that they can effectively engage with Public Service Employers on this topic.
- Worked with the Musculoskeletal Disorders (MSD) Priority Programme to develop policy on return to work for MSD sufferers and to ensure they stay active by staying in work is a key message of the forthcoming Better Backs campaign.
- Ensured that rehabilitation/return to work continues to be an issue for Whitehall through engagement with DWP and the Department for Constitutional Affairs.

How we did it

- Utilising advice from experts and practitioners, built the evidence base for HSE undertaking work on managing sickness absence and return to work. This helped counter objections that HSE was moving into an area that was not a traditional topic for us and for which we had no enforcement powers.
- We then focused our efforts on stakeholder engagement, both internally and externally, to establish HSE as authority in this area and to build links with key partners to take forward collaborative work that will help deliver the Fit3 working days lost target.

Use of resources

- A small policy team (total estimated staff costs of about £270,000) is responsible for delivering the Managing Sickness Absence and Return To Work Programme. Most of whose time was/is devoted to working through other HSE programmes and with stakeholders.

What is the outcome of all this work

- Managing sickness absence and return to work is now regarded as an area of legitimate interest for the HSE (both within the organisation and by external stakeholders).
- HSE has established a reputation for itself on this topic.
- Managing sickness absence and return to work is being recognised as an essential aspect of ensuring good health at work.

PUBLIC SERVICES PROGRAMME

What we did

- Raised awareness of the impact of good health and safety management on public sector efficiency and productivity by emphasising its impact on reducing levels of sickness absence. For example, recent statistics show that absence rates fell:
 - In the civil service from 10 days per person to 9.1 days in 2004;
 - In local authorities from 10 days to 9.5 days between 2003-04 and 2004-05.

How we did it

- We set up the ministerial Task Force on Health Safety and Productivity. It includes ministers from the largest employers on Whitehall and those responsible for local government and the health service, as well as Scotland and Wales. It reported to the Chancellor in December 2004 and produced a One Year On report in November 2005.
- We have used the Task Force, and a wide range of stakeholder contacts, to identify the principal causes of work related absence (stress, MSDs and slips and trips), the impact of long term absences and the management and preventative measures that organisations should be taking to reduce ill health and therefore sickness absence.
- In addition, we have organised targeted interventions based on a detailed analysis of sickness absence performance and size of organisation. This is intended to deliver the biggest return on investment for HSE - and in terms of the gains that individual public sector organisations can secure.

Use of Resources

The work on the Ministerial Task Force has delivered significant high level influence and awareness of the issues and is supported by a team of three HSE staff (total estimated cost of about £190,000). PSP staff include this team and around 35 other people.

Outcome

As above but additionally:

- The issues now have a very high profile across the public sector and an unprecedented level of senior management interest;
- Stakeholders have welcomed the Task Force's work as "balanced and well thought through"; and
- This continuing work is recognised as central to the public sector's response to the Health Work and Well-being agenda.

WORKPLACE HEALTH CONNECT**What we did**

- On 13th July 2006 the service achieved a milestone by receiving its 1000th request for a workplace visit, in line with the targets set by the project team
- On 18th July 2006 HSE held a stakeholder event to celebrate the successful launch and first quarter operations, thank everyone for the support they have provided so far and ask for their continued support
- By 10th August the service had received over 2,700 calls and nearly 1,400 visit requests

How we did it

- The HSE project team have developed strong partnerships with a wide range of external experts (management and marketing consultants, public and private organisations who deliver health and safety advice, evaluators, contact centre operators) and delivered an innovative service for a hard to reach group on time
- Continual scrutiny of the marketing tools used, including supporting the direct mail campaigns with telemarketing, and identifying opportunities to persuade stakeholders to promote the service helped the service recover from an initial slow start

Use of resources

- Through 05/06 the Workplace Health Delivery Team (BHAW3) used 18.16 staff years (inc. experts from divisions across HSE), costing £767,506k and through the adoption of effective matrix working arrangements delivered detailed criteria for how the service would work, organised publicity events, and ran a number of extensive procurement exercises to ensure the most effective partners and delivery mechanism was adopted
- Resources for 06/07 are being managed against a background of reductions to this programme to the value of £1M.
- HSE has retained all relevant Intellectual Property Rights (IPR), and options to extend duration or terminate early are built into the contracts

Outcome

- Feedback from small and medium sized businesses has shown that the service is very professional and authoritative
- SMEs like the impartiality of the visit service and their expectations have been exceeded
- 95% of callers to the Adviceline are satisfied or very satisfied
- A wide range of stakeholders have shown a willingness to promote the service, including local authorities in and outside the Pathfinder areas
- The project team will monitor the service to ensure that, as the follow-up visits are conducted, there is evidence of small businesses acting on the advice supplied by the adviser

SCOTLAND

What we did

- In 2001 HSE supported the establishment of a free and confidential, Scottish Executive-funded occupational health and safety service for Scottish SMEs - 'Safe and Healthy Working' (SaHW), contributing £125,000 to initially fund the advice line, with a further £50,000 towards initial evaluation of the service. HSE staff continue to provide training and guidance for SaHW advisers.
- In 2003/04 HSE also helped develop the Scottish Executive's Action Plan for Healthy Working Lives. The Plan is the *workplace* implementation strand of Scotland's Health Improvement Challenge 2003. It recommended the creation of a Scottish Centre for Healthy Working Lives which is now established within NHS Scotland. The Centre brings together a range of work including SaHW (see above), the award scheme 'Scotland's Health at Work', the former NHS workplace health team and more recently Scotland Against Drugs (rehabilitating drug abusers back to work). Its aim is to integrate a range of advice on workplace and public health, safety, and well-being, return to work and employability services for employers and individuals.

How we did it

- Working closely with the Scottish Executive Health Department and the then Health Education Board - recognising the political will in Scotland to introduce an occupational health and safety service following devolution.
- Using the Scottish Director's membership of a stakeholder steering group; HSE help and support to design and fund research into stakeholder perceptions of the merits of an integrated service; and on-going representation on the national high level Advisory Group and Operational Partnership Group.

Use of resources

- Scotland Director's office and Policy Group staff (the latter specifically to provide evaluation advice) over a period of time, inspector time to prepare and deliver training. On-going liaison.
- Scotland Director's office and other staff time to comment and influence the content of the action plan, supporting the launch, and developing the operational model for an integrated service.
- More recently, B3 inspector resource to advise on revising the award scheme criteria to incorporate much more on occupational health and safety best practice - in addition to its existing focus on health promotion and lifestyle change. Plus on-going representation on the national high level HWL advisory group (Scotland Director) and also the Operational Partnership Group (FOD Scotland and PG staff).

Outcomes

- A range of local collaborative work amplifying HSE's messages in Scotland within the context of improving the health of the nation.
- Agreement to revise Scotland's high profile award scheme (under which businesses representing 40% of Scotland's workforce are registered) to integrate health and safety best practice with health promotion activity. The new scheme will first require evidence of basic HSWA compliance measures before a company may be accepted on to the scheme.
- Case study work to assess the drivers for employers to introduce health and well-being initiatives in the workplace
- A growing partnership on media and communications work to raise the profile of sensible health and safety in Scotland including references to HSE's advice and guidance.

WALES

What we did and how

- **MSD/Profiling beds** – Published a report following research with Bro Morgannwg NHS Trust comparing MSD risks and other factors in comparable wards some with, some without, electrically adjustable, patient profiling beds (EPBs).
- **HR Directors Network/Stress** – The HR Directors for the Civil Service in Wales meet on a regular basis under the Chairmanship of the HR Director for the Welsh Assembly Government (WAG). We arranged to present to them on sickness absence and stress with a view to selling HSE's approach to them.
- **DRP and dentists** – We influenced dentists to reduce skin related issues by exploring Wales based partnerships and meeting with WAG's senior dental adviser, Dental Practice Advisers (DPAs) and the Dental Reference Service (DRS). We have also contacted Vocational Training Advisers (VTA). Idea is to run a workshop for these bodies (that are involved in carrying out inspections to dentists) to brief them on our approach to health related issues in dentists so that they can appropriately deal with them at visits. All relevant health issues (infection risks, IR etc.), affecting both those working in and those visiting dental practices, will be covered.

Use of resources

- **MSD/Profiling beds** - Specialist and FOD inspector time in conducting the research and producing the research paper / published report. Significant Trust time in completing proformas etc.
- **HR Directors Network/Stress** - FOD and Public Services Programme / Stress Programme team time; ongoing inspector time in providing assistance with implementing SMS in those that are 'signed up'
- **DRP and dentists** - Limited inspector time (especially when compared with HSE visits to dentists); approx. £1.5k for workshop. DPA / DRS / VTA time in attending workshops & some additional inspection time. Follow up FOD time.

Outcome

- **MSD/profiling beds** - MSD risk was hugely reduced and substantial nursing time was saved where profiling beds were used.
- Other advantages include reduced infection risk, and improved patient satisfaction. It is also suggested that patient hydration and nutrition is improved and pressure sore incidence is reduced.
- **HR Directors Network/Stress** – Very substantial collective interest from members of HR network
- Running of pilot scheme on the Stress Management Standards (SMS) for Civil Service Depts.
- Sign up of a number of Wales based organisations to SMS e.g. Probation Service (all 4 areas) and Companies House. We are in productive discussion with others such as the Office of National Statistics, ESTYN (Schools Inspectorate in Wales), the DVLA and Patent Office. Others, including WAG have been signed up independently.
- We are also proposing to use the work with Companies House showing a significant reduction in sickness absence through effective management as a case study on HSE's website.
- **DRP and dentists** – All parties seem particularly keen on this approach and very supportive of a workshop and raising health related issues at their inspections. We propose to assess effectiveness by limited FOD follow up visits to dentists who have been visited by DPAs.