

Health and Safety Commission Paper		HSC/05/18	
Meeting Date:	17 January 2006	Open Gov. Status:	Fully Open
Type of Paper:	Above the line	Paper File Ref:	
Exemptions:	None		

HEALTH AND SAFETY COMMISSION

Health Work & Wellbeing Strategy (HWWB) and pursuing our Health Agenda

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Cleared by Jonathan Rees, Deputy Chief Executive on 04 January 2006

Issue

1. Next steps on the HSC&E Health Agenda, and how we propose to pursue it through the Health, Work and Well-being (HWWB) Strategy.

Timing

2. Routine. To update Commissioners on a rapidly developing picture.

Recommendation

3. That the Commission note the progress made in fleshing out the HWWB Strategy and give a steer on the next steps.

Background

4. The Commission last received an update on the wider health agenda on 5 April 2005 (HSC/05/56). While much innovative work has gone on in the occupational health field for many years, it is only now receiving the degree of prominence it merits. *Securing Health Together*, the Commission's long term occupational health strategy, was published in 2000. The HSC Workplace Strategy, published last year, contains statements on the challenge of occupational health, the importance of a more strategic and partnership-based approach, and the need for nationally available advice and support focused primarily on occupational health. This year since the General Election, welfare reform and in particular reform of Incapacity Benefit, has developed new momentum, and the HWWB Strategy, a partnership between ourselves, DWP and the Health Department, was launched with the involvement of the Commission Chair in mid October. How the Strategy will interact with the approach in Scotland and Wales is still under development, and discussions are taking place which should help clarify the position.

Argument

5. These developments have led increasingly to people talking about *our health agenda*, a useful collective phrase but one which needs more explicit delineation. After all, we will only be able to judge the success of our collaboration in the HWWB Strategy, if we are absolutely clear what our own objectives are. This is what the health agenda should crystallise.
6. In parallel there is an equally important objective that HSE staff themselves understand what the term *health agenda* means. This is for benefit of their own work and so that they can explain it to others outside HSE. To this end a short paper has been prepared (annex 1) which will be of interest to Commissioners. So far it has been cascaded to HSE's Senior Civil Service and to other senior managers in Policy Group. We are currently giving consideration to its further dissemination.
7. So how are we progressing our health agenda? The following provides an update on aspects of our own work and working through the HWWB partnership.

Health Work & Wellbeing Conference

8. HSE and the TUC held a conference on 5 December at Congress House to raise awareness about the HWWB Strategy and explain its main features to around 200 delegates with a range of different backgrounds. Feedback indicates that this was timely and well received. A transcript will shortly be available on the website.

Workplace Health Connect

9. The project is progressing according to plan and is on target to go live on Thursday 23 February. Key milestones are
 - The branding, including the name for the service Workplace Health Connect, is now agreed
 - The contractual arrangements with the Adviceline to cover all of England and Wales are nearing completion
 - Contracts have been signed with Pathfinders in 5 areas (North East, North West, West Midlands, South Wales and Greater London) so that we can provide a service to nearly 40% of SMEs in England and Wales
 - The National Stakeholder Council (which is chaired by Lord Hunt, with Sayeed Khan as a member) met for the first time on 10 October and will meet again on 23 January
 - Regional marketing will commence on 20 February supplemented by PR. This will fit in well with the HSE's Better Business campaign aimed at small businesses which will run from 11 January to 6 February.
10. Plans for the launch of Workplace Health Connect are being finalised but the main events are likely to be on 23 and 24 February as follows
 - 23 February Breakfast media interviews
 - (in London) Press Conference
 - Launch photocall
 - Lord Hunt small business site visit with London Pathfinder
 - Radio interviews for evening Drive Time slots

Similar arrangements are planned for Manchester and South Wales (to involve Welsh Ministers)

24 February West Midlands Regional Stakeholder breakfast
(in West Midlands) Regional photocall
Birmingham small business visit
Lunchtime news slot interviews

We would welcome views from Commissioners about whether they would personally like to be involved with the launch, and if so how.

Scottish Centre for Healthy Working Lives/ Partnership on Health and Safety in Scotland

11. In Scotland there is considerable public and political interest in the “health of the nation”, and the links to Scotland’s economic health. This resulted in April 2005 in the creation of the Scottish Centre for Healthy Working Lives (SCHWL), which drew together a number of workplace-focused health and safety activities, including the Scotlands Health at Work (SHAW) awards scheme, and the Safe and Healthy Working SME advisory service. The overall aim of the SCHWL (which is funded through NHS Scotland) is to develop a more integrated approach to workplace health across the spectrum of interests and HSE and DWP are represented on its advisory group at Director level. The HWWB strategy recognises the HWL thinking and Workplace Health Connect builds on the experience of the Safe and Healthy Working Service; . HSE and the SCHWL are working to align the two services in the longer term. Commissioners will also recall that we have established a Partnership for Health and Safety in Scotland to examine how the HSC Strategy can most effectively be implemented and the Partnership is working closely with the SCHWL whose Director is a member.

Corporate Health Standard – Wales

12. The main contribution to the health agenda in Wales is through the Corporate Health Standard, which is a national mark of quality in workplace health promotion. The Standard has been redeveloped and was re-launched last Autumn.

Stress Management Standards

13. Following the launch of the Stress Management Standards approach in November 2004, we have been testing the approach with 80 organisations with support coordinated by HSE and involving ACAS. In order to meet our targets as indicated by the intervention logic model for the stress programme, we need to increase this coverage considerably and we are currently planning how we can best do this. This work will link with the Public Service Programme.

Partnerships with the Local Authorities

14. Local authorities are becoming increasingly involved in work on the health agenda through the Strategic Enabling Programme. They were active partners in the Backs! 2005 campaign, and examples of practical partnership working have been growing in the last year. Systematic planning for 2006/07 is already taking place to secure LA

participation in HSC priority initiatives through the FIT3 Programme and for the first time make a reality of joint planning of field activities.

Incapacity Benefit reform

14. The Government's current plan is to publish the Incapacity Benefit Reform Green Paper soon. HSE officials have been working with DWP on issues relating to reducing the flow from employment into incapacity, where our preventative agenda obviously has an important role to play. Following the publication of the Green Paper, we will be able to consider this in more detail.

HWWB Strategy

15. Since the Strategy's launch on 19 October, work has concentrated on taking forward the commitments within it, in particular the *Next Steps* set out near the end. Of particular note at present:

- On communications and stakeholder engagement, COI have been engaged on a six month contract to provide strategic advice and take various aspects forward;
- A date of 3 May 2006 has been set for the stakeholder summit, and COI are taking a key role in its organisation; and
- The process for appointing a National Director for Occupational Health has been agreed and the post will be advertised shortly. Sayeed Khan is taking part in the recruitment process.

Occupational Health Professionals in HSE

16. HSE has from its inception always had a core of medical doctors and nurses and their role in supporting the health agenda is important. Following HSE's review of scientific and technical resources, medical doctors and bio-medical scientists have been brigaded into a new Corporate Medical Unit. A comprehensive description of the developing role of occupational health professionals in HSE (including HSL) will be provided in a "below the line" paper to the February Commission meeting which will explain HSE's new arrangements to deploy better its medical resource both to support the health agenda and to discharge its statutory functions (eg Employment Medical Advisory Service, Appointed Doctors).

Consultation

17. This paper has been prepared by Strategy Division and Policy Group with a contribution from FOD.

Presentation

18. There are several issues to consider

(a) Restrictions imposed by the Green Paper. The content of the Green Paper cannot be discussed before publication but we propose to have a statement ready to comment on any aspects relevant to HSC/E.

(b) Dissemination of Understanding HSE's Health Agenda. Whilst this has been designed for HSE staff, it may be of use to stakeholders. We need to decide whether to for example put it on the HSE website.

Costs and Benefits

19. N/A

Financial/Resource Implications for HSE

20. No new work is proposed.

Environmental Implications

21. N/A

Other Implications

22. N/A

Action

23. The Commission is invited to
- (a) provide a steer on the next steps for the HWWB Strategy
 - (b) indicate how they would like to be involved with the launch of the Workplace Health Connect Adviceline and Pathfinders (para 10)
 - (c) comment on the presentational issues raised in para 18.

Responsible Board Member is Jane Willis

Understanding HSE's Health Agenda

People increasingly refer to the *health agenda*, but surely preventing ill health at work has always been a major part of HSE's remit? Over the years we have progressively and successfully tackled exposure to hazardous materials, such as lead and asbestos, so what now? This note explains the shifting emphasis of the health agenda, why it has become even more important, and what it means for the way we work.

The importance of health

HSE's 2004/05 statistics showed that, of the 35 million working days lost each year to injury and ill health at work, ill health accounted for 28 million (80%). Two million people suffer from work related ill-health and HSE has estimated that this may cost the economy as much as £11.6 billion, including the cost of individual suffering. Of the days lost to ill health, work-related stress (12.8m days) and musculo-skeletal disorders (MSDs) (11.6m days) account for the large majority. These figures are a key reason why the HSC Strategy places so much emphasis on occupational health, and why any preventative programme must give high priority to stress and MSDs.

The challenge of health

Health has always been harder to tackle than safety since cause and effect are often not clearly linked. But where the link is established and exposure can be measured, such as dealing with lead poisoning, then our traditional intervention techniques have worked well. The view of occupational health has now widened from exposure to hazardous materials and agents to cover common health problems, such as depression and backache. These problems are not just work-related and include helping people to remain in work or return to work. The HSC Strategy recognises that HSE cannot resolve these matters alone. The challenge of modern occupational health demands a more strategic and partnership based approach.

Health, Work and Well-being (HWWB) Strategy

This Strategy, launched on 19 October 2005, focuses on the needs of the working age population. It forges a cross Government partnership between DWP, DH and HSE, linking our agendas and helping to break down the traditional demarcation between occupational and public health. Its vision is to gain recognition for the benefits of work to health and well-being – there has long been evidence that, overall, those in work are healthier than those not in work. It also stresses the importance of preventing work's adverse effects. Another important objective is to ease the transition into, or back into work, for those with pre-existing or work-related health conditions – in fact promoting the idea that work can be part of the cure. Most HWWB workstreams are not new but the crucial feature is the integrated approach between the three partner organisations. This integration will be reinforced by the appointment of a National Director for Occupational Health by mid 2006. HWWB will provide added impetus to HSE's preventative mission and to the key HSE projects within our health agenda.

Rising to the health challenge

The Fit3 Strategic Programme has been developed in line with the HSC Strategy to recognise the occupational health challenge, to try new ways of intervening, and to

concentrate our work on the priorities that will best deliver the Revitalising targets. Individual programmes deploy a mix of the four themes of the HSC Strategy - partnership, support, priorities and enforcement, and communications - as appropriate for each topic. For ill health and working days lost key programmes are:

Stress Programme

The programme has given better definition to this condition, identifying six key areas of working life that can cause it. Building on this, the team has worked with an innovative range of partners to develop and test out the Management Standards approach – a toolkit that allows organisations to assess their levels of risk from stress and provides pointers as to how they might reduce them. Further practical information and advice has also been developed which is available on the HSE website along with the Management Standards.

MSD Programme

This programme prioritises back pain and upper limb disorders, looking at prevention and at early reporting, treatment and rehabilitation. It has commissioned research and produced various advice and support materials. It has devised campaigns in order to reach the large numbers necessary to make a difference, the most recent being Backs! 2005. The next stage of the campaign is planned for October 2006.

Disease Reduction Programme

This programme is targeting three disease areas: to reduce the incidence of occupational asthma; to develop risk reduction interventions for work related Chronic Obstructive Pulmonary Disease (estimated 4500 deaths per year); and to tackle the risk of asbestos exposure to some 1.3 million maintenance workers. Also the Contact Dermatitis project is targeting a wide variety of hard-to-reach occupations ranging from chefs to cleaners. Programme activities concentrate on close contact with key stakeholders and using different forms of communication to raise awareness and improve understanding of risks.

Managing Sickness Absence and Return-to-work

The main purpose of this work is to help employers, employees, and their representatives manage long term sickness absence and to help those absent, whatever the cause, to return to work. It has identified the importance of early intervention, with individuals quickly receiving appropriate advice and treatment. The team has worked closely with DWP on their *Framework for Vocational Rehabilitation* and produced guidance setting out a good practice approach. A number of the business case studies on the HSE website illustrate these issues.

Public Services Programme

The purpose of this Programme is to facilitate the delivery of our targets in the public sector and provide leadership for other organisations. The Programme gives priority to sickness absence management and offers the potential to make a major contribution to meeting the national target for reducing sickness absence. It also emphasises the contribution of a healthy workforce to improving the efficiency of public services and the public sector. A key focus of this work is the Ministerial Task Force for Health, Safety and Productivity, for which the Programme team provides the secretariat. There are close links to the other programmes mentioned above.

Workplace Health Connect

This is a new service developed by HSE and due for launch in February 2006. It will offer occupational health, safety, and return-to-work advice and support to SMEs, provided by organisations contracted to HSE. But the Workplace Health Connect branding and marketing will clearly state that it is run in partnership with HSE. It addresses the research finding that SMEs, while wanting authoritative advice, are reluctant to directly approach the enforcing authorities for it. There are 3 levels of service:

Level 1 – Adviceline providing free advice with limited web support in England and Wales;

Level 2 – Pathfinders providing free problem solving workplace visits via employer requests in 5 areas covering about 40% of England and Wales;
Level 3 – Signposting to specialist support, for which businesses have to pay.
Full roll-out across England and Wales is planned for 2008. We are discussing ways of connecting the services with the scheme in Scotland, Healthy Working Lives.

Health and how we work

It follows from what is said above that health needs a different approach. It needs stronger partnerships, both in sustaining programmes and for inspection activities. It needs advice and support provision which is more accessible, better targeted and better co-ordinated across HSE, and which complements the work of Infoline and Workplace Health Connect. But advice is only effective for those willing to follow it. Inspection and enforcement also remain essential, but it needs to be better directed to priority areas and towards maximising the deterrent effect. All these activities must be built on effective communications, whether raising awareness of specific health problems or extracting maximum impact from enforcement action. In short, we need to understand the health agenda better and work more cohesively across our organisation to stimulate continuing improvements in workplace health standards.

How are we doing?

HSE's 2004/05 statistics marked the half way stage in delivering the Revitalising targets. These show that the target for a 10% reduction in the incidence rate of ill health was probably met, and that we are close to meeting the target for a 15% reduction in working days lost. These figures offer encouragement that our new Strategy-based approaches are having an impact.

The future

The demanding Revitalising and PSA targets demand continuing co-ordinated effort and innovation across HSE on health. The essence of HWWB is DWP, HSE and DH (and Scottish/Welsh equivalents) coming together to benefit the health of the working age population. Each Department has its own agenda, and ours is set out above. But each believes that its agenda will be better delivered by pooling efforts into the HWWB workstreams. For instance, we will benefit if GPs have a better understanding of work-related health problems, but it is the Department of Health that is best placed to influence them.

So we face an exciting and demanding agenda: delivery will depend on contributions from across HSE, on intervening smartly, on effective communications and above all on working with and through others.