

Reducing Occupational Health Risks in Construction

ICE, Constructing Excellence and HSE conference
Friday 19 May 2006

Keynote speech

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INTRODUCTION

Good morning. Let me start by thanking Rodger and colleagues for the invitation to deliver the keynote speech. Today's conference focuses on managing the occupational health risks in construction. Looking down the programme, I can see many of the arguments we in the HSE would put forward for managing these risks. The moral duty, the professional and legal obligations, the business benefits – they are all there. So rather than risk stealing someone else's thunder later on, I will concentrate on the wider Government Health,

Work and Wellbeing agenda and the importance of the construction industry playing a full part in this.

THE CHALLENGE OF OCCUPATIONAL HEALTH

The construction industry is important. It is Britain's largest industry, employing over 2 million people.

Since the Construction summit in 2001, there have been undoubted improvements in the industry's health and safety performance.

Action by the whole industry has seen the rate of fatal injury to workers fall **28%** in 2004/05p compared to the base year of 1999/2000 - the lowest incidence rate ever. This is mirrored by the rates for major and over three day injuries which have seen 24% and 35% reductions respectively. But there is still much work to be done before the

targets that were set at the summit are met – particularly those for occupational health. Occupational health is an important issue. It is important to you in the construction industry – a healthy workforce is an efficient and productive workforce.

It is important to us in the HSE. The Health and Safety Commission's Strategy for workplace health and safety acknowledges the huge job still to do on occupational health.

And the health of working age people is important to the Government. Their health and wellbeing will be crucial in helping to deliver any successes that the Government achieves on its 80% employment target or its broader public health and welfare

reform agendas. Which of course will all help to deliver broader objectives around social exclusion and sustainable development.

Ill health and injury arising from work costs over 35 million working days and about £12 billion each year. Every week, 1 million people take sick leave. And while the majority return to work quickly, in an average week 3000 people will have been sick for more than 6 months. These statistics are as true for construction as for the rest of British industry.

THE HEALTH, WORK AND WELLBEING STRATEGY

Last October, the Government launched its Health, Work and Wellbeing strategy. It is a cross-

Government partnership between the DWP, Dept of

Health and HSE and an important plank in the Government's commitment to improve the health and wellbeing of the working age population. It also compliments the Health and Safety Commission's workplace strategy.

But the HWWB strategy is not just for the Government. There are responsibilities for all our stakeholders, including employers and individual workers.

THE BENEFIT OF WORK

The HWWB strategy starts from the premise that, overall, work is good for you. Regrettably, work is often presented as an activity that can only damage your health – and too often that can be true. In the last reporting year, for example, there were 220

fatal injuries to workers, 71 in construction alone. And problems with musculoskeletal disorders, dermatitis and hand arm vibration show there is a long way for the industry to go before it can say it is collectively managing health risks properly.

But the workplace can also be a place where we can help to improve overall health, reduce health inequalities and offer improved life opportunities. Economically active people are more likely to be healthy, and healthy people are more likely to be economically active.

The strategy will focus on the health and wellbeing of people of working age. The people who are of fundamental importance to the construction industry's future.

VISION

Its vision is to gain recognition of work as important and beneficial to health, and to remove institutional barriers to starting, returning to or remaining in work. But to achieve any of this, healthcare services in the NHS and the independent sector must become better equipped to meet the needs of people of working age so that they are able to remain in work, or – if they are not in work – to ease their return back.

Perhaps of more direct relevance to us here today, we need to not only protect people's health but also to create an environment where work offers opportunities to promote individual health and wellbeing. Where access to and retention of work

promotes and improves the overall health of the population. And we must make it easier for people with health conditions and disabilities to optimise their work opportunities – that is, to obtain jobs and to stay in them (with adjustments made as necessary).

That is quite an agenda and some of you may have noticed the HWWB strategy has been described as “ambitious”. But it is also important and necessary.

Necessary if we are to ever break the link between ill health and inactivity and promote prevention and better management of ill-health. Necessary if the HSE and the construction industry are to meet their occupational health targets.

But it is also important for people's dignity.

Transforming the opportunities for recovery from illness while at work and improving their independence and sense of worth. These principles are not a million miles away from the industry's Respect 4 People agenda.

To achieve the vision, we need everyone involved to recognise the importance of the relationship between work and health to individuals, families, communities, organisations and society as a whole.

ENGAGING STAKEHOLDERS

One of the key themes of the strategy is "engaging stakeholders". At the HWWB stakeholder summit earlier this month, organisations from across the public and private sectors signed a charter

committing to deliver a healthier future for working-age people.

As the country's largest employer, it is vital that the construction industry plays a full part in the HWWB strategy. The strategy's success naturally depends on the support and participation of our biggest and most important industry.

I have already mentioned the need for the construction industry to improve its health and safety record. The charter is an opportunity for the industry to commit itself to tackling some of the health problems in construction in new and innovative ways. And we are here to support the industry in that task where we can.

In February, HSE launched Workplace Health Connect. This will contribute immeasurably to improving working lives. It will underpin the HWWB strategy by offering free and impartial advice to SMEs in England and Wales on occupational health, safety and return to work issues. Many of these companies will be construction related.

The Constructing Better Health pilot has been working with employers and workers in construction in Leicestershire since October 2004. It continues to provide invaluable lessons, some of which have informed the development of Workplace Health Connect.

CONCLUSION

HSE wants to help the Government to protect and improve the health and wellbeing of the working age population. And we are committed to building a world that rehabilitates rather than rejects people when they experience illness or disability. But HSE can't do it alone and neither can the Government. We need the support of key stakeholders like the construction industry to make this happen.

We all need to work together to improve health, reduce the incidence of work-related ill health and support those wanting to return to work.

Working together, I am certain we can make this a reality.

Word count: 1,190