

HSE's Health and Work strategy

The Health and Safety Executive (HSE) has a key role in helping deliver the GB and devolved governments' wider health and work priorities. As the governments' chief occupational health adviser, we have expertise in the causes of work-related ill health, and in the controls and measures which can prevent or minimise it.

To help guide policy, we have well-established networks with:

- industry;
- trade unions and the wider workforce;
- local authority co-regulators;
- the professions, academia and beyond.

HSE and local authorities have specific roles as independent regulators, and we will keep acting

directly to prevent exposure to harm in workplaces. This regulatory activity is evidence-based, responsive to the changing world of work and guided by HSE's ongoing research programme.

However, the health of the working population is not solely related to workplace conditions, and governments are concerned with much broader issues such as tackling the employment gap for the disabled, improving productivity, reducing health inequalities and supporting an ageing workforce. So we also aim to play our part in wider developments in England, Scotland and Wales designed to improve workers' health and business productivity.

Overall, we will regulate, support and seek to influence others as appropriate.

Nature and size of the problem

The health challenges in workplaces are many and varied, from the generic (eg stress that occurs in all industry sectors) to the specific (eg mesothelioma), and from the well-understood to the newly emerging.

An estimated 1.3 million people who worked in 2015/16 were suffering from an illness they believed was caused or made worse by work. This included 1.1 million workers in England, 98 000 in Scotland and 69 000 in Wales. HSE also estimates that there are 13 000 deaths a year linked to past exposures to hazardous substances at work.

The burden of work-related ill health in economic terms is considerable. New cases of work-related illness resulting from working conditions today (excluding long-latency illness) led to costs of around £9.4 billion in 2015/16. Past working conditions also continue to cause high costs today, and HSE estimates that new cases of work-related cancer, caused largely by past exposures to carcinogens at work, resulted in costs of around £12.3 billion in 2010.

HSE's strategic approach

Our approach focuses on:

- working with others, using our expertise for the wider good of workers, businesses (especially SMEs) and government;
- championing the need for prevention;
- focusing our inspection and enforcement activity where it can have the most effect.

Through these actions we will create greater awareness of the harm, costs and preventability of

ill health in the workplace, and drive collective action towards businesses managing health as an enabler of productivity and success.

While recognising the limits of our remit, we will foster collaborative relationships with colleagues in other parts of government engaged with common health problems, occupational health advice services and the wider wellbeing agenda to join up our approaches, speak with one voice and build better health outcomes.

Making a real difference requires long-term, coordinated action. We will increase our focus on tackling specific causes of work-related ill health, and bring as many levers as possible to bear on these issues. We will also establish 'what success

looks like' statements for our priorities, and develop measurement approaches which include early feedback indicators to inform short-term readjustments, as well as outcome measures to track longer-term progress.

Our health and work priorities

HSE cannot tackle everything at once, we need to prioritise. We will therefore focus our major effort on conditions with:

- widespread prevalence;
- the largest lost-time and economic-cost consequences;
- life-limiting or life-altering impacts.

Our evidence shows that these are consistent across Great Britain. HSE will also continue to invest scientific resource into horizon scanning and analysis around the future world of work, which is changing at pace. It is the exposures of today and tomorrow that will lead to the future occupational health burden.

An understanding of this changing landscape and the consequences for health is vital to ensure that the evidence is available to underpin effective prevention, maintain the regulatory framework and inform occupational health service provision.

HSE research will explore the dynamic between both work-related ill health and the impact of general ill health on worker wellbeing. We will share this research and work with devolved nations, particularly on their development of tailored approaches to health and work.

HSE's health priorities are set out below. This does not mean that causes of ill health beyond these priorities will be ignored, but they will not be addressed on the same scale.

Occupational stress and related mental health issues: Work-related stress is the second most commonly reported cause of occupational ill health in Great Britain, accounting for 37% of all work-related ill-health cases, and 45% of all working days lost due to ill health. It is recognised by both industry and unions as a major workplace health issue.

Workers in all industries and in all sizes of business may be affected, with significantly higher incidences seen in health and social care, local and central government, education and finance. In 2015/16 approximately 488 000 workers said they had experienced stress caused or aggravated by work, of which about 224 000 were new cases, and 11.7 million working days were lost due to stress, depression or anxiety. Our aim is to work in partnership with employers and the wider health and safety community to reduce the number of new cases of ill health caused by work-related stress.

Musculoskeletal disorders: Work-related musculoskeletal disorders are the most common reported cause of occupational ill health in Great Britain, accounting for 41% of all work-related ill-health cases and 34% of all working days lost due to ill health. It is recognised by both industry and unions as a major workplace health issue.

Workers in all industries and in all sizes of business may be affected, with significantly higher incidences found in agriculture, forestry and fishing, construction, transportation and storage, and health and social care. In 2015/16 there were approximately 539 000 cases, of which 176 000 were new, and 8.8 million working days were lost as a result. Our aim is to work in partnership with employers and the wider health and safety community, and to carry out targeted interventions in high-risk sectors and occupations, to reduce the number of new cases of ill health caused by work-related musculoskeletal disorders.

Occupational lung disease: Contributing substantially to work-related ill health in Great Britain, occupational lung disease continues to lead to an estimated 13 000 deaths each year. It includes a wide range of conditions from those that develop shortly after exposure (eg legionella infections, work-related asthma) to those that develop many years later such as pneumoconiosis, COPD, lung cancer and pleural mesothelioma which are life-limiting and/or life-altering.

It can occur in most industry sectors and is caused by a wide range of agents from biological organisms through to dusts, fumes and vapours, with asbestos and respirable crystalline silica being particularly substantial contributors to the burden of lung disease. Our aim is to work in partnership with employers and the wider health and safety community to reduce the incidence rate and number of new cases of occupationally-related lung disease through improving the control of exposure to causative agents.

What HSE will do

To address these priorities we will draw upon the full range of networks, interventions and opportunities for influence available to us to make real reductions in work-related ill health. These will include:

- actively contributing, where competent, to cross-government initiatives in each nation that aim to change behaviour and improve the health of the working population;
- engaging and supporting the wider community who are also striving to make workplaces healthier – whether they are professional and industry bodies, trade unions, individual businesses, charities or researchers;
- using evidence-based and innovative approaches to drive workplace and behavioural changes drawing on the range of interventions available to HSE and local authorities as regulators, from inspection campaigns to digital media;
- maintaining and enhancing the enforcement profile on work-related ill health to highlight the consequences of failure, and to hold those responsible to account;
- reviewing HSE's Health Research Programme;
- demonstrating the business costs of not tackling health issues by using case studies and measures of health outcomes to inspire greater ambition for the future.

Further information

HSE statistics: www.hse.gov.uk/statistics

For other health and safety information: www.hse.gov.uk