

HSE's Health and Work strategy

Introduction

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 etc.

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 the UK, Scottish and Welsh governments are concerned with much broader issues such as tackling the employment gap for people with disabilities, improving productivity, reducing health inequalities and supporting an ageing workforce.

We therefore aim to improve occupational health through the use of health and safety legislation, and by supporting and seeking to influence wider health interventions where they are linked with work and employment.

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 current working conditions (excluding long-latency illness) led to costs of around £9.3 billion in 2014/15.

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 in England, Scotland and Wales engaged with common health problems, occupational health advice services and the wider wellbeing agenda to join up our approaches and build better health outcomes.



HSE's health and work priorities

Making a real difference requires long-term, coordinated action. We will increase our focus on tackling those specific causes of work-related ill health where we are able to make the greatest impact, and bring as many levers as possible to bear on these issues. We need to prioritise, so we will concentrate our major effort on work-related ill-health conditions with:

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

Our evidence shows that these are consistent across Great Britain. HSE will also continue to invest resource into horizon scanning, science and analysis around the future world of work, which is changing and evolving at pace.

An understanding of this changing landscape, and the consequences for health, is vital for informing future preventive measures, regulatory frameworks and the provision of occupational health services. We will share this knowledge with others, and in turn learn from others' research to shape our collective actions.

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 lung disease

Contributing substantially to work-related ill health in Great Britain, occupational lung disease continues to lead to an estimated 12 000 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, chronic pulmonary obstructive disease (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. Asbestos and respirable crystalline silica are particularly substantial contributors to the burden of lung disease.

We aim to work in partnership with employers and the wider health and safety community to reduce the incidence rate and number of new cases of occupational lung disease through improving the control of exposure to causative agents.

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, logistics and transport, construction, 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.

We aim 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.

Work-related 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 education, health and social care, local and central government, and finance.

In 2015/16 around 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.

We aim 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 and to integrate our work into governments' wider agenda on supporting the mental wellbeing of the working population.

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;
- inspiring greater ambition by providing a showcase for ‘occupational health leadership’ – whether by trade bodies, organisations or individuals;
- demonstrating the business costs of not tackling health issues;
- maintaining and enhancing the enforcement profile on work-related ill health to highlight the consequences of failure, and to hold those responsible to account;
- developing measurement approaches for our actions – to include early feedback indicators to inform short-term readjustments as well as outcome measures to track longer-term progress;
- reviewing HSE’s Health Research Programme.

Further information

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

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