

Healthy Lives, Healthy People

IOSH consultation response to the Department of Health's White Paper "Our strategy for public health in England"



Submission

07.03.11



Preface

IOSH is the Chartered body for health and safety professionals, a registered charity and an international NGO. Our interest is in promoting occupational safety and health and in our response we address this element of the consultation on '*Healthy Lives, Healthy People: our strategy for public health in England*'. We also highlight relevant areas from the coalition agreement published in May 2010¹ that we are keen to see progressed.

In the submission that follows, we:

- summarise our main points (p.1)
- list 12 areas for government to work with IOSH and others on (p.2)
- cover the OSH background (p.3)
- make 6 specific points about the White Paper (p.4)
- present some of our key messages (p.6)
- provide answers to the 5 consultation questions (p.7)
- list IOSH occupational health resources (p.9)
- and conclude with information 'about IOSH' (p.11)

IOSH is an entirely apolitical organisation and so we make no comment on any political aspects that may be related to this White Paper.

Summary

As well as improving the health and quality of life for millions of working people, IOSH believes a proactive and professional approach to occupational safety and health (OSH) can help support business recovery, jobs and economic growth.

We are keen to work with government and others to promote 'good work' and its benefits; to help employers prevent work-related injury and illness; to support improved health and wellbeing at work; and to generally encourage healthier lifestyle choices.

We would like stronger multidisciplinary working, using trained OSH practitioners; an evidence-based approach to policy and practice; and for health and safety and risk awareness to be embedded in the education and training system.

We advocate government-funded occupational health support, especially for SMEs, and better resourcing for the Health and Safety Executive; improved promotion of the business case for OSH; and removal of tax disincentives from employers providing access to certain therapies or facilities.

¹ The Coalition: our programme for government. 2010. www.cabinetoffice.gov.uk/news/coalition-documents

Action List

We are calling on government to work with IOSH and others and to:

1. Promote the economic case for good health and safety, making the link with productivity, profitability and worker and customer loyalty
2. Use behavioural economics and act on our suggestion to remove tax disincentives for certain employer-provided therapies and access to facilities aimed at health improvement
3. Highlight the link between 'good work' and health and wellbeing, promoting work that's safe, supporting and accommodates people's needs
4. Support positive multi-professionalism, high quality service provision and the key role of trained OSH practitioners
5. Ensure the high-quality services essential for public confidence, beneficial outcomes and good value, supporting evidence-based OSH policy and practice
6. Set an example in caring for government employees, promptly and fully implementing the Boorman recommendations and tackling violence and abuse against NHS staff
7. Make clear that for employers to become public health champions, they must first champion occupational safety and health and prevent work-related harm
8. Ensure the 100,000 apprenticeships and new jobs in 'green' technologies get health and safety right from the start
9. Help promote the free IOSH Workplace Hazards Awareness Course teaching materials and health and safety awards for Young Enterprise
10. Create a more 'risk intelligent' society, embedding health, safety and risk in national, vocational and professional curricula, including for GPs, teachers and managers
11. Provide occupational health resources for employers (especially SMEs), GPs and veterans, including UK-wide 'health-at-work' advice lines
12. Provide adequate training and resourcing for the Health and Safety Executive so that its advice, guidance, enforcement and research are maintained

Introduction

IOSH welcomes government recognition of the importance of work for health and wellbeing; the need to take an evidence-based approach to public health; and the key role of prevention in protecting the nation's health, which clearly must include preventing work-related injury and illness. We would like many more people and their families to have the opportunity of benefiting from 'good work'², and for this to happen, we believe that:

- workplaces should be better managed to prevent work-related harm and exposures to health and safety hazards
- those with disabilities or health conditions should be better supported so that they can remain in, or return to, work
- workplaces should provide positive environments and be used to help promote healthier lifestyles and wellbeing for employees and their families

All this requires improved awareness, access to competent OSH advice and adequate resources. We feel that the issue of preventing work-related ill health and exposure to health hazards needs far stronger focus from both employers and government. The estimated work-related failure statistics for 2009-10 are concerning^{3, 4}:

- 28.5 million working days were lost
- 1.3 million workers with illness they put down to work (up from 1.2 million the year before)
- 572,000 workers suffered from musculoskeletal disorders, affecting back, neck and upper and lower limbs
- 430,000 workers suffered from stress, depression or anxiety
- 38,000 workers suffered breathing or lung problems
- 22,000 workers suffered skin problems
- 233,000 reportable injuries occurred
- 152 workers were killed at work
- 740 were killed in work-related road accidents (2009)
- 8,230 were seriously injured in work-related road accidents (2009)
- 8,000 estimated cancer deaths occurred (annual estimate)

It is particularly important to find ways to persuade employers to better control exposures to hazards that lead to long-latency diseases, such as asbestos, chemicals, radiation, noise and vibration, as effects are not immediately apparent and return on investment is longer-term. We also advocate better understanding of mental health and musculoskeletal issues and improved management of occupational road risk, with accidents to be reported and investigated under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

² Waddell G and Burton K, 2006, *Is work good for your health and wellbeing?*, www.dwp.gov.uk/docs/hwwb-is-work-good-for-you.pdf

³ HSE statistics at www.hse.gov.uk/statistics/index.htm

⁴ DfT statistics at www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesqbar/rrcqb2009

As well as the suffering and pain, it has been estimated that the cost to Britain's economy of workplace accidents and work-related ill health is up to £22 billion a year and to our employers, up to nearly £8 billion⁵ a year. So, in addition to the humanitarian argument, we would like to see the government do far more to promote the economic case for good health and safety management for individuals, organisations, and the country as a whole. For example, government could remind employers of the link between positive workplace perceptions and higher productivity, profitability and employee and customer loyalty⁶ – all essential to our recovery from recession.

It is vital that the national public spending cuts are well-planned and managed and do not end up costing lives. In addition, that the drive to 'reduce burdens', presented in the recent Lord Young of Graffham report⁷, does not lead to over-simplification or the erosion of essential worker and public protection. We call on the government to lead by example in how well it looks after its own employees and for prompt and full implementation of the Boorman recommendations for NHS staff⁸. We believe the government's commitment to introducing 100,000 apprenticeships and new jobs in 'green' technologies offer ideal opportunities to get health and safety right from the start.

Specific points from the White Paper

1. 'Good work' – IOSH is pleased that '*Healthy Lives, Healthy People*' recognises the potential benefits and importance of work for mental and physical health. However, we feel the government ought to also highlight the need for this to be 'good work' e.g. safe, supporting and accommodating of people's needs. This means having strong, well-trained leaders; worker involvement; and access to competent health and safety advice – all underpinned by adequate enforcement.

2. OSH first – while welcoming the use of the workplace to promote general health messages (described in this White Paper as "working with employers to unleash their potential as champions of public health") – we think it is important to emphasise that employers must first champion occupational safety and health. Employers need to protect their workers from injury and ill health, before (or at the same time) also taking the opportunity to actively promote health and wellbeing. The latter can be progressed through programmes that support healthier lifestyles e.g. smoking cessation, healthy food options and physical activity. We welcome the government's aim to prevent mental ill health and musculoskeletal disorders (MSDs) and to support the health and wellbeing of the ageing population.

3. Multidisciplinary approach – we believe for the government to succeed in its aim of creating a more diverse and inclusive workforce, the UK needs a much stronger multidisciplinary approach, harnessing the input of trained OSH practitioners as part of workplace teams. IOSH, together with DWP, has

⁵ HSE interim update. 2004. www.hse.gov.uk/statistics/pdf/costs.pdf

⁶ Harter J K, Schmidt F L and Keyes C L M. *Well-being in the workplace and its relationship to business outcomes: a review of the Gallup studies*. 2002. <http://media.gallup.com/DOCUMENTS/whitePaper--Well-BeingInTheWorkplace.pdf>

⁷ Lord Young of Graffham. 2010. '*Common sense, common safety*'. www.number10.gov.uk/wp-content/uploads/402906_CommonSense_acc.pdf

⁸ Boorman 2009 review on NHS health and wellbeing website www.nhshealthandwellbeing.org/

developed a short bespoke course to upskill OSH practitioners in rehabilitation, absence management and return-to-work issues, building on their existing expertise. This course has now been successfully delivered to small pilots in England and Scotland and has been positively received. It is currently being promoted via the IOSH professional development programme. We would like the government to actively promote such positive multi-professionalism and the key role of trained OSH practitioners.

4. Embed in education – in terms of upskilling the future generations; we would like to see the government include relevant health and safety and risk awareness in its apprenticeship programme – setting a firm foundation for tomorrow’s workforce. IOSH provides free teaching resources for schools and colleges to help prepare year-10 students for work experience, which can be accessed at www.wiseup2work.org. We are also involved in the Young Enterprise’s ‘Company Programme’, offering an award to those ‘companies’ managing health and safety the best; thereby encouraging a positive approach from our next generation of employers and managers. We would welcome government promotion of both these initiatives and also its support for embedding health and safety throughout national, vocational and professional curricula, including for GPs, teachers and managers. We believe this will help create a more ‘risk intelligent’ society.

5. Support for GPs, veterans and employers – prior to the introduction of the new ‘fit notes’, we advocated (and still do) more awareness training for GPs in occupational health and more access to NHS treatments for referral purposes, such as physiotherapy and cognitive behavioural therapy. We welcomed the government’s May 2010 commitment to providing extra support for veteran mental health needs and are keen to see progress on this. We have also called for removal of tax disincentives from employers providing certain therapies for non-work injuries and illnesses, in order to help facilitate workers’ recovery. We would like to see more government support for GPs, veterans and employers and we are keen to be involved in the development and implementation of the new ‘mental health strategy’ referred to in this White Paper. We welcome the government’s recognition that wellbeing is an important part of health and can lead to a wide-range of benefits, including improved educational outcomes and productivity at work.

6. Support for NHS staff – the NHS and its staff (more than 1.4 million) are key to delivery of healthcare services and it is essential that we ‘care for our carers’, so that they can perform to their best ability. IOSH firmly supports implementation of the Boorman recommendations for improved quantity and quality of occupational health support for NHS staff³. We also welcomed the government’s May 2010 commitment to encourage better working between NHS organisations and for the police to clamp down on those who are aggressive or abusive to NHS staff. Again, we are keen for this to be progressed and would like to see the government provide the necessary support and protection for NHS staff. In terms of prevention, we await with interest the outcome of the Design Council and the Department of Health’s recently launched competition on improving accident and emergency department layouts, etc with a view to better protecting staff and visitors and making departments more pleasant for patients.

Key IOSH messages

Recognising the many challenges and opportunities associated with the financial climate, ageing workforce, globalisation, new technologies, changing work patterns and risk of lifestyle-related diseases – our key messages for protecting and improving the health of the working age population include:

1. Prevention and promotion – we are keen to help ensure work-related injury and ill health are prevented and good health and wellbeing are supported and encouraged. This is about managing risk sensibly, involving workers and providing access to competent OSH advice and support services. To ensure effort and resources are efficiently and effectively directed, work must continue on building and applying the evidence-base for OSH policy and practice.

2. Evidence-base – we believe there should be more evaluation of the efficacy of workplace interventions and the findings widely shared, so that good practice is developed and strengthened. IOSH commissions research into OSH issues, including examining what makes work ‘good’; voice health; the needs of older workers; and violence at work. We also provide a unique OSH research database as a free resource, outlining what OSH research is being done; where; and by whom.

3. Multidisciplinary working – as part of a partnership approach, we see a key role for OSH practitioners in helping raise awareness in employers and workers of the benefits of ‘good work’ and facilitating dialogue and improvements. We also believe practitioners are well placed to help employers to evaluate interventions and to present the business case for good health and safety. Assurance of high-quality service provision is essential for public confidence, beneficial outcomes and good value.

4. Government – we call on government(s) to ensure there is adequate funding of occupational health provision such as UK-wide ‘health-at-work advice lines’, Constructing Better Health, NHS Plus and also mental health provision. In addition, that there is adequate training and resourcing of the Health and Safety Executive to help prevent exposures to work-related health and safety hazards through awareness raising, advice and enforcement. We also urge the government to use behavioural economics and remove tax disincentives for employer-provided therapies aimed at facilitating safe and sustainable rehabilitation and fund awareness training for OSH practitioners.

5. Training – we would like to see better training of business leaders and managers to help ensure they all understand how to protect their workers’ safety and health and also their own, appreciating why this makes good business sense, as well as improving the quality of people’s lives. For the medical profession, in addition to improved GP training, we also advocate including occupational health in the core syllabus for medical students (see consultation submissions below).

6. IOSH guidance – this encourages proactive management and appropriate interventions. It includes our ‘occupational health toolkit’ for non-medical practitioners (covering stress, MSDs, skin conditions and

inhalation hazards) and our guidance on supporting rehabilitation, return-to-work and health and wellbeing.

Consultation questions

1. Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

This White Paper emphasises the importance of work for health and wellbeing and we would repeat our call for GPs to have better occupational and mental health awareness training. It will then become more usual for GPs to enquire about the work patients do when they present with illness and consider whether there could be any specific part of their work which might relate to their ill health. It will be important to foster the positive multidisciplinary approach that we have advocated, given that many of the public health roles will lie outside Public Health England (such as GPs, dentists, pharmacists, nurses, allied health professionals and environmental health officers). In order to encourage uptake of preventative services by working people, we suggest there should be improved access to GP surgeries and clinics to 'fit in' with working hours and also, better publicity of their availability.

2. What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

For disseminating public health information and intelligence we would suggest more use is made of workplaces; schools and colleges; sports, leisure and community centres; libraries; shopping malls; restaurants and pubs, as appropriate. Education about healthy lifestyles could be provided within the schools curriculum.

3. How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness and tackling inequalities?

We suggest that good quality information should be made easily accessible so that professional bodies can disseminate new developments and evidence within their education programmes. Public Health England might also wish to consider the approach taken by organisations such as the Men's Health Forum, which runs an annual 'National Men's Health Week' to raise awareness and seeks to use innovative and tailored ways of getting key health messages across to this target group (www.menshealthforum.org.uk).

As we suggest, removing tax disincentives for potentially beneficial activities, such as certain employer-provided therapies for non-work injury and illness or subscriptions to public gyms or sports facilities, would be an example of applying behavioural economics to health improvement.

4. What can national partners nationally and locally contribute to improving the use of evidence in public health?

To contribute to improving the use of evidence, professionals may be able to assist with gathering and evaluation of non-confidential data. In terms of using the findings; their validity and applicability would need to be drawn to the relevant professionals' attention, possibly via their professional bodies. Peer-review and independence will be essential and sufficiently robust and significant evidence could be considered for incorporation into guidance, training, education, policy and practice.

We welcome the development of a single accessible and authoritative web-based evidence system for professionals to make evidence easily available to all. Sharing good practice of evidence-based approaches and materials to aid promotion of public health would be helpful.

5. We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

For voluntary registration of non-medically qualified public health specialists, we would suggest consideration of the 'Chartered status model' using existing Chartered bodies (option 3), as we feel Chartership is a standard that the public recognise and will have confidence in. We believe Chartered public health professionals should meet agreed competence levels, be engaged in continuing professional development, and be bound by a code of professional conduct.

IOSH occupational health resources

Our guides, tools and policies

- IOSH. *Manifesto – Creating a healthier UK plc*. Wigston: IOSH 2010, www.iosh.co.uk/manifesto
- IOSH. *Working well – guidance on promoting health and wellbeing at work*. Wigston: IOSH, 2009 www.iosh.co.uk/guidance
- IOSH. *A healthy return – good practice guide to rehabilitating people at work*. Wigston: IOSH, 2008 www.iosh.co.uk/guidance
- IOSH. *Occupational health toolkit*. IOSH website at www.ohtoolkit.co.uk
- IOSH. Policy statements on *Health, Rehabilitation and Wellbeing*, at www.iosh.co.uk/information_and_resources/policy_and_consultation/policies.aspx
- IOSH. *Occupational safety and health research database*. IOSH website at www.oshresearch.co.uk

Our consultation submissions

- IOSH. Submission on Reforming the medical statement. 2009, consultation archive www.iosh.co.uk/condocs
- IOSH. Submission on Tomorrows Doctors 2009 – a draft for consultation, consultation archive www.iosh.co.uk/condocs
- IOSH. Submission to Dame Carol Black's call for evidence for her review of the health of Britain's working age population. 2008, consultation archive www.iosh.co.uk/condocs
- IOSH. Submission on GPs curriculum. 2006, consultation archive www.iosh.co.uk/condocs

Our commissioned research

- Crawford JO, Graveling R, Cowie H, Dixon H and MacCalman L. *The health, safety and health promotion needs of older workers: an evidence-based review and guidance*. Wigston: IOSH, 2009 www.iosh.co.uk/researchreports
- Sprigg CA, Martin A, Niven K and Armitage CJ. *Unacceptable behaviour, health and wellbeing at work*. Wigston: IOSH, 2010 www.iosh.co.uk/researchreports
- Smith A, Wadsworth E, Chaplin K, Allen P and Mark G. *What is a good job? The relationship between work/working and improved health and wellbeing*. Wigston: IOSH 2011 www.iosh.co.uk/researchreports

About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) is the largest body for health and safety professionals in the world, with around 38,500 members in over 85 countries, including over 14,000 Chartered Safety and Health Practitioners. Incorporated by Royal Charter, IOSH is a registered charity, and an ILO international NGO and CIS collaborating centre. The IOSH vision is:

“A world of work which is safe, healthy and sustainable”

The Institution steers the profession, providing impartial, authoritative, free guidance. Regularly consulted by government and other bodies, IOSH is the founding member to UK, European and International professional body networks. IOSH has an active research and development fund and programme, helping develop the evidence-base for health and safety policy and practice. Summary and full reports are freely accessible from our website. IOSH publishes an international peer-reviewed journal of academic papers twice a year titled *Policy and practice in health and safety*. We have also developed a unique UK resource providing free access to a health and safety research database, as well other free on-line tools and guides, including award-winning websites for business start-ups and young people; an occupational health toolkit; and a risk management tool for small firms.

IOSH has 29 Branches in the UK and worldwide including the Caribbean, Hong Kong, Isle of Man, Middle East and the Republic of Ireland, 16 special interest groups covering aviation and aerospace; communications and media; construction; consultancy; education; environment; fire risk management; food and drink; hazardous industries; healthcare; international; offshore; public services; railways; retail and distribution; and rural industries. IOSH members work at both strategic and operational levels across all employment sectors. IOSH accredited trainers deliver health and safety awareness training to all levels of the workforce from shop floor to managers and directors, through a licensed trainer network of more than 1,350 trainers. We issue around 120,000 certificates per year.

For more about IOSH, our members and our work please visit our website at www.iosh.co.uk

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