Occupational Health - New Horizons

Presentation outline

• What is Occupational Health (OH)
  – Statutory v non-statutory - compliance v wellbeing
  – Some statistics
  – The Business Case - the benefits and how it can be managed proactively by promoting resilience

• What’s on the Horizon
  – Current issues and trends
  – Upcoming changes to regulation / best practice
  – Solutions - some thoughts!

• The RPS Tool Box
What is Occupational Health?

Multi-disciplinary Specialism focussing on:

• Prevention of work-related ill-health
  – Identification of hazards and management of risk
  – Provide early intervention for those developing a health condition
  – Offers a holistic approach

• Promote wellbeing
  – Creating a work environment that enhances wellbeing
  – Uses workplace to promote health and wellbeing
    • FCDP - http://www.chronicdiseaseprevention.org/
    • GCC - https://www.gettheworldmoving.com/
  – Support attendance and absence management
    • New Health & Work Service
What is Occupational Health?

“The effect of work on health”
Compliance & FtW Pillar
OPRA - Number of cases reported

- Mental illness: 3315 cases
- Hearing loss: 348 cases
- Musculoskeletal: 5368 cases
- Respiratory: 673 cases
- Other: 412 cases
- Skin: 1699 cases

- 45% Musculoskeletal
- 28% Mental Illness
- 14% Skin
- 6% Respiratory
- 3% Hearing loss
- 4% Other

100% Total cases = 11803

http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/schemes/opra/
Work-related ill health and occupational disease

Resources

• http://www.hse.gov.uk/Statistics/causdis/index.htm
Mesothelioma in GB: annual deaths, IIDB cases and projected future deaths to 2030

Note

- The Mesothelioma Act 2014 (OH Legal and Practice Update - Occupational Health (at work) April/May_14Vol. 10/6 pages 20 to 49)
- Asbestos Regulations: surveillance for non-licensed work effective 1 May 2015
HSE - new occupational disease web pages & online community site

• The initiative is prompted by the 2011/12 statistics from which HSE estimate:
  – 1.1 million working people suffering from a work-related illness;
  – around 450,000 new cases of occupational related ill-health; and
  – a further estimated 12,000 deaths each year caused by past exposures to harmful substances at work.

• The HSE will focus on two key priority areas:
  – respiratory disease - including asthma, COPD and silicosis
  – occupational cancer - from all routes of exposure

Resources
• http://webcommunities.hse.gov.uk/connect.ti/OccupationalDisease/grouphome
• http://www.hse.gov.uk/riddor/occupational-diseases.htm
• http://www.hse.gov.uk/pubns/books/newsletter-subscribe.htm
• http://www.hse.gov.uk/doctors/index.htm
What is Occupational Health?

“The effect of health on work”
Rehabilitation & Wellbeing Pillar

Health, Safety and Environment
The Business Case - Human Capital

Employee knowledge, skills and labour

- Recruitment
  - 7% annual turnover

- Sickness Absence
  - 3-5% wage bill

- Liability Claims
  - 0.0004% wage bill

- Medical Retirement
  - 12% of all employees

- Presenteeism
  - up to 30% wage bill
Health has a big impact on productivity

- Poor health increases business costs
- Good health improves work quality and performance
- Health promotion can reduce health risk factors
- Reducing health risks reduces absence and turnover
- Return on investment up to 4:1

“Health is an investment not an expense”
Presenteeism

- Employee is at work but working at a lower than optimal level of performance
  - lack of sleep
  - stress
  - poor physical fitness
  - effects of alcohol / self medication
Resilience

• “Self-righting” – getting back on track after a period of upheaval

• Organisational Level:
  – PEROSH “Wellbeing Tree” – an interactive tool that helps visualisation of the different factors that feed into and help achieve sustainable Wellbeing

• Individual Level:
  – Developing Resilience: A Cognitive-Behavioural Approach (Neenan)
  – Mindfulness for Busy People: Turning from Frantic and Frazzled into Calm and Composed (Sinclair & Seydel)
  – Sleepio: a digital sleep improvement programme (www.sleepio.com/about/)
NHS Choices

- 10000 Step Challenge
- Change 4 Life
- Health Apps Library
  - Moodscope
  - Living Life to the Full
  - patient.co.uk

http://www.nhs.uk/Pages/HomePage.aspx
What’s on the Horizon

• “Planning for the Future” a publication in April 2014 by the Council for Work and Health

• PESTEL Analysis
  – Lifestyle Illness
    • Alcohol
    • Obesity
  – Ageing Workforce
    • Physical Deterioration
    • Cognitive Decline

• http://www.nhshealthatwork.co.uk/images/library/files/Planning_the_Future_-_OH_and_its_workforce.pdf
Adults exceeding weekly benchmarks

- www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx
- Alcohol, drugs and the workplace – a briefing by the BMA OM Committee (http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a21_1/apache_media/U1IC6LL8K44P92F5HRQR5614CGFC51.pdf)

210 Alcohol related death rates

- 8,790 alcohol-related deaths in the UK
- 67 per cent being male
- highest for those aged 55 to 74
- lowest for those aged under 35
- varied between regions e.g. England highest in North and lowest in East

Source:
National Statistics Online
Obesity

- www.nhs.uk/Conditions/Obesity/Pages/Introduction.aspx
- Google “Jamie Oliver's TED Award Speech”

![BMI ALERT](image)

**Men**
- Obese (21%)
- Underweight (4%)
- Desirable (28%)
- Overweight (47%)

**Women**
- Obese (23%)
- Underweight (8%)
- Desirable (38%)
- Overweight (33%)

Source: National Statistics Online
Health Risks & Obesity

• risks increase as obesity increases

• risks best defined in type 2 diabetes and in hypertension, but also MSD - weight bearing joints

• risks increase as visceral fat increases

Waist circumference (Caucasians)
Men >94 - 102 cm (37 - 40 inches)
Women >80 - 88 cm (31 - 34 inches)
Links between obesity and work

- Fitness for work: aerobic/cardiovascular risks/anthropometrics
- Ergonomics of office, car and travel
- Risk of accidents secondary to sleep apnoea
- Emergency procedures
- Sickness disability and absence
- EA 2010 and reasonable adjustments
- Ill health retirement

2 choices, do something about the condition or do something about the consequences
An ageing population & by 2030

- 1/3 population will be > 60
- 65 to 84 will be up 39%
- 85 and above 106%

Source: National Statistics Online

Life expectancy
- 83 for men
- 87 for women

Employment
Requires a radical rethink as to how to support continuing employment

Cater for Functional Impairment

Chronic / long-term conditions
- Cancer - “manageable condition”
- Dementia - by 2020
  - 1 million with dementia
  - 17,000 < 65
Will you still need me, (Will you still feed me,)
When I’m sixty-four?
By 2050, the number of people over the age of 60 in Europe will have doubled to 40% of the total population, or 60% of the ‘working age’ population!
Age-associated Changes

- Physical Activity - muscle strength, stamina
- Mental Function - short term memory, recall, concentration, multi-tasking, speed of thought
- Hearing - age related hearing loss, tinnitus
- Vision - Colour, Peripheral, Accommodation, Cataracts
- Touch and Proprioception - Balance
Organisational adaptations

• Ergonomics - harness new technologies, innovative work practices and job design to support and keep older workers at work
• Review methods needed to sustain employee motivation over longer careers
• Promote an environment and culture of continuous personal improvement and lifelong learning
• Embed strategies in the organisation to deal with foreseeable absence and periods of prolonged illness in older workers
• Have policies in place for partial or ‘Progressive’ Retirement

NB Also need to consider how best to support the rising number of staff, who have caring responsibilities for elderly parents and
Solutions - Some Thoughts

Awakening
• Appoint a Resilience Champion!
• Agree Wellbeing Targets
  • Key Performance Indicators
  • Success Criteria

Originality
• Address Individual Answerability
  • Revise Employment Contracts
• Introduce
  • Job Function Assessments
  • Targeted Health Surveillance
  • Re-induction Programmes

Remodelling
• Implement Interventions Known to be Effective
  • Proactive Case Management (Red Flags)
• Focus on capabilities (FCA)
• Business Driven Fast Track Referral

Responsibility
• Tackle Behaviours (Early & Often)
• Targeted Health Promotion
• Communication (Broad Based)
  • Overcome Barriers
  • Creative Co-operation
Health & Work Service

• £50 million a year (SSP subsidy removal) advisory & assessment service in response to the 2011 Black / Frost “Independent Review of sickness absence”
• Goes live in autumn 2014
• Will enable GPs to refer workers off work > 4 weeks
  – RTW plan issued to employee, employer and GP
  – Delivered by external providers
  – Tax exemption of up to £500 / year / employee on money paid by employer
• Competitive tender underway since spring 2014 – preferred delivery will be public sector dovetailing with existing service providers
• Roll-out of the E-Fit Note is almost complete with DWP predicting 99.9% coverage
  – AHP’s “Fit Note”
  – EEF is developing an adjustments / modifications template for employers to send to GPs
Health Risk Management

The RPS OH Tool Box

• Pre-placement assessment
  – Fit for purpose
  – Drugs & alcohol screening

• Targeted health surveillance
  – Operational risk assessment

• Sickness absence management
  – Early intervention (SAW)
  – Funded intervention
  – Structured rehabilitation (RTW)

• Lifelong wellbeing promotion
Thank you for listening

Any questions?