Dame Carol Black's call for evidence

IOSH response to Dame Carol Black's review
of the health of Britain's working age population

Consultation
response
30.11.07

About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) is Europe's largest OSH professional body with 31,000+ members in over 50 countries, including around 11,500 Chartered Safety and Health Practitioners. Incorporated by Royal Charter, a registered charity, and an ILO international NGO, IOSH is the guardian of standards of competence and provides professional development and awareness training.

The Institution regulates and steers the profession, providing impartial, authoritative, free guidance. Regularly consulted by government and other bodies, IOSH is the founding member and secretariat to UK, European and International professional body networks. The Institution also has a research and development fund, which is developing the evidence-base for OSH policy and practice.

IOSH has 28 Branches in the UK and worldwide including the Caribbean, Hong Kong, Middle East and the Republic of Ireland, 17 special interest groups covering aviation; communications and media; construction; consultancy; education; environment; fire risk management; food, drink and hospitality; hazardous industries; healthcare; international; offshore; public services; railways; retail and distribution; rural industries; and safety sciences. IOSH members work at both strategic and operational levels across all employment sectors and our vision is:

"A world of work which is safe, healthy and sustainable"

IOSH welcomes this opportunity to contribute to Dame Carol Black's *Review of the health of Britain's working age population*, issued by the Government-led initiative Health Work Wellbeing. Our responses to the 8 consultation questions have been developed from comments supplied by IOSH members, our submissions to other health-related consultations and include references to relevant research in this area. We have also received two case studies, one from an organisation and one from an individual, which we will be pleased to forward separately.

For more information about IOSH, its members and its work, please visit www.iosh.co.uk

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Summary points

IOSH recognises the many challenges facing the professions, government, employers and unions in protecting and improving the health of the working age population.

Key messages from our detailed response below are:

- Prevention and promotion – we are keen that not only is work-related ill health prevented, but also that 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 properly directed, OSH needs to continue its work to become evidence-based.
- Evidence-base – we believe there should be more evaluation into the efficacy of workplace interventions and the findings widely shared, so that good practice is developed and strengthened. IOSH is commissioning research into occupational health issues, including examining: what makes work 'good'; voice health; violence at work; and establishing a reliable, convenient measuring technique for core body temperature in hot thermal environments. We also provide an OSH Research database as a free resource for all interested parties.
- Multidisciplinary working – as part of a partnership approach, we see a key role for OSH practitioners in supporting the Health, Work and Wellbeing Strategy, helping to raise awareness in employers and workers and facilitating dialogue and improvements. We also believe practitioners are well placed to help employers evaluate interventions.
- Government – we call on the government(s) to ensure there is adequate funding of occupational health provision such as Workplace Health Connect, Healthy Working Lives, Constructing Better Health, NHS Plus and also mental health provision. In addition, that there is adequate training and resourcing of the HSE to help prevent exposures to work-related health hazards through awareness raising, advice and enforcement. We also urge the government to consider tax incentives for employer-provided treatments aimed at facilitating safe and sustainable rehabilitation and the funding of awareness training for OSH practitioners. We welcome the new National Strategy for Mental Health at Work and would be pleased to nominate a representative to serve on the overseeing group.
- IOSH guidance – in addition to our research activities, IOSH is active in providing free guidance on occupational health issues, including our Occupational Health Toolkit for non-medical practitioners and others and our forthcoming guidance on supporting rehabilitation, return-to-work and wellbeing.
- Training – we would like to see far better training of business leaders and managers to help ensure that they all understand how to protect their workers' health and also their own, appreciating why this makes good business sense, as well as improving the quality of people's lives.

IOSH response to 'call for evidence' questions

1 How can we keep working age people healthy and how can the workplace be used to promote health?

Occupational safety and health practitioners work closely with employers and workers across all employment sectors in order to prevent exposures to work-related health hazards and the development of occupational illness, helping to keep working age people healthy.

IOSH supports the exploration of the workplace as a means of promoting health improvement. We are listed as a registered stakeholder on the National Institute of Health and Clinical Excellence (NICE) 'Workplace Physical Activity Programme', which has recently conducted a literature review and produced a draft report: "A review of effectiveness of workplace health promotion interventions on physical activity and what works in motivating and changing employees' health behaviour [1]. We are also involved with the Men's Health Forum, whose next National Health Week (2008) includes using the workplace to reach men and encourage them to take their health more seriously.[2]

IOSH believes that the workplace can be used as a setting to prevent common health problems, for example, by providing health screening, advice and support programmes. Proactive measures such as the scheme pioneered by a major power and gas company, E.ON (case study available), highlight how establishing a base line of health parameters for staff can lead to early intervention and preventative strategies. These parameters can then be compared year on year. Their "Active Energy" project started in July 2006 across their UK sites and involved a total of 2663 employees attending a 45 minute health screen. Results of the screening were compared to corporate data from Nuffield Proactive Health Centres and to national data from the British Heart Foundation Coronary Heart Disease statistics.

Areas identified for intervention strategies were blood pressure management, stress management techniques, smoking cessation and body fat reduction and weight management information. Workshops, presentations and seminars and tailored information for individuals would be used to deliver the intervention programme. The company was able to identify that the staff who were screened had activity levels above national figures and favourable cholesterol and 'spinal mouse' [3] results. Their approach echoes research, commissioned by the Health, Work and Wellbeing Executive from the Institute of Employment Studies, that recently identified that a combination of organisational interventions and complementary individual interventions are effective.[4]

The government may therefore wish to consider using tax incentives to encourage employers to offer confidential, free health promotion programmes, which could cover hearing, eyesight, smoking cessation; general fitness advice, obesity, cardiovascular health, etc.

2 How can people best be helped to remain in or quickly return to work when they develop health conditions including chronic disease or disabilities?

IOSH is listed as a registered stakeholder on the NICE 'Public Health Programme – Long-Term Sickness and Incapacity' and a member of the IOSH Technical Committee is serving on the NICE working group looking at the evidence-base for rehabilitation.

The review of evidence on the effectiveness of workplace interventions for common health problems [5] (referred to above), examined evidence from systematic and other high quality evidence reviews. It covered interventions for three common health areas: back pain and other musculoskeletal disorders (MSDs); common mental health problems (stress, anxiety and depression); and cardio-respiratory conditions, looking at effectiveness in relation to work outcomes such as sickness absence, staff turnover and return to work, although general health outcomes were also considered. Some of its key findings were the importance of partnership / consultation; considering attitudes and beliefs, as well as health conditions; combining individual and organisational solutions; and improved communication.

IOSH believes that good communication between GPs, managers, employees, occupational health professionals, safety and health practitioners and HR personnel is essential if people are to be helped to successfully remain in or return to work. We agree that the proposed move to develop and introduce new GP medical certificates that advise on fitness for work (a "fitnote" instead of a "sicknote") could help to promote more positive attitudes and beliefs about illness and disability.[6]

Early return-to-work, however, should only be used when it is appropriate for recovery. There are cases where rest is an appropriate form of treatment and return to work should be based on the assessment of the nature and degree of injury in each case. Other issues such as the impact of medication or inability to travel may also be important. The individual circumstances of the employee should always be considered. It is important to minimise the human and financial impacts for both the employee and the organisation, but beneficial early return to work also depends on an employee having a say in how they do their work and suitable adjustments being made to the job by the employer.[7]

An individual case study provided by an IOSH member working as a health and safety adviser in the voluntary sector, explains ways in which they feel people could be better helped to return-to-work after developing a chronic health condition (case study available). Speaking as an employee, they praise the support received from their employer and fellow employees, but also use their personal experience of returning to work to highlight the need to consider:

- not only the illness but the side effects of any treatments or medications
- the need to help the employer and fellow employees understand what the medical condition involves

- the time needed off work to attend hospital appointments, tests, and GP appointments. More availability of appointments outside standard working hours would be helpful
- the need to adapt the working environment
- more information to be given to patients about support groups, websites and benefits
- more information to be easily available to employers about schemes to help them with special requirements for the workplace and to highlight the advantages of flexible and home working
- changes in the benefit system so that owner occupiers are not disadvantaged

IOSH is concerned that healthcare professionals making assessments on fitness to work (under the requirements of the Welfare Reform Act 2007), including capability and 'work-focussed health-related assessments', should have adequate occupational health knowledge or access to occupational health expertise, to help ensure people are not ultimately placed in unsuitable workplace situations.

Organisations need to be properly equipped to manage 'at risk' groups – without this, the aim of creating a more diverse and inclusive workforce could be jeopardised. The government has rightly focussed attention on the need to provide potential workers with appropriate medical treatment and re-skilling opportunities. However, we feel insufficient thought has been given to the ongoing support these workers and their employers may require, in order to ensure safe and sustainable return to work. To be successful, rehabilitating or introducing new workers to the workplace should be viewed as part of a process and not as a single event. Health and safety practitioners are key elements in multidisciplinary problem-solving teams. In addition to helping assess workplace systems and environments and helping recommend necessary adjustments, they can play a role in educating managers; help spot the early indications of possible occupational illness, ensuring earlier interventions and referrals and act as advocates and support mechanisms for returning workers.

3 How does the age of the person affect the support that is needed?

IOSH fully supports the Employment Equality (Age) Regulations 2006 and believes that improvements provided to help older workers (e.g. better lighting and flexible working arrangements) can also be beneficial to the rest of the workforce. Organisations should gain from efforts to maintain the ability to work of their workers at all ages. In common with other developed nations, the UK has an ageing population and workforce. IOSH and health and safety professionals are keen to support older workers, helping them to be retained or to return to the workplace if they wish, by promoting flexibility in job design and work

organisation. We believe that making workplaces more 'worker-friendly' is beneficial to workers, employers and society.

Here it may be pertinent to explode some myths [8] associated with older workers, for example:

- Chronological age determines health and age brings illness and disease.
  (Health is influenced by many factors, especially lifestyle, i.e. exercise and diet)
- Getting old is associated with loss of cognitive capacity
  (Older people are able to compensate for decline in these capacities and there are individual differences)
- Older workers have less physical strength and endurance
  (Individuals vary and some older workers are stronger than younger ones. Physical ability can be improved through exercise)
- Older workers tend to have poorer sensory abilities such as sight and hearing
  (Sensory abilities do deteriorate with age, but this loss is not consistent in all older adults and can be compensated for, using aids and adaptations in the workplace)
- Older adults have difficulty adapting to change
  (There can be resistance to change at any age)
- Older adults find it harder to learn new information making their knowledge and skills outdated
  (Older adults can learn new information, but like all workers, benefit from training tailored to their needs and a continuous learning environment)
- Older workers take more time off work
  (Older workers show a lower level of short-term self-certified sickness absence but sometimes show a higher level of long-term absence. Chronic diseases, which may lead to long-term absence, may be helped by workplace interventions)
- Older workers have more accidents in the workplace
  (Accidents like slips, trips and falls can be prevented by interventions beneficial to all workers. Older workers' experience can lead to a more responsible approach to health and safety, and may help improve organisations health and safety cultures)
- Older workers are less productive
  (Individuals vary – older workers may be able to compensate for any decreases in speed by increases in quality and accuracy)

There are often simple measures that can improve the functioning and productivity of workers of all ages.

HSE Statistics for 2005-6 [9] show that the highest rates for males suffering a work-related illness were in the 55-74 year age groups, and for females, in the 45-59 age groups. For males, 1.6 days were lost per worker aged over 55, which is higher than the average rate for all males. For females, 1.6 days were lost per worker aged 45-54, which is higher than the average rate for the younger female groups (16-34).

Higher rates may be partly explained by the automatic tendency for the prevalence rates for persistent conditions to be greater for older people of working age, and that the prevalence of conditions due to cumulative exposure to hazards will also tend to increase with age.

There is evidence of an increase in musculoskeletal disorders and a higher rate of stress, depression and anxiety in older workers compared to younger workers, though males and females over the age of 55 carry the lowest rates for the latter. Thus, the support provided for older workers may need to focus workplace adjustments and flexible working arrangements.

4 How can we encourage action to improve employee health?

IOSH is keen to actively help establish an evidence-base for OSH policy and practice and encourage innovation and operates an active research and development fund.

The objectives of our fund are:

- to encourage research designed to be of use in OSH practice worldwide and specifically for the promotion and implementation of systematic and organised methods of improving OSH as a critical contribution to public wellbeing.
- to encourage, consider, fund and monitor new ideas that will enable the Institution to take advantage of strategic opportunities in support of its vision of a world of work that is safe, healthy and sustainable**.**

In addition to commissioning and funding research and development projects, IOSH actively supports other organisations undertaking research in OSH-related areas. We sponsor the British Occupational Health Research Foundation (BOHRF), a charity that organises and manages research, to help fund their studies in occupational health issues.

IOSH is also separately sponsoring the research below:

Reliable industrial measurement of body temperature (Institute of Occupational Medicine)

This project aims to determine a predictive relationship between infra-red temperature and intra-gastric temperature for core body temperature measurement. Various statistical procedures will be used to establish the basic reliability of the technique and explore potential factors which may influence its reliability. Reliable measurement of heat strain, in assessing

risk or in evaluating the effectiveness of control measures, is key to worker health and safety in many industries.

Exploring training needs for health and safety professionals with regard to workplace health issues (Nottingham University)

This project aims to: identify occupational health and safety issues that should be targeted through education and training schemes for OSH professionals; explore experts' views on priority issues; identify views of IOSH members; and identify priorities to be addressed through education and training programmes. For more information please visit their website at: www.nottingham.ac.uk/iwho/workplacehealth

The following studies are due to be commissioned:

The relationship between work/working and improved health, safety and wellbeing (Cardiff University)

This project will review scientific evidence on the effects of different types of work on health benefits, increased wellbeing and safety and conduct analysis of existing databases to produce information on the relative importance, effect sizes, optimum combination and measures of the characteristics of jobs that are 'good' for health, safety and wellbeing. The aim is to inform OSH professionals, academic researchers, employers and employees about best practice and developing appropriate policies for improving OSH and wellbeing.

An epidemiological study of occupational voice demands and their impact on the call-centre industry (University of Ulster)

This project aims to investigate the work context and vocal communication demands for contact-centre workers. An evaluation of the contact-centre workers' health, awareness and performance will be carried out and the key risks and training needs for employees and employers will be identified.

The effect of work-related violence on employee health and wellbeing: A longitudinal cross-lagged study (Institute of Work Psychology, University of Sheffield)

This project will aim to understand the impact of violence on wellbeing and the mechanisms by which these incidents impact on health. The study will look to establish causal influences on health and well-being and identify the most important moderators and mediators of these causal relationships and the most promising candidates for the development successful interventions, to limit the risks to employee health from work-related violence.

In addition to the above, IOSH also provides free resources as follows:

The IOSH research database for OSH

This is part of a long-term initiative that aims to enable IOSH members and non-members to access information about OSH research in UK and EU and beyond. The objective of the database is to provide a focused and dedicated resource to assist those with an interest in occupational health and safety research with their work, studies and continuing professional development (CPD). The OSH research database is being constantly developed and aims to provide comprehensive information on academic, commercial and public sector OSH research in the UK and Europe. Data on the UK academic sector is now available on the IOSH website at www.oshresearch.co.uk/

Currently there are over 169 research projects listed on the database and of these 36.6 per cent are examining Occupational Health topics. This includes projects looking at the EU priorities areas of psycho-social issues and musculoskeletal disorders (MSDs) as well as projects on specific aspects of occupational health such as dermatitis, tobacco smoke exposure, toxicology and the statistical measurement of occupational health. The database also holds information on projects that are looking at aspects of the labour market including studies focussing on vulnerable groups such as migrant workers and older workers.

The IOSH Occupational Health Toolkit www.ohtoolkit.co.uk/

This is a freely available online resource, bringing together information, guidance, factsheets, case studies, training materials, presentations and more, to help OSH practitioners and others tackle occupational health problems. The toolkit deals with topics such as stress and musculoskeletal disorders (and shortly also will include inhalation hazards and skin disorders) and covers the whole process – from learning the background to a health issue, through identifying and dealing with early indications of problems, right to supporting people back to work if they have been off ill. The Occupational Health Toolkit also gives guidance for safety and health practitioners on working with colleagues in occupational health specialisms.

To further help OSH practitioners and others, IOSH has also developed a rehabilitation guide **"A healthy return – a good practice guide to rehabilitation"**, which will shortly be freely available from the IOSH website.[10] This guide aims to give OSH practitioners a grounding in rehabilitation, and to provide them with practical guidance. Others, including managers and human resources personnel, will also find it useful. An introductory text, with references to further sources of information, it is not intended as a definitive guide to rehabilitation. It contains:

- an overview of rehabilitation
- a 'work adjustment assessment' to help practitioners assess the workplace needs of employees with impairments or medical conditions
- case studies that demonstrate rehabilitation in practice
- sources of further information, reading and training

IOSH is also producing a guide "**Promoting Well being at Work**". Though not providing in-depth guidance on specific health issues, it aims to promote wellbeing as a holistic, proactive approach to managing health issues at work. It will promote working together, particularly with occupational health and human resource specialists, to improve employee wellbeing and work performance through:

- identifying and addressing the causes of workplace ill health
- addressing the impact of health on the capacity to work (supporting employees with disabilities and health conditions, rehabilitation)
- promoting a healthier lifestyle and so impact on the general health of the workforce
- creating a pleasant and enjoyable working environment

It is intended that the new guide will cover:

- a definition of "wellbeing"
- what is covered by wellbeing
- key drivers – including supporting statistics
- why OSH professional should get involved
- IIP framework for wellbeing
- implementing a strategy: step by step overview
- resources and tools to help
- case studies

5 What underlies the apparent growth in mental health problems in the working age population and how can this be addressed?

This topic was raised at an interactive research workshop organised by the IOSH Research Committee and Technical Affairs department in September 2006. The workshop addressed three themes: 'national level intervention', 'changing work organisation' and 'changing hazards and risk profiles'. Twenty-six delegates, comprising researchers from academic institutions, practitioners from the public and private sector and government policy-makers, attended the workshop. Delegates' views are summarised below. A full report of the *New Directions* workshop is available at www.iosh.co.uk/techguide

In terms of work-related factors, one important element was felt to be the impact of new technology in the workplace, which has tended to erase the boundary between home and work. The intrusion of work-related technology, such as mobile phones, into home life, and the generally increased connectivity between home and work, mean that people find it difficult to maintain a 'work–life balance'. This inability to 'switch off' can lead to unacceptable pressure and stress. Increased mobility and shift work are also issues in this regard.

The advent of email has also changed the way in which people can make decisions. There are two aspects to this. Firstly, people have been able to abrogate responsibility for their actions, by sending emails to large numbers of other people. Secondly, it has become more difficult to take a decision alone, because of the increased ease of consulting other people first. So, rather than improving communication, email can sometimes hinder it. Additionally, there is the problem of 'depersonalisation' in which difficult decisions can be 'communicated' at the press of a button. Organisational processes reinforce this reliance on email.

Another factor believed important by some participants, is the need for auditors to see evidence of a process and that the HSE may need to see evidence of a decision if it inspects a workplace or investigates an incident. It was felt this could lead to a defensive culture and a 'management by paper' mentality, resulting in excessive use of checklists and possible risk aversion and not necessarily translating into effective health and safety practice.

An effective health and safety culture is one where people have a strategy that goes beyond the paperwork and the health and safety management system and fully engages people in the process. Health and safety can sometimes be seen as over-complex and needs to be simplified. A key role for practitioners is making health and safety relevant to the people they advise, and this requires competence and leadership.[11]

The research workshop concluded that psychosocial aspects of work, and their relationship to mental health, were likely to become more important for practitioners in their role of helping to prevent workplace ill health and also in facilitating appropriate workplace adjustments.

6 What constitutes effective occupational health provision and how can it be made available to all?

International perspective

As Westerholm (2007) [12] points out, we need to decide how to judge the quality of occupational health provision. Are we looking at quality in terms of the contribution of occupational health services to public health; how they are perceived by clients or employees in meeting their needs; as understood by health professionals; or by how cost-effective they are? Westerholm also makes some further points relevant to this question. For example, in most countries in the study employers are legally required to provide occupational health services for their employees and where strictly enforced, these countries are able to show that occupational health provision is available to almost the whole workforce. Funding of occupational health provision usually comes from the profits and production of industry and services, and not from the taxpayer. Organisations offering occupational health services in many countries tend to take on roles as "agents of public health" and "providers of expert services" to companies. He explains that although the medical profession are currently

predominant in many countries, most intend to increase the level of multidisciplinarity or 'multiprofessionalism'.

Westerholm also raises the concept of professionalism in occupational health practice, the need to re-appraise training and queries whether the current occupational health professions are best-equipped to have a monopoly in dealing with health and ability to work. He emphasises the importance of the availability of professional competence and of safeguarding professional conduct and questions whether the availability of occupational health provision should be left to market forces, given its importance in "promoting health for all" and to the economy. As Walters (2007)[13] points out, global competition and changes in the structure of work mean that traditional approaches to occupational health may no longer be appropriate.

UK perspective

IOSH believe that in order to better tackle work-related illness in the UK, and to support those seeking to move back into employment following long-term illness, a change of approach is needed. To maximise the impact and efficacy of qualified occupational health practitioners, and to prevent conditions becoming chronic, we suggest better use be made of safety and health practitioners. These individuals exist in large numbers; already have a degree of OH knowledge; are well-established in the workplace; and are able to provide a support function in terms of noticing when things may be going wrong, raising awareness, communicating policies and services, and promoting the health message.

Recognising a 'gap' in the current support system, we believe the UK needs to find a different way of working and harnessing the entire national resource. This would involve utilising some of the 25-30,000 safety and health practitioners, who could, for example, act as workplace advocates; play a role in educating managers; and help spot the early indications of possible occupational illness, ensuring earlier interventions and referrals.

Unfortunately, there are currently only a few thousand specialist occupational health doctors and nurses in the UK, which we believe is woefully inadequate to deal with the potential numbers who may return or join the workforce. However, with a little extra training, an additional 10,000 health and safety practitioners could play an increased and vital role in facilitating and supporting safe returns to work and long-term retention. Building on their core competence training and experience, we believe a focussed one- or two-day training course would help establish a national 'critical mass' of practitioners in the workplace. Ideally positioned and sufficient in number, once trained – they could help make a real difference.

Cost benefit of government-funded training

For example, looking over a one-year timeframe, involving as few as 600 returnees, we estimate the government could recoup the costs of training and compensating employers for

their time, within just a year. Thereafter, assuming these 600 people remain in work, the government could save around £5.8m each and every year. Our assumptions and calculations are as follows:

- Training fees: at ~ £250 / day / delegate, 2 days training for 10,000 practitioners would cost £5m [*].
- Time costs: if we estimate that each returnee / new entrant would require 5 days of practitioner time a year (plus 2 days for practitioner training), this could represent a cost to the employer of around £1,400 (at £200 per day), totalling £840,000 nationally for 600 people to be supported. In covering this extra cost, the employer could receive government support (perhaps a tax break, financed from the resulting increased tax and NI received); could negotiate insurance reductions, on the basis of providing an active rehabilitation scheme; or may simply view it as 'money well-spent', in order to retain a valued member of staff.
- Return on investment for the government: if this scheme meant that 600 fewer people were reliant on Incapacity Benefit (or its replacement) over a one-year period, the government would recoup its outlay (via unpaid benefits of ~ £2.2m, assuming IB at £70 [†] per week x 52 x 600; combined with increased tax and national insurance payments of £3.6m, based on an average of £6,000 per worker per year), within one year. Thereafter, if this 600 people remained in work, the savings would amount to around £5.8m for the Treasury each year that this happened.

With 10,000 practitioners trained in rehabilitation, many more could be supported back to work and we therefore request government funding of awareness training for them in rehabilitation issues.

Tax relief on rehabilitation provisions and adjustments

We suggest that where employers, to help employees remain in, or return to, work, are prepared to provide certain therapies or give employees limited financial assistance for such therapies (receipted); the current 'benefits in kind' rule could be a disincentive and should be revised. If employer-supported treatments, such as physiotherapy or cognitive behavioural therapy, were exempt this charge, irrespective of origin of injury or ill health, it would encourage more employers to be proactive in job retention and rehabilitation. As exemptions would only apply to certain therapies, we do not believe this would act as a precedent for a tax-permissive regime for private healthcare in general. The modest amount lost to the Exchequer from this tax change will, we believe, be more than off-set through improved

[*] This would represent a one-off outlay, as those trained could utilise their training for many years.
[†] This represents an average of the current upper and lower rates of IB

worker health, reduced sickness absence, less demand on NHS services and increased national productivity.

Additionally, we request that the government reviews eligibility on capital allowances and considers broadening this to other workplaces (in addition to 'qualifying hotels' and 'industrial or agricultural buildings') for money an employer spends on the fabric of the building e.g. fitting ramps or widening a doorway. Encouraging employers to invest in these kinds of adjustments and modifications to their premises will aid the employment of people with disabilities, make businesses more competitive by ensuring greater accessibility for clients, customers and visitors.

National provision of OH services

Making occupational health provision more available to all can be helped by specific government initiatives. For example, *Workplace Health Connect*, launched in February 2006, provides free advice on safety and health in the workplace for small and medium-sized enterprises (SMEs) and helps to promote knowledge about OSH and return-to-work issues. The national advice line and website is accessible to both employers and employees and employers can benefit from problem solving visits and signposting to approved local specialists if further support is needed.

Evaluation of *Workplace Health Connect* by the Institute of Employment Studies found that employers who find out about the initiative themselves were more likely to fully engage with the service than those to which it was marketed. However, employers seem to use the service more to solve basic health and safety problems than to deal occupational health issues. Nevertheless this is a good way of making occupational health advice accessible to all.[14]

IOSH was disappointed that the HSE did not have the resource to run the *Workplace Health Connect* Pathfinder in the South East region and strongly believe that resources should be made available to ensure the national roll-out the *Workplace Health Connect* initiative after February 2008, as intended.

The *Constructing Better Health* pilot, which took place in Leicestershire 2004 – 2006 aimed to raise awareness of occupational health issues within the construction industry. The project also helped to address ill health amongst the workers in the pilot and to promote the risk assessment of processes that might lead to health issues.

Although it was difficult to reach very small contractors, the message could be cascaded through larger employers that they were subcontracted to, though this took time. Construction companies preferred direct approaches, such as face-to-face meetings, rather than a

telephone helpline or a web site. There is a need to improve communication with subcontractors.

The evaluation of the project [15] found a lack of knowledge about occupational health amongst small construction contractors, but that individuals were interested in their own health and how to protect themselves. Managers were reluctant to change the way they worked and appreciate the need for change to improve occupational health. Therefore, there was a need to 'sell' the business benefits of good health and safety to them. The pilot was successful in raising awareness of occupational health at a national level and IOSH is pleased that this initiative is now being rolled-out nationally.

In Scotland, the *Healthy Working Lives* initiative is providing access to health information to the whole of the Scottish population, across all industries and all age groups, to the employed and unemployed. Its Safe and Healthy Working website provides access to a free and confidential OSH service to SME workers and employers across Scotland. Like *Workplace Health Connect*, it aims to address issues of work-related ill health prevention and return-to-work.

7 What would be the impact on poverty and social inclusion of a healthier working age population?

IOSH believes that addressing the issue of mental health would be an effective way of eventually alleviating poverty and promoting social inclusion. As Lord McKenzie has highlighted, about 40 per cent of those receiving incapacity benefit due so because they suffer from mental ill health conditions including stress and depression. More support is needed to provide effective treatments and fight the stigma of mental health problems, which may prevent individuals seeking help. IOSH welcomes the proposal to provide mental health and employment support in a more holistic way so that healthcare support and return-to-work support is part of a "seamless package". The provision of job-related support in GP surgeries should not only help patients, but help to highlight issues to GPs.

We welcome that this strategy will be overseen by a high-level group from business, the medical profession, academia, the third sector and stakeholder groups, chaired by the national director for health and work, Dame Carol Black, and including Lord Richard Layard and IOSH would be pleased to nominate a representative to serve on this group.

We also wish to reiterate some of the recommendations of Lord Layard's report [16] to improve training for GPs in psychiatry, emphasising the treatment of depression and anxiety in the community, the training of more clinical psychologists and more training in cognitive

behavioural therapy for psychological therapists and others working in the NHS such as nurses, occupational therapists and social workers.

8 What are the costs of working age ill-health to business and what are the benefits to companies of investing in the health of their staff?

The HSE has estimated the annual costs of working age ill-health [17] to employers as £1.5 billion and the costs to the economy as up to £11.6 billion and society as up to £17.3 billion. As well as reducing sickness absence costs to an organisation, tackling ill health can have a positive effect on:

- Employee commitment to work;
- Staff performance and productivity;
- Staff turnover or intention to leave;
- Staff recruitment and retention;
- Customer satisfaction; and
- Organisational image and reputation.

Westerholm (2007) highlights the 2007 World Economic Forum's *Working Towards Wellness* initiative, acknowledgement that "…a conservative estimate of the benefits from improving the general wellness of workforce indicates a likely return of three to one or more."

The benefits are clear and IOSH believes that OSH practitioners can be instrumental in implementing the changes needed to progress this agenda.

References and links as they appear in the text

[1] National Institute of Health and Clinical Excellence
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Further IOSH responses on health issues include:

- 2006, IOSH response to DWP Green Paper on *A new deal for welfare: Empowering people to work*, www.iosh.co.uk/files/condocs/response/pdfWelfareReform.pdf
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