

March 2000

Presentation on "A new long-term occupational health strategy for England, Scotland and Wales".

Ann stated that the Occupational Health Strategy has been brought in on the back of the Government's **Health of the Nation Strategy**, and the reason it is taking so long to come into force is due to the amount of departments involved with preparing this particular document. These include the HSC in association with DoH, DfEE, DSS, DTI, DETR, Scottish Executive and National Assembly for Wales. However, Ann believes it will be published around April/May of this year. It is a 10 year strategy set against the public health agenda.

Ann went on to explain the structure of the strategy, looking at such areas as compliance, continuous improvement, skills, knowledge and support and then going on to set priorities and targets. Ann felt that the HSC was being very brave by setting targets in various areas e.g. reduction of workplace accidents, ill health, training issues and getting people back into employment, however she could not say at the moment in detail what those targets were.

As far as what's new with this particular strategy, it's basically a more comprehensive agenda, the main feature being the "joined-up working" of all the interested parties.

There are four main areas where targets have been set are as follows: -

- reduction of ill-health caused by work.
(Ann explained that there are still some diseases which are expected to rise due to the latency period, for example asbestosis.)
- helping people who have been ill back to work or gain work
- improving access to work for those who have been ill or have a disability. Ann quoted a set-up called Ability Net who are adapting IT equipment for the disabled.
- using the workplace as a forum for maintaining and improving health. However, although a lot can be done in the workplace to promote lifestyle issues, Ann warned that there is still much to be done to make the workplace itself safer which should not be forgotten.

Ann then went on to draw attention to the "Sign Up" Campaign which is part of the HSE's Good Health is Good Business Strategy. She cited the Healthy Workplace Teams of Sandwell and Walsall and said that Sandwell were especially active and have compiled a good demographic profile of their area in relation to the types of industries there are, the processes that are carried out and the health status of given

areas. Ann explained that there are parts of the country that have been targeted with regard to their health, and which are considered "disadvantaged" because of the adult mortality rates, infant mortality rates, diseases etc. These areas are eligible for funding in order to tackle the problem and Sandwell and Walsall are two such areas. Funding can be for 3; 5 or 7 years and various services are available including an ergonomist.

Ann's general impressions of this new occupational health are that it is a huge programme involving more government departments than ever before, where the use and influence of IT is extremely important, and where the traditional boundaries between departments that have existed in the past are at last perhaps being dismantled.

Ann also felt that the delay in producing the strategy may be linked to John Prescott's awaited document on revitalising health and safety, as it would seem sensible to release all documents at the same time. She stated that employers are being encouraged to take ownership of health and safety and to use their own employees as competent people rather than outside consultants.

Members' Questions

Harry Jakeman started off question time by encouraging people to "**Sign Up**" to the Healthy Workplace Initiative and said he would be happy to supply copies of the form if anyone was interested.. There is also a website for registration -

www.ohn.gov.uk.

Harry then went on to ask Ann what was her opinion of pre-employment medicals. Ann replied that for certain jobs i.e. HGV/PSV drivers, divers and nuclear workers there are basic standards and a pre-employment medical would be a pre-requisite, however in general she felt that they are expensive and probably do not provide any real assurance to the employer. She was also worried that they could give incorrect expectations to people for example, the employee might feel that because he has "passed" an employment medical he must be fit. Conversely, if the medical reveals something unexpected, is there a support network to help the person deal with such information?

Mike Wilkinson of Marsh UK made the point that for insurance purposes, pre-employment medicals are carried out to establish that, if there is any injury or damage to someone's health, it had occurred in the previous employment. For example, if a person had worked previously in a noisy environment, his hearing may have been impaired, and the medical will therefore give a baseline for the new employer, if any claim should arise in the future.

Mary Thomas of Health Issues said she thought that there was supposed to be a shift away from using the workplace as a conduit for healthy lifestyles messages and more of a drive to impact on the health and safety culture and the management of the workplace. Ann agreed that employers were certainly being encouraged to manage health and safety.

John Kessell said that he was currently aware of a company who were forcing their employees through the contract of employment to pay for their Personal Protective Equipment (PPE), even though the PPE regulations had now been in force for eight years. He thought there had been a recent successful prosecution regarding this and asked if Ann was aware of it, but she was not. However, she did go on to say that the formalised complaints procedure had now been in operation for 12 months. When complaints are received they are passed to the inspector for a rating score; those complaints which involve the general public and children rate highest. The complaint is then passed to the relevant department for investigation.

(Secretary's Note: This procedure is intended mainly for the use of employees, Employees' families or members of the public. Complainants should call any HSE office and state that they want to make a "Workplace Complaint", whereupon they will be connected to a dedicated member of staff who will record the details before forwarding it to the relevant department. Complaints can be made 'In confidence' (preferred) or 'Anonymously'.)

Mike Wilkinson, asked Ann to explain how the inspectors are organised in the field now and what were her powers. Ann said that traditionally there was a triangle of administration, specialists and inspectors who were equally important to the set up. However, the biggest reorganisation took place about 5 years ago and at the same time there was an early retirement scheme when a lot of experienced people decided to leave. At this time operational divisions were split into 7 regions, one being the Midlands which covers also Nottingham and Northants, and each group has become a field unit. Ann went on to say how the service has changed over the years and that when she joined 20 years ago there were 6 doctors and 5 nurses; whereas now there are just three of them. Ann went on to say that she has the full role and, therefore, powers of an Inspector.

Ann felt that the quality of health and safety professionals has considerably improved over the years and also noted the growth and power of the insurance companies in the field of health and safety, and although health and safety in the workplace has improved she also added that unfortunately, she still sees some of the things she used to see 20 years ago.

Harry Jakeman stated that it was not surprising that Mike Wilkinson had asked about the current set-up as in the past there had always been a list of all the inspectors in the area but this list is now missing. Ann replied that she thought there was a staff directory on the website.

Roy Gill, Laing, said that it was very difficult to keep abreast of **who** you should be dealing with in the HSE, due to the numerous changes going on. Ann sympathised and explained that inspectors are still being moved around in order to expand their experience. She would, however, undertake to find out if such a staff list existed on the website and if not will provide a list to BHSA.