



# Working for Health

## A Long-Term Workplace Health Strategy for Northern Ireland

March 2003

Support



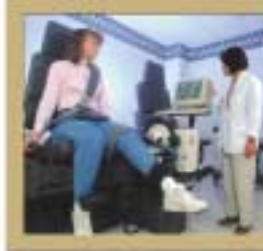
Awareness



Compliance



Rehabilitation



Intelligence





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## Preface

Why do we need a Workplace Health Strategy for Northern Ireland? The answer is obvious. Every year in Northern Ireland some 70,000 people suffer some form of work-related health problem, which prevents them doing their normal jobs. Many of these people will be out of work for very long periods and some will never return to the workplace. The costs to society, employers and the individuals themselves is enormous - estimated to be in the region of £330 million per year. The impact on the lives of those individuals and their families, through loss of earnings, self esteem and social contact, however, cannot be measured in purely economic terms. We cannot allow this unnecessary waste and suffering to continue.

The health of the people of Northern Ireland is one of the overarching priorities for Government and this has been clearly identified in the Northern Ireland Executive's Programme for Government. The public health strategy for Northern Ireland "Investing for Health", which was published last year, identified the workplace as one of the priority settings for improving the health of our people. Given that a large percentage of adults spend a considerable proportion of their lives at work, the workplace provides an excellent setting to raise the awareness of health matters generally. We therefore feel that this strategy should not just be about stopping people being made ill by work. It must also be about assisting those who are out of work, due to illness, to return to work and in doing so positively contribute to the overall improvement of the health of all our people whilst maintaining the vital skills base necessary for sustaining the local economy.

We recognise that there are already very many dedicated people working enthusiastically in support of the above objectives. What is needed now is an efficient, cohesive and co-ordinated approach involving all the main stakeholders. We need to develop new partnerships involving Government, District Councils, health professionals, employer organisations, trade unions and others to drive the strategy forward and ensure that we target our efforts on those areas which need it most. The structures outlined in this strategy, namely a Workplace Health Strategy Implementation Group

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and five supporting Programme Action Teams, provide the best opportunity for effective partnership working. We would encourage everyone who has a role to play, no matter how minor, to fully support this groundbreaking initiative. We are, after all, talking about “our work, our health and our lives”. Only by working together can we make a real difference to workplace health and health in general.

**THE 26  
DISTRICT  
COUNCILS**



**Office of the First Minister and Deputy First Minister**

**Department of Health, Social Services & Public Safety**

**An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí**

## Foreword

“Working for Health” has been developed by the Occupational Health Forum for Northern Ireland (“the Forum”) as a long-term strategy, not only to reduce the incidence of work-related ill health, but also to fully exploit the workplace as a priority setting for the improvement of the health of our people generally. This strategy was produced with the assistance of all the major stakeholders and has been subject to widespread engagement and public consultation. I am indebted to my colleagues on the Forum for their steadfast enthusiasm in guiding the development of the strategy and to all those people who contributed during the various stages of consultation. Without their involvement and commitment the strategy would undoubtedly not be as far reaching and inclusive as it is.

The Forum recognised that there are very many dedicated people from a variety of backgrounds and disciplines already working in the field of workplace health. We want these very people, who have the knowledge and expertise required, to use their talents to help bring about the necessary changes. We feel that significant progress can only be made by fully engaging with such people and involving them in partnerships that can address the main issues in a co-ordinated and systematic approach. Only by having effective partnerships and by concentrating our efforts on those areas which need it most, can we make a real difference.

The development of this strategy is undoubtedly an important landmark. It is, however, only the start of a lengthy process which will enable us to realise the strategy’s vision to create **“A work culture that protects, promotes and supports health and wellbeing”**.

The Forum now feels that the effective implementation of the strategy needs to be driven forward by a new partnership representative of the key stakeholders. We therefore fully endorse the formation of a **Workplace Health Strategy Implementation Group**. We also believe that the five key areas which we have identified for action namely: **Support; Awareness; Compliance; Rehabilitation;** and **Intelligence**, address the main priorities for workplace health.

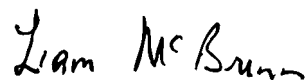
# Foreword

This creates further opportunities for the involvement of key individuals on each of the **Programme Action Teams**, which will support the Implementation Group in each of these priority areas.

We have, in this strategy, a unique opportunity to make a real difference - but this needs the support, dedication and commitment of all. The potential benefits are considerable, not only to society and the economy, but most importantly to those most directly affected - workers themselves.

I commend this strategy to you and I look forward to the exciting challenges ahead.

Together we can make a difference to our work, our health and our lives.

A handwritten signature in black ink that reads "Liam McBurn". The signature is written in a cursive, slightly slanted style.

Chair,  
Occupational Health Forum for Northern Ireland.

## Summary

This strategy represents a commitment by Government Departments, District Councils, Employers, Trade Unions, Occupational Health Professionals and other key stakeholders to work in partnership to improve the standard of health in the workplace.

All parties will work together to:

- reduce ill health caused or made worse by work;
- help people who have been made ill, whether caused by work or not, to return to work; and
- develop the workplace as a priority setting to improve the health of the people of Northern Ireland.

A Workplace Health Strategy Implementation Group, representing all the key stakeholders, will oversee the roll out of the strategy and co-ordinate the work of the Programme Action Teams. It will also engage with relevant Government Departments and other appropriate bodies to ensure that workplace health issues are properly prioritised and resourced.

Following on from his successful leadership role in the Occupational Health Forum, the Chairperson of the Health and Safety Executive for Northern Ireland (HSENI), Liam McBrinn, will act as the Chair of the new Workplace Health Strategy Implementation Group.

The strategy embodies a vision that aims to achieve “**A work culture that protects, promotes and supports health and wellbeing**”. This vision will be achieved by developing five key action programmes namely:

**Support** - to identify mechanisms for the provision of readily accessible and cost effective occupational health support;

**Awareness** - to improve the levels of awareness of work-related health matters throughout all work sectors in Northern Ireland and at all levels within organisations;

# Summary

**Compliance** - to improve compliance with the law in relation to workplace health;

**Rehabilitation** - to ensure that where appropriate all workers who are out of work because of illness are encouraged to return to work as quickly as possible; and

**Intelligence** - to develop robust intelligence collection mechanisms which will allow on-going evaluation of the effectiveness of the strategy.

Programme Action Teams comprising experts in their field will develop action plans for each of these programmes.



# 1. Introduction

## Introduction

*“Each year as many as 70,000 people in Northern Ireland suffer from ill health which has been caused or made worse by work.”*

It is estimated that each year as many as 70,000 people in Northern Ireland suffer from ill health which has been caused or made worse by work.

In August 2000 HSENI recommended the development of a cross-cutting, long-term occupational health strategy to tackle the problem of occupational ill health in a concerted and co-ordinated way. It further recommended that an Occupational Health Forum be established to oversee the development of such a strategy (see Annex).

The thinking regarding an occupational health strategy emerged at the same time as the move towards creating the new public health strategy for Northern Ireland, *Investing for Health*<sup>1</sup>, was gathering momentum. Clearly any occupational health strategy must complement *Investing for Health* as the latter firmly recognises the workplace as a priority setting for tackling health issues and health inequalities.

Indeed, the complementary nature of these two strategies finds expression within the *Working for a Healthier People* priority of the Northern Ireland Executive's *Programme for Government*<sup>2</sup>, where there are clear targets for both.

Also, the first *Programme for Government* included a specific commitment to:

***Develop an occupational health strategy and associated targets for Northern Ireland by April 2003.***

The Occupational Health Forum for Northern Ireland (“the Forum”) was established in May 2001. It was chaired by HSENI's Chairperson, Liam McBrinn, and comprised representatives from the CBI, Trade Unions, District Councils, DHSSPS, DEL, OFM/DFM and HSENI.

This strategy is the outcome of the Forum's endeavours and represents a high degree of consultation and participation on the part of many interested parties.

# 1. Introduction

It is important to appreciate that in order to bring about significant and lasting change to the standards of workplace health in Northern Ireland it will take many years of commitment and dedication. That is why a long-term strategy that will take us to the end of the current decade has been developed.

## 1.1 The Need for a Strategy

The World Health Organisation in its *Global Strategy on Occupational Health for All*<sup>3</sup> states that, "every citizen of the world has a right to healthy and safe work and to a work environment that enables him or her to live a socially and economically productive life". It also goes on to state that occupational health and the well being of working people are crucial prerequisites for productivity and are of the utmost importance for overall socioeconomic and sustainable development.

The World Health Organisation estimates a world annual incidence of 68-157 million cases of occupational disease, of which about 30-40% may lead to chronic disease and about 10% to permanent worker disability.

Within the European Union, it has been estimated that during the period 1998 to 1999, almost 8 million people in the EU were suffering from work-related health disorders.<sup>4</sup> Of all the cases reported, 53% involved musculoskeletal disorders, which were most frequent in the construction, transport and health and social care work sectors, whilst stress related illnesses accounted for 18% of cases. In the same period, an estimated 350 million working days were lost each year in the EU due to work-related health problems. This compared to almost 150 million working days lost due to accidents at work.

A self-reported household survey carried out on behalf of the Health and Safety Executive in Great Britain in 2001/02 estimated that some 2.3 million people in Great Britain felt that their ill health had been caused or made worse by their work activity.<sup>5</sup> An earlier survey carried out in 1995 had clearly established that musculoskeletal

# 1. Introduction

*“In addition to the pain and anguish suffered, there are associated financial costs” ...*

disorders and work-related stress were the two most prevalent health effects.<sup>6</sup> A summary of the main findings from these Great Britain surveys is set out in Table 1.

TABLE 1

WORK RELATED ILLNESS	ESTIMATED NUMBERS AFFECTED IN GB	PROJECTED NUMBERS AFFECTED IN NI
Musculoskeletal Disorders	1.13 million	31,400
Stress	563,000	15,640
Noise Induced Hearing Loss	170,000	4,720
Occupational Asthma	>150,000	>4,170
Dermatitis	66,000	1,830
Cancer (deaths)	6,000	167
Asbestos Related Diseases (deaths)	>3,000	>83

Whilst there is a lack of robust intelligence data on the prevalence of work-related ill health in Northern Ireland, it has been estimated from a Labour Force Survey carried out in Northern Ireland in 2001/02 that 70,000 people here suffer from ill health caused or made worse by work. There is no reason to believe that circumstances in Northern Ireland will differ to any great extent from Great Britain. Table 1, therefore, also contains projected levels for certain work-related illnesses in Northern Ireland, assuming a ratio of 36:1 for GB:NI.

Even though the current statistical evidence is not robust, it clearly indicates that work-related ill health is a major problem in Northern Ireland.

There is a range of costs, both human and financial, associated with work-related ill health, which can accumulate to have a substantial impact on the workers affected, their families, employers, and society as a whole. In addition to the pain and anguish suffered, there are associated financial costs, including direct financial loss, loss of production, loss of opportunity, administration costs and insurance costs.

# 1. Introduction

*“Northern Ireland’s bill for work-related ill health alone could be as much as £330 million per year”.*

It has been estimated that the total annual cost of work-related injuries, ill health and non-injury accidents in Northern Ireland could be as much as £500 million, which is equivalent to 2.9% of our GDP.<sup>7</sup> Northern Ireland’s bill for work-related ill health alone could be as much as £330 million per year.

The NI Labour Force Survey for the winter quarter of 1999 has indicated that almost 365,000 working days were lost in that year here as a result of work-related ill health. That is equivalent to 1,000 workers being absent from work each and every day of the year.

## 1.2 The Consultation Process

For a long-term strategy to be effective, it must address the needs and concerns of those directly affected i.e. employees, employers, occupational health professionals, health and safety professionals, health promotion advisers and also those charged with promoting best practice and ensuring compliance with the existing legislation and codes of practice.

In order to capture the views of as wide a range of interested parties as possible, the Forum engaged consultants to facilitate a number of workshops held throughout Northern Ireland in September 2001 to debate the issues involved. The Forum incorporated many of the suggestions and recommendations from these workshops into a Discussion Document published in April 2002. This Discussion Document was well received and there was an excellent response to the questions raised in the associated questionnaire.

The Forum considered all of the views and recommendations received and reflected many of these in a draft strategy consultation paper that was issued for widespread consultation in November 2002. The draft strategy received broad endorsement, thus enabling the Forum to publish this strategy in the knowledge that it reflects the aspirations of the key stakeholders.

# 1. Introduction

As a consequence of this comprehensive engagement and public consultation, the strategy has embedded a number of fundamental aspects including the five key elements of the strategy and the preference for the strategy to be described as a “workplace health strategy”.



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## 2. Challenges

### Challenges

*“The two greatest health problems attributed to work activity generally are musculoskeletal disorders... and work-related stress”...*

It is important to recognise that the issues involved in workplace health can be multi-factorial and complex.

A significant problem with some work-related illnesses, such as musculoskeletal disorders and stress-related illnesses, is the inability to attribute the cause of the illness wholly to work. Whilst some diseases, such as asbestos related diseases, can be clearly attributed to work activities or environments, with many others the potential impact of life outside work on the disease can make the extent of the link with work very difficult to establish.

Although the effects of exposure to many work-related health hazards are immediately apparent, the latency period for some occupational diseases can be extremely long. For example, the legacy of exposure to asbestos 30-40 years ago is currently resulting in approximately 90 deaths in Northern Ireland per year from some form of asbestos related disease.<sup>8</sup> It is therefore important to recognise that when targeting areas for improvement in occupational health, there may be difficulties in measuring those improvements in the short term.

#### 2.1 The Major Causes of Workplace Ill Health

As illustrated in Table 1, the most common ill health problems due to work in Northern Ireland are:

- Musculoskeletal disorders;
- Stress-related illness;
- Noise Induced Hearing Loss;
- Occupational Asthma; and
- Dermatitis.

Whilst every organisation has its own profile of occupational health issues, the two greatest health problems attributed to work activity generally are musculoskeletal disorders, such as back pain, and work-related stress which can lead to anxiety and other mental health illnesses. In the 1995 Labour Force Survey, these conditions together

## 2. Challenges

accounted for more than 70% of all work-related illnesses in Northern Ireland. Any strategy for improving workplace health must therefore give priority to musculoskeletal disorders and stress-related illness.

It is likely that the number of people identified as suffering from stress-related illness will increase significantly in the future as the nature of work and employment changes and as the stigma associated with such illness diminishes. The World Health Organisation states that psychological problems at work, including symptoms of stress, will become the most common occupational health problem in industrialised countries. Clearly, the traditional approaches to the control of work-related ill health would not be appropriate for dealing with work-related stress.

### 2.2 Factors Affecting Workplace Health

In looking at a long-term workplace health strategy, it must be borne in mind that the world of work is changing and will continue to change in the future.

Such changes, which affect the nature of the workplace health issues that arise, include:

- decrease in the numbers employed in traditional manufacturing industries;
- increase in the numbers employed in service industries;
- a move away from manual jobs to more sedentary office based work;
- increased focus on performance and personal accountability;
- reduced job security;
- rapid and sustained organisational change; and
- changing work practices.

It is also important to acknowledge that there are a number of other aspects of employment in Northern Ireland which have a bearing on the population's health and wellbeing.

## 2. Challenges

*“The strategy must reflect the specific needs of the Northern Ireland economy and its people”.*

These include:

- the need for a proper work-life balance, particularly for those with dependants;
- an ageing workforce;
- the need to protect vulnerable groups such as temporary and part-time workers; and
- the legacy of thirty years of conflict in our society.

### 2.3 Small Businesses

The strategy must reflect the specific needs of the Northern Ireland economy and its people. With 62% of private sector employment being in small firms with less than 50 employees,<sup>9</sup> it is likely that a large proportion of the workforce do not have access to expertise of, or support from, occupational health professionals or health promotion advisers in the workplace.

The main growth area for employment in future is likely to remain small enterprises and self-employment. Although there may be advantages for workplace health in such small enterprises in terms of scale, there is also more likely to be an absence of competence and awareness to recognise, prevent and control work-related health risks where they do occur.

The construction industry poses particular problems due to both the nature of the work environment and the large numbers of small contractors and labour-only sub contractors. The mobility of the workforce makes it extremely difficult to assess the levels of work-related illnesses occurring within the industry and to manage rehabilitation effectively.

There are approximately 31,000 working farms in Northern Ireland, most of which are small, family run units. The difficulties which the farming community has experienced in recent years are well recognised and the potential for illnesses caused by excessive work-related stress in this sector is very real.

## 2. Challenges

It is clear that easily accessible support for occupational health matters is required to underpin any proposed workplace health strategy.

### 2.4 Intelligence

Our understanding of the scale of the problem in Northern Ireland is largely based upon self-reported statistics from Labour Force Surveys in both Northern Ireland and Great Britain. Although extremely helpful, these do not provide us with a comprehensive baseline from which to move forward nor do they reflect the complex nature of work-related illness.

Although there are a number of specific information sources that collect data on cases of occupational ill health such as RIDDOR,<sup>\*</sup> SWORD,<sup>\*\*</sup> and OPRA,<sup>\*\*\*</sup> they all have serious limitations and the data collected are, to varying degrees, incomplete. There is no single repository of information that collects all the relevant data on cases of work-related ill health. The absence of accurate baseline information on the scale of the problem is an issue that will impact on the implementation of the strategy, particularly in relation to the setting of numerical targets.

### 2.5 Target Setting

A key issue to be considered in the strategy is the setting of targets for its delivery. Targets play an important role in inspiring and motivating individuals and groups to deliver the strategy and in gaining commitment to change. They also increase accountability and guide resource allocation.

<sup>\*</sup> Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997.

<sup>\*\*</sup> Surveillance of Work-Related and Occupational Respiratory Disease.

<sup>\*\*\*</sup> Occupational Physicians Reporting Arrangements.

## 2. Challenges

There are other key benefits to be gained from setting targets.

These include:

- identifying milestones for evaluation;
- providing opportunities to take actions and correct deviations; and
- exposing data needs and discrepancies.

Despite the benefits to be gained from target setting, it is recognised that this is a complex issue that can be extremely challenging, particularly given the lack of baseline information.

The strategy, therefore, approaches target setting in two stages, with short to medium term process targets being set initially, leading to the establishment of longer term numerical targets.



## 3. Vision

# A Vision for Workplace Health in Northern Ireland

In structuring the shape and aims of this strategy we have taken account of the many diverse views and aspirations of those involved in the field of occupational health and workplace health promotion in Northern Ireland. We must, however, be aware of developments elsewhere in the world to ensure that Northern Ireland is aligned with best international practice. It is essential that we maintain close parity with developments elsewhere in Europe and especially with our neighbours in Great Britain and the Republic of Ireland.

### 3.1 Strategic Influences

We have already made reference to the World Health Organisation's *Global Strategy on Occupational Health for All*. The World Health Organisation considers occupational health to be a multidisciplinary activity aimed at:

- protection and promotion of the health of workers by preventing and controlling occupational diseases and accidents and by eliminating occupational factors and conditions hazardous to health and safety at work;
- development and promotion of healthy and safe work, work environments and work organisations;
- enhancement of the physical, mental and social wellbeing of workers and support for the development and maintenance of their working capacity as well as professional and social development at work; and
- enablement of workers to conduct socially and economically productive lives and to contribute positively to sustainable development.

The Commission of the European Communities has published a new *Community Strategy on health and safety at work*<sup>10</sup> to cover the period 2002-2006. This strategy also adopts a holistic approach to wellbeing at work and takes account of changes in the world of work and the emergence of new risks especially those of a psychosocial nature.

## 3. Vision

*“This strategy has to be holistic, innovative, practical and based on partnership”.*

The EC strategy stresses the need to build partnerships between all the players in the field of health and safety. The stated objective of this strategy is to bring about a continuing improvement in well being at work.

The GB occupational health strategy *Securing Health Together*<sup>11</sup> focuses on the effect of work on employees' health, the health of others, the opportunity for work and fitness for work.

Whilst this workplace health strategy will primarily be about protecting and maintaining the health of people at work and those affected by work, it must also embrace the development of the workplace as a priority setting for the improvement of health generally. Workplace health, therefore, is about protecting and maintaining the health of people by ensuring that work activities do not impinge adversely on their health and also by making the workplace a centre for health promotion.

### 3.2 A Workplace Health Strategy for Northern Ireland

This strategy has to be holistic, innovative, practical and based on partnership. It will take account of:

- the effect of work on health;
- the effect of health on work;
- occupational health support structures;
- rehabilitation and recovery programmes; and
- workplace health promotion.

Such an approach will require time, effort and resources to deliver results. For many it will necessitate a considerable change in traditional attitudes towards health in the workplace.

In order to embrace the concept of a holistic workplace health strategy, organisations and practitioners must broaden their outlook to ensure that, in addition to the traditional concerns, the broader issues outlined in *Investing for Health* such as smoking, physical

# 3. Vision

activity, healthy eating, drugs and alcohol, mental health and sexual health, etc. are properly addressed.

## 3.3 Vision

The vision for the workplace health strategy reflects this holistic approach to improving health and emphasises the fact that work can have a very positive impact on health. It is felt that both these elements are encapsulated in the following vision statement:

**“A work culture that protects, promotes and supports health and wellbeing”.**

## 3.4 Achieving the Vision

The workplace health strategy incorporates the following five key elements:

- **Support** The provision of good and easily accessible occupational health support is essential to the success of the strategy. We must strive to ensure that cost effective structures are in place to deliver this support and that those who need to use the support services feel comfortable with them.
- **Awareness** If we are to create the culture envisaged in our vision statement, we must ensure that all the relevant interested parties have the necessary knowledge and awareness of the issues involved to allow them to make informed decisions and choices. We must increase awareness of workplace health issues at all levels, i.e. individual, organisational and community.
- **Compliance** Sustainable compliance will be best achieved if organisations meet their duties voluntarily. Where voluntary compliance is not achieved the relevant enforcing authority will be ready to use the range of powers at its disposal to ensure good practice and compliance.

## 3. Vision

- **Rehabilitation** The strategy will ensure that there are effective mechanisms in place to support those who have been made ill by work. Organisations will be encouraged to create the environment and conditions that will allow such people either to continue working or to return to work as soon as possible.
- **Intelligence** To allow us to set long-term numerical targets for the reduction of the incidence of work-related ill health we will initially establish an accurate baseline from which improvement can subsequently be measured. This will require the creation of a robust intelligence gathering network underpinned where necessary by appropriate research.

These key elements will form the basis for action programmes to be incorporated into the strategy implementation structures that we describe in section 4.

*“A work culture that protects, promotes and supports health and wellbeing”.*



# Structures for Achieving the Vision

*“All key stakeholders will be represented and involved in its delivery”.*

The success of this strategy is of course dependent upon the degree to which it will be effectively implemented, monitored and evaluated. We need the full commitment of everyone to take the strategy forward. As part of the strategy, therefore, it will be necessary to establish new structures through which all key stakeholders will be represented and involved in its delivery.

### 4.1 Workplace Health Strategy Implementation Group

A Workplace Health Strategy Implementation Group (“the Implementation Group”) will be established to oversee the implementation and delivery of the strategy over its lifetime. This Group will be comprised of individuals who will be able to bring, not only the necessary skills and experience, but also sufficient influence to ensure the strategy becomes a reality.

The Implementation Group will:

- co-ordinate the work of the Programme Action Teams (see 4.2);
- agree the action plans produced by the Programme Action Teams;
- agree longer term aims, objectives and targets for the improvement of workplace health in Northern Ireland;
- seek to secure any necessary additional resources for implementation of the strategy;
- audit and review the implementation of the strategy at regular intervals;
- interface with government to ensure the necessary high level support for the strategy; and
- champion the cause of improved workplace health.

# 4. Structures

Following on from his successful leadership role in the Occupational Health Forum, the Chairperson of the Health and Safety Executive for Northern Ireland (HSENI), Liam McBrinn, will act as the Chair of the new Workplace Health Strategy Implementation Group. HSENI will provide the secretariat to the Implementation Group and will report on progress to ministers and give advice if required.

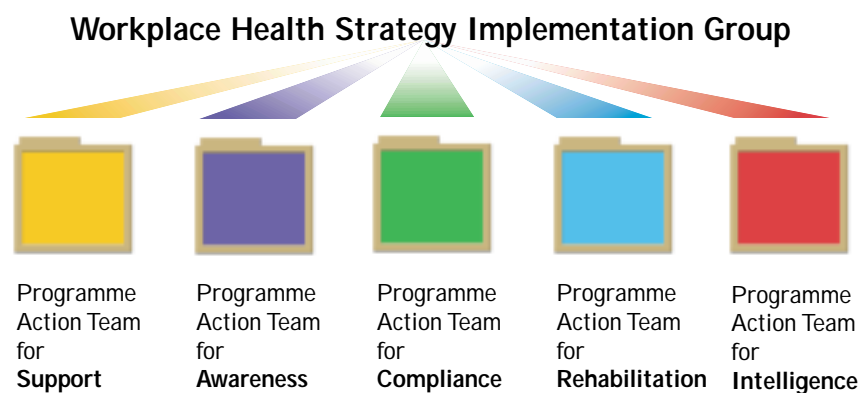
## 4.2 Programme Action Teams

In order to assist the Implementation Group deliver the strategy a Programme Action Team will be established for each of the five key elements, i.e. Support, Awareness, Rehabilitation, Compliance and Intelligence.

The overall implementation structure is shown in Figure 1.

Programme Action Teams will identify the needs within each element of the strategy and make recommendations to the Implementation Group. The Support Programme Action Team could, for example, examine the need for easily accessible occupational health support for SMEs and, if appropriate, suggest a mechanism for providing such support.

Figure 1. Implementation Structure



## 4. Structures

There will undoubtedly be some areas where the interests of two or more Programme Action Teams may merge or overlap. There therefore needs to be effective communication between the Teams. To ensure that the work of the Teams is effectively co-ordinated, the chairs of each Team will also be members of the Implementation Group.

Each Programme Action Team will be made up of individuals who have knowledge, skills and expertise relevant to the work of that particular area and who have the necessary commitment to drive the programme forward.



## 5. Action

### Programmes For Action

The strategy has five programmes for action, all of which are equally important and need to be progressed in parallel. Each Programme Action Team will identify its priority areas, develop a programme action plan, set appropriate targets and identify which partners are best placed to deliver these. Each Programme Action Team will thus be required to identify a series of projects or actions for the short, medium and long term.

We have, however, identified a number of important key issues, which the Action Teams will address in the short term. The scope, aims and programme actions for each Action Team are set out over the following pages.

## Support



### Aim

To identify mechanisms for the provision of readily accessible and cost effective occupational health support.

The provision of good and easily accessible occupational health support will be essential to the success of the strategy. In this context, support includes not only occupational health services provided by occupational health professionals (e.g. Occupational Health Physicians and Occupational Health Nurses) but also the provision of appropriate advice and information on all aspects of workplace health, including health risk management. Occupational health nurses, as the largest single group of health professionals, already play an important role in workplace health management in both the public sector and larger private organisations. A key priority will be to ensure that those employees in small firms have similar access to occupational health support. The Programme Action Team for Support will thus assess current occupational health support provision and identify cost effective mechanisms for extending occupational health support to others.

### Proposed Programme Actions

- Develop an action plan with specific targets for approval by the Workplace Health Strategy Implementation Group. (By March 2004)
- Assess current levels of occupational health support provision in Northern Ireland and identify areas for improvement. (By December 2004)
- Examine models for the provision of support services available elsewhere e.g. NHS Plus\* and Salus project,\*\* and assess their potential for use in Northern Ireland. (By March 2005)

\* Source: Support Scheme set up by the National Health Service in GB.

\*\* Source: Pilot Occupational Health Support Scheme currently running in Lanarkshire

# Programme One

- Carry out a feasibility study to identify cost effective mechanisms for the provision of an occupational health support service. (By March 2005)
- Undertake a pilot study in a defined geographical area to confirm the benefits of a structured support service. (By March 2006)

## Case Study-Support

Michelin Tyre plc, a rubber products manufacturer in Ballymena, employs around 1200 employees and considers the health and safety of its employees to be a top priority.

The company analysed the sickness absence of the workforce over a period of twelve months and discovered that musculoskeletal problems accounted for about 30% of the lost time. The company, which already provided in-house physiotherapy for its employees, decided to increase this support and found that, although musculoskeletal problems still continued, the average time lost per incident decreased from 14 to 9 days.

# Programme One

## Case Study-Support

The Occupational Health Service (OHS) for the Northern Ireland Civil Service provides a range of occupational health support services for civil servants in Northern Ireland. This multi-disciplinary unit provides a wide range of activities including pre-employment health assessments and routine health surveillance of "at risk" groups.

Its health promotion activities align with the principles set out in *Investing for Health*. It has undertaken healthy lifestyle road shows for employees and has offered staff the opportunity to participate in lifestyle and physical activity assessment programmes. The Workplace Health Improvement Programme (WHIP) is the main vehicle for the delivery of health promotion within the Civil Service.

Local action is based on each Department setting its own priorities with the OHS providing assistance where necessary. This partnership approach works very well and can be commended to other organisations as a means of improving the health of their employees.

## Awareness



### Aim

To improve the levels of awareness of work-related health matters throughout all work sectors in Northern Ireland and at all levels within organisations.

If we are to achieve our vision for this strategy, then a change in culture is needed and we must strive to increase the level of awareness at all levels and within all sectors of our workforce. An unpublished framework document prepared jointly by HSENI and the Health Promotion Agency in 1999 has already outlined the benefits of health promotion in the workplace. Employees need to know what the health hazards at their workplace are likely to be. Managers need to know how to recognise and manage health issues effectively and to appreciate the true costs of failing to do so. General Practitioners need to be aware of the possible contribution that the workplace may have to a patient's illness. There is a large amount of relevant guidance already available and we must make sure that this is brought to the attention of all who could benefit from it. This is particularly important in the case of SMEs, and in the agricultural and construction sectors.

### Proposed Programme Actions

- Develop an action plan with specific targets for approval by the Workplace Health Strategy Implementation Group. (By March 2004)
- Develop the concept of Health Promoting Workplaces and suggest mechanisms for ensuring buy in, especially within the SME sector. (By December 2004)
- Ensure that workplace health issues are adequately addressed at all levels of education and on all business and management training courses where appropriate. (By March 2005)
- Identify the resources needed to develop an effective workplace health awareness programme in Northern Ireland. (By March 2005)

# Programme Two

## Case Study-Awareness

Seagate Technology, an electronics company employing over 1800 people, is committed to the provision of a safe and healthy workplace for all its employees and demonstrates this commitment with a portfolio of activities and employees benefits that promote positive health and fitness. Its Occupational Health Department, which is staffed by a full time occupational health adviser, undertakes activities such as pre-employment assessments, sickness absence referrals and rehabilitation of employees.

The company has an ongoing health surveillance programme, which includes skin and respiratory surveillance and provides training on health issues such as hearing conservation, skin management, ergonomics and manual handling.

The company provides private health care to all employees and also has an Employee Assistance Programme with a telephone helpline to cover a wide range of problem areas including personal, emotional, financial and health issues. Proactive health promotion activities include the provision of health awareness information sessions on matters such as meningitis, smoking, cervical cancer, and men and women's health. There is an on-site gym where employees can work out during lunch breaks and also outside working hours.

# Programme Two

## Case Study - Awareness

The Northern Ireland Court Service (NICtS) employs approximately 680 staff. It established a dedicated Workplace Health Unit in early 2000 to lead a sustained planned programme aimed at improving the health of NICtS staff.

After the establishment of a Workplace Health Committee and as a result of carrying out a Health Needs Assessment of the entire organisation (which had a response rate greater than 70%), a number of issues were raised for inclusion within an action plan on health. These included training for health and safety, fitness, stress, healthcare and childcare provision. A number of these issues are receiving ongoing attention through the provision of information via newsletters, posters and the intranet. An organisational stress analysis is also being carried out using sick leave records.

A number of proactive health promotion activities have been organised following the assessment including cancer awareness seminars, health checks by the Chest, Heart and Stroke Association, the development of an anti-bullying policy and an initiative on stress in the workplace.

As a result of the activities carried out so far, there has been a rise in the number of staff participating in health and fitness activities, an improvement in diet and greater awareness of health in general.

## Compliance

Compliance



Aim

To improve compliance with the law in relation to workplace health.

There already exists a comprehensive framework of legislation and approved codes of practice relating to workplace health protection. These include specific legislation such as the Control of Lead at Work Regulations and the Control of Asbestos at Work Regulations and more general regulations such as the Control of Substances Hazardous to Health Regulations and the Management of Health and Safety at Work Regulations. However, whilst there may be sufficient legislation and codes, the degree of compliance with these is variable. Improved compliance with existing statutory requirements would result in better management of health risks at the workplace and could bring about a significant decrease in the numbers of cases of work-related illnesses. However, reliance on enforcement activities by the enforcing authorities alone can only achieve limited success. We must harness, wherever possible, other mechanisms and engage other partners to influence employers to comply with their duties. We see important roles for the insurance industry and business advisors in this area and, in the case of SMEs, the supply chain can also play an important role.

We also believe that there is an essential role for Trades Unions, especially through their network of Safety Representatives, to influence employers and thus help ensure effective compliance with statutory requirements.

### Proposed Programme Actions

- Develop an action plan with specific targets for approval by the Workplace Health Strategy Implementation Group. (By March 2004)
- Develop a programme of enforcement initiatives on priority areas such as Musculoskeletal Disorders and Work-Related Stress. (By March 2004)

# Programme Three

- Encourage the involvement of Safety Representatives to promote compliance on health issues. (By March 2004)
- Securing consistent enforcement action by all enforcing authorities and throughout all industry sectors on health issues. (By March 2005)
- Engage the insurance industry, business advisors (e.g. Invest NI) and trade associations to encourage them to use their influence to improve compliance on health issues within industry and commerce. (By March 2005)
- Develop a sound business case on the economic benefits of compliance with the law. (By March 2005)

# Programme Three

## Case Study-Compliance

A plastic processing company manufacturing plastic pipes used a wide variety of chemical additives, some of which were extremely dusty and posed a real threat to the health of the employees who were required to handle these during mixing processes.

Following an inspection by a health and safety inspector, the company was required to comply with the Control of Substances Hazardous to Health Regulations, including the need to carry out a proper COSHH Assessment. Dust extraction equipment had been installed but this was poorly designed and was not working efficiently.

As a result of the COSHH Assessment, the company was able to obtain many of the dusty chemicals in a dust suppressed form. By arrangement with their suppliers they were able to purchase some of the most hazardous chemicals in preweighed sealed bags which could be added directly to the mix thus eliminating the need for any exposure to these chemicals. The dust extraction equipment was examined by a competent person and subsequently overhauled and modified to improve its efficiency.

By simply complying with its legal responsibilities the company was able to limit the exposure of its employees to potentially harmful chemicals and significantly reduced the likelihood of work-related ill health as a consequence.

## Rehabilitation

Rehabilitation



### Aim

To ensure that where appropriate all workers who are out of work because of illness are encouraged to return to work as quickly as possible.

Rehabilitation is essentially about helping people re-adapt to work following an illness or injury. We believe that rehabilitation has an important role in any workplace health strategy and should not only cover work-related illnesses but also non work-related illnesses. There are considerable benefits to be gained by both employers and employees by ensuring that conditions exist to make it easier for people to return to work as soon as possible after an illness.

We must ensure that the benefits of quick and appropriate rehabilitation are effectively communicated to both employees and employers.

There are many bodies in Northern Ireland that have specialist knowledge and experience that will be essential in helping to develop the rehabilitation element of the workplace health strategy. These include General Practitioners, the Health Service, the Disablement Advisory Service of the Department for Employment and Learning, the Social Security Agency, Occupational Health Professionals and charitable organisations active in the field.

### Proposed Programme Actions

- Develop an action plan with specific targets for approval by the Workplace Health Strategy Implementation Group. (By March 2004)
- Produce clear practical guidance outlining the issues involved in introducing rehabilitation programmes. (By December 2004)
- Undertake a promotional campaign to encourage employers to develop rehabilitation and return to work programmes. (By March 2005)

# Programme Four

- Consider how an effective occupational health support service might also be involved in the rehabilitation process. (By March 2005)
- Identify mechanisms to ensure that people are not excluded from work due to ill health or disability caused or made worse by work. (By March 2005)
- Evaluate the economic benefits of effective rehabilitation programmes. (By March 2006)
- Determine mechanisms for the greater involvement of GPs in the rehabilitation process. (By March 2006)

## Case Study-Rehabilitation

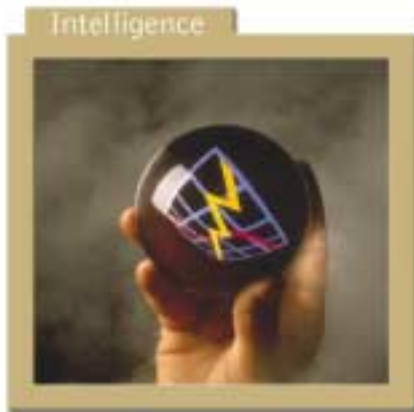
A 32-year-old woman employed as a secretary in the same post for five years presented to the occupational health department with a painful right wrist. The symptoms were consistent with tenosynovitis, affecting tendons to the thumb. It was felt that this may have been caused or at least aggravated by keyboard work which was a substantial part of her job.

Her job was adjusted to greatly reduce keyboard work but this was not sufficient to relieve the symptoms. She was advised to take sick leave and rest the wrist. While on leave she received specialist assessment and treatment but her improvement was limited and she subsequently became depressed about her problem.

To promote rehabilitation back to work, arrangements were made for her to transfer to a job which involved no keyboard work or manual handling. She was able to cope with these duties and her psychological wellbeing improved. She eventually had surgery to release the affected tendons and she was gradually reintroduced to keyboard work and she has now returned to her secretarial post.

This woman had a career threatening upper limb disorder. However a combination of medical treatment and job adjustment allowed her to recover from this illness while remaining in gainful employment.

## Intelligence



Intelligence

An effective workplace health strategy must set targets that are meaningful, measurable and achievable. Such targets must underpin the strategy's vision and support the aim to develop a work culture which protects, promotes and supports health and well-being. Targets must address each of the key elements of the strategy, to ensure that no-one has their health adversely affected as a result of work activity, that the workplace is fully exploited as a health promotion setting and that support and rehabilitation facilities are accessible.

### Aim

To develop robust intelligence collection mechanisms which will allow on-going evaluating of the effectiveness of the strategy.

The lack of accurate baseline data on the extent of workplace ill health in Northern Ireland is currently an obstacle to the setting of numerical targets relating to reduction in work-related illness.

We will therefore approach target setting in two stages, with short to medium term process targets being set initially, leading to the establishment of longer term numerical targets.

Our first priority therefore will be to carry out the necessary research to establish the true levels of work-related ill health currently prevalent in Northern Ireland and to develop mechanisms for evaluating the effectiveness of the strategy on an on-going basis.

## Proposed Programme Actions

- Develop an action plan with specific targets for approval by the Workplace Health Strategy Implementation Group. (By March 2004)
- Agree workplace health data needs to facilitate the setting of long-term targets. (By December 2004)
- Establish appropriate data collection systems. (By March 2005)
- Commission research to evaluate the true extent and cost of work-related ill health. (By March 2005)

# Programme Five

- Commission and conduct appropriate research into significant areas identified by the Workplace Health Strategy Implementation Group and the Programme Action Teams. (By March 2005)
- Develop medium to long-term targets and mechanisms for monitoring and evaluating progress in achieving these targets in conjunction with the other Programme Action Teams. (By March 2005)

## Case Study-Intelligence

The Southern Area Health Promotion Consortium, which includes the Southern Health and Social Services Board, the District Councils and a number of other public bodies, recently undertook research to assess attitudes to workplace health in two local companies in the private sector. The objectives of the research were to:

- identify the main health needs of the employees across the companies;
- identify the potential for occupational health provision within these companies;
- ascertain current levels of health and safety provision;
- investigate the scope and depth of current health promotion initiatives provided by the companies;
- establish what barriers if any exist with regard to the development of health promotion activities across the companies; and
- identify opportunities for developing the workplace as a health promoting setting.

This research provided much useful information, which was published in the form of an information leaflet, and which the Consortium will now use to promote workplace health to a much wider audience in the Southern Board area.

# 6. Equality

## Equality Impact

Under section 75 of the Northern Ireland Act 1998, public bodies in Northern Ireland are required to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to the obligations set out above, public bodies are also required, in carrying out their functions relating to Northern Ireland, to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The proposals for a Workplace Health Strategy for Northern Ireland were screened for possible equality implications and the results of that screening exercise included in the draft strategy issued for public consultation. The screening exercise indicated quite clearly that the proposals should have a positive impact on the health of all worker groups. It was further concluded that the proposals should have no adverse effect on any section 75 groups.

The public consultation exercise invited comments on the draft strategy itself and the equality impact screening document. Whilst a small number of comments were received which questioned the validity of certain elements of the screening document, the initial assessment of the equality impact was judged to be correct. The proposals contained in this final strategy document do not differ materially from the proposals consulted upon and it has therefore been concluded that this strategy should have a positive impact on the health of all worker groups and no adverse effect on any section 75 groups.

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## Annex

### The Occupational Health Forum for Northern Ireland

May 2001 - March 2003

#### The membership of the Forum was as follows:

Liam McBrinn (Chair)	Chairperson, HSENI
Peter Bunting	Assistant General Secretary, Northern Ireland Committee, Irish Congress of Trade Unions
John Cooley	Visteon Automotive Systems (representing CBI)
Willie Francey	Belfast City Council (representing the Chief Environmental Health Officers Group)
Dr Liz Mitchell	Department of Health, Social Services and Public Safety
Roy Gamble	Department for Employment and Learning
Katrina Godfrey	Office of the First Minister / Deputy First Minister
Jim Keyes	Chief Executive, HSENI
Barbara Martin	Board Member, HSENI

#### Ex-officio Members

Dermot Breen	Deputy Chief Executive, HSENI
Dr Delia Skan	Senior Employment Medical Advisor, HSENI
Billy McClintock (Secretary)	Workplace Health Support Group, HSENI
John Wilson (Minute Secretary)	Workplace Health Support Group, HSENI

# Notes



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