



Workplace Health Leadership Group
Northern Ireland

Strategic Plan

August 2017 – August 2022



Workplace Health Leadership Group

Membership:

- British Occupational Hygiene Society (BOHS)
- BuildHealth
- Health and Safety Executive for Northern Ireland (HSENI) & NI Local Councils
- Institution of Occupational Safety and Health, NI Branch (IOSH)
- Northern Ireland Safety Group
- Public Health Agency (PHA)

FOREWARD

The Workplace Health Leadership Group NI (WHLGNI) was formed on 10th August 2016 when a group of committed stakeholders from across industry and government came together to ensure that effective occupational health management is given the priority in Northern Ireland workplaces that it warrants.

The Group's vision is to ensure that 'Workplace Health' receives the same recognition in the working environment as 'Occupational Safety' and striving for employers to have a 'healthy' as well as a 'safe' culture.

Utilising a partnership approach WHLGNI has a mission to raise the profile of occupational health, occupational hygiene, and wellness/health promotion and in doing so focus on the prevention of ill health at work based on an assessment of need.

There is clear evidence that ill health at work burdens all (employers, employees and society in general). However it is now generally recognised that managing health risks can also have a positive impact for all parties.

It is critical, therefore, that we all ensure that managing workplace health risks remains high on the agenda of all organisations.



Wilson Lambe, MBE, CFIOSH, MIOH, MCMI, Chair of the Workplace Health Leadership Group NI

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INTRODUCTION

In the UK there are 100 times more deaths caused by occupational disease than accidents. In Northern Ireland an estimated 350 – 400 people die each year, due to work related ill health. Add to this the fact that most ill-health is preventable and there is clearly a case for tackling this with the same enthusiasm as safety.

Whilst acknowledging some good practice exists there is a need to do much more to promote best practice and increase awareness of work related ill health within workplaces and throughout society.

“The aging population, increasing prevalence of long-term chronic conditions and particular challenges from lifestyle disease (for example obesity), mean the UK must change the way it delivers occupational health and promotes health and well-being”

Source: The Council for Work & Health (2016) page 42.

The outcome of poor workplace health management is wide ranging and can present in a large number of different health conditions both mental and physical.

Poor mental health leading to suicide is one of the most significant causes of death in specific industry sectors, as are cancers connected to the type of job someone does. An example of work-related cancer would be occupational lung disease seen in construction workers resulting from being exposed to silica from activities such as kerb cutting without appropriate controls being put in place. Also, asbestos related deaths still claim the lives of over 90 people a year in Northern Ireland.

Other workplace related health conditions, such as musculoskeletal problems and asthma, account for high numbers of occurrences. While these conditions are not always fatal, they still have life changing consequences for those concerned. Stress continues to be experienced in all types of workplaces and effective management actions need to be proactively considered.

“It is estimated that only 40 percent of the working population has direct access to an occupational health service through their employing organisation, even fewer to comprehensive occupational health services”

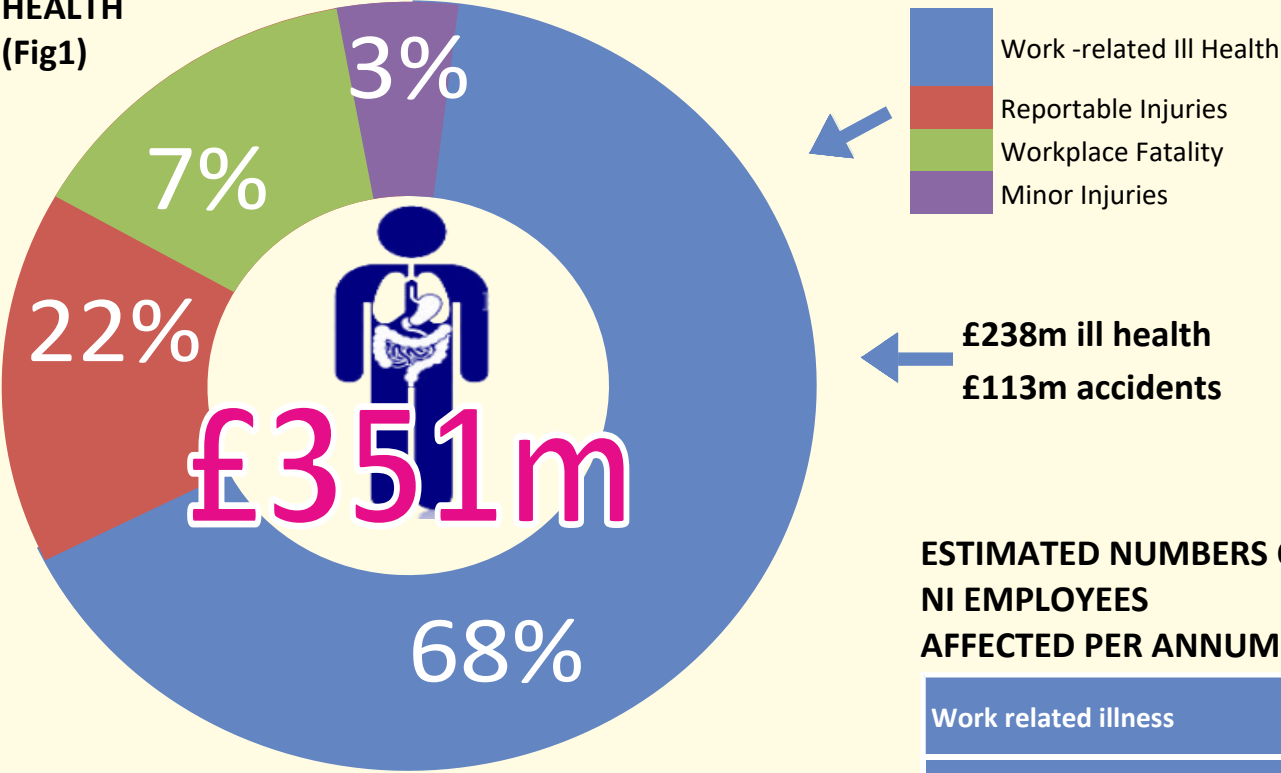
Source: The Council for Work & Health (2016) page 42.

Accepting that influencing ‘workplace related ill-health’ is not an easy task, it must be stressed that there are obvious benefits to all sections of society in the reduction of lost time through ill health and deaths which far outweigh the deficits.

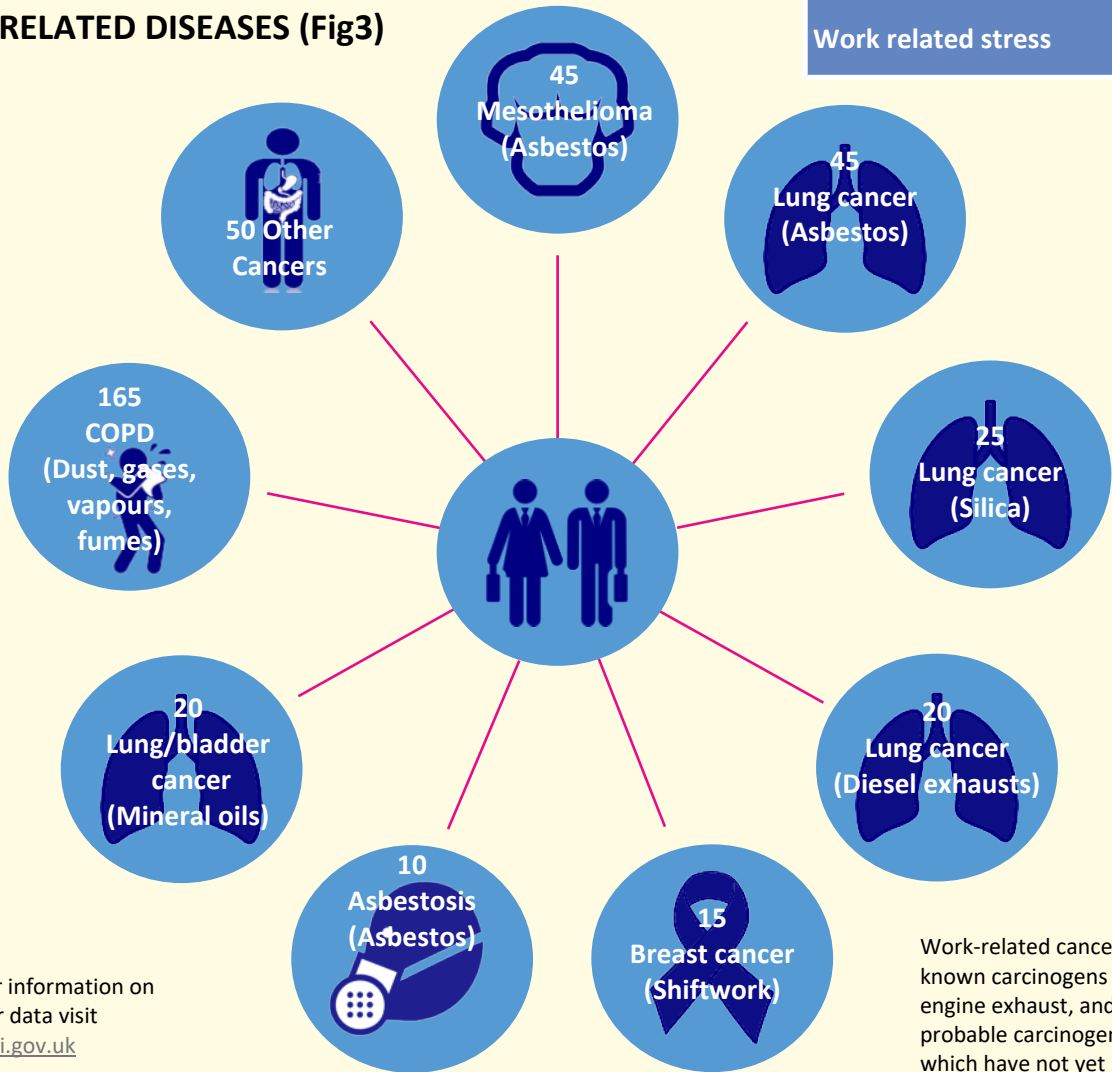
The need to halt the horrendous impact of workplace related ill health is part of the rationale of the formation of WHLGNI. The work of this group is aimed at building the awareness, capacity and capability of effective workplace health management among business leaders, health and safety practitioners, occupational health professionals and other interested parties.



THE ESTIMATED COST TO NORTHERN IRELAND OF
WORK PLACE INJURIES AND WORK RELATED ILL
HEALTH
(Fig1)



ESTIMATED ANNUAL DEATHS DUE TO
WORK-RELATED DISEASES (Fig3)



ESTIMATED NUMBERS OF
NI EMPLOYEES
AFFECTED PER ANNUM (Fig2)

Work related illness	20000
Musculoskeletal disorders	13000
Work related stress	15000

For further information on
sources for data visit
www.hseni.gov.uk

Work-related cancer estimates are for
known carcinogens (including silica, diesel
engine exhaust, and mineral oils), and
probable carcinogens (such as shift work)
which have not yet been confirmed.

AIMS AND OBJECTIVES

The aim of this strategy is “To encourage the improved management of workplace health thereby reducing the incidence of poor health in the Northern Ireland workforce”.



The 5 year strategy covers the period 2016-2021 and focusses on the following themes (each theme has its own Action Plan):

- 1. Awareness raising/Education/Communication** – Creating an increased awareness of the extent and real impact of poor workplace health, not only in industry but in society as a whole, as well as educating all on ways of improving workplace related ill-health.
- 2. Engagement, empowerment and support** - Influencing any positive change in ‘workplace related ill-health’ requires buy in at a number of levels. A top down approach will only work if there is a clear understanding of the issues backed with statistics and coupled with messages that can be easily interpreted and actioned by all those at the different levels wishing to support change.
- 3. Capacity building (including training, skills and experience)** - Understanding the need to enhance the competency skills of health and safety professionals, business managers and other professionals to effectively recognise, assess and manage workplace health.
- 4. Shaping solutions** – Integral to reducing workplace related ill-health is the need to create (or amend) solutions that are easy to implement, administer, are cost effective, and provide real benefits to the Northern Ireland Workforce.
- 5. Partnership working** – Encouraging all stakeholders to work in a collaborative manner (and across different levels) to identify and solve problems through existing provision and the development of new tools/strategies to improve workplace related ill-health.

The Strategy will be delivered through a series of annual interventions, developed to address one or more of the above requirements. Integral to the intervention targets was evidence gathered through a survey sent to Health & Safety professionals in Northern Ireland. The survey focused on how employers are managing work related ill health and had over 350 responses.

1.0 - Awareness raising/Education/Communication

Target 1.1	Investigate a mechanism, develop and publicise data on the cost of workplace related ill-health in Northern Ireland.	<ul style="list-style-type: none"> Investigate sources for Workplace Health data in Northern Ireland (HSE/NISRA/etc) Invite data creators and collectors (such as NISRA etc) to a sub-group to debate data collection and meaningful ways to collate and interpret Investigate systems to allow for the collection of data. Advise stakeholders on the definitions of workplace health (such as what is an occupational disease) to assist in the collection of meaningful data. Ascertain what the sources are able to reveal and extract the useful information from them Gather the data and present in a meaningful fashion. Use case studies to champion effective workplace health delivery . 	<p>Years 1 - 5</p> <p>Years 1 - 5</p> <p>Years 1 - 5</p> <p>Years 1 - 5</p> <p>Years 1 - 5</p> <p>Years 1 - 5</p> <p>Years 1 - 5</p>
Target 1.2	Utilise existing and embrace emerging methods of workplace health information delivery (from seminars to social media and also reaching traditionally hard to get to groups/sectors)	<ul style="list-style-type: none"> Collate details of good methods of information delivery Investigate the best methods for information to be created and circulated to all levels Create a plan for and action the delivery of information across all available platforms Develop relationships/links with all relevant groups (such as PHA) who will be happy to disseminate information. 	<p>Years 2 & 3</p> <p>Years 2 & 3</p> <p>Years 2 & 3</p> <p>Years 1 - 5</p>
Target 1.3	Identify, establish links and work with key stakeholders	<ul style="list-style-type: none"> Compile an ongoing list of key stakeholders to ensure effective consultation and participation in the strategy. Initiate contact with groups as the opportunity arises Determine how best to build constructive relationships with the stakeholders (probably through sub-groups) Ensure that we collaborate with existing stakeholders to enhance existing work. 	<p>Years 1 - 5</p> <p>Years 1 - 5</p> <p>Years 1 - 5</p> <p>Years 1 - 5</p>
Target 1.4	Work towards ensuring the huge amount of effective work and initiatives that are going on in 'Workplace Health' reach all organisations.	<ul style="list-style-type: none"> Identify examples of good work/initiatives Gain permission from owners to circulate Develop networks to disseminate the information Identify role models/champions for workplace health who can be promoted/sign-posted as the 'people' who are doing it right. 	<p>Years 1 - 5</p> <p>Years 1 - 5</p> <p>Years 2 - 5</p> <p>Years 2 - 5</p>
Target 1.5	Investigate if NI Web portal/information hub should be created	<ul style="list-style-type: none"> Collate data on good information/initiatives (see 1.3) Outline options for sharing this Investigate if web portal would be beneficial If so cost and identify funding opportunities Build portal if required Investigate the feasibility of workplace health apps 	<p>Years 2 & 3</p> <p>Years 2 & 3</p> <p>Years 2 & 3</p> <p>Years 2 & 3</p> <p>Years 2 & 3</p> <p>Years 3 & 4</p>





1.0 - Awareness Raising/Education/Communication

Target 1.6	Use a survey tool (as needed) to engage other groups/sectors such as -Directors/senior people -Employees/employee reps -Medic to medic -Primary care i.e. GP, Practice Nurse, Treatment Room, Specialist Nurses etc. -Sector /Industry Specific -Trade Unions	<ul style="list-style-type: none"> As and when needed Use a survey to show if there is interest in having BOHS courses locally to boost competent provision of hygienists (BOHS accredited) 	Years 1 - 5 Year 3
Target 1.7	Use opportunities to promote and encourage effective workplace health in line with statutory compliance.	<ul style="list-style-type: none"> Identify key opportunities (like trade shows/Conferences) to promote the work of the WHLGNI Support Workers Memorial Day Explore the various business award opportunities (such as the Chamber of Commerce/Local Council Business awards) to include a workplace health Award. 	Years2 - 5 Years 1- 5 Years2 - 5
Target 1.8	Recognise affiliates who have a specific interest in Workplace health	<ul style="list-style-type: none"> Establish if there is a role for affiliates and what it might be Identify who they are Create a sub-committee charged with running the affiliate scheme 	Years 2 & 3 Years 2 & 3 Years 2 & 3
Target 1.9	Investigate what social media platforms can assist with delivering positive messages.	<ul style="list-style-type: none"> Research how workplace health messages are circulated on social media Create social media accounts for WHLGNI when there is a resource available to drive engagement. Set up a communications strategy to do likewise 	Years 2 & 3 Years 2 & 3 Years 2 & 3

2.0 - Engagement and Support

Target 2.1	To identify key priorities for workplace health in Northern Ireland	<ul style="list-style-type: none"> • Create a baseline survey to go out to NISG/IOSH members and beyond • Use the survey mentioned on P4 and existing knowledge to ascertain what information is already out there that we can use and where the gaps are • Identify who are the main drivers in identifying Workplace Health Risks (is it the practitioners or is it the Senior Managers and Directors?) 	Year 1 Year 2
Target 2.2	Ensure buy in from H & S practitioners and other relevant groups	<ul style="list-style-type: none"> • Identify groups • Build relationships to ensure the flow of communication • Ascertain what needs to be done • Investigate 'buy in' models • Produce sector specific 'Workplace Health' specific models 	Years 1 - 2 Years 1 - 2 Years 1 - 2 Years 1 - 2
Target 2.3	Work with Government departments to identify common areas of interest and enhanced support to businesses	<ul style="list-style-type: none"> • Identify key personnel in other departments • Identify common themes • Create solutions 	Years 1 - 3 Years 1 - 3 Years 1 - 3
Target 2.4	Ensure Occupational Health doctors and the medical profession become involved	<ul style="list-style-type: none"> • Identify key stakeholders (including professional bodies) to develop relevant sub groups 	TBC
Target 2.5	Work with CIPD to involve the HR professionals (involvement of groups)	<ul style="list-style-type: none"> • Collaborate with pre existing groups 	TBC
Target 2.6	Develop a commitment pledge to effective workplace health management	<ul style="list-style-type: none"> • Pilot the requirement for a workplace health management commitment pledge 	Years 2 to 3
Target 2.7	Lobby for the inclusion of the workplace in promoting the public health agenda and improving care outcomes	<ul style="list-style-type: none"> • Identify the opportunities for integrated working with the NHS • Promoting workplace health programmes considering NICE Guidelines • Provide early intervention to expedite return to work 	Years 3 - 5 Years 3 - 5 Years 3 - 5
Target 2.8	Promote the benefits of using competent occupational health practitioners	<ul style="list-style-type: none"> • At events • Website • Leaflets etc. 	Years 2 - 5 Years 2 - 5 Years 2 - 5



3.0 - Capacity Building (including training, skills and experience)

Target 3.1	Hold a major workplace health conference to launch WHLGNI's 5 year Strategy.	<ul style="list-style-type: none"> Source venue Arrange programme Confirm topics (including NI stats)/speakers Promote event Disseminate presentations delivered at the Conference 	Year 1 Year 1 Year 1 Year 2 Year 2
Target 3.2	Identify specific sections of Occupational Health (Monitoring/Surveillance/Specific conditions/specific groups like older workers/ etc) requiring greater input and support (GP V Occ H Doctor/Nurse).	<ul style="list-style-type: none"> GAP Analysis Understand what is needed Develop materials for same Cost interventions Deliver 	Years 1 - 5 Years 1 - 5 Years 1 - 5 Years 1 - 5 Years 1 - 5
Target 3.3	Identify upskilling (training) needs of key stakeholders and develop resources to meet these needs	<ul style="list-style-type: none"> Survey all to establish different groups (such as schools/CITB courses/CSR or safepass/Apprentice training/HNC/HND Courses) Develop the material/resources needed for the upskilling of safety professionals Develop a delivery method for upskilling Ensure delivery Develop the material/resources needed for the upskilling of Occupational Health professionals Develop a delivery method for upskilling Ensure delivery Ensure quality of interventions (specifically in relation to training) 	Years 2 to 3 Years 2 to 3 Years 2 to 3 Years 3 to 4 Years 2 to 3 Years 2 to 3 Years 3 to 4 Years 3 to 4
Target 3.4	Promote the upskilling and development of knowledge skills and competencies for the future occupational health workforce Multi - professional occupational health	<ul style="list-style-type: none"> Investigate this in the following disciplines <ul style="list-style-type: none"> Occupational medicine Occupational hygiene Occupational health nursing Psychology Occupational health physiotherapy Safety and health Ergonomics and human factors 	TBC
Target 3.5	Lobby for the inclusion of an occupational health module and/or themes for training for healthcare professionals	<ul style="list-style-type: none"> Lobby at Foundation level Lobby at undergraduate level Explore placements within occupational health & safety settings 	Years 2 to 3 Years 3 to 4 Years 3 to 4
Target 3.6	Promotion of quality standards within the multi professional occupational health profession.	<ul style="list-style-type: none"> Investigate the Safe, Effective, Quality Occupational Health Service (SEQOHS) from Faculty of Occupational Health Medicine 	Years 3 to 4
Target 3.7	Ensure actions suggested have a funding stream (if needed) to achieve successful outcomes.	<ul style="list-style-type: none"> Investigate feasibility and cost proposals before launching initiatives 	Years 2 to 4

4.0 - Shaping Solutions

Target 4.1	Identify and develop a shared tool to assist compliance with legislative requirements	<ul style="list-style-type: none"> Review available workplace health promotion tools 	Years 2 to 3
Target 4.2	To test if it is possible to replicate the acceptance of the 5 steps to risk assessment model or investigate and create an easy to use Health risk assessment format for workplace health.	<ul style="list-style-type: none"> Set up trial Collate and analyse results Investigate the feasibility of a holistic workplace health risk assessment (with bio-psychosocial) model 	Years 3 to 4 Years 3 to 4 Years 3 to 4
Target 4.3	Understand how the use of technology can improve the management of workplace related ill-health	<ul style="list-style-type: none"> Create a sub-group to stay abreast of current technology trends 	Years 3 to 4
Target 4.4	Identify and support appropriate intervention by regulatory bodies	<ul style="list-style-type: none"> Liaise with the regulatory bodies to ascertain interventions they are making Support by dissemination of relevant information. 	Years 1 - 5 Years 1 - 5

5.0 - Partnership Working

Target 5.1	Identify what other stakeholders (QPA/FMB/CEF/EEF/Trade Unions/ larger consultancies etc.) should be involved.	<ul style="list-style-type: none"> Create a target list Build on this list throughout the project Ascertain how partners can assist Ascertain what partners need in order to be able to assist 	Years 3 - 5 Years 3 - 5 Years 3 - 5 Years 3 - 5
Target 5.2	Investigate how to promote benefits to and engage with Senior Management	<ul style="list-style-type: none"> Produce a business case for Senior Managers Enlist the help of potential 'Senior Management' partners (such as CBI/IOD) Present to potential partners 	Years 3 - 5 Years 3 - 5 Years 3 - 5
Target 5.3	Actively promote the sharing of information in a wider context (GB/Rol etc.)	<ul style="list-style-type: none"> Create links with other organisations seeking to improve workplace related ill-health. Encourage sharing of information and resource 	Years 1 - 5 Years 1 - 5
Target 5.4	Identify what involvement the insurance sector should have.	<ul style="list-style-type: none"> Liaise with leading local/national brokers and insurers 	Years 1 - 5
Target 5.5	Encourage greater collaborative work between stakeholders to ensure messages get to those that need them.	<ul style="list-style-type: none"> Identify opportunities (like the eye poster) to further relevant knowledge in the workplace 	Years 1 - 5
Target 5.6	Ensure workplace related ill-health research underpins the work of the WHLGNI.	<ul style="list-style-type: none"> Identify research on workplace related ill-health that is valuable to underpinning actions to improve health in the workplace 	Years 1- 5

IMPLEMENTATION AND MONITORING

Critical to the success of influencing workplace related ill-health is an overarching body which will hold itself accountable for its actions through the period of its existence.

WHLGNI is made up of senior representatives from each of the partners and will continue to provide strategic leadership and assistance with the implementation of its annual Action Plan.

There will be numerous challenges along the way but WHLGNI must always keep in mind that the ideal situation is for it to find that the need for its services becomes redundant.

A 6th (internal) target (which will be reviewed by WHLGNI yearly) will ensure good governance not only of the Group but also those affected by the Group's Annual Plan objectives.

6.0 - Action, monitor & review (steering committee)			
Target 6.1	Regular meetings	<ul style="list-style-type: none">Monitor the effectiveness of the steering committee's actions by holding regular meetings (min 6 in the first year)Monitor meetings in subsequent years (number TBC closer to the time)	Year 1 Years 3- 5
Target 6.2	Sub-committee development	<ul style="list-style-type: none">Investigate what other sub-committees (such as practitioners or other interested parties) need to be formed.Set up sub-committees and monitor their effectiveness	Years 1- 5 Years 1 - 5
Target 6.3	Measure effectiveness	<ul style="list-style-type: none">The steering committee to formally meet to ensure the previous year's performance is on track and to formalise the incoming year's actions/activities.The steering committee to monitor the effectiveness of the model being used to achieve the intended outcomes	Years 1 - 5 Years 1 - 5
Target 6.4	Strategy governance	<ul style="list-style-type: none">Ensure all actions/activities/solutions undertaken by the Group are costed to ensureValue for moneyWill not overly burden an organisation in the implementation and ongoing phases of the above.	Years 1 - 5 Years 1 - 5 Years 1 - 5
Target 6.5	Create an organisational chart for the WHLGNI	<ul style="list-style-type: none">Agree a framework chart which will be sufficiently robust but flexible enough to allow for amendments/additionsAgree target sectors (such as construction)/themes which warrant appearing on the organisational chart in the form of sub-committees created to specifically cater for their needs/interests	Years 1 to 2 Years 1 to 2



STRATEGIC OUTCOMES FOR THE 5 YEAR PLAN – WHAT WILL SUCCESS LOOK LIKE?

- a) Organisations reporting that they are now aware of and managing workplace related ill-health better than they were at the start of this initiative.
- b) An increase in the number of safety and health professionals indicating that they are better informed and equipped to manage workplace related ill-health in the organisations they represent.
- c) The publication of articles and dissemination of information on workplace related ill-health featured in relevant publications.
- d) The development of guidance to assist businesses in managing key aspects of workplace related ill-health.
- e) The development of relationships with trade representative bodies to promote good workplace health management with their members.
- f) The development of relationships with Occupational Health professionals.



Workplace Health Leadership Group
Northern Ireland

**The Workplace Health Leadership Group
Northern Ireland Partners are:-**



NI Branch



**Northern Ireland
Safety Group**



hseni
and the 11 Local Councils



HSC Public Health
Agency