

Tackling Work Related Respiratory Illnesses

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ABOUT THE BRITISH SAFETY INDUSTRY FEDERATION

The British Safety Industry Federation is Great Britain's leading trade body in the safety industry, representing 170 member organisations including manufacturers, distributors and safety professionals. We provide support and guidance on a wide range of occupational safety and health issues, allowing British business to flourish and employees to be safe at work.

Today the BSIF is firmly established as the major independent voice of the British safety industry and is committed to helping industry in Great

Britain to be both profitable and safe. The BSIF commissioned this report to shed light on an important, and underfunded, aspect of work related illnesses; respiratory illness.

Supporting all those who keep people safe & healthy at work and passionate to ensure that Safety & Health is a positive force for good.

You can find more information on the BSIF at: www.bsif.co.uk

FOREWORD



In 2014/15 an estimated 2.0 million people were suffering from an illness believed to be caused or made worse by their current or past work.¹ Many of these are a result of respiratory diseases caused by a work environment. In fact, 30,000 people working in Great Britain have breathing or lung problems caused or exacerbated by work and 12,000 people die every year from work related respiratory illness. The Government has prioritised preventing premature mortality across the NHS, with fantastic projects that focus on cancers, diabetes and ischaemic heart disease, yet very little attention to date has been given to a major cause of illness and death; work related respiratory illness.

Recently, however, there have been some positive changes. The Health and Safety Executive's 'Helping Great Britain Work Well 2016' strategy provides an extremely welcome position of prioritising the reduction of work-related ill health. The NHS is making a push towards improving occupational health outcomes. Further still, the Department for Business, Energy and Industrial Strategy and the Department for Work and Pensions have recognised the potential savings that can be made to the economy by keeping people in work for longer. A problem remains, however, in the disconnect not only between government departments, but also between national and local government.

The British Safety Industry Federation (BSiF) commissioned this report to shed light on how local government is trying to tackle work-related respiratory illness through their new public health powers and to make recommendations for how this can be achieved. While Great Britain is a world leader in workplace safety there is still work to be done to improve this record and to ensure that diseases caused and exacerbated by work are prevented and lives are saved.

We hope that the recommendations in this report can help generate collaboration and start a conversation, both in local government and Westminster, about how we can improve protection in the work place and ultimately save lives.

A handwritten signature in blue ink that reads "Alan Murray". The signature is fluid and cursive.

Alan Murray
Chief Executive,
British Safety Industry Federation

EXECUTIVE SUMMARY

- ▶ The 2012 Health and Social Care Act gave local councils responsibility for public health spending, an area that includes occupational respiratory diseases.
- ▶ 30,000 people working in Great Britain have breathing or lung problems ‘caused or made worse by work’ⁱ and 12,000 die from work related respiratory illness every yearⁱⁱ.
- ▶ Despite changing occupational patterns, illnesses such as mesothelioma, silicosis and Chronic Obstructive Pulmonary Disease (COPD) are a significant issue for Great Britain.
- ▶ Only 8 of the 217 councils, out of the number we contacted, who responded to the FOI request reported spending money on combatting respiratory illness in 2013/14 and 2014/15.
- ▶ Just 4 councils reported funding work-related respiratory illness initiatives.
- ▶ Councils can help prevent occupational illness by integrating this requirement within their Public Health remit.
- ▶ We invite Local Authorities to work with BSIF members who have available experts in respiratory health protection products, as well as:

1	Local authorities should include schemes to improve occupational health in public health spending. Public health includes occupational health.
2	Local councils should dedicate a set amount of their public health budget to tackling work related respiratory illnesses
3	Local councils should support training for the correct/proper use of respiratory protective equipment, through incentivising or supporting providers and purchasers
4	Local Government should take advantage of willing support from industry experts
5	Local government should ensure that all contractors used for government projects use equipment suppliers approved by the Registered Safety Supplier Scheme
6	Councils should insist on face fit testing by Fit2Fit accredited providers for all workers using tight fitting respiratory face pieces
7	A targeted publicity campaign to raise awareness of occupational respiratory diseases within the local area
8	Local Authorities should ensure that inspections of workplaces are regular and thorough and include a focus on respiratory health

i <http://www.hse.gov.uk/statistics/at-a-glance.pdf>

ii <http://www.hse.gov.uk/statistics/causdis/respiratory-diseases.pdf>

CHANGES TO PUBLIC HEALTH ALLOCATIONS

The enforcement of health and safety legislation in England is split between the Health and Safety Executive (HSE) and local authorities. The 2012 Health and Social Care Act gave local authorities responsibility for public health spending, with the support of “a ring-fenced grant and a specialist public health team, led by the director of public health”. The rationale for the 2012 Act was to place a new level of responsibility for public health with local authorities, as they were now expected to take appropriate steps to improve the health of their population. The Act was designed to show that the Government sees local authorities as having a critical role at the local level in ensuring that all the relevant organisations are putting plans in place to protect the local population against a range of threats and hazards. This new duty complements much of the local authority's existing core business. These powers include the opportunity for councils to spend money on occupational health and, in particular, a role in the prevention of cancers.

Most councils have, to date, focused the majority of this responsibility on promoting healthy workplace practices, through cancer awareness programmes, smoking cessation strategies or the promotion of healthy living. Combating ill health caused by work features in very few council's strategies.

This lack of funding for strategies to combat ill health caused by work, to join the work of the HSE, is concerning. While health at work is not one of the seven prescribed activities for funding, protecting health at work does fall within the non-prescribed function of public health budget, authorised by local authorities. Strategies and schemes that prevent, amongst other workplace illness, respiratory disease stand as both important and effective ways to protect public health, preventing thousands of potential deaths. As of October 2016 the UK's working population

stands at 31.81 million, a significant proportion of the total population of 65 million. The health of these almost 32 million people must be a priority for the public health system and society as a whole. Workers do not leave the public realm when they enter work. This is especially true for people who work for the public sector or on public sector projects. It is clear that the effects of illnesses, caused by work, spread far beyond an individual's workplace.

The importance of addressing occupational health within public health is a well-established policy objective, with the HSE providing excellent leadership. In particular the HSE has launched its new strategy “Helping Great Britain Work Well”, that reinforces the aim of tackling ill health and poor safety at work with a renewed impetus on framework to follow. On top of this, The National Institute for Health and Clinical Excellence has produced guidelines that focus on the importance of occupational health for public health. Furthermore, Professor Lindsey Davies, President of the Faculty of Public Health, has spoken regularly about the importance of protecting the health of employees.

Local authorities, with their established knowledge and relationships of local workplaces, are well placed to assess the risks to health in their region and act upon them. Local authorities further supporting Occupational Health will amplify the positive outcomes of the HSE's great efforts in the recently launched Strategy of "Helping Great Britain Work Well" and improve the health of thousands across the country.

SUPPORTING THE PREVENTION OF ILL HEALTH AT WORK

Given the well documented budgetary constraints surrounding public spending, the Government is promoting a greater focus on

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prevention in public health. The 2015 Comprehensive Spending Review cut public health spending by at least £600 million in real terms by 2020/21. This raises the question of how the Government will ensure that public health measures receive the attention – and more importantly resources – they need to really make an impact on long term population health. The temptation of budget holders, particularly with efficiency targets across the whole of government, is to spend little and save wherever possible. The reality is that without clever and selective long term investment, or “spend to save”, the concept of “public health” will remain just that, a concept.

Having said that, there has been progress in public health. Programmes aimed at avoiding illness, or reducing its cost and impact, have been launched across the country and have so far been successful. Public Health England, for example, has launched programmes such as Be Clear on Cancer which have produced promising results.

The challenge in this agenda is making the case for upfront investment for long-term savings. This is the argument made by the British Safety Industry Federation in funding and supporting schemes that combat work related respiratory illnesses. The BSIF sees this as an opportunity to highlight the impact communication can have for occupational health on public health.

WORK RELATED RESPIRATORY ILLNESS IN GREAT BRITAIN

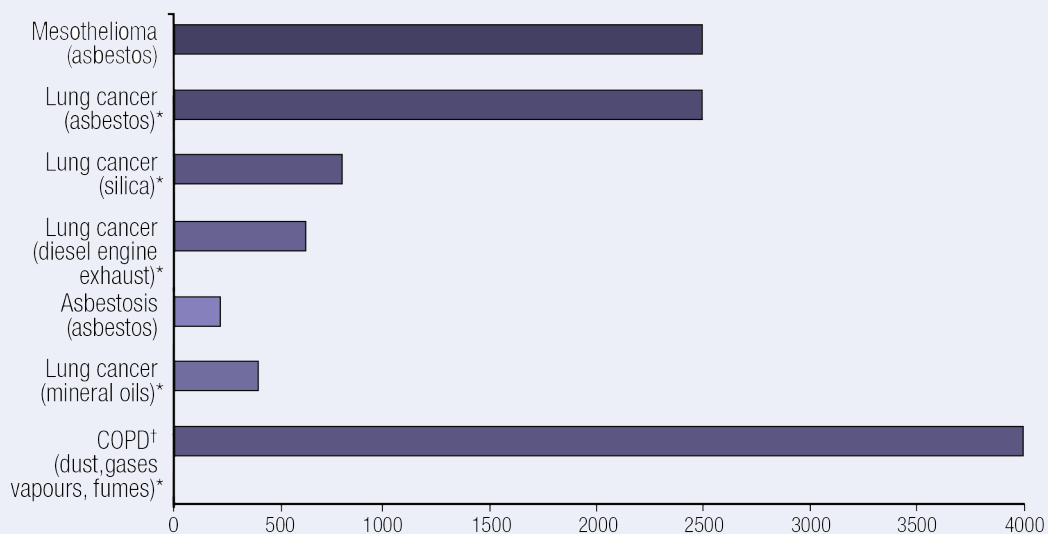
Great strides have been taken to reduce the number of workplace illnesses in Great Britain in recent years but they remain a significant cause of death in Great Britain. While this is, in part, due to the latency period for the majority of respiratory problems, with symptoms often only becoming apparent years after exposure or infection, these illnesses also represent an ongoing problem of occupational safety and health in Great Britain. It is important to note that Great Britain experiences 14,000 new cases of work related breathing or lung problems annually, highlighting that work related respiratory illnesses are not a historical issue.

Despite a drop in the number of workers in occupations exposed to dust and gases in recent

years there are still large concerns over the effects of poorly protected workers. The Health and Safety Executive estimates that there are 12,000 deaths each year due to these work related diseases, with this number set to increase over the next five years^v. This rise is most striking in asbestos deaths, with fatalities set to peak in 2020, rather than 2016 as previously predicted by the HSE, and incidents of exposure still common in GB workplaces^{vi}.

Many employers and employees are not aware, despite Health and Safety Executive inspired initiatives, of the dangers presented by regularly breathing in construction dust, which can lead to silicosis. Silicosis is a form of occupational lung disease caused by the inhalation of crystalline

**Estimated current annual deaths due to work-related diseases
(with causal agents in brackets)**



* Figures are estimated based on epidemiological data and are subject to considerable uncertainty.

† Research is underway to identify more specific causal agents for COPD.

For further information go to www.hse.gov.uk/statistics/tables/can02.xlsx

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silica dust, which is often found on construction sites. It can cause workers to die early, permanently damage their lungs, and significantly reduce the quality of their life^{vii}.

Along with asbestos related deaths, COPD and lung cancers cause thousands of deaths every year. COPD was England's fourth largest killer in 2013, up from fifth in 2005, with occupation recognised as a significant factor in cancers and other respiratory illness^{viii}. On top of this, far too many people are not diagnosed in time for treatment to be effective. NHS England currently estimates that between 10 percent and 34 percent of the 115,000 annual emergency admissions for acute exacerbation of COPD are from undiagnosed cases, with a 14 percent risk of death within 90 days that could have been prevented by earlier diagnosis and proactive treatment^{ix}.

Along with the clear human cost of these deaths, there is also a significant economic cost to Great

Britain from days lost through ill health and the cost of treatment to the NHS. In the financial year 2014/2015 23.3 million working days were lost due to ill health, costing an estimated £9.4 billion (this refers to ill health and does not include the costs of injury) to the economy and £4.69 billion to the NHS^x. With 30,000 people working in 2013/2014 reporting breathing or lung issues^{xi}, given the severity of the symptoms of respiratory diseases, it is fair to assume a significant level of this economic loss can be attributed to respiratory diseases.

There are clear human and economic benefits to ensuring that the number of work related respiratory illnesses in Great Britain is reduced. The BSIF believes that government at all levels, employers and workers all have a responsibility in combating occupational illness and that local government's public health budget can be used in innovative ways to tackle them, saving money in the process.

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- ▶ **Around 12,000 deaths each year from work-related lung disease and cancer are estimated to be attributed to past exposure, primarily to chemicals and dust at work.**
- ▶ **There are at least 8,000 work-related cancer deaths each year in Great Britain. More than half of these cancer deaths were caused by past exposures to asbestos.**
- ▶ **In 2013 there were 2,538 deaths due to mesothelioma (a cancer of the lung lining) caused by past exposure to asbestos.**
- ▶ **Most work-related lung disease and cancer take many years to develop and so deaths occurring now are largely a result of past workplace conditions.**

v HSE <http://www.hse.gov.uk/statistics/causdis/respiratory-diseases.pdf>

vi <http://www.hse.gov.uk/statistics/causdis/mesothelioma/mesothelioma.pdf>

vii <http://www.citb.co.uk/>

viii https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460510/15TL1323Changes_in_health_in_England_global_burden_disease_2013.pdf, p12

ix <http://www.hse.gov.uk/Statistics/overall/hssh1516.pdf?pdf=hssh1516>

x <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-07-20/7936/>

xi HSE <http://www.hse.gov.uk/statistics/at-a-glance.pdf>

xii HSE <http://www.hse.gov.uk/statistics/causdis/respiratory-diseases.pdf>

xiii <http://www.hse.gov.uk/statistics/overall/hssh1415.pdf>

LOCAL AUTHORITY ACTION TO TACKLE RESPIRATORY ILLNESS

A Freedom of Information (FOI) request was undertaken in 2015 and 2016 in order to ascertain what local authorities are doing to prevent or tackle work-related respiratory diseases. The FOI request asked county and unitary councils the following:

Under the Freedom of Information Act, please could you provide a figure for the amount spent in the previous year from your local authority's public health budget on combating work-related respiratory disease?

If possible, please could you break this down into figures for:

- (i) mesothelioma
- (ii) laryngeal cancer due to asbestos
- (iii) lung cancer due to other agents,
- (iv) chronic obstructive pulmonary disease,
- (v) pneumoconiosis,
- (vi) farmer's lung and other allergic alveolitis,
- (vii) byssinosis and
- (viii) any other work-related respiratory diseases?

This is in the public interest because it involved the use of taxpayers' money and relates to diseases that kill 12,000 each year.

- ▶ **Of the 402 councils contacted, 217 responded and their responses have fed into this report and recommendations made.**
- ▶ **Of those who responded only 8 councils reported allocating any funding to respiratory health and, of this, only 4 stated that this funding was for work-related respiratory diseases**
- ▶ **A total of just over half a million pounds was reported to have been spent across England (not all directly on work-related respiratory illness).**
- ▶ **Of those that responded, the majority of councils spend money on smoking cessation programmes for their employees. Whilst smoking cessation programmes are of vital importance for public health, the majority of councils have not invested in programmes for work-related respiratory illnesses more broadly, or on programmes outside of their employees.**

GOOD PRACTICE IN ACTION: RECOMMENDATIONS FOR LOCAL AUTHORITIES TO ACHIEVE BETTER PUBLIC HEALTH OUTCOMES

Local authorities should be taking a much more proactive position on tackling work related respiratory illness, utilising current resources to achieve long term and improved health outcomes for individuals.

Forward-looking councils should recognise the long-term positive impact that preventative funding for respiratory illness would have. By following the steps below councils can invest today to save money in the long term.

1

Local authorities should include schemes to improve occupational health in public health spending. Public health includes occupational health.

With almost 32 million people working in the UK, occupational health is a significant part of public health. Local authorities, with their established knowledge and relationships with local workplaces, are well placed to assess the risks to health in their region. Local authorities should use the powers they have to commission schemes that improve workplace health and reduce the levels of occupational illness.

2

Local councils should dedicate a set amount of their public health budget to tackling work related respiratory illnesses

As the FOI data we have collated shows, there is currently no budget allocated to occupational health by local authorities. Every council, either funded internally or through the HSE, should be responsible for a fund allocated solely at trying to prevent these 12,000 work related deaths.

3

Local councils should support training for the correct/proper use of respiratory protective equipment, where they have concluded that respiratory protective equipment is appropriate, through incentivising or supporting providers and purchasers

The correct equipment, correctly used and correctly fitted can prevent the vast majority of these deaths and local authorities should share the responsibility to ensure that every worker understands the risks at work and how to prevent them. Through training and public awareness, local authorities should encourage workers to take responsibility for their own safety, as well as ensuring employers fulfil their duties.

4	<p>Local government to work more closely with BSIF and their membership</p> <p>As in all areas of government, industry – from construction companies and health and safety consultants to suppliers of PPE – can provide specialised knowledge otherwise unavailable. Local authorities should engage with as wide a base as possible to ensure they understand the risks workers face and how those risks can be managed.</p>
5	<p>Local government should ensure that all contractors used for government projects use equipment suppliers approved by the Registered Safety Supplier Scheme</p> <p>The Registered Safety Supplier Scheme provides a reassurance that a piece of PPE has been tested and certified to meet the appropriate European standard and has the appropriate CE mark. These pieces of equipment can therefore be expected to provide the protection level they claim.</p>
6	<p>Councils should insist on face fit testing by Fit2Fit accredited providers for all workers using tight fitting respiratory face pieces</p> <p>In addition to having adequate Respiratory Protective Equipment all workers need to ensure that it is suitable for them and ensure that it fits properly. Fit testing is essential for workers using tight fitting respirators and it is imperative that it is performed competently. The Fit2Fit Fit Test Providers Accreditation Scheme provides an accreditation, previously unavailable, that assures the test is being performed in line with Health and Safety Guidelines and all local authorities should insist that these tests are performed by accredited providers.</p>
7	<p>A targeted publicity campaign to raise awareness of the diseases</p> <p>Local authorities should launch a targeted campaign, working with Public Health England, to raise awareness of the risks of respiratory diseases, the symptoms and the steps needed to avoid them. Similar to the Be Clear on Cancer campaign work, this scheme can be specific to its intended audience and will help educate employers, workers and individuals thereby preventing these diseases from devastating lives, families and communities. The BSIF has the Clean Air? Take Care! Campaign, a joint initiative between the BSIF and the Health & Safety Executive (HSE), helping to prevent occupational respiratory disease.^{xxiv} Local authorities should promote this initiative.</p>
8	<p>Local Authorities should ensure that inspections of workplaces are regular and thorough and include a focus on respiratory health</p> <p>Along with the HSE, Local Authorities have the responsibility of inspecting workplaces to ensure they pose no safety or health risks to their employees. These inspections should include a focus on respiratory hazards, as well as being thorough and, due to numbers of HSE inspections, should be more regular.</p>

xxiv <http://www.bsif.co.uk/clean-air-take-care->

