

HEALTH, WORK AND WELL-BEING STRATEGY FOR THE BRADFORD DISTRICT 2011 - 2014

A Local Occupational Health and Safety Strategy

Produced by:

Bradford Area Occupational Health and Safety Forum

The Forum is a partnership of public, private, voluntary and trade union organisations working together to improve the health, safety and well being of people at work.

www.baohsf.org.uk

October 2010

This strategy was developed by Jane Howie on behalf of, and with the help of, Bradford Area Occupational Health and Safety Forum. Thanks to all of the Forum Working Group members who have given freely of their time and expertise, especially John Blanchfield, Environmental Health Manager, Bradford Council. .

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1 INTRODUCTION

The importance of occupational health and safety is apparent to anyone who has seen what happens when health and safety fails. Those who suffer most are the injured, the ill and the bereaved, but everyone loses from poor health and safety; employers and employees; consumers, and the providers of public services.

The estimated economic cost of occupational ill health and accidents in Bradford for 2008/09 was between £86 million and £132 million. (HSE figures see page7).

Dame Carol Black's undertook a review of the health of Britain's working age population in 2008 '*Working for a healthier tomorrow*' it this she states "The annual economic costs of sickness absence and worklessness associated with working age ill-health are estimated to be over £100 billion. This is greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal."

Bradford Area Occupational Health and Safety Forum understands that fundamental health and safety issues in Bradford still need to be addressed as well as well as health promotion issues, this is highlighted below by a blitz that was undertaken in Bradford.

For a two-week period, beginning 20th October 2008, 13 inspectors hit the streets of Bradford in an attempt to improve standards of health and safety. All companies in the selected areas were visited by either a HSE inspector or an Environmental Health Officer from the Local Authority. The types of premises visited included retail outlets, garages, engineers, and many others.

The size of businesses ranged from the self-employed to larger companies with 25+ employees. During the two-week period 164 companies were visited (100 by the HSE and 65 by the LA) and both managers and employees were provided with advice and guidance on various health and safety topics.

There was a need for enforcement action to be carried out in some instances with 54 Improvement Notices and 10 Prohibition Notices being issued by the HSE and 12 improvement notices handed out by the Local Authority.

The common issues that resulted in enforcement action included:

- no thorough examination and testing of extraction systems;
- no thorough examination and testing of lifting equipment
- poor management of hand arm vibration exposure
- poor management of working at height practices
- poor welfare facilities

These could lead to either, serious problems with ill health, or an injury to employees.

The Director of Strategy for NHS Bradford and Airedale, spoke about some of the health inequalities in Bradford at a VCS (voluntary Community Sector) funding evaluation event in June 2010. Bradford has severe inequalities within the district and there is a life expectancy gap of 8 years (approx 5 for women) between men living in the most and least affluent areas. Infant mortality rates are 67% higher than the national average and deaths from circulatory disease are 20% higher than the national average. The NHS is coming around to the understanding that the VCS can be a key part of the NHS Bradford and Airedale 'market'. With its trust in the community, its outreach into communities, and its cost efficiency, it can make a real difference to health.

This strategy explains the wider Health, Work and Wellbeing agenda and sets out local actions that will help to make a difference to the health of Bradford's working age population.

Cllr Dale Smith said "I am delighted that Bradford Area Occupational Health and Safety Forum stimulated the setting up of a Health Work and Wellbeing Task Group in Bradford. I hope that the work the Forum does around engaging employers on occupational health and safety receives more sustainable funding in the future, because the Forum plays a crucial role in helping to raise the competence of local employers with regard to their understanding and the implementation of their health and safety duties."



Cllr Ian Greenwood said "I would wish to commend the Forum for all of its hard work over the past year. I believe it makes a major contribution to the well being of workers throughout the district and I hope and trust that it will continue to do so for many years to come."



Cllr Jeannette Sunderland said "Investment in occupational health and safety is money well spent. At a time when many companies are under financial pressure the Council and its partner must do all it can to promote the economic case for investing in the health and well being of employees and ensure easy access to help and information for employees and employers."



2 BRADFORD AREA OCCUPATIONAL HEALTH AND SAFETY FORUM

The Bradford Area Occupational Health and Safety Forum works in partnership to improve occupational health and safety in the district in line with the Government's long-term occupational health strategy for England, Scotland and Wales the ***Health, work and well-being – Caring for our future***, *A strategy for the health and well-being of working age people*, (DWP, DoH and HSE, 2005).

The Forum has a website (www.baohsf.org.uk) which includes video interviews and recordings; it produces a regular Well @ Work newsletter, holds open meetings on issues of interest to members, and promotes occupational health and safety in the District. The Forum has over 700 local employers on its membership who have the responsibility for the health and safety of tens of thousands of workers in the Bradford District.

Over the last few years we have run seminars on the following subjects:

2004: Accident Prevention; Drugs Testing; New Regulations; SHOT – Securing Healthy Occupations Together H&S week event.

2005: Health Safety and Welfare of Women at work; Is your workplace fit – Risk assessments for special workers; Violence in the Workplace; Noise – H&S Week event.

2006: Smoke free Workplaces; Health Work and Well Being; Young Workers – Health and Safety Week event; Fire Safety Order

2007: Smokefree Implementation; Cancer and Chemicals; CDM regulations; Lighten the Load MSDs;

2008: Textile Industry/Safety and Health Awareness; Looking after Mental Health and Well-Being at work; Working for a Healthier Tomorrow with Dame Carol Black; Sensible Risk Assessment

2009: Sensible Risk Assessment II; After the Inspector Called; Dispelling the Myths around the Employment of Disabled People; Health and Safety Week: 5 steps; fire; stress; lone working & asbestos.

2010: Worker Involvement. Fit Notes. Safe and Healthy Workplace Maintenance

The Forum also responds to new national health and safety legislation and other health at work consultations. It is pro-active relationship building with national and regional partners. Liaises with strategic partnerships to identify actions to promote health and safety and health improvement in the workplace and promotes the importance of good quality, safe jobs as the sustainable approach to good health as well as prosperity in the district. Service Delivery of the Forum includes the production of a directory of occupational health and related services.

The Forum also supports and collaborates with other voluntary sector partners who provide services for workers who cannot access OH services

e.g. Workers' Health Advice Team (WHAT), Bradford Area Safety Reps Association (BASRA) and Keighley Worksafe.

Our local strategy for 2011 -2014 ***Health Work and Well-being in the Bradford District*** builds on the previous two Bradford Area Occupational Health and Safety Forum strategies 2003-2006 and 2006-2009 *Securing Health Together in the Bradford District 1 &2*. The latest strategy reflects developments in occupational health and safety, the return to work agenda, and the work environment as a source of better health.

The Bradford Area Occupational Health and Safety Forum is the major partnership concerned with occupational health and safety in the District. Members are drawn from enforcement agencies, health services, employers, employees, trade unions and voluntary organisations. The Forum is a unique partnership working together to improve the health, safety, and well being of people at work. The Forum has been supported with funding from NHS Bradford and Airedale Voluntary & Community Sector Commissioning, which was agreed upon jointly by the Employment and Skills Partnership and the Health and Well Being Partnership.

The Forum has put much effort into working very closely with Bradford District Partnership and its Health and Wellbeing Partnership and its Employment and Skills Partnership and a report with recommendations was produced by the Work, Worklessness and Health Task Group, which was set up at the request of the Forum. (see appendix 1 for the recommendations).

The Forum has been awarded the following national awards for its work:

- 2009 The Alan Butler Award for having the best membership recruitment and retention approach out of all the health and safety groups in the United Kingdom.
- 2008 The Alan Butler Award for best communications strategy out of all Safety Groups in the UK.
- 2007 The Alan Butler Award for the best health and safety seminar in the UK in 2007.
- The Alan Butler Award for the best health and safety seminar from the National Health and Safety Groups UK Council.
- 2003 'Highly Commended Award for Innovation' from the Health and Safety Commission for the Forum's conference on 'Securing Health Together' held in April 2003. It was presented to Bradford Council but it acknowledged the work done by the whole Forum.
- 2003 Certificate of Recognition from the Health and Safety Executive, for the Forum's seminar on 'Chemical Warfare in the Workplace' held during European Week for Safety and Health in October 2003.
- Mick Williams, the Forum's previous honorary secretary was given the MBE for services to Health and Safety in West Yorkshire. Mick was a trade-union representative on the Forum..

3 STATISTICS

National Key statistics for 2008/09 from the Health and Safety Executive are:

180 workers were killed at work, a rate of 0.6 per 100 000 workers. (This figure is the people who died in the actual workplace and does not include deaths because of occupational diseases).

29.3 million days were lost overall (1.24 days per worker), 24.6 million days were due to work-related ill health and 4.7 million due to workplace injury.

1.2 million people who worked during the last year were suffering from an illness (long-standing as well as new cases) they believed was caused or made worse by their current or past work. 551 000 of these were new cases.

The number of cancer deaths must be estimated rather than counted. Emerging findings from work to produce up-to-date estimates suggest the annual number of work-related cancer deaths is currently around 8000. The next phase of the project will seek to estimate the number of cancers that will result from current conditions.

The diseases caused by asbestos have a long delay between initial exposure to asbestos and death. It is typically between 30 and 40 years. This means that deaths occurring now and most of those expected to occur in the future reflect industrial conditions of the past rather than current work practices. In 2007 approx 4000 people died of diseases associated with cancer.

131 895 other injuries to employees were reported under RIDDOR, a rate of 502.2 per 100 000 employees.

246 000 reportable injuries occurred, according to the Labour Force Survey (LFS), a rate of 870 per 100 000 workers

Regional Key statistics

In 2008/09, 24 workers were fatally injured at work, compared with 15 workers in 2007/08.

The number of major injuries to employees recorded in Yorkshire and the Humber fell from 2912 in 2007/08 to 2840 in 2008/09.

In 2008/09, an estimated 104 000 people in Yorkshire and the Humber, who worked in the last year, believed they were suffering from a work-related illness, according to the Labour Force Survey (LFS).

When averaged over three years (2007/08) the statistics showed a third more reportable injuries in Yorkshire and the Humber compared to the average for England.

In 2008/09, the LFS showed that an estimated 2.4 million working days (full-day equivalent) were lost in Yorkshire and the Humber due to workplace injury and work-related ill health.

In Yorkshire and the Humber, 119 offences were prosecuted by HSE, and 24 offences were prosecuted by local authorities in 2008/09.

Over the page is the HSE's breakdown of Bradford statistics

Local Authority Profile Bradford
West & North Yorkshire, Yorkshire & the Humber
Self-reported work-related ill health

2008/09: estimated number of cases	Bradford	Yorkshire & the Humber	Great Britain
Prevalence – limited to people who worked in the last 12 months	9028	104,000	1,182,000
Incidence (new cases in last 12 months)	4601	53,000	551,000

Source: LFS 'illustrative estimates' (See over page)

Work-related working days lost

2008/09: (estimated number of days lost)	Bradford	Yorkshire & the Humber	Great Britain
Due to work-related ill health	156,432	1,802,000	24,612,000
Due to work-related injury	48,527	559,000	4,711,000

Source: LFS 'illustrative estimates' (See over page)

Reported workplace injuries

2008/09(p)	Bradford	Yorkshire & the Humber	Great Britain
Fatal and major injuries to employees	242	2856	27,723
Over-three-day injuries to employees	906	10,266	104,301
Total injuries to employees	1148	19,439	132,024
Total injuries to employees: Rate per 100,000 employees	596	876	498

Source: RIDDOR (See over page)

Estimated Costs

The estimated economic cost of health and safety ill health incidents (accidents and ill health) in Bradford is between £86.3 million and £132.1 million. The estimated cost for accidents in Bradford is between £2.0 million and £3.6 million.

Mesothelioma mortality (One of the main Asbestos diseases)

1981 - 2005	Bradford	Yorkshire & the Humber	Great Britain
Number of deaths	165 male 32 female	2129 male 435 female	25,716 male 4187 female
Standard mortality ratio	86 male 98 female	94 male 117 female	100 male 100 female

Source: British Mesothelioma Register 1981 - 2005

Background information

2008	Bradford (estimated no.)	Yorkshire & the Humber	Great Britain
Total resident population	501,700	5,213,200	59,608,200
Total employees	192,674	2,219,383	26,493,605
% of employees in top-level industries:			
1. Manufacturing	15.10%	13.11%	10.23%
2. Construction	3.36%	5.21%	4.79%
3. Services	80.64%	80.90%	84.04%
Total workplaces	15,572	182,437	2,446,015
Number of workplaces with			
<10 employees	12,966	151,493	2,078,698
10 - 49 employees	1942	23,558	282,058
50 – 249 employees	543	6036	69,286
>250 employees	121	1350	15973

Source: ABI 2008

Local Authority Inspection Visits 2008/09

2008/09	Bradford	Yorkshire & the Humber	Great Britain
Number of LA controlled premises	9749	93,549	1,040,871
Number of visits	1953	15,099	194,790
Visits per 1000 premises	200	161	187
Number of improvement notices	81		
Number of immediate prohibition notices	17		

Source: LAE1 returns 2008/09 (based on LAE1 returns from 19 of 21 LAs (91%))

Data Sources

RIDDOR: The reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, under which workplace injuries are reported by employers and others.

Labour Force Survey (LFS): A national survey of over 50,000 households each quarter, giving estimates of self-reported work-related ill health and injuries. For regional and national rates, see main statistics website (www.hse.gov.uk/statistics)

Illustrative Estimates: Estimates have been produced based on regional data for ill health incidence and prevalence, and NOMIS employment data at Local Authority level. They are an **illustrative estimation only**.

Annual Business Inquiry (ABI): An employer survey conducted in December each year, with a sample of around 78,000 businesses.

Estimated costs: The cost estimates are in 2001/02 prices and are based on the best evidence available to us at this time, being pro-rated from the total estimated cost of workplace injuries and ill health per the 'Interim Update of the Cost to Britain of Workplace Accidents and Work-Related Ill Health' (available at: <http://www.hse.gov.uk/statistics/pdf/costs.pdf>). A research project is currently underway to update the HSE estimates of the cost of workplace injuries and work-related ill health and is due to report in 2010. These estimates will include analysis by region.

LAE1: A form completed annually by Local Authorities, on a voluntary basis, providing information about LA visits and enforcement. Asterisks denote missing information due to non-return or incomplete forms.

4 NATIONAL CONTEXT

In 2005 the Government produced its ***Health, work and well-being – caring for our future strategy***. This strategy played a crucial part in delivering on the Government's commitment to improving the health and well-being of the working age population.

It aims to help people:

- Manage minor health problems at work
- Return to work following an absence from work because of illness
- Avoid work-related health problems

Lord Hunt who was championed the strategy came to Bradford at the request of the Forum, and Bradford Area Occupational Health and Safety Forum signed the Health, Work and Well-being Charter. (See appendix 2).

As part of the Health Work and Wellbeing strategy and the following initiatives, Dame Carol Black undertook a review of health of Britain's working age population called '***Working For a Healthier Tomorrow***' which was published in March 2008. At the heart of the review was the recognition of, and a concern to remedy, the human, social and economic costs of impaired health and well-being in relation to working life in Britain. It identified factors that stand in the ways of good health and provided possible solutions which included behaviours and practices as well as services. Bradford Area Occupational Health and Safety Forum invited Dame Carol Black to Bradford in 2008 and she gave a presentation at a major seminar on her findings. (See appendix 3 for Dame Carol Black's key challenges and recommendations).

The comments from the attendees at the Working for a Healthier Tomorrow seminar in Bradford were recorded (See appendix 4) and taken on board by the Forum and later included in a presentation made to the Bradford Joint Work and Health Task Group of the Health and Well Being Partnership and Employment and Skills Partnership in 2009.

In November 2008 The Government responded to Dame Black's review with ***Improving health and work: changing lives***. The response brought together lots of departments across Government. The three key aspirations of this report are:

- Creating new perspectives on health and work
- Improving work and workplaces
- And supporting people to work

Since the publication of 'Improving health and work: changing lives', the programme of work has been progressing and some of the initiatives are now in place such as 'fit notes'.

In 2009 the HSE produced a strategy entitled *The Health and Safety of Great Britain \ Be part of the solution*. The goals of this include:

- Continuing to investigate work related accidents and ill health and taking enforcement action.
- To encourage strong leadership in championing health and safety
- To increase competence
- Promote worker involvement
- To adapt approaches to help increase SMEs compliance with their health and safety obligations
- To take account of wider issues that impact on health and safety

Currently the Health Work and Well-being strategy is being sponsored by five Government partners - the Department for Work and Pensions, the Department of Health, the Health and Safety Executive, the Scottish Government and the Welsh Assembly Government.

Broader Context

Prime Minister David Cameron appointed Lord Young to lead a Whitehall-wide review of health and safety law and practice.

The global economic crisis may well impact on occupational health and safety in the District in the next few years we are likely to see:

- Employers and employees facing increasing financial pressures
- Reduction in employment in the public sector increasing employment in the private sector.
- Reduction in public sector spending probably including health and safety enforcement, Police and Fire Service budgets.

'The State of the District, Bradford District's Intelligence & Evidence Base' produced by Bradford Council says "Bradford district has a large economy. While it is the third largest economy in the region, it is weak in terms of overall competitiveness in the UK. The district remains a low pay area, and reliance on benefits is particularly high in deprived areas. At the beginning of 2010, the district was forecast to have the fastest rate of economic growth in West Yorkshire over the next ten years. Unemployment and economic inactivity, and youth unemployment in particular, has increased during the recession."

Mind the leading mental health charity for England and Wales has presented new evidence that the recession has had a devastating effect on the wellbeing of British workers. The charity has found that since the recession **1 in 10** workers have sought support from their doctors and **7%** have started taking antidepressants for stress and mental health problems directly caused by the pressures of recession on their workplace (1). The findings, which launch Mind's campaign '[Taking Care of Business](#)', coincide with new government statistics showing the biggest rise in antidepressant prescriptions ever, with a record 39.1 million issued in 2009, up from 35.9 million in 2008 (2).

Mind's Populus poll of 2050 workers found that as a direct result of recession:

- 1 in 10 had visited their GP for support
- 7% had started a course of medical treatment for depression
- 5% had seen a counsellor
- Half said staff morale was low
- 28% were working longer hours
- A third said staff were having to compete against each other.

Mind's findings prompt fears for the mental health of hundreds of thousands of workers who face debilitating pressure as businesses tighten their belts. Many staff are working longer hours, competing with colleagues to keep their jobs and facing a slump in morale.

The recession may have exacerbated mental distress in the workplace but badly managed stress and workplace mental health problems are a long-standing issue in our workforce. Previous research has shown that every year, **1 in 6** people of working age experience a mental health problem (3) and that **5 million** people rate themselves as very or extremely stressed by their jobs (4).

Mind's new research found that over the course of their careers:

- Almost 50% of people had lost sleep due to work
- 22% had developed depression
- 1 in 5 said that work stress had made them physically ill
- 1 in 4 had cried at work due to unmanageable pressure
- Only 38% of workers think their current employer is doing enough to support them.

Over the next five years Mind's Taking Care of Business campaign aims to improve working environments and working lives, transforming attitudes to mental wellbeing at work. The campaign already has the backing of big businesses such as BT and AXA, trade unions such as the TUC as well as Dragon's Den entrepreneur Duncan Bannatyne.

Although mental health problems account for the second biggest cause of sickness absence at work, awareness and understanding of mental health problems are extremely poor and most senior managers do not believe mental health problems affect their workforce (5). Mental health remains a taboo subject and employees often choose to put on a brave face at work concealing their distress. This mixture of denial and bad management mean that mental health problems cost businesses an estimated £26 billion a year, which with better mental health and wellbeing interventions, could be slashed by a third saving the industry up to £8 billion a year (6).

Mind is calling for:

- Recognition that mental health problems do affect every workforce.
- An end to mental health stigma at work. Employers and employees should stop seeing mental health problems as a sign of weakness and start finding solutions.
- Employers to promote a culture where employees can discuss stress and mental distress openly without fear of the consequences.
- Organisations to introduce workplace mental health policies that promote wellbeing for all staff, tackle work-related mental health problems and support staff who are experiencing mental distress.

References

1. Populus interviewed 2,050 adults aged 18+, in England and Wales, in work between 18 and 21 March 2010. Populus is a member of the [British Polling Council](#) and abides by its rules, for more information see [the Populus website](#).
2. Data from the annual Prescription Cost Analysis. Latest data available from 2008-2009, released April 2010. Earliest available records in their current format from 1991.
3. Office of National Statistics, 2001, Psychiatric morbidity among adults living in private households in Great Britain. London: TSO
4. Sinclair, A. O'Reagon, S. (2007) 'Mental health and work' Brighton: Institute for Employment Studies
5. [Shaw Trust](#) 2006. 'Mental health: the last workplace taboo'. Independent research into what British business thinks. Commissioned by Shaw Trust and conducted and written by [The Future Foundation](#): 70% of employers surveyed estimated that 5% or fewer of their employees would have mental ill-health in their entire lifetime. Only 1 in 6 were able to pinpoint the range of its impact.
6. [Sainsbury Centre for Mental Health](#) (2007) 'Mental Health at work: developing the business case' London: SCMH

National Indicators that touch on occupational health and safety include:

- NI 119 - Self-reported measure of people's overall health and well-being
- NI 120 - all-age all cause mortality rate (also PSA 18 – to promote better health and well-being for all)
- NI 121 - Mortality rate from all circulatory diseases at ages under 75
- NI 122 - Mortality rate from all cancers at ages under 75
- NI 146 - Adults with learning disabilities in employment (also PSA 16 – to increase the proportion of socially excluded adults in employment etc.)
- NI 150 - Adults receiving secondary mental health services in employment. (also PSA 16 – to increase the proportion of socially excluded adults in employment etc.)
- NI 151 - Overall Employment rate (working-age) (also PSA 7,8 – Reduce the gap of economic growth rates and Maximise employment opps for all)
- NI 152 - Working age people on out of work benefits (also PSA 8 – Maximise employment opps for all)
- NI 153 - Working age people claiming out of work benefits in the worst performing neighbourhoods
- NI 173 - Flows on to incapacity benefits from employment

5 LOCAL CONTEXT

The Bradford Area Occupational Health and Safety Forum is keen to ensure that its strategy and the Government's agenda on occupational health and safety is reflected and supported in local strategies, plans and actions.

The Bradford District Partnership (BDP) replaced Bradford Vision as the district's Local Strategic Partnership (LSP) in April 2008. BDP coordinates and supports the work of the partners and partnerships across the district. These partners share responsibility for making sure that the district's Big Plan (sustainable community strategy) and Local Area Agreement improve the quality of life and wellbeing of the people of the district.

All the District's partnerships and the key partner organisations involved in the work of these partnerships, are linked into one main planning structure for the District. The diagram below shows in basic terms how these connect.

BRADFORD DISTRICT PARTNERSHIP



This work is informed and directed by Government statutory guidance Creating Strong, Safe and Prosperous Communities (2008) on preparing a 'Sustainable Community Strategy' and through Securing the Future, the UK Sustainable Development Strategy.

Local Area Agreements are "deals" between local partners and central government. The objective is to improve key outcomes by joining up service delivery across partner agencies. Bradford's LAA is part of the delivery mechanism for "The Big Plan" our Sustainable Community Strategy. The Key themes to be addressed include Health and Wellbeing and Economic development.

Our health and sense of wellbeing is affected by every aspect of our lives, including where we work. (The Big Plan)

Over 86,000 people in the Bradford District consider they have a long-term, limiting disability. (The Big Plan)

Health and Wellbeing for All Priorities 2009-2011 include Improve people's mental health and wellbeing (The Big Plan)

Delivery of The Big Plan and the Local Area Agreement are reliant on partnership working. Bradford District Partnership has a 'family of key strategic partnerships'. Most partner organisations have their own service plans or business plans e.g the Council has a Corporate Plan and Primary Care Trusts (PCTs) have Local Delivery Plans. As members of a the Bradford District Partnership, partner organisations take on a commitment to support the delivery of partnership strategies and plans, by ensuring their individual service/business planning, resource allocations and service improvements and targets are aligned to the relevant partnership strategies as well as to the Local Area Agreement and the Community Strategy.

The content of District strategies and plans should be influenced by and reflect the needs of local people. It is also often the case that many of the actions and outcomes identified in District strategies and plans need to be delivered locally. There is now a great deal of activity at this local neighbourhood level which is contributing to both. These include:

- Urban Village Plans
- Neighbourhood Renewal and Neighbourhood Action Planning (NAPs)
- Development of Quality Town and Parish Councils and the development of Town and Parish Plans
- Work on Community Cohesion and the promotion of 'Active Citizenship' and sustainable local communities.
- Local Area Management and the development of Area Plans

The Bradford Area Occupational Health and Safety Forum will contribute to achieving the *2020 Vision* and the goals and outcomes in the *Community Strategy* and the *Local Area Agreement* and the broader outcomes of several

major partnerships in the District. The forum will also work with local partnerships to try to ensure occupational health and safety issues are incorporated in local plans and strategies.

Bradford Area Occupational Health and Safety Forum recommended that a local Health, Work and Wellbeing Task Group be set up in 2009, following on from Dame Carol Black's review of the health of the working age population 'Working for a Healthier Tomorrow'. This recommendation was made at a presentation to the Joint Partnerships in February 2009.

A Senior Public Health Manager, from NHS Bradford and Airedale produced a report on behalf of the Health Work and Wellbeing Task Group to take to the Health and Well Being Partnership and the Employment and Skills Partnership entitled 'Work, Worklessness and Health in the Bradford District' in November 2009. This work takes on board the health effects of the economic climate in Bradford due to the recession. (See appendix 1 for the recommendations from this report). A progress report for the Employment and Skills Partnership was made on this report on 22nd September 2010

Bradford Area Occupational Health and Safety Forum started working on some of the recommendations from the Health and Work Task Group from April 2010 and are currently pursuing the work and health agenda in Bradford.

6 PROGRAMME FOR LOCAL ACTION 2011-2014

The Forum has developed a robust strategic planning process over the last decade. The Forum has been through a process during which a number of key documents have been produced:

- *Towards a Bradford Area Framework for 'Securing Health Together', 2002.* The document outlined the situation with regard to occupational health and safety in the district, and suggested the need for a strategy.
- *Securing Health Together in the Bradford District – A local occupational health and safety strategy 2003 – 2006.* The strategy document outlined 30 local actions to be carried out with the involvement of other organisations.
- *Action Plan for Securing Health Together in the Bradford District - A local occupational health and safety strategy 2003 – 2006.* Gives more detail about the work required to progress each local action and lists contacts within the Forum who will support the work.
- *Securing Health Together in the Bradford District – A local occupational health and safety strategy 2006 – 2009.* The strategy document outlined 28 local actions to be carried out with the involvement of other organisations.

Health, Work and Well-being 2011- 2014, A local occupational health and safety strategy is the strategy for the Bradford Area Occupational Health and Safety Forum for the next three years. It updates the actions proposed in the Strategy for 2006-9. There are 5 programmes in this strategy and for each programme, the Forum has identified local actions; these 27 local actions are listed over the following five pages and include lead organisations, who will be invited to work with the Forum to progress the actions.

Programme for local action 1 – Improving Compliance with the Law

The Forum aims to:

- 1 Maintain links with priority groups and public service providers (eg the Health and Wellbeing Partnership, the Employment and Skills Board, the Older People's Partnership and their corresponding Assembly Forum's).
- 2 Continue to produce a rolling programme of events to raise awareness of health and safety law and how to comply with it, among priority groups.
- 3 The Forum has established and will continue to maintain and develop Bradford Area Safety Reps Association. The Forum will try and include one speaker from the Trade Unions for each of the major topics discussed at our regular seminars, to increase health and safety representatives' involvement in promoting compliance with the law.
- 4 Encourage the development of expert groups around particular industries and issues, to encourage the sharing and spread of good occupational health and safety practice. Eg. Health Work and Well Being Task Group.
- 5 Collectively debate, support, and signpost for appropriate actions to be taken by voluntary groups and trade unions when they raise concerns about occupational health and safety.
- 6 Organise four seminars each year to raise awareness of and increase compliance with Health and Safety legislation.

Programme for local action 2 – Continuous Improvement

The Forum aims to:

- 7 Ensure the Bradford Area Occupational Health and Safety Forum is recognized as the major partnership for occupational health and health and safety in the District, by relevant agencies and other relevant partnerships. Ensure key bodies are represented on the Forum, and encourage relevant organisations, to support the ongoing funding of the Forum, and to consult with the Forum on major strategic documents especially those relating to or potentially relating to occupational health and health and safety.
- 8 Take part in relevant award schemes with an occupational health component and encourage other organisations to do so.
- 9 Liaise with stakeholders e.g. Job Centre Plus, NHS Bradford and Airedale tPCT, Skills Funding Agency, Young People's Learning Agency and Yorkshire Forward to explore:
 - a) Dame Carol Black's *Working For a Healthier Tomorrow*
 - b) The Governments response *Improving Health and Work: Changing Lives*
 - c) Bradford's Strategic Partnerships' *Work, Worklessness and Health in the Bradford District*
- 10 Signpost to specialist advice and support available to workers whose health has been affected by their work but who do not have access to occupational health services.
- 11 Support work based health promotion activity in work place settings e.g. Workers' Health Advice Team's Mental Health First Aid training.
- 12 Healthy workplaces, designed to protect and promote health and well-being are key to preventing illness arising. The Forum will promote the work environment as a source of better health and the ethos that 'Good jobs are good for you'.
- 13 Support smoking cessation in the workplace and promote the smoking cessation service.

Programme for local action 3 – Obtaining Knowledge

The Forum aims to:

- 14 Review available local occupational health and safety data and update the Forum's local statistical report on occupational health and occupational health and safety which then informs and influences the activities of the Forum.
- 15 Work with expert groups around priority industries and issues to increase our knowledge and build up capacity to address concerns around occupational health and safety e.g. Job Centre Plus, NHS, Older People's Partnership, Health and Well Being Partnership, etc.
- 16 Maintain an awareness of and develop links with local and national agencies. Looking out for any national and regional opportunities to obtain knowledge on occupational health and safety issues that impact on the District (e.g., Health and Safety Executive, Strategic Health Authority, Yorkshire Forward and LAcORS (Local Authorities Coordinators of Regulatory Service) and the Health, Work and Well-being Regional organisation.

Programme for local action 4 – Improving Competence and Skills

The Forum aims to:

- 17 Review Occupational Health and Safety skills required locally and identify any gaps in training provision.
- 18 Review the Directory of Occupational Health Services in the Bradford District, and work with the Health and Well-being Partnership and the Prosperity and Generation Partnership to provide a directory that signpost both small and large employers to the various organisations offering workplace support in the District.
- 19 Encourage health and safety considerations to be included as part of the school curriculum.
- 20 Encourage and support the development of innovative work with young people in the voluntary sector e.g. the Keighley Worksafe Stay Safe Experience which involves young people and addresses various aspects of health and safety.
- 21 Encourage local higher education establishments to include health and safety as a component of relevant management and professional training courses. We have signed up to a Safe Start Charter that states that Bradford Area Occupational Health and Safety Forum is dedicated to ensure that young people make a safe and healthy start to their working lives. We aim to build upon links we have already established with aspire i, Connexions and schools and colleges in the District.
- 22 Support Older People's Partnership Employment, Education and Learning Group, to help ensure fair and open access to employment for older people.
- 23 Use the regular meetings and seminars of the Bradford Area Occupational Health and Safety Forum to provide opportunities for people to gain skills around occupational health and safety.

**Programme for local action 5 – Ensuring Support and Advice
Mechanisms are in place**

The Forum aims to:

- 24 Lobby the Government to promote legislation to support occupational health, and provide sufficient funding for the enforcing authorities.
- 25 Identify gaps in the provision of occupational health and safety information, advice and other support and take actions to tackle them.
- 26 Widely publicise through the newsletter, leaflets, press releases and website information advice and support on occupational health and safety in Bradford.
- 27 Provide information, advice and other support services to people who cannot access other occupational health services.

Appendix 1

Recommendations from the Work, Worklessness and Health report. This was the report that was produced by the Health Work and Wellbeing Task group after recommendations were made by the Forum.

Maintaining and improving the health of the overall population**Recommendation 1**

Continue to commission programmes which promote healthy lifestyles, identify and work towards reducing the barriers to healthy lifestyles, and provide support people who want to make lifestyle changes, with a focus on communities and groups that experience poorest health

Recommendation 2

All LSP Partnerships should be requested to undertake a health impact assessment on all new developments within the district in the planning and development stage to ensure that environments are created that make it easier for people to lead healthier lives and to maintain good health.

Getting people into work**Recommendation 3**

The Prosperity and Regeneration Board should continue to implement the Economic Strategy to increase the economic potential within the district; increase investment and business set up in the area and support the development of skills of the population to meet the demands of businesses locally and encourage more people to continue in education and training.

Recommendation 4

Health and Well Being partnership and Prosperity and Regeneration Partnership should consider how they can improve their contribution towards the Bradford District Economic Strategy and to support local regeneration in the recession for example by:

- Using local labour, both training and employment where possible.
- Buying supplies locally.
- Providing training and developing the skills.
- Consider how to promote employment and skill development of local people, and in particular people with mental health conditions; people with disabilities; unemployed and low income families; and older people.
- Sign the Bradford pledge to minimise the time needed to pay invoices.
- Consider whether particular businesses should be encouraged that would help in the overall health improvement of the population e.g. healthy food outlets vs more fast food takeaway services.
- having healthy and sustainable transport policies etc.
- Ensuring that national initiatives being implemented as a result of the Government's response to the DWP Review are implemented at local level.

Recommendation 5

The Employment and Skills Partnership and Children and Young People's Partnership should consider how it can support low income families into education and employment to reduce child poverty and infant mortality.

Getting People who are off sick back into work

Recommendation 6

Medium to large employers within the Health and Well Being Partnership and Employment and Skills Partnership should consider how they can make better use of their occupational health services and refer people into services more quickly to reduce the amount of long term sickness absence.

Recommendation 7

Improve access to support for those who are unemployed or off sick from work with mental health problems or musculoskeletal problems.

Healthy workplaces and keeping those at work healthy

Recommendation 8

As significant local employers, the partners to the HWBP and the Employment and Skills Board should consider actively promoting healthy lifestyle messages within their work forces.

Recommendation 9

As significant local employers, the partners to the HWB and the Prosperity and Regeneration Partnerships should use their networks and forums to actively encourage new and current employers to adopt and invest in healthy working practices and policies to protect and improve the safety and health of their workforce.

Recommendation 10

HWBP and the Prosperity and Regeneration Partnership should consider providing a joint information leaflet that signposts small and large employers to the various organisations offering workplace support in the District. The Partnerships should ensure appropriate websites have links to occupational health and safety support organisations.

Recommendation 11

Prosperity and Regeneration Partnership should consider actively promoting healthy workplaces and healthy lifestyle messages through its business advisors.

Recommendation 12

Prosperity and Regeneration Partnership should consider improving access to information, training and tools about:

- good working practices,
- good staff and sickness management practices
- occupational health and safety issues, particularly for SME's.
- mental health and disabilities to dispel the myths and reduce the stigma and improve support to ensure the effective management and support for people with disabilities and mental health problems. The Community Links Mental Health First Aid Training available to the district should be promoted.
- Employing older people and age discrimination.

Ensuring that where redundancies are made the impact is minimised.**Recommendation 13**

Partners to the HWBP and Employment and Skills Partnership should consider how to remind employers of potential impact of redundancy on mental health and signpost workers to appropriate sources of help and support if they are being made redundant. These might include Trade Unions, Citizens Advice Bureaux, Welfare Rights Advisory Services; Jobcentre Plus Rapid Response Service; mental health services and self help material; education and training providers, volunteering opportunities.

Special attention should be paid to the mental health needs of men and young people being made redundant 16 – 24. Men may not have the same support networks as women.

Young people, because their labour market security may be most at risk in a downturn, combined with alcohol and drugs, and often limited social networks, may be most at risk of suicide.

Ensuring there is a streamlined pathway to advice services, and capacity within these services**Recommendation 14**

Partners to the HWBP and Prosperity and Regeneration Partnership should consider requesting through BDP that an assessment is made of the local capacity to provide advice about debt, money and housing advice. Priority to be given to those in, or most likely to become, financially excluded. These groups may not have ready access to financial services such as access to a bank account, low cost-lending and home contents insurance and to encourage savings such as the Savings Gateway and Child Trust Fund. A wide range of organisations should be involved in this, including local Credit Unions, the Financial Services Authority, DWP, Illegal Lending Unit, local CABx, Welfare Rights.

Disseminating this report**Recommendation 15**

This report would benefit from being shared with the other LSP partnerships, particularly the Children and Young People's Partnership and the Economic and Prosperity and Regeneration Partnership.

Appendix 2

This Charter was signed by Bradford Area Occupational Health and Safety Forum in the presence of Lord Hunt.

Charter for Health, Work and Well-being**HEALTH, WORK AND WELL-BEING – CARING FOR OUR FUTURE
A strategy for the health and well-being of working age people****Our Vision**

Together we will create an environment that promotes the health and well being of all those in work and all those who wish to work.

Benefits

The benefits of achieving this vision will be experienced: -

- By individuals and their families; through a higher quality of life resulting from better health and well-being, and increased prosperity;
- By organisations; through better motivated, healthy and stable workforces achieving greater creativity and business performance;
- Throughout the whole of society; reducing inequalities through increased economic prosperity, greater stability and viability of local communities
- The maximum benefits will depend on a coordinated approach by all stakeholders

Our Commitment

We commit to realise the vision set out in this Charter through our leadership, effective joint working, and action within our sectors to;

- Bring about a real and sustained improvement in the health of the working age population by preventing ill health and tackling its root causes;
- To manage the consequences of ill-health and disability, including the associated stigma;
- Champion the aims of the strategy in the work that we do, and in the sector in which we work;
- Help people to return to and remain in work including the provision of advice and support.
- Work with and learn from others;

Appendix 3

Working for a healthier tomorrow

Key challenges for reform

- 1 The economic costs of sickness absence and worklessness associated with working age ill-health are over £100 billion a year – greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal.
- 2 The evidence base to support the business case for investment in the health and well-being of their employees is inadequately understood by employers.
- 3 Lack of appropriate information and advice is the most common barrier to employers investing in the health and well-being of their employees. This is particularly true for smaller organisations which tend not to have access to an occupational health scheme.
- 4 The importance of the physical and mental health of working age people in relation to personal, family and social attainment is insufficiently recognised in our society.
- 5 GPs often feel ill-equipped to offer advice to their patients on remaining in or returning to work. Their training has to date not prepared them for this and, therefore, the work-related advice they do give, can be naturally cautious.
- 6 The current sickness certification process focuses on what people cannot do, thereby institutionalising the belief that it is inappropriate to be at work unless 100% fit and that being at work normally impedes recovery.
- 7 There is insufficient access to support for patients in the early stages of sickness, including those with mental health conditions. GPs have inadequate options for referral and occupational health provision is disproportionately concentrated among a few large employers, leaving the vast majority of small businesses unsupported.
- 8 The scale of the numbers on incapacity benefits represents an historical failure of healthcare and employment support for the workless in Britain. Furthermore, the flow of recipients of other benefits onto incapacity benefits suggests a failure in other employment and skills programmes to identify developing health conditions at a sufficiently early stage. Pathways to Work, while successful overall, has had limited effect for those whose main health condition is a mental illness. Furthermore, over 200,000 people with mental health conditions have flowed onto incapacity benefits each year over the last decade.
- 9 Detachment of occupational health from mainstream healthcare undermines holistic patient care. A weak and declining academic base combined with the absence of any formal accreditation procedures, a lack of good quality data and a focus solely on those in work, impedes the profession's capacity to analyse and address the full needs of the working age population.
- 10 Existing departmental structures prevent Government from fully playing its part in meeting the challenges set out in this Review.

Working for a healthier tomorrow **Main recommendations for reform**

1 Government, healthcare professionals, employers, trades unions and all with an interest in the health of the working age population should adopt a new approach to health and work in Britain based on the foundations laid out in this Review.

2 Government should work with employers and representative bodies to develop a robust model for measuring and reporting on the benefits of employer investment in health and well-being. Employers should use this to report on health and well-being in the board room and company accounts.

Safety and Health practitioners and, where present, trades union safety representatives, should play an expanded role in acting to promote the benefits of such investment.

3 Government should initiate a business-led health and well-being consultancy service, offering tailored advice and support and access to occupational health support at a market rate. This should be geared towards smaller organisations.

4 Government should launch a major drive to promote understanding of the positive relationship between health and work among employers, healthcare professionals and the general public. This should include encouraging young people to understand the benefits of a life in work and its impact on their families and communities.

5 Building on the commitment from the leaders of the healthcare profession in the recent consensus statement, GPs and other healthcare professionals should be supported to adapt the advice they provide, where appropriate doing all they can to help people enter, stay in or return to work.

6 The paper-based sick note should be replaced with an electronic fit note, switching the focus to what people can do and improving communication between employers, employees and GPs.

7 Government should pilot a new Fit for Work service based on case-managed, multidisciplinary support for patients in the early stages of sickness absence, with the aim of making access to work-related health support available to all – no longer the preserve of the few.

8 When appropriate models for the Fit for Work service are established, access to the service should be open to those on incapacity benefits and other out-of-work benefits. Government should fully integrate health support with employment and skills programmes, including mental health support where appropriate. Government should expand provision of Pathways to Work to cover all on incapacity benefits as soon as resources allow, and explore how to tailor better provision for those with mental health conditions.

9 An integrated approach to working-age health should be underpinned by: the inclusion of occupational health and vocational rehabilitation within mainstream healthcare; clear professional leadership; clear standards of practice and formal accreditation for all providers; a revitalised workforce; a sound academic base; systematic gathering and analysis of data; and a universal awareness and understanding of the latest evidence and most effective interventions.

10 The existing cross-Government structure should be strengthened to incorporate the relevant functions of those departments whose policies influence the health of Britain's working age population.

Appendix 4

Evaluation of comments from the Working for a Healthier Tomorrow seminar held in Bradford

Working Together for a Healthier Bradford

Key Points/Next Steps from the Plenary Discussion

- Need to strengthen the partnership between the PCT and the LA in terms of occupational health. They are instrumental in setting up any future Fit for Work service.
- There should be a recognised standard for occupational health services. At the moment anyone can offer such a service.
- Funding could come through shared funding – tax breaks etc. Need to develop a business model.
- The district could tender to be a Fit4 Work pilot – the Department will be looking to run pilots in most disadvantaged areas. (Carol Black)
- Strengthen communications with GPs (LA already doing this with a number of GPs in the district) . Currently much GP advice is inappropriate because they don't know the work circumstances of the individual.
- The worker's own voice needs to be heard in the process of decision-making. No-one understands the situation as they do. The question is not just 'fit for work', but 'fit for what work'. Need to look at each role and assess what is required to perform a particular function.
- Need for training of GPs. The Department of Health are currently considering developing web-based learning for GP's who don't want to the full occupational health qualification but want to be able to provide more effective advice and assessment around workplace health.
- Need to consider funding of more OH advisors in GP surgeries who have expertise in the legislation as well as an understanding of general workplace health issues.
- Discussion so far has focussed on reactive work – Fit4Work has to be pro-active – helping to identify and prioritise those in the workforce most in need of support – earlier intervention. People will choose wisely, if they are aware of early signs of adverse impact of work on their health. Currently many people don't know how work can affect their health . (particularly mental health)
- Education on the relationship between work and health should be available in schools and colleges –work readiness courses— particularly in Bradford with our growing young population. (School nursing/Community Health staff in the PCT have run some sessions in schools with young people on mental health)
- Much ignorance about the term occupational health – is it time to change the term to encompass the more holistic definition in the review?
- The reality for many people is that their choice of work and workplace is very limited – so choosing good/healthy work is not possible.

- Work culture has become more intensified in recent years leading to more stress in the workplace.
- Pleased to hear that there will be an opportunity to address the Economic and Health & Wellbeing Partnerships. So far health at work doesn't seem to have been a priority with either, with the NHS concerned with lifestyle choices and the Economic Partnership with worklessness.
- Don't see much about the need for 'healthy work'. The Working Neighbourhoods Fund to date hasn't emphasised the need for 'healthy' work – work that will have benefits for the wider community.
- Concern that this new idea of Fit for Work might in practice be implemented in a punitive rather than constructive way.
- Currently there is a regional scheme (Lottery funded) – “Mental Health First Aid” - to train trainers to work in workplaces and develop teams of 'listeners' in workplace . One person has been funded by VYON to train and work with youth workers in the first instance. How can we get funding to support more workplaces?
- Concern that enforcement of Health and Safety legislation is weak in organisations . Feeling that the HSE workforce has been reduced. HSE response that they are trying to work both reactively and pro-actively with companies.
- Need to understand what the PCT position is on the OH agenda.
- There is a general lack of occupational health professionals in the system. Historically regarded as a Cinderella service as has been divorced from mainstream NHS services.

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Appendix 6**BRADFORD AREA OCCUPATIONAL HEALTH AND SAFETY
FORUM – ORGANISATIONAL LINKS****National**

Health and Safety Executive
National Hazards Campaign
National Health Service
Department of Work and Pensions
Safety Groups UK

Regional

Business Link West Yorkshire
Health and Safety Executive
Job Centre Plus
Yorkshire and Humberside Health, Work and Wellbeing group
West Yorkshire Fire and Rescue Service

District

Over 700 local employers
Bradford Fire Prevention Group
City of Bradford Metropolitan District Council
Bradford Public Health Network
Bradford District Partnership
Bradford Older People's Partnership
Bradford Economic Partnership
Bradford Health and Wellbeing Partnership
Bradford Assembly
Bradford Health and Wellbeing Vol Forum
Bradford Regeneration and Prosperity Vol Forum
Bradford District Care Trust
Bradford Occupational Health Project / Workers Health Advice Team
Bradford TUC
Better Business Environment Forum
Aspire i
Health of Men (Healthy Living Centre)
Keighley TUC
Keighley Worksafe

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