COSLA Response

Consultation on the new EU occupational safety and health policy framework

The Convention of Scottish Local Authorities (COSLA), as the representative voice of all 32 Scottish Councils at national and international level, welcomes the opportunity to contribute to the European Commission consultation on the new EU occupational safety and health policy framework launched on 31 May 2013. COSLA also represents Scottish Councils as Employers' Organisation and is part of the EU Social Dialogue for Regional and Local Government as Employers and Service Providers.

Occupational safety and health is an important issue for Scottish Councils and they are key partners in enforcing health and safety legislation and delivering the national health and safety strategy in Scotland. Scottish Councils have a strong interest in employing and developing a healthy and productive workforce and in advancing the strategic national as well as European agenda around improving health, tackling unemployment and stimulating economic growth. COSLA has prepared this consultation submission in cooperation with the Society of Chief Officers of Environmental Health in Scotland (SOCOEHS).

Scottish Local Authorities are among the **major employers** in Scotland currently employing a **significant workforce of over 250 000 staff** in a variety of occupational groups. Scottish Councils have statutory functions, defined through a vast set of national legislation, with core responsibilities and service provision in the following areas: children and families, community care, older people, youth and adult social services, housing, planning, transport, roads and harbour responsibilities, education, finance, corporate policy and research, environmental and sustainability responsibilities, waste, community development, regeneration, equal opportunities, sports and leisure. In keeping with the 1974 Health and Safety at Work etc. Act, which places general duties on all employers to protect the health and safety of their employees and those affected by their work activities, Scottish Councils are committed to prevent risks to health, to ensure that the workplace safe and to provide health supervision as needed.

Scottish Councils are responsible for **environmental health** including licencing, environmental protection, food safety as well as inspections, investigations and enforcement of health and safety regulations and therefore co-regulators of occupational safety and health. **Scottish Local Authorities have a statutory duty to ensure that adequate provisions for health and safety enforcement in its area are in place** (Section 18; Health and Safety at Work etc. Act 1974). Scottish Councils' statutory responsibilities cover business premises employing 45% of the Scottish working population including retail, offices, wholesale, hotels, residential care homes, leisure and consumer services etc. (as set out in The Health and Safety (Enforcing Authority) Regulations 1998). Councils engage in proactive and reactive work related to health and safety. Proactive work includes routine inspections, appraisal of licensing applications and renewals, sampling and monitoring the environment, food and water. Reactive work includes investigation of accidents at work, reports on communicable diseases etc.

In the UK the Health and Safety Executive (HSE) is the national regulator for workplace health and safety, primarily but not exclusively responsible for regulating hazardous industries. It works closely with Local Authorities on tackling workplace related deaths, injuries and illness. Jointly, they are delivering occupational health and safety outcomes in Scottish workplaces. In June 2009, HSE and local authority representative bodies (including COSLA) endorsed a [Statement of Commitment](#) which set out their joint commitment to a partnership approach on health and safety at work enforcement.

1. Do you agree with the assessment of the EU OSH Strategy? Did it lead to tangible results?

COSLA welcomes the evaluation of the EU OSH Strategy which not only refers to achievements, a steady decline in occupational accidents, but also highlights remaining challenges in relation to occupational diseases, new emerging risks, demographic change, administrative simplification and data collection for monitoring purposes. Addressing these remaining challenges presents, in particularly following the evaluation's recommendations, presents the European Commission with a good starting point to develop a new EU strategy in coherence and coordination with already existing national strategies.

2. In order to improve workplace safety and health, do you consider it necessary to continue coordinating policies at EU level or is action at national level sufficient?

A new EU OHS strategy would bring added value in complementing and supporting national strategies and local activities. However, we would welcome a strengthening of the EU OSH strategy's objectives, as suggested in the evaluation report by setting out interim steps and actions, within a framework that would enable the strategy to adopt more **outcome-oriented policies**. An annual action planning framework within the scope of the EU OHS strategy might have the potential to better coordinate and increase cooperation between relevant actors but it needs to be designed in consultation of those actors involved in enforcing safety and health nationally.

COSLA advocates that the EU should fully incorporate into its policy development and implementation process a **multi-level governance approach** as this would better reflect the partnership approach involving national, regional and local authorities and communities that is in place in Scotland.

*3. If you deem such a framework at EU level is necessary, explain why. Which aspects should be covered? *(between 50 and 2000 characters)*

COSLA considers it important that a new EU OSH strategy will work towards improving existing legislation through non-binding instruments such as implementing guidelines and addresses the remaining challenges to safety and health at the workplace. While we support the development and implementation of a new strategy, we call for an alignment of EU objectives with national strategies and objectives for occupational health and safety.

A possible new EU OSH strategy shall take into account the existing policy framework and create more links with tackling health inequalities, promoting social inclusion and employability as well as recruitment and retention. It shall seek to better coordinate EU policies in health and environment matters and to avoid duplication of work. At the same time, the new strategy should continue to make best use of recommendations and guidelines whilst being aware of the EU's limited scope in public health and other relevant policy areas that fall under local and national competences.

4. With respect to your answer to the above questions, is there a need for a new EU OSH Strategy or should alternative measure be considered? Please explain. (between 50 and 2000 characters)*

COSLA supports a new strategy that is developed in consultation with local authorities and is closely aligned with national objectives in order to better coordinate efforts and to avoid duplication of work. COSLA considers it important that a new strategy works towards improving existing legislation through non-binding instruments and addresses the remaining challenges to safety and health at the workplace. Any other measure, if considered as alternative to a new strategy, needs to be developed in consultation with local authorities and other relevant actors and shall not exceed the competence laid out in the EU Treaties.

5. If EU level action is necessary in order to improve workplace safety and health, do you consider it necessary to set broad goals and priorities and to coordinate national policies at EU level?* (between 50 and 2000 characters)

Scottish Local Authorities promote and enforce occupational safety and health within the existing national policy framework. While this may be complemented by a new EU OSH strategy that sets overarching goals, supports activities at the national, regional and local level and reinforces the knowledge base, the EU should be clear about its objectives and its role in relation to local and national authorities.

6. What would be the added-value of including specific targets into a possible new EU OSH policy framework to measure progress in improving workplace safety and health in the EU?* (between 50 and 2000 characters)

In the OSH Strategy 2007-12 evaluation report, the recommendation is put forward that new OSH strategy should be more aligned with the EU2020 strategy, in particular employment targets. It therefore would function within the broader EU policy framework. Setting of EU targets specific to occupational safety, such as the 25% reduction in work-related accidents, has proven difficult as it has not been possible to gather comparable outcomes due incoherent data collected across Member States. If any targets would be considered, it would be necessary to develop better mechanisms to measure progress towards targets, similar to the Scottish outcome-based policies, and as already suggested in the recommendations, by creating better links between various existing EU surveys and statistics complemented by national data. In Scotland, in absence of national performance targets, each Local Authority sets its own local performance targets.

7. Should a new policy framework include a list of objectives, actions, calendars and actors involved in the implementation of actions or should it be limited to setting a vision for the future, and a definition of goals and priorities?* (between 50 and 2000 characters)

COSLA welcomes a strengthening of the EU OSH strategy's objectives, as recommended in the evaluation report, for instance by setting out interim steps and actions, within a framework that would enable the strategy to adopt more outcome-oriented policies. Annual action planning might bear the potential for better cooperation between relevant actors at local, national and European levels. However, any such planning needs to be carefully designed with the involvement of relevant actors, not being restrictive to a certain set of actors. It is crucial that is supports the implementation of existing legislation through non-binding instruments such as good practice exchange, guidelines, awareness raising campaigns, information exchange and evidence gathering.

8. What are the key challenges in the OSH area? How would you prioritise them?* (between 50 and 2000 characters)

Scottish Local Authorities have a strong interest in health and safety at the workplace in local government services, while also being co-regulators of health and safety in their local area. Occupational safety and health is indeed closely linked to workforce management, including recruitment, retention, training and employability.

In Scotland, the incidence of (fatal) accidents, injuries and over three day injuries have steadily declined over the last decade, according to national statistics (HSE, UK National Audit Office). The latest annual statistics for the whole Scottish economy show a further reduction of major injuries (by 16%) and injuries over three days (by 3%). Over three days injuries have indeed declined by 24% since 2005 (HSE, 2010/11-2011/12). However, 1.7 million working days were lost due to workplace injury and ill-health in Scotland in one year (2011/2012). It is therefore important to continue to promote and enforce occupational safety and health.

Occupational diseases remain a challenge for Scottish Local Authorities, who are among the major employers in Scotland for a variety of professions including teachers, care professionals,

social workers, waste managers etc. In particular **musculoskeletal diseases (MSDs)**, stress at work, environmental hazards for certain occupations, disabilities, chronic diseases and more have an adverse effect on the local government workforce. Apart from the toll that ill-health takes on the personal wellbeing, it may result in <u>sickness absence, prolonged absence or early retirement</u>, potentially bearing high costs for the employer and the economy. A reduction of physical and mental health problems and illnesses can therefore make a substantial contribution to economic growth, in terms of increased productivity and creativity as well as reduced sickness absence.

Another challenge for Scottish Local Authorities results from the **changing demographics within Scotland's local government workforce**, which is predominantly female and middle-aged (Q1 2013, Scottish Government Public Sector Employment tables). An ageing workforce brings with it more <u>employees with disabilities, long-lasting and chronic health problems, reduced working capacities and early retirement</u>. In the next decade, over a third of Council employees will reach retirement age. It is therefore crucial to promote a healthier and longer working lives. Scottish Councils will have to prepare their service delivery for an ageing population, while planning large numbers of local government staff to retire over the next few years and ensuring that they attract sufficient young, skilled professionals to make their service provision sustainable.

It is crucial to further develop **preventative** strategies and activities, complementary to reactive action, and to set this into the wider context of tackling unemployment, health inequalities, development of deprived areas etc. COSLA therefore welcomes the assessment of the current EU OSH strategy (2007-12) which highlights that key objectives should place more emphasis on improving health of the working population. It is also important to integrate occupational health into a wider health agenda for the local community.

9. What practical solutions do you suggest to address all or some of these challenges?*
(between 50 and 2000 characters)

In almost <u>all Scottish Local Authorities counselling and physiotherapy services are provided externally</u>, while an occupational health team provides the Local Authority with advice on employee sickness absence. In order to take **preventative action**, most Councils also offer some form of alternative support for their employees' health and wellbeing such as discounted leisure club membership, staff discounts or benefit cards, private dental plans, smoking cessation classes, money advice seminars, flexible working policy, eye tests, cycle to work schemes and many more.

Scottish Councils address **sickness absence** in a positive and focused manner through a variety of ways including return to work and formal disciplinary procedures, training and specialist support for managers and staff (e.g. mental health, drug and alcohol abuse awareness), specific stress management policies, counselling service, use of physiotherapy and annual employee health checks, measuring sickness absence within the performance management systems, working towards new approaches such as Scotland's Healthy Working Lives scheme, which rewards employers who demonstrate their commitment to improving the health and performance of their workforce.

Scottish Councils are taking part in the **[Healthy Working Lives](#) Scheme**, which adopts an outcomes focused approach to support employers and employees to achieve better and healthier working lives in their organisation. It therefore works as a benchmark for achieving health and wellbeing practices in the workplace spanning a range of topics including health promotion, occupational health and safety, employability, mental health and well-being, community involvement, and health and the environment. More than a third (12) Scottish Local Authorities have reached the Gold level, the highest level which requires a <u>three-year health, safety and wellbeing strategy and three-year rolling action plan, benchmarking, awareness of health inequalities</u> as well as stress risk assessment, lifestyle checks, equality and diversity, mentoring and the fulfilment of more criteria each year of maintaining the award. The remaining Councils are currently working towards achieving Gold and Silver levels. Five Scottish Councils have also been awarded the Healthy Working Lives Mental Health and Well-being Commendation Award. COSLA

fully supports the Healthy Working Lives Award Programme as the Scottish Local Authorities' Employers Organisation.

Scottish Local Authorities are also working with the Scottish Government on implementing 'Health Works' strategy (2009; 2013) in order to better promote healthy working lives and design pathways that enable employees with health problems to retain or return to work. COSLA together with NHS Scotland and other Scottish partners developed a set of principles for health services, the so-called Scottish Health Offer, to respond to the needs of those with health barriers.

Additionally, the Partnership for Health and Safety in Scotland (PHASS) has brought together Local Authorities, HSE, Healthy Working Lives, businesses and voluntary groups to target advice, training and support at one of the business parks in Scotland which showed low performance in relation to occupational illness and disease.

Scottish Local Authorities also work on improving health through their wider service provision and responsibilities. In the framework of **Equally Well**, Scottish Councils work jointly with the Scottish Government on tackling health inequalities. In tapping on the positive effect that employment has on health improvement and personal wellbeing, this policy supports a better alignment between health and employability services. At the local level, **Community Planning Partnerships (CPPs)** play an important role in delivering integrated services bringing together local authorities, social actors, health boards and other partners to tackle health inequalities. In doing so Local Authorities have a very good understanding of local needs and a focus on early intervention, prevention, delivery of an outcomes approach and a strong commitment to delivering positive outcomes.

COSLA has been working to highlight the key role Scottish Councils play in supporting **mental health**, both through their duties and their provision of services, in a response to the Scottish Government's recent consultation on a new Mental Health Strategy for Scotland 2012-2015. COSLA has also worked with the Scottish Centre for Healthy Working Lives and the Scottish Trade Union Congress (STUC) on Guidance on Violence and Aggression in the Workplace and to reduce the risk of physical and verbal abuse.

10. Do you consider that such a framework should develop initiatives to provide further protection for vulnerable groups of workers and/or for workers in specific high risk sectors?* (between 50 and 2000 characters)

Local Authorities in Scotland promote OHS regardless of their employees' profession. While benchmarking exercises for different occupational groups or sectors might bring some value for measuring progress, any high risk sector needs to be identified as such on the basis of sound evidence and may not come at the cost of shifting focus away from other occupational areas. Having said this, a more tailored approach towards different professions and sectors is to be welcomed where risk profiles can be developed.

11. Do you consider that measures for the simplification of the existing body of EU OSH legislation should be included in such a political instrument? If so, which ones would you suggest?* (between 50 and 2000 characters)

Any simplification must not come at the cost of additional administrative or financial burdens for regulators, the business community and employers or to the detriment of the enforcement of safety and health for the wider public.

12. Do you think that such a framework should specifically identify and address the challenges posed by the ageing of the working population? If so, which measures would you suggest?* (between 50 and 2000 characters)

Scottish Local Authorities face the challenge of changing demographics within their workforce, which is predominantly female (71%; Q1 2013) and middle-aged (Q2 2011) (Scottish Government Public Sector Employment tables). In the next decade, over a third of Council employees will reach

retirement age. It is clear that an ageing workforce will bring a higher rate of disabilities, long-lasting and chronic health problems, reduced working capacities and early retirement. It is therefore important for Scottish Councils to promote healthier and longer working lives, while planning for large numbers of local government staff to retire over the next few years. At the same time they will have to ensure a sustainable service provision for an ageing population, in times of reducing public finances, and ensure to recruit young, skilled professionals. Any strategy should promote the health working lives of all employees.

13. What measures would you suggest to reduce the regulatory burden on SMEs and micro-enterprises, including reducing compliance costs and administrative burden, while ensuring a high level of compliance with OSH legislation by SMEs and micro-enterprises?** (between 50 and 2000 characters)

COSLA is keen to point out that inspection activities and environmental health enforcement work by local authorities must be maintained at a level that allows effective preventative work to take place. We welcome that simplifying certain requirements bare the potential to reduce the regulatory and administrative burden and compliance costs on SMEs and micro-enterprises in Scotland. However, this may not be to the detriment of the application of safety and health standards. In Scotland, the Working Health Services Scotland supports small businesses and offers occupational health advice.

14. Do you have any views on the role of social dialogue at EU and national level to the identification, preparation and implementation of any new initiatives to improve health and safety at work?* (between 50 and 2000 characters)

COSLA, through its umbrella body the CEMR, is part of the EU Social Dialogue for Regional and Local Government as Employers and Service Providers which is currently working on a joint response to this consultation. In Scotland, COSLA as Employers' Organisation has worked in partnership with other social partners and public authorities to promote occupational safety and health within and beyond the local government sector.

15. Add any further aspects that in your view were not sufficiently taken into account by the above questions?* (between 50 and 2000 characters)

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