



Health in Construction Leadership Group

Strategic review

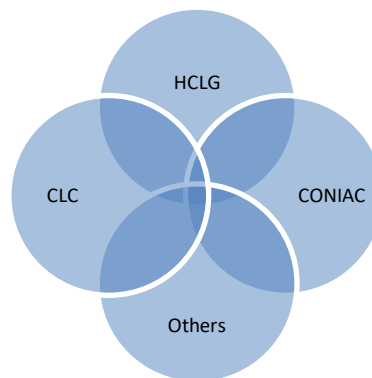
2022 - 2025

Executive Summary

With the full support and commitment of industry leaders The Health in Construction Leadership Group (HCLG) was originally set up *by the industry for the industry*, to work towards the aim of construction becoming a leading industry for occupational health, including mental health.

Building on the progress made already on work-related ill health over the past 6 years, this strategic review has been developed in consultation with supporters, HSE and the Construction Leadership Council (CLC) to look ahead to 2025 and the areas of focus needed to achieve maximum impact.

While continuing to support and promulgate a wide range of activities, the priority focus areas will be mental health, respiratory health, and musculoskeletal disorders, underpinned by a strategy of innovation, health by design and targeted communication, as we strive to achieve a shift within the industry from controlling risks, to elimination and substitution.



Case for Action

According to the [latest statistics](#) on work-related ill health in construction from the Health and Safety Executive (HSE) construction remains a high-risk industry. 74,000 workers were suffering from work-related ill health (new or long-standing) averaged over the three-year period 2018/19-2020/21. This included an estimated 40,000 work-related cases of musculoskeletal disorder (new or long-standing), 54% of all ill health in the sector. There were an estimated 20,000 work-related cases of stress, depression, or anxiety (new or long-standing), 27% of all ill health in this sector. Annually, there are about 13,500 new occupational cancer registrations and of this figure, 3,500 occupational cancer deaths are linked to construction workers.

The case is also underpinned in HSE's [Helping Great Britain Work Well Strategy](#) and the [Construction Leadership Council](#) where 'tackling ill health' is cited as a priority area.

Vision, Mission and Guiding Principles

The HCLG's vision is that, by 2025, construction is a leading industry for occupational health, mental health, wellbeing and disease prevention, treating health like safety and mental health like physical health.

The HCLG's mission is to unite the construction industry in eradicating ill health and disease caused by exposure to health hazards and in promoting and improving positive mental health across the industry.

We will achieve this by collaborating with other stakeholders including HSE, CONIAC and CLC, and focusing predominantly on Tier 1 and 2 contractors, supply chain and major clients to:

- Encourage and facilitate collaboration and open sharing/learning across the industry as well as with other allied industries
- Where required and appropriate, support the development of new resources and initiatives
- Act as a voice on health in construction to raise awareness of issues around health, and of available solutions
- Encourage and share innovation in approaches to tackling ill health in construction
- Through our communications strategy and work with manufacturers, designers, and industry bodies we will share our improvement plans and programmes with the whole industry inc. SME's, sole traders & unions.

NOTE: The decision that HCLG focus on Tier 1 and 2 contractors, supply chain and major clients arises from collaborative discussions on best use of resources and widest influence. HSE and CONIAC support the same key priorities but will primarily focus on SMEs.

Progress to date

As part of the journey so far HCLG has:

- Gained commitment from industry leaders to commit construction to a healthier future, and move this commitment into action - [first Summit took place January 2016](#).
- Set up Mates in Mind, the first mental health charity dedicated to raising awareness and supporting mental health in construction – [see 2021/22 Impact Report](#).
- Contributed to a step change by raising awareness of Hand Arm Vibration Syndrome (HAVS) and working with suppliers and manufacturers to support innovation and practices to eliminate risks.
- Raised the profile of Occupational Hygiene and supported the British Occupational Hygiene Society health in construction training.
- Delivered health by design training and other guidance including this [SKATE report](#).
- Supported the Health and Safety Executive's (HSE) health campaigns.
- Delivered and supported a number of events, seminars, and webinars on a range of health-related topics.

Action plans

- There are tactical action plans for each of the three priority areas of [Mental Health](#), [Respiratory Health](#) and [Musculoskeletal Disorders](#) which are being implemented by dedicated working groups on each area, and set out specifically what will be delivered over the short to medium term.
- Supporting this is an overarching plan of communications including events and webinars which sets out how the HCLG's work will be shared, and importantly opportunities for others to engage with the HCLG.

Measuring progress

Progress will be predominantly measured via regular surveys of the construction industry via the HCLG membership, to track changes in awareness and in action being taken on health, in particular in the priority areas.

Structure and governance of the HCLG



The HCLG is a collaborative network and comprises:

HCLG Chairs

The HCLG is led by two elected co-chairs who have overall responsibility for signing off the strategy, communications, engagement and governance.

HCLG Steering group

The Steering Group has overall responsibility for developing the HCLG strategy and bringing it to life including reporting and communicating on the strategy to key audiences. This group is also responsible for establishing, supporting, and managing the working groups set up to deliver the HCLG strategy.

The steering group is made up of:

- The elected chairs of each of the working groups
- A HSE representative
- Industry body representatives
- Representatives of supporting organisations

HCLG Working groups

Working Groups are made up of volunteer representatives from across the industry who develop plans and deliver activities. Chairs of the Working Groups are agreed by each group.

Current working groups are:

- Mental Health
- Respiratory Health
- MSDs

Underpinning the work of these groups is the principle of health by design and elimination and substitution rather than control of risks.

Members of the HCLG

These are individuals from organisations who support the principles of the HCLG and use the HCLG website, resources and materials to develop their own thinking and support improvement. Members are required to register on the HCLG website and commit to the vision of HCLG. There is no fee for membership. Members can volunteer to be part of the working groups and are actively encouraged to share innovation and best practice case studies.

New members are always welcome. HCLG strives to champion diversity and inclusion, not only in seeking out representatives from across the industry but also diverse views and perspectives.

An open meeting (virtual or otherwise) of all members will be held at least yearly.

Appendix 1. Extracts from ‘Committing Construction to a Healthier Future’ strategy document (updated May 2017).

Our Vision

Construction is a leading industry for occupational health and disease prevention.

Our Mission

To unite the construction industry in eradicating ill health and disease caused by exposure to health hazards and in promoting and improving positive mental health across the industry.

Group Objectives

- To develop and support the development of education programmes and increased awareness of health issues and programmes to enable the construction industry to treat health like safety.
- Promote collaboration between all sectors and disciplines in the construction industry which promotes disease prevention as a key to improving efficiency of all engaged in the construction process.
- To share knowledge, challenges, solutions and best practice, which develop individual and cooperative action plans to improve performance on eliminating and managing occupational disease and ill health in the construction industry.
- To engage with other industries to identify and share innovation and non-construction industry sector approaches
- To act as a co-ordinating and challenging group to lead the industry in ill-health and disease prevention and to enable support, development, promotion and sharing of best practice.

Critical Success Factors

The HCLG vision will aim to be realised in 2025 when:

Health culture and awareness

1. All involved in the construction process - including product design and manufacturing sectors - are fully aware of their role in identifying and managing health risk exposure.
2. Employers engage and proactively support workers to ensure they have a good basic understanding of occupational disease and ill health, hazards and risks.
3. The benefits of good mental health will be appreciated by all and there will be no stigma attached to those suffering from poor mental health
4. Construction industry leaders clearly understand the balance, that Robens envisaged in his 1972 report¹, between:
 - **‘Prevention’** is the province of **Occupational Hygiene**. This uses science and engineering to reduce occupational ill-health and disease by accurately assessing and effectively controlling workplace health risks.
 - **‘Cure’** is the province of **Occupational Health**. This considers the effects of work on an individual’s health and their health, ability and fitness to perform a particular job.

¹ Safety and Health at Work, Report of the Committee 1970-72 Chairman LORD ROBENS July 1972 HER MAJESTY’S STATIONERY OFFICE Cmnd. 5034

Health in design

5. The Principal Designer will support the design community to design out avoidable health hazards and address the on-going health and wellbeing of end users (premises occupiers).
6. All designers are evaluating health risks associated with construction activities and influence the client and those executing the work to avoid health risk exposure.
7. Hazardous exposures will be eliminated where practicable or minimized through pre-planned design and control on site.

Integrated approach to health

8. There is register of occupational health and hygiene service providers that are experienced in working within the construction sector and they are supported to develop services and expertise to meet the growing needs of our industry.
9. All workers in the construction industry will have their base line health assessed and be monitored throughout their working life to ensure any occupational disease found is not made worse.
10. The whole industry is working to national minimum standards for occupational health management and be working towards higher standards.
11. There is a maintained National Hub to share best practice in ill-health and disease prevention, allowing free access for all to find practical examples to be adopted by individuals and employers of any size or complexity.
12. Confidential health assessments records are held securely and accessible to those authorised to support the health management of workers given the transient nature of the workforce i.e. as secure as those records kept by the individual's GP, but utilised proactively to protect workers' from occupational disease and support long term employment.
13. Industry bodies engaged in the field of occupational health, occupational hygiene and wellbeing will be working together as one, supporting the industry in a holistic manner.

Measuring success

14. Health surveillance data is analysed to identify trends and instigate corrective action and education where appropriate.
15. The health burden on "UK plc" is understood and monitored for improvement and benchmarking against other industries.
16. Incidence rates of occupational disease and ill health are falling year on year.
17. The industry is a healthier and more attractive place to work.

Leadership

HCLG has been formed to drive the health agenda, supporting the aims of Construction 2025 and the CONIAC forums in tackling strategic issues where the whole industry is required to work together. We will strive to champion diversity and inclusion, not only in seeking out representatives from across the industry but also diverse views and perspectives. Leading industry figures drawn from a range of stakeholders (examples below) are progressively being brought together to shape the health strategy:

Architects	Designers
British Occupational Hygiene Society	Health and Safety Executive
Build UK	Home builders
Building Control	Insurers
CECA	Major Contractors
CITB	Planning
Clients	Professional bodies
Department for Business, Innovation and Skills	Small contractors
Department of Health	Specialist contractors
Department of Work and Pensions	Trade Unions

ANNEX 2 – key events and dates 2022



Health events and meetings 2022

