

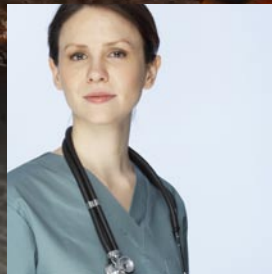


**Sheffield Occupational Health Advisory Service (SOHAS)**

*Working to Prevent and Alleviate the Effects of Work on Health*

# 2006

## ANNUAL REPORT



### **SOHAS is funded by the following organisations**

Sheffield Primary Care Trusts • Department of Health Section 64 (Formula for Health, Black and Minority Ethnic Workplace Health Programme and Work and Health Information Gateway (WHIG)) • Health and Safety Executive (Workers' Safety Adviser Challenge Fund) • Upperthorpe Healthy Living Centre • Burngreave New Deal for Communities (Black and Minority Ethnic Workplace Health Programme) • Lloyds TSB Foundation for England and Wales (Workplace Health Information Project)

### **SOHAS is a member of the following organisations**

Institute of Employment Rights • National Hazards Campaign • Construction Safety Campaign

### **SOHAS is an accredited training provider for**

Chartered Institute of Environmental Health

### **SOHAS is part of the following networks**

The Sheffield Health and Work Strategy Group • Sheffield First for Health and Well-being Partnership • National Work and Health Network

### **SOHAS resources**

[www.sohas.co.uk](http://www.sohas.co.uk) • [www.whig.org.uk](http://www.whig.org.uk) • SOHAS Library and Information Resource

# Foreword by David Blunkett MP

I have been proud to have been involved with SOHAS in a variety of guises in the whole of the 26 years of its operation in the city. It is the embryo Occupational Health Service for so many individual workers, for those concerned about working conditions and what this has meant to them personally, but also for small business and Trade Unions representing an increasingly diverse membership.

For a brief period last year as Secretary of State for Work and Pensions, I took on responsibility for the Health and Safety Commission and Executive.

I introduced the concept of a national Occupational Health

Programme and discussed with the Health and Safety Executive about how to work best with the health and employment services in Sheffield (including SOHAS) in an experimental way, indicative of what might be done nationally.

The emphasis has been on keeping people in work, helping them to adjust to change, and advising them, in and out of work, of what is on offer and how to get it. In simple terms, to assist with the whole programme of Welfare to Work, to avoid the knock-on effect on productivity of continuing and avoidable ill health, and hence to reduce the number of people having to take time out of work or lose their jobs in the first place.

Partnership working has been successful. In the last year over 70% of SOHAS's referrals have come from GPs and over 1,000 people have been provided with help. I hope that the new city-wide Primary Care Trust, the Sheffield Care Trust and those who have traditionally supported SOHAS will continue to do so. Prevention has to be better than crisis intervention. Early and appropriate referral can ensure that all of us benefit as incomes are maintained, positive work experiences are retained, and the income of families and the wider community are sustained. It is in all our interests that SOHAS should continue and expand its contribution to the wellbeing and health of our city.

## New developments within Occupational Health and Workplace Well-being

### Innovating methods of delivering occupational health support

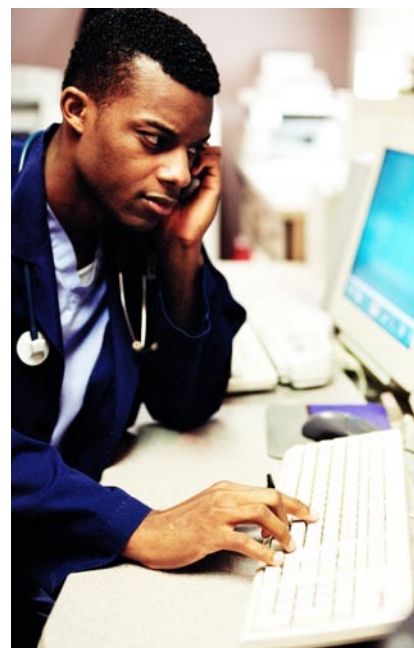
Constant change is the norm in primary care and in occupational health – the world of work itself has been dramatically changed over the past few years. We have to respond by innovation and experiment.

Since 2000 we have become increasingly involved in helping people who want to return to work, to do so. We are now working closely with primary care teams to help people with anxiety, depression and other common mental health problems to remain in or return to work. We are more often invited to visit workplaces to negotiate returns to work than in the past.

These changes follow the

pattern of our work over many years. We acquire new skills to add to those relevant to the problems of industry; a major area of work in 1980s. In the 1990s we became involved in helping people with disabilities to remain in work and with the epidemics of stress and upper limb disorders. In future, demands will change again as the Primary Care Trust will look to SOHAS to make its contribution to the management of problems in primary care instead of through hospital admissions.

Here we describe some of the projects that have helped us to maintain the pace of innovation during the last year.



## Supporting people back into work: The Work and Well-being Project

The Work and Well-being Project is aimed at helping people in the Burngreave area of Sheffield who have health problems and are on Incapacity Benefit to become ready for work. It is a partnership between the Sheffield City Council Employment Unit, Deploy and ourselves that is funded by Jobcentre Plus and Objective One.

Our role in the project is to provide an assessment of the readiness – in terms of their health – of people to return to work once they have received the appropriate help to manage their health. We are also responsible for signposting people to a condition management programme. Condition management programmes help people with long-term health problems to become more active with the help of psychological support, exercise programmes and physiotherapy. People are also given help to apply for jobs by the Employment Unit and Deploy.

The project started in January and so far the number of people who have been recruited into the project is quite low. However this is to be expected as it is the first project of its kind in Sheffield and referral routes are still being developed. This project is important in testing out ways of helping people on Incapacity Benefit to return to work, which is a critical part of the government strategy to getting 1 million claimants off Incapacity Benefit and into work. This project is also linked to the work of the Sheffield Health and Work Strategy Group, whose work is described elsewhere in this report.

## Increasing worker involvement: The Workers' Safety Adviser Challenge Fund

The Workers' Safety Adviser Challenge Fund is an initiative that aims to establish a sustainable improvement in health and safety culture by developing managers' skills and encouraging worker involvement. We completed the second year of this project by widening our work with voluntary sector organisations from Sheffield to across South Yorkshire.

Working in partnership with Voluntary Action Barnsley, Rotherham and Sheffield, Doncaster CVS, Rotherham Occupational Health Advisory Service, Barnsley Healthy Workplace Adviser and VC Train, our Workers' Safety Advisers helped over 120 organisations on a wide range of issues that included:

- ▶ Providing best practice guidance on implementing health and safety policies,
- ▶ Enabling people to carry out risk assessments,
- ▶ Explaining why health and safety is important and how to develop a health and safety culture within organisations.

One development in the second year of the project was the piloting of risk assessment and health and safety training courses with our partners across South Yorkshire. This was in response to requests for access to training by participants during the first year of the project. In order to do this SOHAS became a registered training

## Best practice in job retention:

### Final Report of the Job Retention Pilots (WorkCare in Sheffield)

The evaluation of the WorkCare and sister projects funded by the Department for Work and Pensions appeared earlier this year. While less successful than anticipated there was evidence that work-focused help was effective in assisting people with injuries to return to work more quickly and that the physiotherapy and occupational therapy provided to people with musculoskeletal problems in Sheffield was also valuable. We have learned from the difficulties WorkCare experienced in helping people with mental health problems to return to work.

centre for the Chartered Institute of Environmental Health which enabled us to deliver both the Foundation Certificate in Health and Safety and the Certificate in Risk Assessment Principles and Practice courses across Barnsley, Doncaster, Rotherham and Sheffield. The courses were well attended and positive feedback was received from those who attended; of particular interest was the comment that the training helped to 'demystify the process of implementing health and safety policies.'

Following the success in piloting these courses SOHAS is now investigating the feasibility of setting up a training programme aimed at the voluntary sector over the next 12 months.

# Work and Health in Sheffield

70% of patients are in employment when we see them. Almost half of all the patients (46%) we see are off-sick from their work, 17% are unemployed and 13% retired.

## Main problems

### Mental health: stress

During the year we saw 514 patients with stress and mental health problems.

Work-related stress, often presenting as anxiety and depression, is the most common occupational health problem that GPs encounter. We see patients with these problems early – as part of prevention – or late after they have seen a counsellor or primary care mental health worker, as part of a return to work plan. In terms of numbers and of the time required per case, mental health problems related to work (work-caused and work-limiting) are our largest area of work.

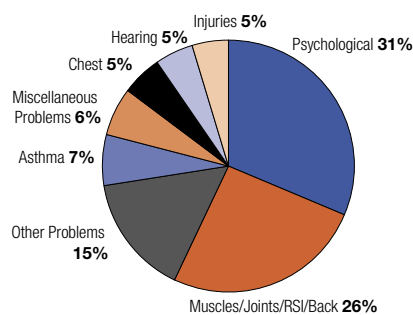
### Musculoskeletal disorders (Repetitive Strain Injury (RSI) and back problems)

During the year we saw 421 patients with RSI, with an increasing number of referrals from physiotherapists.

Over 20 years after the first RSI epidemic, medical research is still grappling with the complex array of symptoms reported by people with upper limb disorders. During the year we published an update describing some recent advances in this field (Update 23 November 2005, see SOHAS website). The solutions are a great deal simpler than the medical sci-

ence. The number of people with RSIs remains high. The national trend is for back problems to fall as the number of jobs involving heavy lifting declines. However they have not gone away completely; warehousing, in which many agency workers are employed, is a growing sector.

## Main health problems



### Cancer

Each year patients come to see us to discuss whether their cancer is work-related. Often their main concern is that no one else should be exposed to the same risks as they were. The main cancers that relate to work are mesothelioma and bladder cancer. This year, following discussions with the Health and Safety Executive we have started to plan for a more systematic method of reaching and helping patients with possible occupational cancers.

This uses the fact that many cancers follow exposure in less than 20 years – so that working conditions that still occur in Sheffield might be responsible. Exposure to metal fumes – particularly nickel – and cancers of the throat and nose are likely to be amongst our priorities.

### Heart and circulatory disease

Most of the vascular problems seen by advisers are the effects of hand-arm vibration (power tools and industrial equipment). However there is a growing realisation that a number of heart disease risk factors, including high blood pressure, are influenced by stress at work. Another risk factor for heart disease is smoking. Furthermore patients at risk report recent changes at work; changes in workload, management style, incidents of bullying or trauma and raised blood pressure. Research suggests that high strain jobs are linked to long-term increases in blood pressure.

### Skin problems

The identification of, and early intervention with, patients with recent onset dermatitis is essential. Dermatitis is a common occupational disease. Hospital patch-testing is required if the problem cannot be controlled early on. Dermatitis is a priority for the coming year.

### Chest disease

The most common occupational lung diseases include asthma and chronic obstructive pulmonary disease (COPD) – over 190 patients were seen with these problems. During the year SOHAS discussed with chest physicians whether patients picked up in routine spirometry with possible restrictive lung disease might have occupational conditions such as fibrosing alveolitis, or pneumoconioses. These diseases can be linked to metal exposures and may entitle patients to a disablement pension from the Department for Work and Pensions.

## Hand-arm vibration syndrome (HAVS)

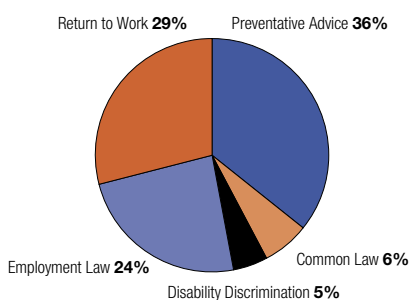
National estimates imply that there are likely to be over 6000 people with hand-arm vibration syndrome in Sheffield, but because of the nature of manufacturing jobs in the city the number is much higher. Onset is quick and the effects impact dramatically on workers' ability to stay in their jobs. Early referral is essential – unfortunately, solicitors are more likely to see people with HAVS than GPs so that many opportunities to help with changes at work are missed.

## Hearing loss

National figures imply 13,000 people with significant noise-induced hearing loss in Sheffield. However because of the traditional industries in the city, Sheffield is likely to have 3-4 times as many people affected as this.

Awareness of noise-induced hearing loss peaked in the 1980s but new cases continue to turn up – from heavy industry and construction, but also in the entertainments sector and in call centres. The value of a referral to our advisers is several-fold. Early referral can lead to noise control. At a later stage we help GPs to decide whether further investigation of deafness is required. There are still possibilities of gaining compensation where negligence can be demonstrated.

## Type of advice given



## Reaching those in greatest need:

### Outreach to ethnic minorities and new migrant workers

The most recent of our initiatives to reach ethnic minority workers was the Black and Minority Ethnic Workplace Health Programme.

This Department of Health funded project ended in March 2006. The recruiting of volunteers to raise awareness of workplace health issues in their communities continued to be difficult. In response to this, we changed the focus of the programme onto 2 main areas:

- ▷ Carrying out visits to employers who have significant numbers of Black and Minority Ethnic workers to provide them with information on workplace health issues.
- ▷ Providing training in Food Hygiene and Health and Safety accredited by the Chartered Institute of Environmental Health to members of Black and Minority Ethnic groups.

Over 150 people attended the Chartered Institute of Environmental Health courses over the last 12 months of the project, with 87 receiving accredited certificates. The relatively low pass rates can be attributed to the fact that many of the people who carried out the training did not have English as their first language and although we did provide language support where appropriate, it does highlight an issue about the delivery of training to Black and Minority Ethnic communities.

The end of project survey that was carried out showed that the project had gone a long way towards achieving one of its primary objectives of raising awareness of workplace health issues. The repeat survey showed that people were now more aware of where they could go for help on workplace health issues. With an increase of over 60% of the people surveyed saying that they know about the work of the Black and Minority Ethnic Workplace Health Programme and SOHAS.

With additional funding from the Lloyds TSB Foundation for England and Wales we have produced a series of leaflets on health and safety rights at work:

- ▷ Agency Workers,
- ▷ Bullying,
- ▷ Dust & Fumes,
- ▷ Education for Employment,
- ▷ Manual Handling,
- ▷ Off Sick.

These publications are also available in Arabic, Bangla, Chinese, English, Somali and Urdu.

We are now developing a project to reach the new migrant workers employed largely by employment agencies in the food industry, manufacturing and warehousing. We already run a surgery in Tinsley One-Stop Shop to reach the migrant workers living in this area, many of them recent arrivals from Eastern Europe.

# The right information in the right place:

Reaching patients, employees, employers and health professionals with the information they need

## The Right Information: the Workplace Health Information Project

During the last year the focus of this Department of Health funded project has been on the production of a series of information leaflets on pregnancy at work which has been carried out on our behalf by Pam Walton. Our aim is to produce another 6 leaflets over the next 12 months and to update all the information leaflets that we have produced over the past 2 years.

### New publications for patients

- ▷ Cold work,
- ▷ Your skin at work.

### Mothers at Work Series

*this series has been distributed to all Sheffield's Community Midwives*

- ▷ Maternity leave and pay,
- ▷ Return to work: *The right to ask for flexible working,*
- ▷ Health and safety rights at work for pregnant women and new mothers,

- ▷ Hazards which may effect the health and safety of new or expectant mothers,
- ▷ Health and safety rights at work for pregnant women and new mothers Information for employers,
- ▷ Health and safety at work for pregnant women and new mothers: *Risk Assessment Checklist,*
- ▷ Health and Safety at work for pregnant women and new mothers: *A guide for health professionals.*

### Publications for health professionals

- ▷ Update 23: New Aids to the treatment and prevention of work-related upper limb disorders.

### Other publications

- ▷ The Sheffield Health, Work and Well-being Framework.

You can obtain a copy of any SOHAS publication by contacting our office or by downloading them from our website: [www.sohas.co.uk](http://www.sohas.co.uk)

## The Right Place:

### The Workplace Health Information Gateway (WHIG)

The WHIG project came to an end in March 2006, with the website being live for the past 18 months. The website has been developed into a comprehensive online resource which is interactive enabling people to sign up and add content themselves. Users can review and rate the information available on the site.

The aims of the WHIG website are:

- ▷ To provide straightforward occupational health advice through an intuitive interface,
- ▷ To make links to external resources, providing a “one stop shop” for visitors,
- ▷ To encourage the general public to record their experiences of work and its effects on their health,
- ▷ To make resources available to visitors of all abilities.

At present the WHIG has over 480 signed-up members and 2500 resources. The website has had over 30,000 visits in the last 18 months.

The WHIG will be updated over the next 12 months to include a “Rehabilitation Hub” which will provide an information resource for practitioners across the city that can be used to signpost patients, enabling them to receive the most appropriate help and advice from service providers across the city in the areas of most importance in rehabilitation; training, job-finding, in-work support and financial advice. We will also be carrying out work that raises the profile of the web site at Sheffield and national level.

[www.whig.org.uk](http://www.whig.org.uk)

# Where are we going?

## The Sheffield Health and Work Strategy Group

The Sheffield Health and Work Strategy Group was formed to continue the partnership work that developed during the Department for Work and Pensions Job Retention and Rehabilitation WorkCare branded pilot that was completed in March 2005.

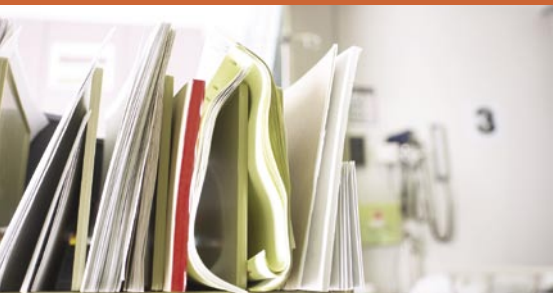
The group is made up of representatives from the Voluntary Sector, NHS, and Public Sector.

There are two key challenges which underpin this work:

- ▶ Reducing health inequalities in the city – many of the people who are at risk of losing their jobs or want to get back into work live in the most deprived areas of the city.
- ▶ Delivering quality partnership based services – one of the aims of the group is to integrate existing services to provide an integrated pathway for people who need the most help.

The group's work over the past 12 months included

- ▶ Carrying out an away day with relevant stakeholders across the city to explore how work between the three sectors can be integrated.
- ▶ Making contributions to the white and green papers on 'Health, Work and Well-being - Caring for our Future and A New Deal for Welfare - Empowering People for Work'.
- ▶ Making a presentation to the Sheffield First for Health and Well-being Partnership Board about the work of the group.
- ▶ Producing the **Sheffield Health, Work, and Well-being Framework**, a discussion document on the system of provision for health and work services in Sheffield.



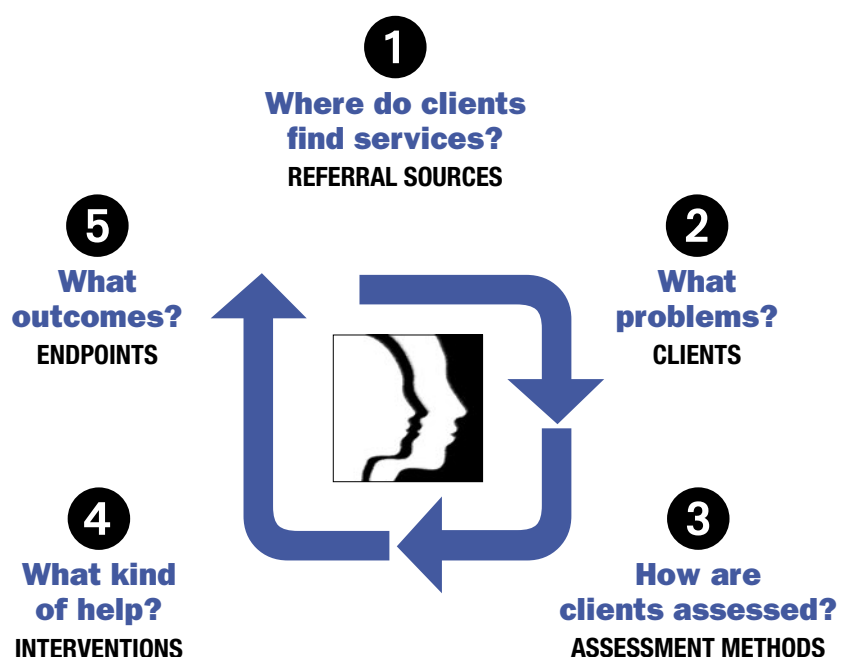
## SOHAS Library and Information Service

With the transfer of the Health and Safety Executive's library from Broad Lane, we believe we now have the most comprehensive occupational health library in Sheffield, with extensive resources available on issues relating to occupational health and safety.

Our qualified librarian is available from Monday to Wednesday with the library being open to the public Monday to Friday 9.00am to 3.30pm.

## The Sheffield Health, Work and Well-being Framework

A holistic approach to work, health and well-being



## Our service users

### Dr Karen O'Connor, GP, Heeley Green Surgery

'I have shared care over the years for many patients and the service provided (by SOHAS) is invaluable. It is difficult for me to provide examples because of issues of confidentiality but the services provided have been diverse and include hearing tests for occupational deafness, support and assessment of patients with occupational issues such as vibration white finger, pneumoconiosis, asbestosis, musculoskeletal problems and stress-related problems to name but a few.

I have examples of patients recently returning to work with the support of your organisation who I feel certain would not be at work now if they had not got that support.'

I would be very surprised if any analysis did not confirm my opinion that they are a cost effective service.

### Client case study, SOHAS Occupational Health Adviser

My client approached me for support because they were being bullied at work.

The individual concerned had worked for a large national organisation for over 20 years and had never had any problems at work until they moved to a different department, where my patient was then subjected to bullying by colleagues.

My client raised the issue with Human Resources and was advised that they would need to go through the bullying/harassment procedure. They found this whole process very bewildering and stressful, and felt completely unsupported at work. On top of this they discovered that colleagues were aware that they had made a complaint against them and the bullying increased until the GP signed them off sick and prescribed strong antidepressants.

The individual felt the investigation of the case was very drawn out and when it concluded they did not feel that the issues had been resolved. They wished to return to work but did not feel that they could continue to work with the colleagues who had been bullying them, so I arranged several meetings with the personnel officer where we discussed the problems. Although the personnel officer was initially reluctant to make any changes, with my support, and the support of the Occupational Health doctor at work, my client was eventually redeployed and is now back at work. My client hopes that the GP will allow them to stop taking the antidepressants as the root cause of the depression was the stress from work and this has now stopped.

## Trustees Report

As described elsewhere in this report, SOHAS's work has continued to develop in a number of ways over the past year. Although some projects have come to an end, including the Black and Minority Ethnic Workplace Health Programme and the Workers' Safety Advisers Challenge Fund, the skills and experience developed during the lifetime of these projects is being used to enrich our core work within the Workplace Health Programme.

It is particularly pleasing to note that the Sheffield Health and Work Strategy Group, which SOHAS was instrumental in setting up, has made an impact across the city. The Group is a partnership of voluntary sector organisations, Primary Care Trusts, Sheffield Care Trust, Jobcentre Plus and the City Council. It has begun to influence the development of national and local policy on ways to support people with health problems to remain in their jobs and enable those not in work to get back into the job market.

The Trustees would like to thank SOHAS's staff, partners and funders for their involvement in another successful year for the organisation.

### TRUSTEES

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Rebecca Marshall  
(Temporary Administrator)  
Aneela Shah  
(Information Co-ordinator)

### RETIRED

Naomi Brent  
*Naomi Brent retired from SOHAS in 2005 after over 20 years of involvement with the organisation. Naomi took part in all the major projects SOHAS has been involved with over that time, with a long-term interest in work-life balance, working hours and maternity related issues. SOHAS will miss her expertise and her warmth of personality enormously. We are glad that for the moment she is using SOHAS as her base for her project on Memories of Work.*

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