

- 1) Which of the following contribute most to the impact on health in construction?
Rank them from 1 to 3 (1 being the most and 3 being the least).
- The culture and behaviour of our **people** in construction.
 - The **process** of construction e.g. working methods/approaches/environments used in construction
 - The **product** of construction e.g. the materials and systems that go into constructing our built environment

ANS – The process of construction, the working environment, methods/approaches/used in construction contribute the most impact on health in construction.

- 2) Is cost a barrier to improving health in construction?
- Yes
 - No

ANS – The perceived costs are a barrier to improving health

- 3) Do construction clients understand the impact of construction on health?
- Yes they fully understand
 - They have some understanding
 - No they do not understand
 - It's not achievable

ANS – Construction Clients are varied in their awareness of the impact of construction on ill health

- 4) In the next 5-10 years where shall we make the biggest investment?
- Improving the education and understanding of our **people** in construction related health matters
 - Implementing innovative **processes** and **ways of working** that reduces the impact on health
 - Product** and **technological** innovation around new materials and systems that go into constructing the built environment

ANS – Improving the education and understanding of our people in construction related health matters

- 5) If we accept that it is our aim to provide an industry that has zero impact on health – what is a realistic timeline?
- Zero impact on health by 2025 (within 10 years)
 - Zero impact on health by 2035 (within 20 years)
 - Zero impact on health by 2045 (within 30 years)
 - It's not achievable
 - It's not achievable
 - ANS - It's not achievable
- 6) In the next 5-10 years where shall we make the biggest investment?
- Improving the education and understanding of our **people** in construction related health matters
 - Implementing innovative **processes** and **ways of working** that reduces the impact on health
 - Product** and **technological** innovation around new materials and systems that go into constructing the built environment

ANS –the biggest investment will need to be in Improving the education and understanding of people in construction in relation to health matters - HOW?

FinallyThe ICE Health and safety Expert Panel would like this discussion to continue on this web page facility specifically set up to address Health Initiatives and Good Practice. The ICE would welcome the signposting of 'Case Studies' eg. HCLG, HSE, IOSH, BSc, etc showcasing how ill health can and has been managed well, what were The Benefits, The Challenges, The Opportunities for the future. Additionally from final Q&A during this workshop the following were requested.....

- Can and should we standardise our approach to Occupational Health in the same way as safety? (CSCS, SMSTS). Most now use Black Hard hats to identify supervisors. Can something similar be done – eg. Occupational Health Champions?
- The presentation that Skanska shared contained compelling data for reducing the standard sizes of plasterboard – can this be shared with the industry?
- We have established that we are NOT clear about the challenge and how to solve the issues. What shall we do to make things clearer for ourselves and for our industry?
- Great statement from Skanska CEO, the tier 1 contractors have a responsibility to train elements of their supply chain. There starts a chain reaction to make improvements in ill health.