

POLICY SCRUTINY PANEL

3rd October, 2006

Present: Cllr Pape (in the Chair) and Councillors Cowper, Hepplewhite, Leake, Norman, Walker and Wynn.

Also Present: Councillors Holland, Howarth, Lightly, Marsden, McDonnell, Robinson and Turnbull.

NB In the absence of Councillor Simmons (Chair) and Councillor Freeman (Vice Chair), the Chairman of Scrutiny had, at its Meeting on Monday, 2nd October, 2006, sought the consent of the Scrutiny Committee for him to Chair this Policy Scrutiny Panel Meeting. The Scrutiny Committee had agreed that, rather than rearrange or cancel the Meeting, in this instance, the Chairman of the Scrutiny Committee chair the Policy Scrutiny Panel Meeting of 3rd October, 2006.

Apologies for Absence: Apologies for Absence were received from Councillors Simmons, Freeman, Gill, Pitts and Syer,

Bullet Points from the Meeting held on 5th September, 2006

The Bullet Points from the Meeting held on 5th September, 2006, were approved as a correct record.

BULLET POINTS

- Ann Armstrong, Corporate Policy Officer with Durham County Council, was in attendance to discuss with Members, the County Council's perspective in relation to Joint Charters.
- Liz Charles of Durham Rural Community Council was also in attendance to outline the work of the DRCC and her own role in the development of Joint Charters.
- A supporting handout was circulated to Members which outlined the development of three-way Charters between Durham County Council, District Councils and Town/Parish Councils.
- Members had also been provided with, an Executive Summary of a report on Charters from the Commission for Rural Communities, a Model Charter suggested by the Department of Communities and Local Government and a copy of the Tripartite Charter between the Parish Councils of Easington District, the District of Easington Council and Durham County Council.
- Members were informed that Charters would provide for Enhanced Roles for Parish Councils, improved Working Relationships between Parish and Principal Councils, better Community Planning, written Rights and Responsibilities, agreed Compacts and Proper Consultation and Involvement.

NB Cllr Leake joined the Meeting at 5.44pm

- Durham Rural Community Council covered the whole of County Durham and worked in support of Rural areas, particularly in respect of Capacity Building issues, Social Exclusion, Village Halls and Affordable Housing.
- There was current involvement in a Rural Social and Community Programme, funded by DEFRA, which was a two year programme, ending in March, 2008.

- As the DRCC had traditionally offered support for Town and Parish Councils, it was now involved in Charter Development both on a Joint and an Individual basis, over a five year timescale.
- It was the intention to examine how best to build and incorporate Charters into Local Development Frameworks.
- It was pointed out that the County Council has now adopted a more “arms length” position in relation to Charter Development as this was now the role of Liz Charles.
- However, the County Council had developed its own Steering Group to take forward both Charter Development and supporting activities and the Steering Group had developed a two year Action Plan to underpin and support the County Council’s commitment to Charters.
- Both Ann Armstrong and Liz Charles responded to Members’ questions throughout the Meeting and the Chairman thanked them both for their attendance and their comprehensive and informative briefing.

The Meeting Terminated at 6.20pm

SCRUTINY COMMITTEE

REPORT OF THE POLICY SCRUTINY PANEL

SCRUTINY OF SICKNESS ABSENCE

1. BACKGROUND

The Panel was asked to scrutinise the incidence, level and areas of Sickness Absence throughout the Authority.

2. AIMS

To identify any specific areas of concern
To identify specific problems with individual causes of absence
To identify specific problems with the effectiveness or management of current Sickness Absence Procedures
To suggest any measures, which may be required to achieve improvement
To make recommendations accordingly.

3. ACTIONS

3.1 Examination of figures

3.2 Figures were produced by the HR Manager which detailed information collected by the City Council under BV012 from the year 2000/01, to date. It was clear that figures relating to certain areas were a cause for some concern. In relation to BV012 (Days/shifts lost to sickness), absence of 8 days a year was regarded as a Benchmark. The Corporate target had been set at 11 days. From comparative figures, it was equally clear that other Authorities were in a similar position regarding levels of Sickness Absence.

3.3 It was apparent that particular problems had been experienced with the Manual workforce, City Care, Leisure, New Build, Refuse Collection and Street Sweeping. Information was provided on a quarterly basis to the Performance Clinic. Cost to the Council by way of sick pay and requirements for temporary cover was significant. Cost of Sickness Absence for the year 1st. April '04 to 31st. March '05 was £458,230.

3.4 The issue of Sickness Absence had been raised at the Performance Clinic, and a Working Party had been set up. The terms of reference of the Working Party were to raise awareness of Sickness Absence Procedures, throughout the Authority, and highlight the responsibilities of individuals in their operation. The Sickness Absence Working Party consisted of Officers only and as it was constituted before adoption of the re-structure, the HR Manager indicated that the membership would have to be reviewed accordingly.

3.5 As an Authority it was felt necessary to balance being a good employer with the assurance of having in place, comprehensive sickness management procedures. Local PI's have been put in place in relation to rehabilitation and compliance with the Return to Work Interview procedures.

3.6 The Panel was informed that previous figures had shown that the split between short- term and long- term sickness absence was approximately 60% short -term (up to 15 days) and 40% long -term.

4. Measures currently in place

4.1 Members were advised as to the raft of measures currently operated by the Council.

4.2 Sickness Absence Guidelines have been in force for a number of years, they are generally regarded as good practice and are benchmarked against the Employer's Organisation.

4.3 Approximately 120 managers have now been trained and information levels are monitored. Guidelines highlight the recognition of issues and problems in specific areas and the definition of trigger points, together with standard reporting procedures. The Council has in place a system of Return to Work Interviews and a Discipline and Grievance procedure is in place as a final sanction. Heads of Service have been asked to pursue a consistent application of the Council's policies.

4.4 Other initiatives that have been introduced include measures pertaining to access to work including :-
Phased Return, Temporary Alternative Employment and possibly Permanent Redeployment. An Occupational Health advisory service with referral after three weeks, is also in place, as is an Independent Counselling Service and an Internal Welfare Network.

4.5 Healthy Workforce initiatives are also in place including discount at the health centres, health awareness days, stress awareness days and the offers of confidential services i.e. Independent Counselling and the Internal Welfare Network. Flexible hours were also available under the Family Friendly Policy.

4.6 Sickness Absence figures are not currently routinely reported to OMT.

5.1 Breakdown of Sickness Absence statistics

5.2 The Panel considered a detailed breakdown, supplied by the HR Manager, of Sickness Absence across the Authority.

5.3 The Statistics enabled Members to scrutinise the figures in detail. Categories examined were, comparison of short/long- term absences, patterns of absence by category, days lost per department and section, comparison with neighbouring Authorities over the past 3 years and the cost of Sickness Absence, to the Council, and broken down by department.

5.4 Statistics were considered which identified the instances of ill-health retirement since 1997. Members were advised of the current test for ill-health retirement, which is now much more stringent and prescriptive, and were given the procedure in detail.

5.5 It was noted that 40% of the workforce had indicated in an attitude survey that they considered stress to be a major factor in Sickness Absence. Indeed there were pockets across the organisation where stress related absence appeared to be a particular problem. A problem that was compounded where staff were covering for others already on Sickness Absence.

5.6 Members noted that there were specific areas of concern, which included City Care, with high levels of Sickness Absence. The corresponding figure for Accident related absence in City Care was also high.

6 Other actions

6.1 Reporting Procedures were considered, including the current Absence from Work Rules, the Sickness Absence Monitoring Form and the Employee Sickness Declaration Form.

6.2 Members also considered Statistical Information from the Performance Clinic.

6.3 Copies of the Sickness Absence Procedure booklet were circulated to Members of the Panel. Subsequently, following a further suggestion from Members, a copy of the booklet was circulated to all Elected Members.

6.4 Consideration was also given to a Briefing Document forwarded, at the suggestion of Members, by the Head of HR at South Tyneside MBC. A comparison was drawn between South Tyneside's Sickness Absence reporting procedures and our own and both the Head of HR and the Portfolio Holder attended the Panel Meeting on 6th. July, 2005, to discuss the comparison. With the exception of South Tyneside employing a HR Committee as part of the process, the Head of HR indicated that both systems were broadly similar.

6.5 The procedures which are in place at Durham City Council, are generic to most Local Authorities, through their respective HR Departments, and are benchmarked against each other.

6.6 It was considered by Members, that overall, the Council had in place comprehensive procedures to monitor and manage overall sickness absence.

7. OUTCOMES

7.1 Classification

7.2 It was noted that in one area, a significant amount of Sickness Absence had been classified as "Other" and Members considered that this classification did not give accurate enough information as to the actual cause of absence. It was considered that further thought needed to be given to the possibility of re-categorising certain long- term sickness to avoid the distortion of the overall figures. Indeed, it was apparent, from details supplied by the HR Manager, that Sickness Absence per Department/Section could be, and is, disproportionately distorted by a relatively small number of employees having significant long- term absences.

7.3 It was also noted that a disproportionate distortion of the overall percentage figure of Sickness Absence would tend to happen more in a smaller Authority than in a larger Authority with a greater number of employees.

7.4 Sudden and marked decreases in the Sickness Absence rates for certain areas had been noted. Members were informed that these were the results, both of employees returning to work following long term Sickness Absence, and the effects of staff previously on long term sick, leaving the Council's employment under the recent ER/VRs'.

7.5 It was noted that high levels of absence due to Stress were apparent in certain areas, as were high levels of other categories e.g. Stomach Ailments, elsewhere, although no general patterns of Sickness Absence could be ascertained.

7.6 Members considered the nature of the actual work carried out in Sections where there appeared to be a significantly higher instance of Sickness Absence. Some areas e.g. City Care carried inherently higher risks of stress and stress related absence due to the nature of the duties carried out by members of staff.

8. Management of Procedures

8.1 Members considered the roles of Section Heads in the administration of procedures, particularly in areas of high Sickness Absence. Members also enquired as to the adequacy, availability and levels of training provided for Managers, and whether there was a consistent approach towards, and therefore a consequent value of Return to Work Interviews. Members were advised that there were alternatives, if needed, to the normal procedure. TU Representatives were also involved in the process especially where Manual Employees were involved.

9. Counselling/Welfare

9.1 Members considered the level of take up of the Independent Counselling Service/Internal Welfare Network facilities and were keen to emphasise their importance in the potential prevention of Stress related Sickness Absence. An increased awareness of these opportunities among employees generally may lead to greater take up and subsequent earlier identification and addressing of stress related problems.

9.2 The Head of HR clarified for Members the situation with regard to employee requests to utilise the Counselling Service.

9.3 There are no separate contact details available to employees to enable them to approach the Counselling Service direct and independent of management, as is the case in some other Authorities.

9.4 Employee requests for Counselling are currently co-ordinated by HR.

9.5 It was considered that this situation may be a disincentive for employees to fully utilise the Counselling Service.

Recommendations

1. That the Council re-advertise the availability of the Independent Counselling Service and the Internal Welfare Network.
2. That further consideration be given to making available to employees, separate contact details for the Counselling Service, which would be independent of management.
3. That, for the benefit of employees, the Council's Sickness Absence Procedures be re-launched.
4. That the different options for Return to Work, be highlighted within the Sickness Absence Procedures.
5. That all Managers with responsibility for Sickness Absence issues, be trained in Sickness Absence Management and that this be reflected in the Corporate Training Programme.
6. That investigations be carried out into the possibility of re-categorising specific cases of long-term sickness, to avoid the disproportionate distortion of overall figures by individual or small numbers of long-term absence cases.
7. That Sickness Absence figures be routinely reported to OMT
8. That a further Employee Attitude Survey be carried out from April, 2006, to establish any changes following the re-organisation.
9. That this Scrutiny be reviewed in one year.