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Initiatives to Reduce Sickness Absence

Report of Kim Jobson, Head of Human Resources

1. Purpose of Report

- 1.1 To provide an update on recent initiatives that have been developed to support the reduction of sickness absence in Durham County Council
- 1.2 The reduction in the levels of sickness absence within the workforce is a key objective of Durham County Council (DCC). In order to achieve the key outcomes of:
 - a reduction in working days lost, and
 - a reduction in the cost of sickness absence.
- 1.3 A number of corporate interventions have recently been initiated. The focus of these interventions has been aimed at establishing a proactive approach towards the wellbeing of the workforce and the development of management skills that will support managers when they are faced with managing ill health within their teams.

2. Background

- 2.1 Outlined below are details of some of these initiatives, the outcomes of which would be realised over a three to five year timescale.
- 2.2 **Establishing a Health at Work Strategy and Action Plan for DCC**

A Health at Work Strategy is currently under development and this will link the various activities together in a planned way. The Council has recently achieved the '**Bronze Health at Work Award**' which was the first recognition of achievement in this area of work.

The Council initiated the work towards Working for Health Award scheme which is administered by County Durham Primary Care Trust (PCT). Corporate Management Team (CMT) and Elected Members have received reports updating on the range of activities undertaken in order to achieve this award.

It is expected that improving the health of the DCC workforce will in the long-term have significant benefits for the County Council, for example, reducing absenteeism and staff turnover, improving morale and creating a positive image for the organisation.

2.3 Establishing the future role of Occupational Health in DCC

In recent years the DCC Occupational Health Unit has in the main provided a reactive role in terms of sickness management, pre-employment screening activity for new employees, and health screening activities. There is a desire to move towards a more proactive approach to the delivery of the service that will show greater benefits in terms of measurable health improvements of our workforce.

An external partner is working with us at this time to establish a five year delivery plan for the service for discussion and consideration by Corporate Management Team and Elected Members.

2.4 Developing a new 'Middle Manager Development Programme'

A new programme has been developed which will commence in April 2007. The programme is structured so that each module builds on the skills that will enable managers to deliver results through the effective monitoring and management of staff performance, part of which involves the management of staff attendance.

In the past this group of managers has received limited attention in terms of their development on a corporate basis and it is recognized that they have a key role in managing the health of the workforce.

Through developing their skills in a consistent fashion in this key area, it is hoped that they can significantly influence the improvements required.

2.5 Stress Management policy established

Stress related ill health is nationally one of the most common reasons cited by employees in relation to absence from work. A new stress management policy has now been written and established for DCC led by Corporate Human Resources. Currently a cross service working party is establishing the action plan which will be aimed providing support for managers to enable them to better identify and manage stress in the workplace.

The policy that has been adopted by the Council mirrors the current HSE advice on managing Work Related Stress (WRS) and involves:-

- Top Management Commitment
- Multi level Interventions
- Participative Approach
- Risk Analysis
- Stress Prevention Strategy

An Action Plan is being developed to support the implementation of this initiative. Whilst the Action Plan will be rolled out in Services from April of this year, many of the initiatives are already underway e.g.

- Identifying stress hot spots from existing data e.g. absence figures and review of reasons for absence.
- Analysing the Information obtained from the recent staff survey against the above HSE classification to identify Generic and Service specific stress related issues.
- Using the DCC Organisational Development Group which includes representatives from all services to raise awareness of the policy and ensure that where appropriate current and future development activities have the HSE stress management standards built in to them.
- The use of 360 degree feedback as part of the Durham Leadership Programme to review displayed leadership style and relationship management issues.
- Recognising the importance of developing coaching and mentoring skills for managers to enable them to support colleague managers and staff members.
- Provision of counselling via Lancaster Counselling and the Occupational Health Service.
- The 'Working on Well Being' 'Stress Buster Sessions and Learning at Work Day included various activities that promoted mental well-being.
- Developing supportive return to work packages for people who have been absent with stress related illnesses which include phased returns, restricted duties, mentoring & retraining
- Used staff focus groups to identify issues and obtain feedback on work to date

Other initiatives that are being developed as part on the Acton Plan include:-

- Development of initiatives which promote positive health and well-being e.g. smoking, fitness & exercise, healthy eating
- Developing Trainers Stress Management programme with the NHS Primary Care College
- Developing employee/manager guidance to support identification of stress issues for those attending as well as those absent from work which will result in individual action plans to deal with issues
- Use of ACAS as critical friend/external partner regarding work under way to address the issues

2.6 **Improvement of 'people' management information**

Currently manual systems are used to collate absence related data. A new Human Resources and Payroll System has been implemented and new reports are currently being tested that will give more accurate, trended data for absence in the authority.

In addition, further to discussion with the trade unions, data has been gathered to provide a benchmark on numbers of grievances, disciplinary and bullying & harassment cases across the Council as how these situations are handled can have an adverse impact on the levels of absence.

This data will now be maintained on an on going basis and fed into CMT to help identify trends and issues associated with the handling of such situations that adversely impact on attendance levels. Appropriate interventions can then be further developed in a more targeted way through this accurate management information.

2.7 **Pilot of Rehabilitation schemes**

Early discussion has been held with Service Direct aimed at testing the appropriateness and effectiveness of rehabilitation interventions for individuals to facilitate more speedy returns to work.

3. **Sickness Absence-Regional Perspective**

- 3.1 Although we normally tend to focus on the situation within the Council and comparisons with national data and quartile position in relation to all Councils it may be useful to look at how we compare with other Councils in the region in relation to sickness absence.-see Appendix 1- and identify any potentially wider community implications.

4. Conclusions

- 4.1 Current trends on absence levels are of concern and indications are that we will not meet our Best Value target figure of 9.5 days for 2006/7. The newly introduced Resource Link Payroll/HR monitoring system is now being used to collect some of the data and some information from experience in other Local Authorities suggests that the introduction of a major new system can result in a rise in sickness statistics. It is also likely that issues such as ongoing service restructurings, job evaluation and local government review will have significant effects upon the workforce.
- 4.2 Whilst the initiatives set out above are aimed at addressing the issue of absence the only real measures of success will be through impact on the sickness statistics and this is likely to be on a long term annual basis.

**BENCHMARKING
BEST VALUE PERFORMANCE INDICATORS – SICKNESS ABSENCE 2005/06**

	DISTRICTS												
	Chester le Street	Derwentside	Durham	Easington	Sedgefield	Teesdale	Wear Valley	Alnwick	Berwick	Blyth Valley	Castle Morpeth	Tynedale	Wansbeck
BV12 Days lost due to sickness	12.2	12	13.2	8.7	11.2	9.8	7.4	8	10	13.9	12.7	9	10.4

	COUNTIES		METROPOLITAN DISTRICTS					UNITARIES				
	Durham	Northumberland	Gateshead	Newcastle	North Tyneside	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton
BV12 Days lost due to sickness	10	8.7	12.3	11.1	12.5	11.5	11.9	9.7	12.3	11.8	10.4	11.8