

By: Director of Personnel & Development
To: Personnel Committee - 30 January 2009
Subject: **Health Well-Being & Attendance (HWA) Action Plan**
Classification: Unrestricted

SUMMARY: The HWA Action Plan 2006-10 was developed with the aim of improving attendance through better process, entitlements, interventions and communication. This report is a summary of achievement to date and activity planned.

1 Introduction

1.1 Managing health at work is a major challenge for most organisations and striking the balance between acceptable levels of sickness and maintaining productivity is the key to any effective attendance management strategy.

1.2 As part of our Strategy for Staff, KCC has always considered health and well-being as important with respect to our organisational capacity. The areas of health and safety, occupational health, well-being, sickness processing and providing management advice remain a part of core business for Personnel & Development. The introduction of the HWA Action Plan in 2006 represented a co-ordinated and concerted effort to bring together these strands through four key elements: process, intervention, entitlements and improvements with the overarching aim of improving attendance and reducing sickness. It also recognises the contributory impact of organisational culture and the employment offer on attendance and the impact of good, consistent managerial practice.

1.3 The delivery of the HWA Action Plan is contingent on the collaboration and co-operation of managers. P&D's role in developing the plan has been to generate the impetus necessary to change in the way health and attendance is managed.

2 Main challenges for KCC in 2006

2.1 When the HWA Action Plan was launched in 2006, there were a number of challenges facing the Authority in relation to its management of absence. Key amongst these was the need to

- Strengthen the confidence of the management population in handling complex cases
- Maintain the profile of managing health and attendance well as part of good people management
- Enhance and improve reporting systems
- Promote the use of the existing control framework (referral triggers)
- Get the best Occupational Health guidance for each circumstance

- Recognise the top reason for long term sickness was ‘organic nervous disease’, often stress or mental health issues
- Remove obsolete categories of reasons for sickness
- Ensure better co-ordination of specialist advice to managers
- Improve the overall analysis of the reasons for sickness absence
- Recognise the national focus on public sector sickness
- Achieve and support improvement with no additional funding allocation
- Cope with the highest volume of activity in terms of casework

3 The Approach

3.1 Changing the way sickness is viewed and managed in an organisation requires a fundamental shift and commitment at all levels. KCC’s performance in general terms (using BVPI indicators) has been slightly better than average and in terms of public sector overall the comparison has been largely positive. Research in other areas of industry showed that the context largely determined the approach to sickness management and that levels of sickness varied enormously in the private sector depending on the service area. There were also examples of incentive schemes and the use of private medical insurance (PMI) to improve absence and reduce its economic impact.

3.2 Without the benefit of incentives or PMI KCC needed to take a longer term approach to achieve any kind of sustained change in the way health at work is regarded and managed.

3.3 A seminar for over 60 people involved in all aspects of advising on the management of absence or involved in the processing of sickness took place in July 2006 at which they heard about attendance issues from a panel that included KCC’s Occupational Health Physician, Well-Being Manager, Corporate Health and Safety Manager and Policy Manager. Personnel staff, Health & Safety Advisers, Occupational Health Advisers, Schools Personnel Service and others contributed through this seminar to the development of the approach to be taken to change the way KCC approaches the management of health at work.

3.4 Priorities for the remainder of 2006-7 included:

- Devising a jointly agreed protocol for the management of complex health or disability cases, jointly agreed with Trade Unions that has resulted in more co-ordinated and targeted advice for managers.
- Modernisation of sickness reporting categories and the development of on-line and self-service sickness reporting
- Delivery of legal updates on case law judgement concerning sickness and disability to 50 Personnel Officers
- Sickness reporting to managers strengthened with follow up by P&D to ensure trigger points were observed and appropriate actions in train.
- Development of automated email alerts to managers
- Investment in positive management of mental health training for managers and review of Well-Being Action Plan
- Introduction of carer leave pilot (June 2007)

- Developing a programme of refresher training for managers on managing sickness

3.5 A HWA group was set up to review progress against the action plan and to be kept up to date with developments. The group meets monthly and is led by the Policy Manager, Corporate Employee Relations, the Corporate Health and Safety Manager and the Organisational Well-Being & Performance Manager.

4 Key Achievements to date

This approach has led to a number of measurable achievements thus far.

- Reduced Long Term Absence** - One of the most significant achievements to date under the plan has been the on-going reduction of long term sickness absence attributed to the concerted efforts of P&D staff to support managers in dealing with these cases. Cases of continuous sickness of 4 months or more have been reduced by 30% in a year (2007/8), see appendix 1, simply by actively encouraging managers to manage using the existing control framework.
- Better sickness reporting** - on-line sickness reporting went live in March 2008 which has not only achieved productivity savings in terms of processing time but will also provide a clearer picture of the causes and patterns of absence.
- Better Management of sickness absence** – managers in all directorates receive monthly sickness statistics and are actively supported by P & D to achieve timely outcomes including redeployment, dismissal or termination of contract by other means. Refresher training for managers has resulted in a higher level of 'casework' on sickness absence overall.
- Profiling** – part of the on-going monitoring of sickness absence has included an analysis of sickness by grade, age, length of service and gender to help identify the best ways of targeting interventions.

5 Impact

5.1 The impact of the actions implemented to date has been largely positive organisationally - we are seeing a significant and maintained reduction in long term sickness absence and much more consistent management practice in the handling of health issues. Many managers have responded positively to P&D support in this area and are gaining in confidence and willingness to tackle absence.

5.2 The greater focus on managing attendance however has not been well received by all and this has been particularly evident in the last six months when the attention has shifted to the management of short term absence. Trades Unions, individuals, staff groups and some managers have all made

representations about the approach to attendance management being taken either formally or informally. We are taking board all concerns raised and reviewing specific circumstances and challenges as they arise.

5.3 It is true to say that the approach KCC is taking with respect to the monitoring and management of sickness absence is more robust and consistent than ever before but there is no change to the policy or procedure. Our achievements to date are attributable in the main to the efforts of P&D to support managers and staff to achieve better outcomes and must be considered alongside the considerable efforts to develop a well-being programme that continues to offer health specific support to managers and staff.

6 Examples of Planned Activity

Action is on-going and the following are examples of planned activity:

- Review of stress management policy
- Development of rehabilitative work placements
- Implementation of Work & Well-Being Framework
- Implementation of Flexible Working Policy
- Implementation of automated alerts for managers
- Examination of currency of KCC's sick pay scheme
- Development of the Total Reward Statement
- Development of management training and guidance

Full details of the Health Well-Being & Attendance Action Plan is in Appendix 2

7 Summary

7.1 To sustain and capitalise upon the improvements we have achieved to date KCC managers need to appreciate the on-going impact of health on work and capacity and to be kept up to date with the range of interventions available to them. Whilst some sickness is to be expected and understandable there is much an organisation can and should do to support good health, well-being and work attendance.

7.2 The HWA Action Plan, Work & Well-Being Plan and Health and Safety Plan all contribute to the efforts to support KCC and its managers to achieve this.

Recommendations

Personnel Committee is asked to acknowledge the work underway to address health, well-being and attendance.

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