

SCRUTINY BOARD (CENTRAL AND CORPORATE)

TUESDAY, 6TH JANUARY, 2009

PRESENT: Councillor M Dobson in the Chair

Councillors B Atha, J Bale, S Bentley,
B Chastney, P Davey, P Ewens,
M Hamilton, V Kendall, A Lowe, B Selby
and P Wadsworth

66 Chair's Welcome

The Chair welcomed everyone to the meeting, which was Session 3 of the Board's Inquiry into Sickness Absence Management, and in particular the following witnesses:-

Professor Dame Carol Black, National Director of Health and Work, Chairman of the Academy of Medical Royal Colleges and Chairman of the Nuffield Trust;

Steve Sumner, Local Government Employers' (LGE) National Health and Safety Policy Adviser;

Councillor Richard Brett, Alternate Leader of the Council and Executive Member for Central and Corporate Functions;

Chris Ingham, Deputy Head of Human Resources, Leeds City Council.

67 Declarations of Interest

No declarations of interest were made.

68 Apologies for Absence

An apology for absence from the meeting was submitted on behalf of Councillor Jane Dowson.

69 Scrutiny Inquiry - Sickness Absence Management - Session 3

Further to Minute No 18, 8th September 2008, and Minute No 40, 3rd November 2008, the Head of Scrutiny and Member Development submitted a background report, appended to which were the agreed Terms of Reference for the Board's Inquiry.

Professor Dame Carol Black and Steve Sumner were invited to make brief introductory statements to the Board, following which the meeting was thrown open to Members' questions.

Professor Dame Carol Black presented a resume of her national report for the Government, 'Working for a Healthier Tomorrow Strategy', published in March 2008. Her report had been commissioned to look at the working age population and to address issues such as ill-health absences and worklessness, and the underlying reasons behind the statistics. The two main drivers for the report had been:-

- (a) The human cost to the individual of not being in work, in terms of self-worth, personal achievement and empowerment, people's ability to function fully as a member of their family and of wider society, the positive benefits of a healthy work/life balance and the knock-on effects, both physical and material, on children growing up in families where worklessness was a factor, and
- (b) The wider economic and social effects of people not being in work. It was estimated that the costs to society in terms of lost production and benefits was £100bn per annum – the equivalent of the costs of running the NHS

Her review had looked at three broad areas –

- 1 How to maintain people in work when they had a job, and what to invest in in that respect;
- 2 What was the cause and effect of the repeated sick note scenario, and what might be done in this respect to prevent people ending up long-term unemployed?
- 3 The need to reduce the number of benefit recipients and get people back into work – the 'Pathways to Work' initiative etc – and what was working and what was not. 40% of benefit recipients were categorised as having some form of mental illness – often mild anxiety and depression – and unless tackled this could lead to a formal classification of mentally ill, which was often not warranted.

Several important factors had been identified during the course of the review

- The importance of line management in spotting and tackling absence issues, early intervention being crucial to avoid matters becoming more serious or long-term. Often supervisors were appointed for their technical skills or expertise, rather than their managerial skills, and this needed addressing;
- Small companies were less enthusiastic regarding their role and responsibility in these matters – they felt it was not worthwhile investing in remedies and needed to be convinced of the business case for implementing changes. Much assistance was available on-line for small businesses;
- The need to tackle the sickness culture in this country, and to move away from 'sick' notes to 'fit' notes i.e. instead of automatically assuming that a person was not fit for work, or their normal job, because they could not perform the whole range of activities or duties which might be required, to

concentrate on those aspects which they were fit to perform, and to get them into work, or back into work, as quickly as possible. This was very much the philosophy adopted for years by the Armed Forces. The benefits of a health work/life balance, in particular in terms of greater life expectancy levels, needed greater emphasis and more publicity;

- Currently, there was no system for checking how many sick notes were issued each year, for what reasons and which GP practices issued most or least. There was clearly a need to address doctor training if a sea-change to the nations' attitude towards sickness absence was to be brought about;
- Early intervention and collaboration with local GPs was recognised as important in improving absence levels and early returns to work. The Government would shortly be announcing plans for proposed pilot projects across the country, and Leeds might wish to get involved;
- The thrust must be to keep people well and in work in a safe environment, and that applied equally to people with disabilities.

Steve Sumner made reference to the huge age and demographic issues facing local government. Local Authorities employed approximately 2.2m people (1.5 full time equivalent), and many were women, and many were ageing and would be coming up to retirement in the next few years, leaving the dilemma of making up for their experience. Local Government had a huge workforce, and faced huge health and well-being issues, not least due to its demographic make-up. Therefore identifying and promoting good practice was more crucial than ever.

In brief summary, the following issues were raised and discussed during the course of the ensuing discussion:-

- A large employer, such as Leeds City Council, had more scope than most to adopt and promote flexible working methods which should make it easier to cope with and accommodate the principle of employees being 'fit for work', even if they could not fully perform the whole range of their duties. Temporary or permanent re-deployment was certainly easier the larger the workforce you had;
- Early intervention was crucial in avoiding a downward spiral which could sometimes lead to long-term unemployment. Rather than let an absence drift, with a succession of sick notes before intervention is contemplated, an early intervention by a line manager, a welfare officer or an occupational health (OH) service often resulted in addressing what might lay behind an absence, and getting the person back to work quicker. The 'sickness' absence might, in fact, not be sickness related at all, but due to a domestic crisis, problems outside work or problems with work, including relationships with line managers. Once addressed, hopefully the absence issue is resolved. An example of a related innovative initiative was South Tyneside's 'Call-In Stuck' scheme, which encouraged people with domestic difficulties to ring in for time off, which they then made up at a later date, rather than ring in sick, which might otherwise be their only or preferred alternative;
- Maintaining an active work/life balance had proven benefits in terms of longevity, and this warranted more publicity and greater emphasis;

- Common mental health problems, such as mild anxiety or depression, were areas where early intervention, to try to get to the root of the problem, was particularly helpful;
- Employers needed to be enlightened in terms of the services they provided or subscribed to, such as a welfare service or physiotherapy treatment, as often these would reap benefits in terms of getting staff back into work earlier;
- Mental illness should be regarded exactly the same as physical illness in employment terms, and just because a person suffered from a mental illness did not automatically mean that they could not work given the right environment and support;
- As well as its role as a major employer in the region, the Council was also in a powerful and unique position in being able, in conjunction with partner agencies, to take a strategic lead in changing attitudes to workplace sickness and worklessness. National discussions were taking place with the British Medical Association regarding GPs role in what might be described as the current 'sicknote culture' and changes to doctor and nurse training in line with a shift to a 'fitnote culture'. This would involve greater promotion of the positive benefits of a healthy work/life balance, and positive encouragement to get people into work, or back to work quicker. National pilots were envisaged, and Leeds should be considering getting involved. The benefits of volunteering, and people doing voluntary work either whilst between jobs or after retirement, also needed greater publicity and emphasis;
- The fact that so-called 'sickness' often masked a multitude of other issues, such as lack of motivation, domestic crises, personal problems and unsuitability for a job, perhaps due to the ageing process. It might also be a symptom of unhappiness with a line manager, or of workplace bullying. Often a 'team ethos' i.e. all team members mutually supporting each other and not wanting to 'let colleagues down', or place additional work on them, could be just as important in keeping people at work;
- The profile of an organisation would have an effect on sickness absence. As a general rule, once an organisation employed 1000+ staff, the problems escalated. The age profile of the workforce affected absence and performance levels, as did the number of women employed – the responsibility for coping with dependents often falling to the female to deal with. Both these factors were evident in local government;
- The management training of line managers had already been referred to as crucial, and in an organisation such as Leeds City Council, there would be policies in place aimed at preventing bullying, harassment and discrimination. Staff surveys were a useful tool in identifying problem areas;
- The importance of proper, detailed job descriptions and employee specifications when recruiting was emphasised, to try and get the right person in the right job;
- Employers needed to be flexible in terms of their working practices – reduced hours for working mothers around school times, part-time work for people who wished to carry on beyond retirement age etc;

- OH services needed to be tailored to an organisations need and needed to promote this positive fit-to-work workplace culture. The new Council in-house OH service was noted.

In drawing the discussion to a conclusion the Chair thanked the witnesses for their invaluable evidence and insights. They had certainly raised interesting issues for the Board to take into account in preparing its final Inquiry report, and for the Council as a whole in deciding appropriate actions arising from the Inquiry.

70 Date and Time of Next Meeting

Monday 2nd February 2009 at 10.00 am (Pre-meeting 9.30 am)

The meeting concluded at 4.00 pm