

Report of the Chief Officer (HR)

Report to Scrutiny Board Resources and Council Services

Date: 21st January 2013

Subject: Workforce Health Safety and Wellbeing

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of Report

1. The report informs Scrutiny Board of Leeds City Councils approach to Workforce Wellbeing. A priority being to improve the Health of the Workforce and in turn influence the Health of the City.
2. A healthier workforce will perform better and attend work more and the report provides Scrutiny Board with statistics and information on Attendance across the Authority. The report also provides some appendices relating to individual directorates.
3. The report also makes reference to Health and Safety and the responsibilities of the Council.

Recommendations

- 1 Scrutiny to agree the approach to health and wellbeing as described in this report

1 Purpose of the report

1.1 To inform Scrutiny Board Resources and Council Services, on the current position regarding Health Safety and Wellbeing with particular reference to Workforce Wellbeing and Attendance Management.

2 Main Issues

2.2 Health and Wellbeing is not simply the absence of illness and disease but is a much more complex state, which takes into account: - genetic makeup, lifestyle, work environment, living conditions, poverty and Education i.e. the general social economic and environmental conditions that affect peoples' lives. The city priority Plan sets out a clear focus for the improvement of health inequalities across the City to give everyone in the City the best chance to be healthy and live longer.

2.3 The contribution of the city council workforce to this aim cannot be underestimated. People spend on average of 1776 hours a year at work, work can both affect and be affected by wellbeing, influencing motivation, morale, performance and health.

2.4 The workplace is an appropriate setting to address those health issues. Modern work can increase commuting time, reduce opportunities to exercise, encourage poor diets by employees eating at their desks or on the move and encourage long hours. Work style health factors can also increase pressure and encourage negative health behaviours as can balancing the demands of life and work, such as child and elder care. However, the workplace is also an environment which can influence and inform healthy behaviours and activity, through raising awareness and promoting and supporting flexible working practice which will mitigate against the potential impact on health of working life.

2.5 We know that approximately 75% of the LCC workforce lives in the City so the capacity for the Councils workforce to have an influence on Wellbeing in the City and the communities they work and live in is something we need to actively engage.

2.6 The Governments white paper Healthy People, Healthy Lives which establishes the transfer of Public Health to Local Authorities, together with National Health initiatives such as Change 4 Life, Time to Change, the establishment of The Health and Wellbeing Board and the Health Improvement Board, all offer an opportunity to set out a framework for Workplace health which makes a significant contribution to outcomes for the City.

2.7 However, if we are to continue to achieve improved attendance and maintain the standards we have set ourselves, we also need to take a more holistic approach to employee wellbeing which recognises the importance of workplace health in meeting our ambition to be a high performing Council in a high performing City.

2.8 It is now recognised that employee wellbeing is directly linked to driving sustainable performance in an organisation, for this reason it is no longer sufficient to simply look at traditional measures such as sickness levels and accident reporting as the indicators for the wellbeing of the employees within our organisation. We need to take a wider approach

and consider all aspects of the employment relationship within the themes of the People Plan.

2.9 A report to the CLT in September set out our strategy and established three key priorities for action

These were:-

- Progress Mindful Employer
- Tobacco Addiction
- Raising Awareness of Living a Healthy lifestyle

In addition we will continue to

- Deliver on the top 10 Priorities for Health and Safety at work
- Grow and develop our in house Occupational Health Function
- Drive forward a sustainable and on-going reduction in sickness absence supported by a pragmatic approach to wellbeing.
- Ensure we maintain links between all our Health partners, internal and external.
- Roll out the “Health is everyone’s business” Pilots in LCC.
- Ensure we establish and build links with the Health and Wellbeing Board and Health Improvement Board.

3.0 What have we done so far?

3.1 Over the last five years the Council has made a number of significant improvements in terms of the health and wellbeing of its workforce.

- Attendance has continued to improve year on year with the Council recording its lowest sickness levels in the 2011/12 outturn figure, which was 9.3 sickness days lost per fte.
- The establishment of the Councils in house Occupational Health Service in purpose built accommodation gives all employees access to a wide range of health initiatives
- The Occupational Health Framework Contract gives employees access to a wide range of health initiatives, where they can be assured that provision is of high quality.
- The employee assistance programme continues to deliver consistently high levels of provision and is an important resource for managers, employees and their families to access
- A range of health and safety Performance Standards has been established to assure the Council that our workforce and our service users are safe.
- The creation of a post jointly funded between Health and LCC has enabled closer working links between Health and the City Council.
- A Wellbeing Programme that supports Leeds Schools is in place.

- The “Health is Everyone’s’ Business” project takes a systematic whole organisational approach and has been delivered jointly with LCC and NHS Leeds. It has been piloted in a number of service areas of the Council, Revenues and Benefits , Cleaning Services and Occupational Health and is about to be rolled out across other directorates.

3.2 The planned outcomes of the programme are:

- Staff have an awareness of health inequalities in Leeds and that they have a role to play in health and wellbeing
- Staff are engaged to consider how they could improve their own health
- Staff are confident to pass on key health messages and signpost to appropriate services

Ultimately – that the workforce contributes towards Leeds becoming the Best City for Health and Wellbeing.

4.0 Attendance Management

4.1 As well as improving the Health of the workforce we must deliver a sustained improvement in attendance.

The council has improved attendance levels each consecutive year since 2009/10, which is detailed in 4.2 below.

4.2

Year	Target	Outturn
2009/10	11 days	10.94 days lost
2010/11	10 days	10.1 days lost
2011/12	9 days	9.3 days lost
2012/13	8.5 days	Projection 9.55 days lost

4.3 To achieve 8.5 days in 2012/13 a 0.8 day improvement compared with year end 2011/12 would be required.

Our approach to managing attendance is most similar to Newcastle City Council and also has similarities with Manchester, although the approach in Manchester includes more emphasis on discretion. North Yorkshire County Council has a different approach to managing attendance; here sickness levels are linked with pay increments.

In 4.4 below, comparison with 3 core cities is detailed.

4.4

Authority	Wakefield	Birmingham	Newcastle
Average sickness days per fte 1 April 2012 to 31 December 2012	Not provided	7.98	Not provided
Average sickness days per fte 1 October 2011 to 30 September 2012	Not provided	Not provided	8.14
Average sickness days per fte 1 December 2011 to 30 November 2012	11.20	Not provided	Not provided

4.5 The Chartered Institute of Personnel & Development (CIPD) absence management national survey annual report 2012 indicates that public sector absence has fallen to the lowest level recorded for the sector since recording began in 2002, with a figure of 7.9 days per employee per year. The report also shows that absence in the private sector is 7.7 days. Other relevant information in the report indicates that:

- Public and non-profit organisations have approximately two days more absence per fte than the private sector and a higher proportion of this is long term absence.
- Manual workers have on average of one day more absence than non-manual.
- Absence levels increase with organisational size.

Taking these factors into account the Council's target of 8.5 days is ambitious, but achievable.

4.6 52% of public sector organisations report an increase in stress related absence and one of the top causes of stress is organisational change / restructure. In general, public sector and larger organisations are most likely to report that stress related absence has increased for all employees.

4.7 If we achieve the target of 8.5 days in 2012/13, this would mean that we have reduced sickness absence by 0.8 days compared with the 2011/12 outturn. This would provide an estimated saving of £ £970,438.

4.8 The HR attendance team works closely with managers, the BSC, HR Business Partners in directorates, health & safety and occupational health, to target its support to managers in hotspot services where improvement is required. To help hotspot services make a significant improvement, managers can focus on completing sickness monitoring meetings more quickly and intervene in long term sickness cases earlier.

4.9 In 7.8 below the 'top 100 instances' shows the circa.100 employees, taking the most instances of sickness out of all employees in the last 12 months, and the stages of the procedure they have progressed to by their manager. This indicates that there is a need for managers to set targets which require improved attendance and to move employees through the managing attendance procedure stages if those targets are not achieved.

4.10 The attendance teams in HR and the BSC continue to provide the tools and support to managers so they are enabled to do this through 1to1 support, briefings and specialist advice. Managers are supported in order for them to understand and fulfil their responsibilities in relation to managing attendance and improving employee wellbeing. To help mitigate the risk of not achieving the corporate 8.5 day target in 2012/13, managers can use the managing attendance policy timely, taking the advice and support offered to them.

4.11 Work with managers indicates to us that managers still struggle with dealing with sickness absence and strengthening manager confidence when dealing with complex cases and employee relations issues will continue to be an area of focus for the HR Attendance Team.

4.12 It is also apparent that managers find dealing with specific types of illness difficult, especially mental health, this is being addressed through interventions such as coaching, briefings and advice. However, with mental health being one of the biggest causes of absence in the workplace, we are exploring other initiatives to support us and discussions have taken place with Leeds Mind, and Workplace Leeds regarding what levels of support and specific interventions they may help us with.

4.13 We also recently hosted 2 events in the Civic Hall on

- Resilience
- Stress Management Competencies

These were attended by Council managers as well as partner organisations in the City.

This was an opportunity for networking and sharing good practice, and also provided some specific tools that can be used in the workplace

4.14 The trade unions have expressed concern regarding the treatment of disability and pregnancy related absence. The managing attendance policy, and current practice, enable reasonable adjustments to be made for disability related sickness, and enables pregnancy related absence to be identified. Reassurances continue to be given to the trade unions in relation to these areas through the managing attendance policy review group and through CJCC.

4.15 The creation of schools academies may have a detrimental effect on achieving the corporate 8.5 day target in 2012/13. Sickness statistics for schools are included, but academies are not included, in the council's BP17 report. Traditionally, schools have a lower sickness absence rate, compared to other services such as social care, which

means that as more schools become academies and are removed from the overall BP17 report, sickness absence statistics in LCC could show higher levels of absence.

5.0 Attendance - Main Issues

5.1 In 5.4 below, the sickness absence for the whole of the Council up to November 2012 with comparator information for November 2011 is shown. Also shown are the predicted year- end figures for 2012/13.

Total days lost have increased by 2195 on same time last year.

5.2 Appendices I to VII show the same format of information for each directorate, key areas to highlight are:

- Adult Social Care (increased by 1293 days on last year), this is detailed in App I.
- Children’s Services (increased by 1150 days on last year), this is detailed in App II.
- Environment and Neighbourhoods (increased by 1789 days on last year), this is detailed in App V.

5.3 All other Directorates, except Legal Services, have made improvement in days lost, as shown in App I to VI inclusive. Notably, City Development has made significant improvement, having improved by 3427 days in the last year, this is detailed in App III. Table 3 in App III shows that, on the whole, the services within City Development carry out managing attendance meetings with employees within required timescales, they have a low number of overdue meetings compared with hotspot areas.

5.4 Leeds City Council overall figures.

November 2012	
Cumulative Days Lost Per FTE	6.07
Predicted Year End as at (31 March 2013):	9.55
<i>Comparison to November 2011:</i>	
<i>Cumulative Days Lost Per FTE</i>	<i>5.79</i>
<i>Predicted Year End as at (31 March 2012):</i>	<i>8.97</i>
FTE Days Lost:	
01 April 2012 to 30 November 2012	138,210
<i>Comparison to:</i>	
<i>01 April 2011 to 30 November 2011</i>	<i>136,015</i>

5.5 below shows predicted year-end figures, as well as days lost and the Average FTE for each directorate.

5.5

Directorate	Days Lost Per FTE (Cumulative)	Cumulative Days Lost Per FTE Predicted Year End as at (31 March 2013):	+ / - Variance from 2012/13 Corp. Target (8.5 days)	FTE Days lost over period	Average FTE Over Period (Cumulative)
Adult Social Care	10.20	16.03	7.53	24093.7	2350.7
Children Services	7.77	12.21	3.71	19182.8	2483.6
City Development	4.64	7.29	-1.21	9082.5	1788.3
Customer Access & Performance	6.96	10.94	2.44	3958.7	571.7
Environment & Neighbourhoods	7.49	11.78	3.28	12,536.2	1821.8
Legal Services	4.63	7.28	-1.22	578.3	125.9
Resources	5.72	8.99	0.49	17779.1	3111.0

5.6 below shows the **hotspots** with the highest levels of absence, which employ more than 50 fte. 5.7 shows the **best** performing service areas which employ more than 50 fte.

**5.6
Hotspot Areas**

Directorate	Service Area	Average No. of days lost per FTE	FTE days lost (April – November 12)	Average FTE (April - November 12)
Adult Social Care	Older People & Learning Disability Services	10.79	15674.1	1441.6
Adult Social Care	Access & Inclusion	10.27	7836.7	762.4
Environment & Neighbourhoods	Community Safety	9.21	1266.8	140.6
Environment & Neighbourhoods	Waste Management Services	8.52	3606.8	424.1
Children's Services	Safeguarding Specialist Targeted Services	8.52	10784.5	1276.4
Children's Services	Strategy Performance & Commissioning	7.69	884.3	111.8
Customer Access & Performance	Customer Access	7.77	3018.2	391.9
City Development	Employment & Skills	7.67	442.5	58.2
Customer Access & Performance	Corporate Support	7.31	455.3	62.6
Environment & Neighbourhoods	Environmental Action	7.15	3450.5	480.6

5.7

Top Performing Areas

Directorate	Service Area	Average No. of days lost per FTE	FTE days lost (April – November 12)	Average FTE (April – November 12)
Environment & Neighbourhoods	Strategy & Commissioning	2.25	118.1	424.1
Resources	ICT	2.8	762.4	274.0
Customer Access & Performance	Localities & Partnerships	3.28	240.6	71.7
City Development	Economic Development	3.42	255.9	75.7
Resources	Financial Management	3.62	910.9	252.1
Resources	PPU & Procurement	3.99	361.3	90.3
Resources	Business Support Centre	4.02	707.6	174.9
Adult Social Care	Commissioning Services	4.11	293.1	71.2
City Development	Planning & Sustainable Development	4.14	854.8	202.9
City Development	Asset Management	4.19	385.8	90.8

6.0 Long Term Sickness Absence

6.1 An employee is considered to be long term sick if they are on sick leave for 4 weeks continuously. In 6.2 below, the top 3 reasons for current long term sickness are shown.

6.2.

Top 3 Reasons for Long Term Sickness	
Musculoskeletal	144
Stress/Depression/	67
Hospitalisation	66

The top 3 reasons are the same in all directorates with Musculoskeletal absence being the top reason in Resources and Mental Health issues the top reason most of the other areas.

The number of current long term sickness cases in each directorate is set out in 6.3 below

6.3

Service Area	Current Long Term Sickness Cases
Adult Social Care	119
Children Services	73
City Services	24
Customer Access & Performance	12
Environment & Neighbourhoods	43
Legal	4
Resources	112
Total	387

Length of Cases	Number
12 + months	5
9-12 months	6
6-9 months	30
3-6 months	84
0-3 months	262

7.0 Short Term Sickness Absence

7.1 A return to work interview will be held when an employee returns to work after an absence of any length, from one day upwards. All employees are subject to the managing attendance procedure. If an employee incurs an amount of sick leave which is defined as a trigger, then the employee is invited to attend a meeting with their manager under Stage 1 of the procedure, this will be to discuss their absence, consider any support measures and set targets for improvement.

7.2 Trigger Points

- Three absences of two or more days within three months.
- Four separate absences within 12 months.
- Unusual patterns of absence e.g. Mondays and Fridays.
- Exceeds the Corporate target (8.5 days for this financial year)
- Four weeks of continuous absence

7.3 If an employee does not meet the targets set by the manager at the Stage 1 meeting, they may be progressed through the procedure to Stage 2. If their absence continues to

deteriorate they may progress to stage 3 this will be a hearing which will consider their continued employment.

7.4 below shows the numbers of employees in each stage.

7.4

Directorates	Stage 1	Stage 2	Stage 3	Total
Adult Social Care	809 (*34.3%)	224 (9.5%)	6 (0.25%)	1039 (44.13%)
Children Services	564 (22.7%)	95 (3.8%)	1 (0.04%)	660 (26.6)
City Development	372 (20.8%)	54 (3.0%)	3 (0.16 %)	429 (23.9%)
Customer Access and Performance	145 (25.3%)	42 (7.3%)	3 (0.52%)	190 (33.3%)
Environment & Neighbourhoods	378 (20.7%)	76 (4.2%)	1 (0.05%)	455 (25.0%)
Legal	16 (12.8%)	5 (4%)	0	21 (16.8%)
Resources	898 (29%)	144 (4.7%)	6 (0.19%)	1048 (33.7%)
Total	3182	640	20	3842

*% based on average FTE of Directorate

Managers receive reminders from the BSC when employees trigger, or, when a review is due. 7.5 below shows the amount of staff who have reached one of the triggers and reviews that are overdue.

7.5

Directorate	Total in procedure	Total Overdue	% Overdue	Inactive triggers	% Inactive Triggers	Number Overdue Reviews	% Overdue Reviews
Adult Social Care	1039	319	31%	128	12%	191	18%
Children's Services	660	287	43%	140	21%	147	22%
City Development	429	51	12%	24	6%	26	6%
Customer Access & Performance	190	23	12%	7	4%	16	8%
Environment & Neighbourhoods	455	59	13%	23	5%	36	8%
Legal	21	3	14%	1	5%	2	10%
Resources	1048	164	16%	58	6%	105	10%
Total	3842	906	24%	381	10%	523	14%

7.6 below details the stage 3 managing attendance hearings which have taken place.

7.6

Directorate	2011/12		2012/13	
	Dismissals	Reviews	Dismissals	Reviews
Adult Social Care	26	3	18	3
Children's Services	10	0	7	0
City Development	9	1	7	3
Customer Access and Performance	5	1	1	2
Environment & Neighbourhoods	9	1	6	0
Resources	26	6	6	2
Total	85	12	45	10

7.7 below details the appeals and employment tribunals for 2012/13.

7.7

Directorate	Appeal	Employment Tribunal
Adult Social Care	3	0
Children Services	1	1
City Development	1	0
Environment & Neighbourhoods	3	1

7.8 below shows the circa.100 employees, taking the most instances of sickness out of all employees in the last 12 months, and the stages of the procedure they have progressed to by their manager.

7.8

Service	Cases	Stage 1	Stage 2	Stage 3	Employment Ceased
Adult Social Care	14	5	8	0	1
Children's Services	19	13	5	0	1
City Development	12	2	3	2	5
Customer Access and Performance	10	3	7	0	0
Environment and Neighbourhoods	15	8	6	1	0
Legal	1		1	0	0
Resources	27	13	12	1	1
Total	98	44	42	4	8

7.9 When a manager is managing the attendance of an employee, there are occasions when medical opinion is that the employee is unable to carry on doing their own job due to their health, in these circumstances we will try and find alternative employment for employees which is not detrimental to their health.

7.10 below shows the number of employees seeking medical redeployment.

7.10

Service Areas	No Cases
Adult Social Care	2
Children's Services	5
City Development	1
Customer Access & Performance	0
Environment & Neighbourhood	0
Legal	0
Resources	0

8.0 Directorate and Service Information

The information above is at overall Council level, Appendices I to VII detail directorate and service information on managing attendance and sickness absence.

9.0 Health and safety

9.1 Health and Safety Management in the Council is based on an approach advocated by the Health and Safety Executive. This is realised through a series of Health and Safety Performance Standards jointly agreed with the Trade Unions.

9.2 The Council has a number of Statutory responsibilities regarding Health and Safety: as a duty holder to employees and service users; as a regulator through Environmental Health and as an exemplar, influencing health and safety through the supply chain.

9.3 The Chief Executive is ultimately accountable for the health and safety of employees and service users of Leeds City Council. To assist him to undertake this role he has nominated the Director of Resources as the CLT member with responsibility for appraising him of health and safety performance. In turn the Director of Resources is supported by a team of professionally qualified Health and Safety Advisers, led by the Head of Health and Safety. In addition to these specific roles, the Council's Health and Safety Policy details individual accountabilities for every level of employee. As Leader of the Council, Councillor Wakefield also has a responsibility to ensure that decisions taken by Elected members do not compromise the health and safety of staff or service users.

9.4 Co-operation and consultation with the workforce on health and safety matters is extremely positive. There are Directorate/Service level Health and Safety Committees and a Corporate Health and Safety Committee.

9.5 The enforcement of health and safety for all Council activities is undertaken by the Health and Safety Executive (HSE) and the enforcement of fire safety is by the West Yorkshire Fire and Rescue Service. They have power to prosecute organisations for non-compliance with legislation and also to prohibit activities or to request that non-conformances are remedied within specified time-frames. The HSE also charge for inspection work, where breaches of statutory provisions are found. LCC has fostered positive working relationships with the enforcement agencies and has signed a Fire Safety Concordat with the Fire Service which is working well.

9.6 The Council is required to report certain accidents and incidents to the HSE i.e. those that arose out of or in connection with the work activity and which fall into certain categories. The categories are: fatal accidents; major injuries (broken bones, amputations etc); accidents resulting in someone being away from work or not able to do their normal job for over seven days; members of the public/service users who are taken straight to hospital after an accident; employees who are hospitalised for more than 24 hours following an accident; and dangerous occurrences such as gas explosions, fires, asbestos release etc. Certain occupationally related diseases are also notifiable. These provisions are currently under review and are likely to change.

10 Corporate Considerations

None

11 Consultation and Engagement

11.1 The content of this report is shared with the Trade Unions via JCC and separate meetings on specific issues and Attendance challenge meetings take place quarterly with Directors.

12 Equality and Diversity / Cohesion and Integration

12.1 The impact of managing attendance on the workforce with protected characteristic is monitored through the Equality Scorecard, which is reported to the Equality and Diversity Board.

13 Council policies and City Priorities

13.1 Given the high proportion of the Workforce who live in the City, improvement in the Health of the workforce will support the achievement of the priorities for the City

14 Resources and value for money

14.1 Reductions in the level of sickness and improved attendance is an essential part of the strategy to safeguard jobs and improve outcomes for people in the City, especially in current financial climate

15 Implications, Access to Information and Call In

N/A

16 Risk Management

16.1 There is a risk that some services will plateau and further reductions will not be made

16.2 The impact of the reducing workforce as people leave by voluntary arrangements, may create further pressure on the workforce remaining

16.3 Schools traditionally have lower sickness levels, so as schools move to Academy status and are not included in the statistics the projected out turn may be higher.

17 Conclusions

17.1 The workforce is facing challenging times, in order to deliver improved outcomes for the City, it is essential that improved Health and Wellbeing is high on our agenda.

17.2 We need to continue to manage and reduce the amount of time lost through sickness absence, at the same time as we develop strategies and activities which support healthy living.

17.3 We need to recognise that peoples health and wellbeing is affected by many things and is not just the absence of injury and infection, this requires us to look at our culture, leadership, management abilities and the commitment and engagement of the workforce

17.4 In order to meet our ambitious but achievable target for 2012/13, we need a strong emphasis in the final quarter of the year on managing people back to work

18 Recommendations

18.1 Scrutiny to agree the approach to health and wellbeing as described in this report