

Report on Public Services Seminar March 2007: Improving the Health of the Public Sector Workforce

Introduction

The government's Health, Work and Well-being strategy, published in 2005, sets out the government's strategy for the promotion of health and well-being of people in work and those who wish to work. It calls on the government as an employer, through the NHS, central government departments and local authorities, to develop exemplar workplaces and good occupational health practice. It also calls on trade unions, working at local, regional and national levels to help deliver this strategy.

On 13 March 2007 a PSF seminar on improving the health of the public services workforce was attended by employer and trade union delegates from across a range of public services. The purpose of this seminar was to underline the PSF's commitment to the *Health, Work and Well-being* strategy, to promote employer and trade union engagement and seek views on how this could be achieved and what barriers existed.

Through workshops, delegates explored the broad themes of long-term absence: improving work, improving well-being; occupational health; line management; and partnership working. Each workshop considered the main challenges and problems, examples of success and proposed the key messages to report back to the PSF.

Key Principles

A healthy workplace depends on a combination of factors:

- good policies – on learning, skills and development, attendance, and performance management;
- a positive approach to trade union and employee involvement and consultation;
- the promotion of work life balance and the provision of a social and physical environment that workers enjoy; and
- effective management that respects and values workers.

There is a strong connection between the health and well-being of people and their work environments. When people feel valued, respected and satisfied in their jobs and work in safe, healthy environments, they are likely to be more productive and committed to their work. Everyone can benefit from a healthy workplace.

Background: the state of play in public services (as at March 2007, more recent statistics are provided in section 4 at the beginning of this document)

Across the UK economy, absence increased in 2006 as workers took an average of seven days off sick, losing 175 million working days and costing the economy £13.4bn, according to the 2007 CBI / AXA survey. This research also showed that long-term absence of 20 days or more accounts for 43% of all working time lost, costing £5.8bn. In the public sector just over half of absence (52%) is long-term, while in the private sector this was over a third (38%).

While surveys generally point to the difference between sickness absence statistics in the public and private sector, these can distort the picture as some factors which are linked to higher absences in both public and private sector are more prevalent in the public sector. For example, large organisations, of both sectors, tend to report higher absence rates, but a larger proportion of the public sector workforce are in large organisations. The sheer range of occupations with exposure to infections, strains and occupational stress affects the level and length of sickness absences.

A survey by the Health and Safety Executive shows that differences in public and private sector sickness absence rates are small, an average of approximately 0.3 days per employee, when account is taken of the size of an organisation and differences in the age and gender profiles. Far from the stereotype that public sector workers take more sick leave, the survey also found that public sector workers are more likely to work when they are ill than those in the private sector.

Reports of work related stress are more prevalent amongst people who work face to face with the public. Work-related stress was reported more widely amongst public than private sector respondents, and this is backed up by European and international data. Stress on its own is not always detrimental; it is the way in which work-related stress is managed, that is the key.

Workshop Reports

A. Long-term absence

What are the main challenges/problems?

A high proportion of absence in the public sector is long-term. There are a variety of reasons for this situation and one key challenge for employers is to have enough information on absent employees to understand the different types and causes of long term absences.

Delegates highlighted that waiting times for medical treatment can be a factor in prolonging absences, especially around the two key areas of musculo-skeletal problems and stress.

Mental health issues were highlighted as being difficult for managers to handle. Nevertheless, it was recognised that long-term absences that originally related to chronic physical problems often result in anxiety and stress and can ultimately give rise to mental health problems as well.

What works?

Effective and sustained application of sickness management good practice has a key role to play in reducing the length and likely repetition of absence and of increasing the success of employees' return to work.

Employers and trade unions therefore have a shared interest in ensuring that high quality tried and tested methods for the management of sickness absence are applied. This includes agreeing clear and easily applied guidelines and equipping managers and employees with the skills to handle sickness absence effectively and sensitively.

- Management information
 - Who is off work, why and where they are based
- Role of Managers
 - Improving communications with and by managers – induction and training for managers, short, clear sickness absence policy with flexibility, responsibility and authority for managers.
 - Maintaining contact with employee even on short-term absences
 - Managing well-being as a whole
- Occupational Health
 - First day referral
 - Telephone consultation and diagnosis
 - A positive approach to rehabilitation, with a return to work strategy; and close contact with the GP.
- Trade union engagement
 - Involvement in developing and monitoring workplace policies
 - Working with employers on the development and specification of occupational health services
 - Helping staff who are off work keep in touch with work
 - Reviewing and monitoring back to work plans

B. Occupational Health

What are the main challenges/problems?

Occupational health (OH) services play an important role in managing sickness absence for organisations, in implementing policies and are crucial in reducing absence rates. High quality OH services that are sensitive to both the employee and employer perspective can be difficult to secure.

Delegates felt that there were very few national OH providers with the capacity to meet the demands of the average public sector employer, which may go some way to explaining why providers are failing to match employer expectations and why there have been some criticisms that they often lack the expertise and experience needed in the public sector.

What works?

There is no single model of what is a good occupational health scheme. It depends on the nature of the organisation, its size, the kind of work involved, and the service it provides. Nevertheless, a good OH provider should:

- Be integrated into the organisation's procedures;
- Work closely with and support managers in sickness absence management, whilst maintaining a recognition that OH should also be independent enough to inspire trust in employees;
- Be able to advise on strategic as well as operational issues – e.g. job design, and work flexibility;
- Provide a service that supports people in work and getting them back to work, is proactive and provides clear advice that helps to identify solutions to problems; and
- Provide a service where self-referral is encouraged.

Employers need to become more intelligent buyers of OH services, improving the quality of the procurement process. This means better knowledge of their own workforce and the sort of OH provision contract they need, with a commitment to use the OH advice they receive to inform management decisions. In turn, OH advice needs to be clear and help managers make right and fair decisions.

Many employers reported adopting a mixed provision approach – using in-house providers alongside external OH provision – for example to provide strategic advice, job design, management support and work around prevention.

Rehabilitation is also crucial in reducing the number of people working below their capacity; the earlier the rehabilitation - the better the results. Employers benefit from having a policy in place in advance, rather than reacting ad hoc to individual cases. Rehabilitation can include medical interventions such as physiotherapy, adapting the working environment or, where appropriate, retraining and reassignment.

Regular trade union involvement in the performance of occupational health services is important, to allow feedback on employees' experiences. This will ultimately help produce a service which is used and trusted by staff. Trade unions can also provide a positive role within the workplace by supporting and empowering workers, particularly helping staff with a return to work plan, or making adjustments to their work.

C. Line Management and Sickness Management

What are the main challenges/problems?

The relationship between the line manager and employee is essential – there is a 'contract' of rights and responsibilities in relation to illness. This relationship is often product of wider organisational factors, such as the workplace culture and the degree of employee engagement and trust.

How change is managed can influence the risk of sickness absence in employees. Well-managed implementation of change can help to enhance health and well-being by tackling some of the causes of work-related stress (e.g. introducing smarter working techniques to ease pressure), although it is recognised that poorly managed continuous change can be a stressor.

Where managers feel confident in using their judgement within a clear and fair attendance management policy, this can improve the operational management of

sickness absence. Employee engagement and empowerment in improving services can reduce sickness absence, as evidenced by the Public Services Forum's *Drive for Change* project.

What works?

Effective Management: Effective and sustained application of sickness management good practice includes agreeing clear and easily applied guidelines and equipping managers and employees with the skills to handle sickness absence effectively and sensitively.

Both line management and senior management can exert a powerful influence on job satisfaction and by implication on health. Management style, policies and decision-making all have a strong bearing on general job satisfaction and attendance.

The National Assembly for Wales has developed a programme of 'Confident Manager' training across the Assembly, which includes coverage of responsibilities for attendance management. This is an important part of the Assembly's work around the development of Corporate Health Standards in the private and public sector. The Health Standard is the national mark of quality for health and well-being in the workplace.

Organisational change: The way in which organisational change is managed can influence the risk of sickness absence in employees. Where organisational change is to be implemented it should be handled carefully and sensitively to avoid, where possible, stress for employees.

Delegates pointed out the need for policy makers to be aware of the wider consequences and workforce implications when implementing any organisational change. As part of a well-managed change process, strategies should be implemented to minimise job losses and reduce adverse effects on survivors. In the aftermath of organisational change, strategies should be put in place to cope with any impact on commitment and morale.

Partnership Working: High performance workplaces are characterised by high trust and high levels of employee involvement. People who are well informed about the need for change are most likely to implement that change effectively. Other contributory factors include a joint approach to problem solving, implementing change through consultation and involving employees and a commitment to training and development to support workers in the new environment. Effective partnership requires both managers and trade unions to invest time and resources in joint working. Joint training for union representatives and managers is often a valuable way to promote and instil partnership working and joint approaches to health and well-being at work. Training both managers and trade union health and safety officers, to arm them with a in a broad awareness of health and well-being issues is often an effective way of embedding good practice within organisations.

Seminar delegates also reported that effective joint working on health and well-being requires a high degree of openness between employers, managers and trade unions, and that all parties must be prepared for some difficult and sometimes

uncomfortable discussions. For example, delegates explained that it may be necessary for employee representatives and managers to undertake frank discussions about the impact of organisational policies or management decisions on staff morale and absence levels. This openness must also be replicated at the very top of an organisation, where a true picture of the impact of national policies is presented to policy makers and leaders. At an organisational level, managers and trade union representatives should be prepared to deal with emerging absence problems quickly and fairly.

D. Improving Work, Improving Well-being

What are the main challenges/problems?

The phrase “toxic work environments” has been coined to describe working environments that are characterised by long working hours, high levels of stress, and in many cases, exposure to bullying and harassment. It is also the case that jobs which involve dealing with members of the public (particularly when they are under stress) can cause high levels of stress among employees. Many public service jobs, for example working in the NHS, for the DWP, in Housing or education fall into this category. Employees who have a higher degree of control over their work are less likely to experience stress and health problems.

Bullying and harassment thrive in a workplace culture where it progresses unchallenged, and is ignored or treated with a ‘head in the sand’ mentality. People who experience bullying report poorer health, lower work motivation, higher absenteeism and lower productivity compared to those not bullied. People who witness bullying at work are also more likely to report poorer health and lower morale than those working in a bully-free environment.

What works?

Improving work-life balance: Creating a well-managed, flexible working environment that supports staff, promotes their welfare and development and respects their need to manage a healthy and productive balance between their work and their life outside work can help produce a healthy workforce. Flexible working options can often solve work-life balance issues and respond to changing organisational demands. For example, the NHS has run a successful initiative called Improving Working Lives. This places an expectation on all NHS employers to promote a healthy work-life balance.

Well-being not sickness: It is important to focus on prevention rather than cure, taking a holistic approach to maintaining optimum health among employees, including by linking HR strategies with operational management. Recognising the commitment of those employees who continuously deliver a service, and recognising the impact of absence on other work colleagues is also important for managers and employers, and should be part of a strategy, for example including adequate cover arrangements that focus on well-being.

The provision of services such as lifestyle advice for employees and health screening can also make a meaningful contribution to strategies that aim to improve the overall well-being of a workforce, and can help to prevent illness.

Tackling the root causes of work related ill-health needs to happen alongside other palliative and preventative measures, and respecting the employee's lifestyle choices is also important. For example, job structure and design and specific management cultures and behaviours can often cause stress. It is important to make improvements on these issues alongside the provision of preventative and supporting measures.

A total rewards package that includes the value of good healthcare and well-being initiatives (for example, free health checks by OH, use of onsite gym facilities and a concern for work-life balance) can reiterate and help to promote a commitment to employee well-being, alongside a commitment to address the more fundamental causes of work-related ill-health described above.

Redesigning jobs to tackle bureaucracy, introduce greater variety into monotonous work, increase control and strengthen the career offer can all have a positive impact on absence rates and service delivery. It is also the case that sickness absence rates tend to be lower when job satisfaction is higher.

Key messages

i) The seminar demonstrated that there is a great deal of expertise and innovation in the public sector in both tackling sickness absence and taking a positive approach to health and well-being at work. However progress is patchy, with some organisations progressing at a faster rate than others. Reasons for this are varied, including lack of senior management commitment, line management capacity faced with multiple pressures, heavy workloads and organisational culture, structures and policies. Trade union representatives also face multiple pressures and responsibilities and often have to deal scarce resources to respond to workplace issues.

ii) The seminar demonstrated that while there is no single policy or approach that would be completely effective for all public sector organisations, sufficient good practice and knowledge exists to make a real difference across the public sector. Delegates identified the real solution as being better able to easily access relevant information, apply it to their situation and demonstrate the benefits to their own organisation.

iii) It was proposed at the seminar that public service managers and trade unionists alike would benefit from a clear presentation of evidence on health and well-being at work in a public sector setting. This should identify the positive outcomes of putting in place a health and well-being programme and how any costs incurred can be recouped - for example through higher productivity. This work could also explore examples of good and bad practice in tackling health and well-being issues and calculating their cost effectiveness. This could build on the joint review by the Ministerial Task Force for Health, Safety and Productivity and the Cabinet Office on managing sickness absence in the public sector and develop a "one-stop shop" information site around health and well-being in public services.

iv) The PSF should work to complement and add value to activities being progressed nationally aimed at delivering improvements in health and well-being of employees delivering public services.