

Report to: **Adult Social Care Scrutiny Committee**

Date: **4 March 2010**

By: **Director of Adult Social Care**

Title of report: **Adult Social Care Absence and Well-being Statistics**

Purpose of report: **To gain an understanding of the current ASC position on Absence and Wellbeing statistics**

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## RECOMMENDATION

**The Scrutiny Committee have asked for an update and are asked to consider and comment on the absence statistics and well-being services information**

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### 1. Financial Appraisal

1.1 ASC absence cost for quarters one to three (excluding on-costs and backfilling) is £909,854.

1.2 Savings from the reduction in sickness absence rates for quarter one to three in 2009/10 are £80,445 (excluding on-costs and backfilling).

1.3 The estimated savings from staff who received treatment via the physiotherapy service is approximately £20,000 (£19,810). The savings are based on staff who received treatment from the physiotherapy service and return to work more quickly or did not take time off at all as opposed to if they had not received any treatment.

### 2. Background and Supporting Information

2.1 An update was requested on current sickness levels in the department and the impact that the well-being services available are having on reducing these levels and improving general well-being for staff.

#### Absence Statistics 2009/10

2.2 All information is based on quarter 3 out-turn figures for 2009/10 i.e. for the period April – December 2009:

	ASC	ESCC
<b>Q1+2+3 2008/09</b>	10.76	5.70
<b>Q1+2+3 2009/10</b>	9.59	5.28
<b>% change</b>	<b>-10.9%</b>	<b>-7.3%</b>
<b>2009/10 target</b>	11.00	7.83
<b>Estimated 2009/10 outturn</b>	<b>12.39</b>	<b>7.33</b>

2.3 Long term sickness absence cases have reduced during this period by 25% down to 14 cases per month due to the case management approach which has been adopted using the

Attendance Management and Occupational Health Teams with Personnel and Training to support managers in applying the attendance management policy.

2.4 To tackle short terms sickness absence ASC are participating in the Firstcare Attendance Management Pilot. Firstcare provide a 24-hour, seven-days-per-week phone line for staff to call to report a sickness absence from work and to access confidential medical support and guidance from registered nurses. Firstcare inform line managers about an absence and provide an estimated return date. Where appropriate the nurse maintains contact with the employee until they are fit and well enough to return to work. Once the absence is closed FirstCare forward a return to work form to the line manager together with a summary of the employee's sickness absence data over the past 12 months to ensure that an effective conversation can be undertaken and any underlying causes can be addressed and adjustments made if required.

### **Well-being Initiatives**

2.5 The number of referrals for ASC employees using the physiotherapy service from April – December 2009 was 153. This included 30 staff who accessed the service from Ocean House, which was a newly introduced site in the summer following feedback from employees based at Hastings locations.

2.6 During this period there were 209 Occupational Health referrals for ASC employees and 77 employees who used the Staff Counselling Service.

2.7 There are also a number of self-referral well-being initiatives such as reflexology, aromatherapy, acupuncture and Indian head massage, as well as the well-being point at County Hall, which staff can use to self monitor weight, body mass index, body fat content, blood pressure and hydration levels. Whilst it is not possible to provide figures for usage of these services they are all part of the overall offering for staff to assist with employee well-being and general health which supports employee engagement and attendance at work.

2.8 Finally, during the ASC Staff Engagement events held last summer (2009) Occupational Health and PAT joined the events to promote to staff well-being services. Occupational Health also offered blood pressure testing to employees and discussed the test result and where necessary recommended GP referrals.

### **3. Conclusion and Reasons for Recommendation**

3.1 Monitoring the impact of well-being services continues in conjunction with PAT and Occupational Health.

3.2 There is not yet sufficient data through FirstCare to provide a like-for-like comparison with previous absence statistics in order to identify any trends but the statistics will continue to be monitored over the coming year.

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Local Members: All

Background Documents: None