

BRISTOL CITY COUNCIL

HUMAN RESOURCES COMMITTEE

For Resolution

16th December 2010

Report of: Service Director: Strategic HR & Workforce Strategy

Title: Occupational Health & Counselling Annual Report 2009/2010

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RECOMMENDATION

The OH&C Annual Report 2009/2010 is submitted to this Committee for its information and observations.

Summary

The Annual Report summarises the key OH&C issues in Appendix A. It is intended that this report will be submitted to the Committee on an annual basis.

The significant issues in the report are:

These are as set out in Section 6 of Appendix A.

1. Consultation

Internal/External

A copy of this Annual Report has been sent to the unions for their information and observations.

2. Context / Proposal

As summarised in the Annual Report attached.

3. Other Options Considered

Not applicable.

Risk Assessment/Equalities Impact Assessment

Not applicable.

Legal and Resource Implications

Legal

Not applicable.

Financial

(a) Revenue:

In 2009/10 there was a small overspend on OH&C due to an increase in services charges. This was contained within the overall HR Budget.

The OH&C annual civic budget allocation for 2010/11 is £876,000 and expenditure is projected to be within budget.

(Advice from Stephen Skinner, Finance Business Partner, Corporate Services and Deputy Chief Executive's Directorates)

(b) Capital:

Not applicable.

Land

Not applicable.

Personnel

The Occupational Health & Counselling Team provides services for the whole of the City Council, plus a number of other public sector bodies.

Appendices

Appendix A - Occupational Health & Counselling Annual Report 2009/10

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers: None.

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OCCUPATIONAL HEALTH & COUNSELLING ANNUAL REPORT 2009/10

Dated: November 2010

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OCCUPATIONAL HEALTH & COUNSELLING ANNUAL REPORT 2009/10

Preface

Occupational Health & Counselling practice must be performed according to the highest professional standards and ethical principles. Occupational Health professionals service the health & well-being of the workers, individually and collectively.

The obligations of Occupational Health professionals includes protecting the health of the worker, and promoting the highest principles in occupational health programmes and policies. Integrity in professional conduct, impartiality and the protection of confidentiality of health data and of the privacy of employees is part of these obligations.

Occupational Health provide impartial advice to managers, so that it is possible to support that individual in work more effectively or manage a health case to conclusion.

Mission Statement

To provide a professional, high quality Occupational Health and Counselling service to promote and maintain a healthy workforce within a safe and healthy working environment.

Occupational Health & Counselling undertake this by providing counselling, medical assessment, training, information and advice about health and safety for all employees.

Role of Occupational Health & Counselling

Occupational Health is a specialist branch of medicine focusing on health in the workplace. It is concerned with the physical and mental well-being of employees. Occupational Health specialists can support the employer through advising on work-related illnesses and accidents, carrying out medicals for new starters and existing employees and monitoring the health of employees.

Occupational Health services are also used to assisting in managing absence situations – both short and long term. The opinion of an Occupational Health specialist might be crucial in determining how to manage a capability issue, or can provide key evidence in a claim to an employment tribunal.

The Benefits of using Occupational Health and Counselling

Employers recognise that managing their people is just as important to success as control of financial and capital resources. BCC are moving towards promoting a concept of 'wellness' as a preventive measure to address employee health. Occupational Health & Counselling have been working closely with the Health Policy

Unit in the promotion of employee health & well-being.

Focusing on the health of employees and designing interventions to improve health can help to reduce absence levels. This brings the benefits of:

- reduced costs to the organisation
- less disruption as the result of employees being absent
- greater engagement and motivation of employees

In summary, BCC engages Occupational Health and Counselling to improve the current and future health and success of their business by developing a healthy culture and by adopting a systematic approach.

1. Occupational Health & Counselling Referrals 2009/2010

The past year 2009/2010 has seen an increase in total activity in respect of referrals to Occupational Health.

The table below is a summary of the number and type of referrals to Occupational Health & Counselling for 2009/10 and previous years.

ACTIONS	2009 2010	2008 2009	2007 2008
REFERRALS (Medical)	1553	1337	1350
Referrals (Counselling)	548	583	537
TOTAL	2101	1920	1887

Notes on the Table:
Figures to April 2010

2. Review

Between June and August 2007, an external consultant carried out a review of Bristol City Council's Occupational Health and Counselling Service (OHCS). This piece of work formed part of a wider review of HR Services.

Following the review it was agreed to maintain the Occupational Health & Counselling Service in-house, but work to an agreed Service Improvement Plan. Since then continued improvement in the Service has been undertaken.

Since April 2009 Occupational Health & Counselling has been a non-traded service, with the exception of external customers and some schools / academies.

A Business Review for 2010 is currently being undertaken within Occupational Health & Counselling. The review process includes the benchmarking of the BCC Occupational Health & Counselling Service with other Core Cities and will compare services to ensure that BCC continue to offer value for money from their Occupational Health & Counselling business.

3. Services

As well as addressing sickness absence issues that occur, a lot of the work of the

Occupational Health and Counselling Service is proactive, aiming to reduce potential problems in the workplace.

The Occupational Health Service is provided by a diverse range of Occupational Health professionals including Physicians, Nurses, Counsellors, Administrators and an external Physiotherapy Service.

Occupational Health works closely with HR and Health and Safety. However, for Occupational Health to have the greatest impact on the organisation it is important that line managers feel able to approach Occupational Health to discuss sickness absence concerns and issues.

(i) Referrals

Medical -

Employees can be referred to Occupational Health & Counselling by their manager for a number of reasons.

Health problems, of whatever nature, may effect work performance. If a manager has any concerns about the effects of work on an employee's health, or the effects of a health problem on an employee's performance or attendance at work, referral to the Occupational Health Service should be considered.

Advice given to the manager will not normally contain confidential medical detail, but is concerned with matters of employment and fitness and may include:

- The identification of a health problem that may impact on an individual's work
- The potential effects of the problem on current and future performance or attendance
- Adjustments to the work place or tasks that would assist in maintaining health and reducing the adverse effects of the health problem on attendance and performance
- Whether the advised adjustments are temporary or permanent
- Time-scales for expected improvement
- Opinion on the implications of the Equalities Act 2010
- The need for further investigation or medical report from treating doctor
- The potential for an individual to maintain a good attendance record, and if appropriate, suitability for Ill Health Retirement
- Proposals for case management or a rehabilitation programme, where appropriate

Counselling -

Employee counselling contributes to a positive, productive and healthy workforce. The service is delivered by the Occupational Health and Counselling Department, providing counselling to all BCC employees.

Counsellors work within the ethical framework of the British Association for Counselling and Psychotherapy.

People come to counselling for many different reasons and any of these could affect your performance at work: -

- Work related stress
- Relationship issues at home or at work
- Coping with change
- Issues to do with health /disability
- Following an incident or assault
- Feelings of depression or anxiety
- Bereavement

The Counselling Service also provides: -

- Trauma Counselling
- Mediation
- Coaching / Supervision
- Training

(ii) Telephone assessments

Telephone assessments were introduced in February 2008 and are used to assess the health of individuals who may not need to be seen face-to-face.

The advantage of these are:-

- the employee is assessed more quickly
- less down time for the employee
- employee does not have to travel to an appointment if off-sick
- less able or injured employees do not have to travel.

(iii) Health Surveillance

The service monitors certain occupational groups where this is necessary because of the nature of the job. This is to ensure continued health and fitness for post and to meet statutory criteria.

Health surveillance can be advisable for a number of reasons where specific risks are involved. Examples are:

- Carpenters
- Grounds workers
- Food handlers
- Lifeguards
- Night workers
- Mechanics
- Refuse workers
- Sewage workers
- School crossing patrols
- Youth workers

Under the statutory employment regulations the following job holders have to be screened:

- Airport staff,
- Asbestos workers,
- Display screen equipment users,
- Drivers PCV, LGV, cab drivers.
- Fire-fighters
- Lead workers.
- Where there is a risk of exposure to potential hazards as required by COSHH regulations.

Examples for health surveillance and monitoring in the workplace include:

- Lung function tests for dusty environments
- Audiometry for noisy environments
- Vibration assessment for those using vibrating equipment
- Eye screening for drivers and VDU workers.
- Fitness testing for fire-fighters
- Skin checks for mechanics
- Blood tests for toxic substances
- Reviewing vaccination status of employees where appropriate.

(iv) Employment Medicals

In 2009 the pre-employment medical process was reviewed to allow managers to screen (instead of Occupational Health professionals), at the point of recruitment, candidate's health questionnaires. The new questionnaire does not ask for specific medical details (and therefore maintains confidentiality) but rather asks for 'yes' 'no' answers. Any positive responses (or those requiring statutory screening) are forwarded to Occupational Health & Counselling for further investigation.

This has streamlined the recruitment process and has reduced costs.

From October 2010 further changes have been made to the recruitment process, as a result of the Equality Act, 2010. Pre-employment health enquiries will be prohibited except in limited circumstances (for example, establishing whether the applicant will be able to "carry out a function that is intrinsic to the work concerned"). The Equality and Human Rights Commission (EHRC) will have the power to investigate the use of prohibited questions and take enforcement action.

Simply asking pre-employment health questions will not amount to discrimination against an applicant, but acting on the answers may well do. If an unsuccessful job applicant brings a direct disability discrimination claim against the employer, and a pre-employment health question was asked for a non-prescribed reason, the onus will be on that employer to show that no discrimination took place.

(v) COHORT - Computer Software System

In 2008 the existing Occupational Health computer software programme was significantly updated. It went live in February 2009. The purpose of this is to: -

- ensure that medical and counselling notes can be added directly to the confidential and secure database without a need for a paper record. This reduces the requirement for paper notes and reduces the storage requirement
- automatically generate letters, which reduces the administrator intervention time

The system is not currently used to its full capacity and will require further investment to achieve this. Phase 2 of the implementation plan will consider:

- 'e' business including 'e' referrals to Occupational Health & Counselling
- a paper-light (or paper-free) system of undertaking the Occupational Health & Counselling business, which will result in efficiency savings and a significantly reduced storage (and therefore accommodation) requirement
- improved reporting on the profile of employees using the Service

- scanning of medical notes. The cost of storing notes for Occupational Health & Counselling is currently £2000 p.a. This could be reduced or negated with a medical notes scanning system.

(vi) First Aid & Administration of Medication training

Under the Health & Safety (First Aid) Regulations 1981, it is the duty of employers to make provision for first aid. On behalf of Bristol City Council, Occupational Health & Counselling provide courses registered by the Health and Safety Executive (HSE). The first aid courses aim to provide the knowledge, skills and understanding required to deal with injuries or illnesses that may occur in the workplace. These courses are booked up 4-6 months in advance.

Occupational Health & Counselling also provide training in the Administration of Medication courses for CYPS and H&SC. Every member of staff who handles, stores, administers, or assists children to take their medicines must have the training.

(vii) Management training

Following on from the decision not to continue with the Sickness Absence Support Line (decision to be reviewed in January 2011) proposals were made to target areas of high sickness absence in CYPS and H&SC and deliver management training at a high level utilising the skills of Occupational Health & Counselling management and HR Advisors.

These day-long training sessions commenced in mid September 2010 and are set to continue until December 2010.

(viii) Occupational Health & Counselling support during Business Transformation and subsequent restructuring

The Senior Counsellor, on request, has been working with groups of employees who are going through the process of restructuring or moving.

The sessions usually last a half day and support employees in the managing change process.

(viii) Ill-health Retirement

When a member leaves a Local Government employment by reason of being permanently incapable of discharging efficiently the duties of that employment or any other comparable employment because of ill health, they are entitled to consideration for an ill health grant.

Confirmation that the applicant meets the criteria for eligibility is obtained from an independent registered medical practitioner, who is qualified in occupational medicine.

There are four Occupational Health qualified Physicians, including two Consultants, in Occupational Health and Counselling who are able to undertake this role.

(ix) Employee Health Checks

The Occupational Health and Counselling Service offers Employee Health Checks to

all employees by trained nursing staff. The aim of these sessions is to look at the employee's health and discuss any concerns they may have about their health.

Tests may be undertaken during the half hour medical if specific concerns are raised and opportunity is given to talk about general health issues relating to lifestyle and/or work.

Individuals who avail themselves of the scheme will receive a personal record of the results and the advice given. A record will also be kept by the Occupational Health Service which will form part of the confidential medical notes.

Employee Health checks can be performed on an individual basis at the Lipscombe Centre or as part of a group booking in the workplace or other venue e.g health promotion day at the Council House.

Occupational Health & Counselling work closely with the Health Policy Unit to provide medicals during specific health campaigns.

4. Occupational Health & Counselling Statistical Information

Key Performance Indicators

Occupational Health & Counselling are working to achieve the Key Performance Indicators for 2010/2011:

- Client satisfaction - 93% of those who responded to the Client Response Form (BCC managers) in the last quarter rated their Occupational Health & Counselling experience as 'satisfied' or higher (target 90%)
- Telephone assessments - 87% of consultations took place by phone (target 70%)

Reasons for referral (top 2)

The following represents the top two reasons for sickness absence or health referral as a percentage of the total number of referrals:

(a) Stress/anxiety/depression:

ACTIONS	2009 2010	2008 2009
Referrals (stress/anxiety/depression)	466	373
As a percentage of the total	22%	19%
TOTAL no of referrals	2101	1920

(b) Musculoskeletal issues:

ACTIONS	2009 2010	2008 2009
Referrals (back & musculoskeletal)	488	312
As a percentage of the total	23%	16%
TOTAL no of referrals	2101	1920

5. External Customers

Occupational Health & Counselling currently provides services for BCC and approximately 30 small external organisations.

If it was decided to increase the trading of Occupational Health & Counselling, externally, further developments, internally, would need to be undertaken, in the first instance, namely the continued improvement in the COHORT software system to enable electronic storage of notes and quicker administration times.

6. Key Highlights 2009/2010

In October 2009 there was a requirement to deliver timely and equitable access to swine and seasonal flu vaccinations for Bristol City Council and Bristol Community Health frontline staff and swine flu vaccinations to independent social care providers, in accordance with national guidance and the availability of vaccines.

Occupational Health and Counselling worked closely with the BCC Civil Contingencies Unit and the local PCT to provide services, equipment, venues and training to provide this service. This was a very difficult and resource intensive project to undertake. However, it was delivered on time, within budget and in addition to the usual activity of the Occupational Health & Counselling Service.

The total number of vaccines delivered was 2448 and the total number of staff vaccinated was as follows: -

	Both	Swine Only	Seasonal Only	Total
CYPS	252	116	11	379
HSC	228	103	19	350
BCH	223	121	33	377
Independent Health	8	95	1	104
Independent Social Care	19	489	0	508
Total Received	730	924	64	1718

Table showing the number of staff vaccinated

7. Challenges for 2010 / 2011

The current challenges, which will be added to the Occupational Health & Counselling work plan following the Business Review for 2010 / 2011 are:

- IT - COHORT - further development is required to enable further 'e' business and reduce the costs of admin and storage
- Accommodation - the lease on Lipscombe House expires June 2011. Alternative premises are required or the current lease will need to be extended
- Procurement of physiotherapy services will need to be undertaken
- Review of the Occupational Health & Counselling training function

8. Conclusion

Since the 2007 consultant review, substantial time has been invested in Occupational Health & Counselling to streamline processes and make the Service more efficient, cost-effective, streamlined and fit for purpose. This has resulted in a faster turn-around of clients, less down-time and improved customer satisfaction.