

**DEPUTY LEADER
2nd September, 2014**

Present:- Councillor Lakin (in the Chair); Councillors Gosling and Sims.

An apology for absence was received from Councillor Beaumont.

D8. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting held on 23rd June, 2014.

Resolved:- That the minutes of the meeting held on 23rd June, 2014 be approved as a correct record.

D9. REPRESENTATIVES ON OUTSIDE BODIES AND GROUPS

Further to Minute No. 68 of the meeting of the Deputy Leader held on 23rd June, 2014, consideration was given to the representatives on outside bodies and sub-groups that fell into the remit of nomination to the Deputy Leader.

Resolved:- That the following appointments be made:-

Adoption Panel:-

Councillors Havenhand and Sharman. A further Member would be sought if required.

Fostering Panel:-

Councillor Sharman plus Councillor Lelliott.

Rotherham Children, Young People and Families' Partnership:-

Councillor Lakin, Deputy Leader, along with Councillors Ahmed, Lelliott and Roche.

Think Family Steering Group:-

Councillor Lakin, Deputy Leader, along with Councillors Ahmed and Beaumont.

D10. SICKNESS ABSENCE

Consideration was given to a report presented by Phil Howe, Director of Human Resources, which provided an overview of sickness absence in 2013-14.

In 2013/14 for the first time in five years, the Council's sickness absence outturn figure was higher than the previous year, with a reported 8.30 days per full time equivalent employee compared to 7.51 days in 2012/13. This mirrored the trend of increasing absence levels recorded across many similar-sized organisations in the Public Sector.

Sickness absence levels in the Council continued to be measured in accordance with the former Gershon and Best Value Performance Indicator industry standards to ensure relevant and robust comparative data. Although sickness absence increased last year it should be noted that levels have fallen considerably from 13.9 days in 2002/3.

The reported figure for 2012/13 benefited from there being two 'extra' Bank Holidays in the year, the Queen's Diamond Jubilee on 5th June, 2012 and Good Friday on the 29th March 2013. Sickness occurring on such days was able to be discounted from the nationally prescribed calculation.

In addition during 2012/13 seventeen schools, where sickness absence was traditionally low, also converted to Academy status during the year (now giving 23 in total), which had the effect of lowering the overall denominator used in the calculation and inflating the overall level of sickness absence in the rest of the Council.

If a comparable calculation had been made to factor in the same number of Bank Holidays and include the Schools which had converted to Academy status during the year, the sickness outturn would have been 7.75 days as opposed to the declared 8.30 days.

Data on sickness absence is directly available to managers via the HR Portal and is also routinely analysed and benchmarked at a strategic level to identify 'hot' spots and inform corporate policy decisions.

In 2013/14 there were 10,465 separate recorded incidences of sickness absence. 4476 employees (40%) had no absence recorded during the year. The direct contractual occupational sickness costs paid to the employee while absent amounted to £6.9m (£3.9 of which was non Schools).

In common with trends over the last ten years the main reasons for absence were Muscular Skeletal/Back and Shoulder (28%), Stress (27%) and Infection and Virus (19%). Around two thirds of all absence was deemed Long Term (over 20 days) but only 1.5% (20% of long term) of absence lasted for more than four months. The types and length of absence were clearly occupation and condition dependent which were also significantly influenced by NHS treatment timescales.

A summary of year end sickness levels by Strategic Directorate and a summary of all sickness reasons by category was attached for information as part of the report.

In addition to real-time employee information via the HR Portal managers are also notified automatically by e-mail the moment one of their employees hit a sickness trigger point in order that appropriate action could be undertaken in accordance with the Council Policy. During the year out of 10,465 recorded incidence of absence 1699 trigger points were reached with 94% having actions recorded:-

- 6% resulted in absence dates being corrected;
- 6% had written warnings issued;
- 24 Ill Health terminations in the year (average lengths of absence of 216 days = 7 months);
- 6 Ill health retirements.

The Council also provides access to a range of support and processes to help employees and managers to manage sickness absence across their teams.

In 2007 the Council introduced more direct action arrangements following a Regionally-funded RIEP project to provide early physiotherapy referral for musculo-skeletal conditions. This was impressively successful in reducing absence by 42% of sick days lost due to the condition in the Health and Wellbeing pilot area saving £379k for a cost to the Council of approximately £20,000. Continued funding of the scheme was now through individual referral charges to services. From a very successful start in 2008 the number of referrals had steadily declined to such a point that in 2013-14 despite there being 1587 (286 of which was long term) incidences of musculo-skeletal/back and shoulder cases recorded and 43% of these lasting over three months, only twelve referrals were made to the external referral service at a cost of £2,520. Indications were reported that 90% of those referred returned to full duties earlier than would have been the case had they not attended.

The importance of good working relationships could not be underestimated as the support of colleagues, managers and the wider organisation perception during an absence has a significant effect on the length of time an employee was absent and whether a return to work would be sustained into the longer term.

It was, therefore, suggested that referrals were recommended to the early physiotherapy service for musculo-skeletal conditions to assist employees to return to full fitness and back to work as soon as possible.

Managers were also asked to be tasked with pro-actively reviewing and managing their employees in respect of sickness absence in accordance with the Council Policy.

Discussion ensued on the areas which were under more pressure than others, areas that recognise good sickness records, the impact on services from periods of long term sickness absence, use of agency staff

for front line posts, vacant post levels and the need for managers to be pro-active in their review and management in respect of sickness absence.

Resolved:- (1) That the sickness absence trend be noted.

(2) That the more pro-active early physiotherapy referrals for musculo-skeletal conditions be supported.

(3) That reminders to be issued to pro-actively review and manage their employees in respect of sickness absence in accordance with the Council Policy.

D11. CHILDREN AND YOUNG PEOPLE'S SERVICE REVENUE BUDGET MONITORING REPORT TO 30TH JUNE 2014

Consideration of this item was deferred to the agenda of the next meeting to allow relevant Officers to be in attendance.

D12. DATE AND TIME OF THE NEXT MEETING

Resolved:- That the next meeting of the Deputy Leader and Advisers take place on Tuesday, 7th October, 2014 at 10.00 a.m.