

STRATEGY FOR A HEALTHY POLICE SERVICE**Joint Report of the Chief Constable and Personnel Adviser**

1 PURPOSE OF THE REPORT

The purpose of this report is to:

- i) Update members on the use of Home Office funding received under the Strategy for a Healthy Police Service in 2002/3.
- ii) Inform members of additional funding allocations under the Strategy.

2 BACKGROUND

At the Police Authority meeting held on 18 December 2002 members were advised of the Strategy for a Healthy Police Service, developed by the Home Office (minute no 188 - 2002/3). As a result of the strategy the Police Authority was notified at its meeting on 27 November 2002 (minute no 158 - 2002/3) that the force had received funding of £102,000 in 2002/2003 for a series of initiatives which focused on the provision of additional Occupational Health Services, and agreed to receive an update on the progress of these initiatives.

- i) **Fast Track Diagnosis and Treatment** - This initiative has resulted in staff being referred to consultant physicians for assessment and, in some cases, surgical intervention. In one case, a 365 day NHS waiting time was reduced to 7 days. Outsourced physiotherapy services have been provided both as remedial and preventative measures. The normal NHS waiting time for such treatment is currently 42 days. Staff are able to access the outsourced services within 48 hours.
- ii) **Stress Management and Resources** - This initiative is based on the provision of complementary therapy. Early indicators are that a great sense of wellbeing is created and feedback from the recipients so far is extremely positive.
- iii) **Occupational Health Service Redesign** - This initiative has equipped a second assessment centre based at Sunderland Area Command where standard medical tests can be carried out in respect of hearing, lung function, cardiovascular capacity, electro-cardiography and vision. This increases convenience for staff in the south of the Force who would otherwise have to travel to Headquarters for examinations and benefits the organisation by reducing abstractions and costs.

iv) **Disability Measures**

- a) Workplaces have been developed to suit the individual needs of staff. This is in order to harmonise the way in which the Disability Discrimination Act, which becomes applicable to police officers in October 2004, is applied to all categories of staff. Verbal feedback has been extremely positive and there is evidence of reduced sickness absence by staff following adaptations. In one case this resulted in an immediate return to work.
- b) An external audit of the current health and safety procedures and guidance has been conducted by a qualified health and safety consultant in order to review and revise the existing manual. This will identify clear management systems utilising user-friendly forms in which responsibility for their implementation is clearly specified. The existence of the new systems will provide a clear basis for future audits of performance.
- c) An additional temporary nurse has been employed. This has provided the Senior Occupational Health Nurse with free time, allowing her to develop procedures relating to the assessment and support of staff who are temporarily or permanently disabled. She has been able to undertake workstation assessments and has also developed a training package outlining the Occupational Health Unit's role in the provision of advice about sickness management. This package has been delivered at several locations and has been further adapted and presented to probationer constables in order to reinforce health matters at the earliest possible stage in an officer's service.

A detailed evaluation of the initiatives has been sent to the Home Office. Following receipt of the evaluation reports from the forces in England and Wales, a 'Healthy Police Feasibility Study' report was published in December 2003 by the Home Office.

The review demonstrated clearly, that while there has been a significant amount of activity, it has been of limited effectiveness in impacting on absence because:

- 'Wellness' initiatives are longer term in nature and therefore unlikely to show measurable impact in 2-3 years.
- There is significant variability in the amount and type of occupational health and welfare capacity between forces and their application of incremental resources.
- There is universal inconsistency, despite guidelines, in the way sickness absence is recorded and reported, making any improvement very hard to demonstrate.

3 2003/2004 FUNDING

The force has received funding of £117,000 for 2003/2004 and is being utilised in the areas of fast track diagnosis and treatment and stress management and resources. In addition, ergonomic assessments of the workplace have been carried out in order to identify and target high risk areas with the aim of reducing the risk of work related problems and improving attendance.

A professional software package for the Occupational Health Unit has been purchased which includes a medical examination database and health promotion programme. The database stores medical information from which statistics can be produced while the software enables the occupational health nurses to offer individuals healthy lifestyle assessment and advice.

4 2004/2005 FUNDING

Notification has been received that funding of £133,000 has been made available for 2004/2005 which is to be used to continue the enhanced service provision.

All of this funding is subject to further detailed evaluation.

5 EQUAL OPPORTUNITIES IMPLICATIONS

Nil.

6 HUMAN RIGHTS IMPLICATIONS

Nil.

7 FINANCIAL IMPLICATIONS

The Treasurer confirms there are no financial implications directly arising from the contents of this report.

8 RECOMMENDATIONS

Members are asked to:

- i) Note the contents of the report.
- ii) Agree to receive further update reports, as appropriate.