

STRATEGY FOR A HEALTHY POLICE SERVICE

Introduction

This sets out the strategy developed by the Home Office in consultation with the police service and agreed by the Home Secretary, for achieving and maintaining a healthier police service. This covers health and safety, occupational health, welfare and attendance management; and applies to all staff, including support staff. The principles of the strategy should so far as is appropriate be applied to special constables. It takes into account *In Sickness and in Health: Reducing sickness absence in the police service*, published by the Home Office in 2001.

2. Staff are the police service's most valuable resource. Their health, safety and wellbeing are critical to forces' ability to deliver the services which society needs and expects. Sickness has a major impact on efficiency in terms of absence, additional overtime costs and stress for staff (and their families) who are left to cover for absent colleagues. In 2000-01 5% of total available police officer working days were lost to sickness. Reducing sickness must be a priority for the police service.

3. The main responsibility for implementing this strategy rests with Chief Constables.

Aims of this strategy

4. The strategy aims to deliver the following outcomes on the basis of common standards and procedures:

- maintenance of good health in police staff;
- a reduction in injuries and ill health in police staff;

- to help people who have become ill, whether caused by work or not, to return to work and full performance;
- to help reduce the number of medical retirements by assisting to manage cases of ill health more effectively at the outset¹.

Responsibilities

5. Police authorities and Chief Constables must ensure that so far as possible working conditions enable all police staff to maintain good health, and ensure that the aims of this strategy are embedded in strategic decision-making. Chief Constables must meet their legal obligations under health and safety legislation, and ensure that forces are ready to comply with the employment provisions of the Disability Discrimination Act 1995 when the exception for the police service is removed².

6. Police authorities should hold Chief Constables to account for delivery against the strategy and put in place effective procedures for monitoring implementation of the strategy and monitoring its impact locally.

7. BCU commanders and Heads of Departments will regularly monitor the attendance of their staff and deal effectively with poor attendance.

8. Line managers must promote the health and safety of their staff. This should be reflected in day-to-day work practices. Line managers are responsible for managing attendance, with advice from human resource managers, occupational health, and health & safety specialists.

9. Human resource managers will define the force structures, policies and processes for managing attendance and will provide support and advice to line managers.

¹ Medical retirement should be used only where staff are genuinely unable to carry out sufficient duties to make their retention practicable.

² This is currently projected for 2004.

10. All staff should maintain their own health, developing awareness of the factors that contribute to ill-health and participating fully in initiatives to raise health standards.

11. Occupational health specialists and health & safety advisers should meet the needs of the organization, and support staff, through providing specialist services of the highest quality. Staff should have appropriate qualifications.

12. The Home Office will publish targets for reducing sickness absence, co-ordinate the implementation of this strategy and issue guidance as necessary. HMIC will review performance, involve the Police Standards Unit where appropriate, and will work with police forces and police authorities to support performance improvement, and identify and disseminate good practice.

Targets

13. The targets to be published by the Home Office for reducing sickness absence will challenge all forces to perform at the level of the best, and will result in significant reductions in sickness absence by 2005. Police authorities will determine targets for each force within a national target to be developed by the Home Office in consultation with ACPO and the APA and will take into account the challenge set by the Cabinet Office in 1999 for all public sector bodies to reduce sickness absence by 30% by 2003; and the targets in *Revitalising Health and Safety*³, published by the Government in June 2000, and in *Securing Health Together - a long-term occupational health strategy for England, Scotland and Wales*⁴ published by the HSC in July 2000.

14. The strategy will support the aim of encouraging effective occupational health policies and sound human resource management practices within police forces, so that

³ *Revitalising Health and Safety* set the following targets: reduce the number of working days lost per 100,000 workers from work-related injury and ill health by 30% by 2010; reduce the incidence rate of cases of work-related ill health by 20% by 2010; reduce the incidence rate of fatalities and major injuries by 10% by 2010; achieve half the improvement under each target by 2004.

⁴ *Securing Health Together* included the following targets to be achieved by 2010: a 20% reduction in the incidence of work-related ill health; a 30% reduction in the number of work days lost due to work-related ill health.

potential cases of ill-health retirement are managed more effectively from the outset. This should help to ensure that ill health retirements in the police are reduced by 2005/06 so that levels of each police force are consistent with, or better than the performance achieved by the best quartile of forces in 2000/01.

Monitoring

15. Forces will record and monitor sickness absence according to criteria and definitions developed by the Home Office-led Police Numbers Task Force (a Home Office Circular regarding the new data set was issued in June 2002). Forces will take the results of the monitoring into account in their human resource planning, and report figures quarterly to the Home Office; and police authorities will use the results to inform their scrutiny of forces' performance against this strategy.

Force planning

16. The implementation of this strategy should be an integral part of every force's human resource plan which should be developed in consultation with the police authority.

17. Every force will assess what is causing sickness absence and will draw up an action plan to ensure that so far as possible staff do not become unwell as a result of work, and that where they do become unwell for any reason they are helped to full performance of their duties and, if absent from work, to return to work as quickly as possible. The action plan will make provision for effective attendance management, the use of rehabilitation, and the use of recuperative and restricted duties. Guidance regarding absence management is currently being drafted within the Police Negotiating Board framework, and will be issued to forces shortly to inform and accompany their existent plans.

18. The action plan will include a service delivery plan for the force's occupational health unit which will ensure that:

- occupational health resources are sufficient to meet, and are focussed on, business need;

- line managers, human resource managers, occupational health specialists and health & safety advisers co-ordinate their efforts to minimize sickness absence and ill health retirement;
- staff are helped to remain at work, or to return to work from sickness absence, as quickly and as flexibly as possible.

19. In devising and implementing the action plan forces will take into account *Guidance on the management of staff attendance in the police service* issued by ACPO in October 2000, and guidance which will be issued by the Home Office following consultation with the ACPO Joint Working Group on Organisational Health, Safety and Welfare.

20. Forces and police authorities will regularly evaluate the effectiveness of initiatives on the basis of sickness absence data and other relevant information, and reflect the results in changes to policies and procedures as necessary. This action will take into account guidance on evaluation contained in *In Sickness and in Health: Reducing sickness absence in the police service*.

Other matters

21. The following five matters are not dependent upon the planning process described in paragraphs 16 to 19, but should be reflected in the action plan.

a. Health & safety

Every force will, in consultation with the Health and Safety Executive and Police Authorities, review its compliance with health and safety legislation and develop action plans to ensure compliance with the legal obligations under that legislation.

b. Support for staff in posts subject to intense or long-term stress

Every force will assess which posts place staff under intense or long-term stress and ensure that a psychological support service is available to staff in these posts.

c. Assisting earlier return to work

Where it becomes apparent from a GP's diagnosis that someone is starting a period of long-term sick leave, or where a health problem is impairing someone's work performance, management and occupational health working together should determine as soon as possible the steps which the force will take to help the person to recover and return to full performance.

In cases where treatment is needed in advance of the current NHS maximum wait standard⁵, forces should consider the use of private healthcare where this is justified by a strict cost benefit analysis which takes into account the efficiency gain resulting from the likely earlier return to work. The use of private health care intervention should be considered on an individual case by case basis. Where intervention by a private health care provider is used, the scope to make maximum use of local NHS facilities should be fully taken into account first. Every force should agree with its police authority a policy governing the use of private health care intervention.

d. Training

All forces will ensure that line managers are competent in relation to the management of attendance, and other factors significantly affecting attendance. The requirement will be reflected in the National Competency Framework and training delivered as identified.

⁵ Current Government standards for inpatient treatment are as follows. The maximum wait from April 2002 will be 15 months; from April 2003, 12 months and successive reductions down to six months.

e. Health Promotion

Forces should develop measures to promote the health of their staff. These should cover issues such as healthy eating, exercise and health checks.

Implementation of the strategy

22. The strategy will be implemented according to the annexed implementation timetable.

IMPLEMENTATION TIMETABLE

	Target Date	Action	Lead responsibility	Strategy Paragraph
1		Home Office Police Health Implementation Group (HOPHIG) established.		
2	June 2002	Forces to implement guidance on sickness absence data	Chief Officers	15
3	August 2002	Agreement on timetable for issuing to forces in relation to preventative occupational health measures, fast track interventions, the use of rehabilitation, recuperative and restricted duties, management of stress, the tax implications of providing fast-track treatment, and any other appropriate matters	ACPO Joint Working Group on Organisational Health, safety and Welfare, Home Office and others as identified	19
4	October 2002	Phase 1 start of guidance provision to forces	ACPO Joint Working Group on Organisational Health, safety and Welfare & Home Office	19
5	October 2002	Launch of Strategy	Home Office Minister	
6	November 2002-December 2002	Forces to commence review of the reasons for sickness absence	Chief Constables	17
7	November 2002-December 2002	Forces to commence assessment of Occupational Health Provision.		21b
8	November 2002	Forces to have agreed with their police authorities their "Healthy Police Service Action Plan"	Chief Constables	17,18,19,21 21(a), 21(b)
9	Oct/Nov 2002	Funding to be made available to forces to implement strategy and to evaluate impact of strategy on reduction of absence.	Home Office	
10	March 2003/April 2003	Commencement of training for managers on absence management	Chief Constables	21d
11	November 2002	Home Office to publish overall target for the reduction of sickness absence for 2003/4 for inclusion in Local Policing Plans for 2003/4.	Home Office	13
12	Jan-March 2003	Phase 2 start of guidance to forces.		
13	April 2003	Strategy commenced	Chief Constables	
14	April 2003 – March 2004	Phase 3 start of guidance to forces		

15	April 2003 – March 2004	Chief Officers and Police Authorities to monitor the effectiveness of the first years measures put in place under the strategy.	Chief Constables, Police Authority and Home Office	
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