



## HEALTH AND PRODUCTIVITY MANAGEMENT POLICY

### POLICY INFORMATION AND LOG

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## **1. INTRODUCTION**

The policy provides for Health and Productivity Management defined as “the integrated management of health risks for chronic illness, occupational injuries & diseases, mental diseases and disability to reduce employees’ total health-related costs, including direct medical expenditures, unnecessary absence from work, and lost performance at work – also known as ‘presenteeism’ ” in the workplace.

## **2. SCOPE**

This policy shall apply to the Department as mandated by the Public Service Act 1994 and the Occupational Health and Safety Act 85 of 1993 as mandated by the Department of Labour.

## **3. OBJECTIVES**

3.1. The objectives of this policy are to:

- 3.1.1. Focus on the areas of Disease Management, Mental Health Management, and Injury on Duty & Incapacity due to Ill-health and Occupational Health Education and Promotion.
- 3.1.2. Reduce healthcare costs and/or improving quality of life for individuals with chronic conditions by preventing or minimising the effects of a disease, or chronic condition and medical surveillance.
- 3.1.3. Help employees manage their lives successfully, and provide them with the emotional and spiritual resilience to allow them to enjoy life and deal with distress and disappointment.
- 3.1.4. Reduce absenteeism from work, abuse of sick leave, injuries on duty, ill health retirements, incapacity leave, occupational diseases and health risks.
- 3.1.5. Enhance the knowledge levels of individuals, help catalyze and reinforce behaviour change while intentionally leading to improve health and productivity.

## **4. LEGAL FRAMEWORK FOR HP MANAGEMENT WITHIN THE PUBLIC SERVICE**

- 4.2.1 Constitution of the RSA Act, 1996;
- 4.2.2 Disaster Management Act, 2002 (Act No. 57 of 2002);
- 4.2.3 Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997);
- 4.2.4 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993);
- 4.2.5 Employment Equity Act, 1998 (Acts No. 55 of 1998; Act No. 97 of 1998; Act No. 9 of 1999);
- 4.2.6 Labour Relations Act, 1995 (Act No. 66 of 1995);
- 4.2.7 National Disaster Management Framework;
- 4.2.8 Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000);
- 4.2.9 Public Service Act of 1994 as Amended & Regulations;
- 4.2.10 Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993);
- 4.2.11 Mental Health Care Act, 2002 (Act No. 17, 2002);
- 4.2.12 The Medical Schemes Act, 1998 (Act No. 131 of 1998);
- 4.2.13 National Health (Care) Act, 2003 (Act No. 60 of 2003);
- 4.2.14 Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999);



#### 4.2.15 Mental Health Care Regulations, 2003 (No. 14 of 2003)

### 5. ABBREVIATIONS

<b>COIDA</b>	Compensation for Occupational Injuries and Diseases Act
<b>DPSA</b>	Department of Public Service and Administration
<b>EH&amp;W</b>	Employee Health and Wellness
<b>EH&amp;WMSF</b>	Employee Health & Wellness Management Strategic Framework
<b>GEMS</b>	Government Employee Medical Scheme
<b>HPM</b>	Health and Productivity Management
<b>HRMD</b>	Human Resource Management Development
<b>HR</b>	Human Resource
<b>OHS</b>	Occupational Hygiene and Safety/Occupational Health and Safety
<b>OHSAS</b>	Occupational Health Standards and Systems
<b>PILIR</b>	Policy and Procedure on Incapacity Leave & Ill-Health Retirement
<b>PSR</b>	Public Service Regulations
<b>SMS</b>	Senior Management Service
<b>SOPs</b>	Standard Operating Procedures
<b>WHO</b>	World Health Organisation

### 6. DEFINITIONS

#### 6.1 HEALTH AND PRODUCTIVITY MANAGEMENT

Health and Productivity Management (HPM) is defined as integration of data and services related to all aspects of employee health that affect workperformance. It includes measuring the impact of targeted interventions on both employee health and productivity. The Health Productivity and Management value chain designs benefits and programs to provide incentives, change behavior, reduce risks, improve health, which impact medical costs and disabilities, improve functionality, which translates into enhanced worker productivity.

#### 6.2 DISEASE MANAGEMENT

Disease Management has evolved from managed care, specialty capitation, and health service demand management, and refers to the processes and people concerned with improving or maintaining health in large populations. Disease Management is concerned with common chronic illnesses, and the reduction of future complications associated with those diseases. Disease management mitigate the impact of diseases by promoting the objectives of communicable and noncommunicable diseases. The idea is to ease the disease path, rather than cure the disease.

Improving quality and activities for daily living are first and foremost. Disease management increases knowledge of diseases and promotes essential attitude change. It creates a demand for information and services, reduces stigma and discrimination against certain illnesses and promotes care and support of vulnerable employees.

### **6.3 CHRONIC ILLNESS**

A chronic illness is a word used to describe a group of health conditions that lasts a long time. In fact, the root word of chronic is "chronos," which refers to time. There are many kinds of chronic illnesses -most chronic illnesses are not contagious. Chronic illnesses can be genetic, meaning that parents can pass the tendency to get them on to their children before they are born through genes.

### **6.4 MENTAL HEALTH**

Mental health is a basic component of positive health and well-being. It is necessary to help management of life successfully, and provide emotional and spiritual resilience to allow enjoyment of life and dealing with distress and disappointment. Mental health can be very positive and worth aiming to have. However, we all go through times in our lives where we may experience mental illness. 'Mental illness' is a shorthand term for a variety of illnesses that affect our mental well-being. It covers a range of symptoms and experiences.

### **6.5 TEMPORARY INCAPACITY LEAVE**

Incapacity leave is a leave benefit that can be applied in the event where normal sick leave has been exhausted in the three year sick leave cycle. Incapacity Leave is for management purposes categorized into two types:

- 6.5.1 Short incapacity – this is when the period of incapacity leave that is requested is 29 days or less
- 6.5.2 Long Incapacity – this is when one applies for 30 or more days of incapacity leave

### **6.6 ILL-HEALTH RETIREMENT**

When an employee becomes permanently unable to work due to medical reasons, he/she could be discharged/retired from the employment of the public service on medical grounds. Either the employee or the employer could initiate an ill-health retirement should it be suspected that the employee has become permanently unable to work.

The Employer should:

- 6.6.1 If necessary request the employee to complete ill –health retirement specific application forms
- 6.6.2 Manage and investigate the employee's application, with the assistance of a Health Risk Manager, in terms of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).
- 6.6.3 The employer will notify the employee of its findings and take appropriate action according to its findings.

### **6.7 INJURY ON DUTY AND OCCUPATIONAL DISEASES**

An injury on duty is taken to mean a personal injury sustained in an accident occurring during the performance of an employee's work. An Occupational disease is like any other disease, with the distinction that it was caused solely or principally by factors peculiar to the working environment. It is also described as a disease arising out of and contracted in the course of an employee's employment.



## 6.8 OCCUPATIONAL HEALTH EDUCATION AND PROMOTION

Occupational Health Education and Promotion in the workplace is defined as a variety of communication dissemination and information transfer activities that are intended to enhance the knowledge levels of individuals help catalyze and reinforce behaviour change while intentionally leading to improved individual health and productivity.

- 6.9 **“HOD”** means head of a provincial department, and includes any employee acting in such post.
- 6.10 **“SENIOR MANAGER”** Means a member of the senior management service who is tasked with championing the SHERQ management programme.
- 6.11 **“EMPLOYEE”** Means a person appointed in terms of section 9 the Public Service Act 1994 and the employment of Educators Act 76 of 1998.
- 6.12 **“HEALTH AND SAFETY REPRESENTATIVE”** means a representative of workers that each and every employer who has more than 20 employees in his employment at the workplace, shall, within four months after the commencement of this Act or after commencing business, or from such time as the number of employees exceeds 20, as the case may be, designate in writing for a specific period health and safety representative for such workplace, or for different sections thereof.
- 6.13 **“HEALTH AND SAFETY COMMITTEE”** means the committee that initiates, develop, promote, maintain and review measures to ensure the health and safety of employees at work. The employer shall in respect of each workplace where two or more health and safety representatives have been designated, establish one or more health and safety committees and they must be established under section 19 of the Occupational Health and Safety Act 85 of 1993.
- 6.14 **“STEERING COMMITTEE”** means the Committee that is a vehicle of coordination, communication, collaboration, consultation, which seeks to establish harmonised communication of the EH&W Framework; build commitment for its implementation and create avenues through which collaborative initiatives can be forged.

## 7. PRINCIPLES

The Health and Productivity Management programme is underpinned by the following principles:

- 7.1 Focus on all Levels of employment, senior and executive management, middle managers, operational and technical staff as well as staff at the lowest level of the occupational ladder
- 7.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS
- 7.3 Representation of targeted groups, a non-sexist, non-racist and fully inclusive Public Service
- 7.4 Cohesiveness with HRD processes
- 7.5 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated Promote healthy integration and embracing change
- 7.6 Human dignity, autonomy, development and empowerment
- 7.7 Barrier-free Public Service
- 7.8 Collaborative Partnerships

- 7.9 Confidentiality and ethical behavior
- 7.10 Policy Coherence in terms of DPSA Policy measures to be aligned with other departments' measures
- 7.11 Coherence of models: The service delivery models should offer the same benefits to public servants despite it being in-house, outsourced, or DOH collaboration
- 7.12 Programme coherence: the programmes that are offered should not contradict each other in the various departments

## **8. ROLE PLAYERS**

**8.1** This policy involves the following role players:

### **8.1.1 The Head of Department shall ensure that:**

- a) HPM in the work place will encompass the prevention and management of chronic diseases, infectious diseases, occupational injuries, disability and occupational diseases so as to reduce the burden of disease by early entry into disease management programs in order to enhance productivity in the Public Service;
- b) Mental health in the workplace is addressed by:
  - i) Providing support options which are confidential and non-stigmatization;
  - ii) Reviewing employment practices to ensure that staff with a history of mental health problems is not excluded.
- c) Injury on duty and incapacity due to ill health is managed in terms of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).
- d) Managers ensure that targeted employees must attend training on Health and Productivity Management programmes.
- e) Systems /procedures/ delegations are adapted to establish a fertile environment for implementation and the management of Health and Productivity Management programmes.
- f) Support should be provided to employees who truly need such support through Health and Wellness Programmes i.e. to take action where necessary e.g. to adapt an incapacitated employee's work environment when so advised.
- g) The management of health programmes is changed to promote both employees' health and enhance service delivery.
- h) Appoint a designated senior manager to champion Health and Productivity Management Programmes in the workplace.

### **8.1.2 The Designated Senior Manager:**

- a) Develop capacity building programmes i.e.
  - (i) Promote competence development of practitioners



- (ii) Improve capacity development of auxiliary functions (OD, HR, IR, Skills Development, Change Management etc.)
  - (iii) Assist with HPM promotion at an organisational level
- b) Form organizational support initiatives i.e.
- (i) Establish an appropriate organisation structure for HPM
  - (ii) Ensure Human Resource planning and management
  - (iii) Develop integrated HPM information management system
  - (iv) Provide physical resources and facilities
  - (v) Ensure financial planning and budgeting
  - (vi) Mobilise Management support
- b) Develop Governance and Institutional Initiatives i.e.
- (i) Establish an HPM Steering Committee
  - (ii) Obtain Stakeholder commitment and development
  - (iii) Develop and implement an ethical framework for HPM
  - (iv) Develop the management of wellness care
  - (v) Develop and implement management standards for HPM
  - (vi) Develop and maintain an effective communication system
  - (vii) Develop and implement a system for monitoring, evaluation, and impact Analysis
- c) Develop Economic Growth and Development Initiatives i.e.
- (i) Mitigate the impact of Diseases on the economy
  - (ii) Ensure responsiveness to the Government's Programme of Action

### **8.1.3 The Employee should:**

- a) Ensure that he/she registers early into disease management programs in order to manage the disease and enhance productivity in the Public Service.
- b) Participate in care and preventive programmes to minimize the effects of a disease, or chronic condition through integrative care and preventive care.
- c) Take reasonable care for the health and safety of him/herself and of other persons who may be affected by his/her acts or omissions;
- d) If involved in any incident which may affect his/her health or which has caused an injury to him/herself, report such incident to his/her employer or to his/her health and safety representative, as soon as practicable
- e) Comply with standards as set by legislation, regulations, and SABS.



#### **8.1.4 Health and Safety Representatives:**

- a) Review the effectiveness of health and safety measures
- b) Identify potential causes that influence productivity in the workplace
- c) In collaboration with the employer, examine the causes of incidents at the workplace and investigate complaints by any employee relating to employees' health and productivity at work
- d) Make representations to the employer on general matters affecting the health and productivity of the employees at the workplace
- e) Inspect the workplace, including any article, substance, plant, machinery or health and Safety equipment at the workplace with a view to improve the health and productivity of employees, at such intervals as may be agreed upon with the employer, provided that the employer is notified in advance and may be present during the inspection
- f) Attend meetings of the health and safety committee of which they are members, in connection with any of the above functions
- g) Act as a focal point for the distribution of evidence-based and generic health and Productivity management promotional material at the workplace
- h) Take initiative to implement awareness activities and to communicate health and Productivity information in the workplace
- i) Act as a referral agent for employees to relevant internal or external health and Productivity support programmes.
- j) Be involved with the identification of health risks in the workplace
- k) Support the HIV and AIDS and TB Management programmes in distribution of condoms and femidoms in the workplace
- l) Supporting staff training with regard to employee health, productivity and wellness
- m) Submit monthly reports of activities to the HPM coordinator

#### **8.1.5 The Health and Safety Committee**

- a) Make recommendations to the employer regarding policy matters and implementation procedures, including any matter affecting the wellness of employees.

- b) Discuss any incident at the workplace or section thereof in which or in consequence of which any person was injured, became ill or died, and may in writing report on the incident to an inspector.
- c) Keep record of each recommendation made to an employer and of any report made to an inspector.
- d) Involve Labour Relations movements.
- e) Serve as a vehicle of communication to promote wellness initiatives within the workplace.

#### **8.1.6 The HPM Coordinator:**

- a) Coordinate the implementation of HPM, projects and interventions
- b) Plan, monitor and manage HPM according to strategies, policies and budgetary guidelines
- c) Make provision for counselling to individual employees and to their immediate family members
- d) Identify personal development needs for individual employees
- e) Analyse and evaluate data and communicate information, statistics and results to various stakeholders and management
- f) Coordinate activities of Peer Educators
- g) Promote work-life balance for employee.

#### **8.1.7 The HPM Steering Committee:**

- a) Establish harmonized communication of the HPM Policy at provincial and national level.
- b) Serve as a vehicle of coordination, communication, collaboration and consultation of issues pertaining employee health and productivity with other stakeholders and Departments.
- c) Create avenues through which collaborative initiatives can be forged.
- d) Meet quarterly to discuss HPM Policy matters.

#### **8.1.8 The Labour Representatives:**

- a) Represent employees in the workplace.
- b) Ensure that the employer fulfill the mandates of health and productivity legislation in order to optimize health and productivity in the workplace.



- c) Sit in on health and productivity steering committee meetings.
- d) Make representation to the employer on agreed issues affecting the health and productivity of employees in the workplace.

### **9. FINANCIAL IMPLICATIONS**

The cost associated with the implementation of this policy must be met from the departmental budget.

### **10. IMPLEMENTATION**

The Departments shall develop indicators appropriate for the implementation and reviews of progress on Health and Productivity Management programmes should be conducted.

### **11. MONITORING AND EVALUATION**

Monitoring and evaluation have a significant role to play in SHERQ interventions as it assists in assessing whether the programme is appropriate; cost effective and meeting the set objectives.

### **12. REVIEW**

The Policy shall be reviewed as and when there are new developments or after every three years

### **13. POLICY AMENDMENT**

No amendment(s) may be made to any section of this policy without such amendment(s) duly approved and signed by the responsible authority or delegated official as per the HR's Delegation of Authority.

### **14. POLICY APPROVAL**

  
MR SW MNISI

HEAD: CULTURE, SPORT AND RECREATION

DATE: 2/2/2017