DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION (DPSA) WELLNESS MANAGEMENT OPERATIONAL PLAN

2013-2014

DECEMBER 2012

PURPOSE OF THE DOCUMENT

Title of the Document:

The Department of Public Service and Administration Wellness Management Operational Plan for the period 1 April 2013 - 30 March 2014

Goal of this document:

To outline the DPSA Operational Plan to operationalize the Wellness Management policy for the Public service. This Operational Plan will be implemented during the financial year 2013/14.

Overview

The Employee Health and Wellness Strategic Framework for the Public Service was launched by the Minister for Public Service and Administration in 2008. Subsequent to that, four policies to operationalize the four functional pillars of the Strategic framework were developed and launched in 2009. The Wellness Management policy addresses issues of Physical, Psycho-social, Organizational Wellness and Work life Balance for Public Servants. This Operational Plan outlines activities to be carried out to realize the objectives of Wellness.

Targeted Audience

The target is all employees of the Department of Public Service and Administration (DPSA) including contract workers and interns.

Structure of this document:

This document comprises various distinct sections. Each section illuminates a key element of the DPSA Wellness Management Operational Plan

- Introduction,
- Overview of Wellness in the Public Service
- Detailed work Plan,
- Costing
- Funding Requirement and Sources of Funding
- Performance monitoring
- Implementation and Coordination arrangements (Governance)
- Research, Monitoring and Evaluation

SECTION 1

1.1. INTRODUCTION

Wellness Management emerged as a priority due to increasing recognition that the health and wellbeing of employees directly impacts on productivity of the entire organization. As employees are the life-blood of the organization it is vital to help them produce at their optimum levels. The World Health Organization's Global Plan of Action on Workers Health 2008-2017 states that workers represent half the world's population and they are major contributors to economic development. It calls for effective interventions to prevent occupational hazards and to protect and promote health at the workplace and access to occupational health services.

Work is central to people's well-being, in addition to providing income; work can pave the way for broader social and economic advancement, strengthening individuals, their families and communities. The Public Service seeks to contribute to the Decent Work Agenda to achieve sustainable development that is centred on people. Decent Work is a key element to build fair, equitable and inclusive societies being based around the principles of employment creation, workers' rights, equality between women and men, social protection and social dialogue. This Agenda addresses the four priority areas of tackling unemployment, underemployment and poverty; the role of social protection in poverty-reducing development; social exclusion and the effects of HIV & AIDS; and tackling HIV & AIDS in the world of work.

The ILO Promotional Framework for Occupational Safety Convention No.187 June 2006, provides for the creation of a National Policy on occupational safety and health; National System for Occupational safety and health; National Programme on Occupational safety and health; and National Preventive safety and health culture in which the right to a healthy and safe environment is respected at all levels. In accordance with the ILO Promotional Framework, the Public Service seeks to develop policies, systems, programmes and a preventative culture to promote the wellbeing of Public Servants.

The development of the Wellness Management policy was based on the ILO SOLVE Program which was launched by the ILO's SafeWork Programme in 2001 to address psychosocial problems at work. The SOLVE program addresses nine psychosocial factors, namely: *Stress, Tobacco, Alcohol, HIV&AIDS, Violence*, *Nutrition, Physical Activity, Healthy Sleep, and Economic Stress.* SOLVE is an interactive educational programme designed to assist in the development of policy and action to address health promotion issues at the workplace. It is based on the recognition of the interdependent relationships between psychosocial factors and other health-related behaviours and their underlying causes in the workplace.

Both personal and workplace factors influence overall wellness and employee performance. Individual wellness is viewed as the promotion of the physical, social, emotional, occupational, spiritual, financial, and intellectual wellness of individuals. This is attained by creating an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risk.

The Wellness Management policy was based on the EHW Strategic Framework for the Public Service (2008), it was a departure from the Employee Assistance Programme (EAP), which was limited in scope and practice and was more reactive than proactive. The Wellness Management programme is largely preventative in nature focusing on both primary (avoid the risk or condition) and secondary (minimize the effects of the condition) prevention. This is against the analysis done by many epidemiological and health information and medical aid cost driver trend reports such as the Key Health Trends from the Government Employee Medical Scheme (GEMS) and other medical aid schemes. It confirms the trends of psychosocial problems, organisational climate assessments of hostile physical and psychosocial working environments.

1.2 OBJECTIVES OF WELLNESS MANAGEMENT

- To promote the physical wellbeing of individual employees
- To promote the psycho-social wellbeing of individual employees
- To create an organizational climate and culture that is conducive to wellness
- To promote Work-Life Balance through flexible policies in the workplace to accommodate work, personal and family needs.

2. OVERVIEW OF WELLNESS

2.1 World Health Organization (WHO)

According to the ***World Health Organization (WHO)*** Social Determinants of Health, it is increasingly recognized that overwork and the resulting imbalance between work and private life ***(Work-life Balance)*** has negative effects on health and wellbeing (Felstead et al., 2002). Rebalancing work and private life requires government policy and legislative support that provides parents the right to time look after children, through provisions such as flexible working hours, paid holidays, parental leave etc. Furthermore, the WHO also recognizes that the conditions of work affects health and health equity, poor work quality may affect mental health almost as much as loss of work. Stress at work is associated with a 50% excess risk of coronary heart disease (Marmot, 2004; Kivimaki et al., 2006).There is consistent evidence that high job demands, low control, and effort-reward imbalance are risk factors for mental and physical health problems (Stansfeld & Candy, 2006).

2.2 Government Employee Medical Scheme (GEMS) Key Healthcare Trends Report (2009-2010)

According to GEMS Key Healthcare Trends Report (2009-2010), lifestyle-related conditions, community acquired infections, mental health conditions, pregnancy related conditions and Spinal and joint diseases were among the predominant cost drivers.

Lifestyle-Related conditions

In this report, "true" lifestyle-related conditions such as diabetes, hypercholesterolemia and hypertension were combined with chronic conditions which could impact on productivity at the workplace such as asthma, seizure disorders, various conditions resulting in abdominal pain and cerebrovascular disease (stroke as a possible complication of uncontrolled hypertension as well as migraine), because adequate control of these conditions are dependent on early diagnosis and adherence to appropriate treatment.

A sedentary lifestyle, obesity, dietary deficiencies and smoking are modifiable risk factors for premature and severe disease and premature death. There is also evidence from a multitude of small and large scientific studies indicating statistically and clinically significant positive outcomes associated with lifestyle change. For relevant subpopulations, maintained improvement in lifestyle, with smoking cessation, moderate exercise and weight loss is associated with up to 25% reduction in diabetic, cardiovascular and cancer morbidity and mortality rates.

Doctors are therefore admonishing their patients to exercise moderately and regularly, maintain ideal body mass, eat at least five helpings of fruit and vegetables per day, stop smoking and adhere to treatments for chronic disease. This important advice should be followed by everyone; young, old, healthy and sick, because it could:

- Primarily prevent diseases associated with a poor lifestyle (notably hypertension, heart disease, diabetes, mechanical back problems and various types of cancer).
- Prevent complications of such diseases (secondary prevention which includes not only lifestyle changes, but also adherence to established treatment).
- Prevent negative outcomes of complicated diseases, in other words play a major part in rehabilitation (tertiary prevention).

Mental Health conditions

Although the bulk of GEMS members have access to chronic benefit cover for mental health diseases, mental health admissions continue to feature in the top 10 hospital admissions by frequency and cost. Causation is nearly always multifactorial and aetiological factors include:

- Genetic predisposition: It is assumed that several genes have an influence on the development of the majority of conditions.
- Family background factors: Unhappy childhood, parental disharmony, abuse, emotional over-involvement and hostile attitudes are adverse influences in the course of psychiatric illness.
- Physical illness: Chronic ill health predisposes to psychiatric disorder.
- Stressful life events: A wide range of such events can precipitate episodes of illness in vulnerable people.
- Social factors: Social deprivation is associated with alcoholism and drug dependence.

The prevalence of psychiatric illness varies in different populations, but in general 15 to 20% of communities suffer from some kind of mental health-related condition. The symptoms of psychiatric disorders involve abnormalities of behaviour, mood, perception, thinking and intellectual function. Some of these abnormalities impair judgment or contact with reality so that patients become a danger to themselves or other people with loss of productivity. Diagnosis and appropriate treatment of these conditions are therefore of importance to employers. The facilitation of awareness, removal of the

stigma, early diagnosis and appropriate care is an important goal for management (including health and wellness) programs, both for medical schemes and employers.

2.3 Health Budget Vote Policy Speech by Dr A Motsoaledi

During the Health Budget Vote Policy speech on 31 May 2011, the Minister for Health, Dr A Motsoaledi stated that extensive studies commissioned by the prestigious British Medical Journal the Lancet but conducted by scientists and researchers in South Africa has clearly revealed that South Africa is going through four (4) pandemics namely: ***HIV&AIDS and TB, Maternal and Child Mortality, Non-Communicable Diseases*** (***NCDs), and Violence and Injury***. With regards to Non-Communicable Diseases, the Minister mentioned that these are not only biomedical, they are largely diseases of life-style which are divided into four categories namely: High Blood Pressure, Diabetes, Chronic Respiratory Diseases, and the Cancers. Added to these conditions is the ever increasing incidence of Mental Health which is mainly driven by four identifiable factors namely: Smoking, Harmful use of Alcohol, Unhealthy eating behaviour (Diet), and Lack of Physical Exercise.

Non-Communicable Diseases is a fast growing global phenomenon and is becoming more devastating in Sub-Saharan Africa because it is adding on problems of communicable diseases or infectious diseases that have been plaguing Africa for centuries. The World Health organization (WHO) and the United Nations (UN) called all the Ministers of Health to Moscow on 28-29 April 2011 for the first Global Ministerial Conference on Healthy Lifestyles and Non-Communicable Diseases. The outcome of the conference were documented formally and referred to as the ***"Moscow Declaration".***

In summary, the Moscow Declaration deals with the following issues:

- Notes that ***policies that address behavioral, social, economic and environmental factors associated with NCDs should be rapidly and fully implemented*** to ensure the most effective responses to these diseases, while increasing the quality of life and health equity.
- It further emphasizes that ***prevention and control of NCDs requires leadership at all levels, to create the necessary conditions for leading healthy lives***. This includes promoting and supporting healthy lifestyles and choices, relevant legislation and policies.
- It recognizes that ***a paradigm shift is imperative in dealing with NCD challenges as NCDs are caused not only by biomedical factors*** but also caused or strongly influenced by ***behavioral, environmental, social and economic factors***.
- The Moscow Declaration says that the Rationale for Action is that ***worldwide, NCDs are important causes of premature deaths, striking hard the most vulnerable and poorest populations.*** Subsequently they impact on lives of billions of people and can have devastating financial impact that impoverishes individuals and families, especially in low and middle income countries.
- It goes on to state categorically that examples of cost-effective interventions to reduce the risk of NCDs which are affordable in low-income countries and could prevent millions of premature deaths every year, ***include measures to control tobacco, reduce salt intake and reduce harmful use of alcohol.*** It says particular attention should be paid to promote healthy diets i.e. low consumption of saturated fats and trans-fats, salt and sugar and high concentrations of fruits and vegetables and physical activity in all aspects of daily living.
- Effective NCD prevention and control ***require leadership and concerted "whole of government" at all levels (National, Sub-National and local) and across a number of sectors such as health,***

education, energy, agriculture, sports, transport and urban planning, environment, labour, trade and industry, finance and economic development.

- Lastly it states ***that effective NCD prevention and control require the active and unformed participation and leadership of individuals, families and communities***, civil society organisations, private sector where appropriate, employers, health care providers and international community.

According to the Medical Research Council (MRC) Comparative Risk Assessment (2008), in Gauteng province alone the total number of patients on chronic dialysis both haemodialysis and peritoneal dialysis is 561. Those on the waiting list for an opportunity to avail itself the total number is 238. 40-60% of people with end stage renal failure is due to high blood pressure at an average age of 39 years. The main risk factor for high blood pressure is ***smoking, lack of exercise and high salt intake***. So instead of demanding more dialysis machines and subsequently demanding new kidneys, there is a need to reduce the prevalence of hypertension by eliminating the risk factors. The need for targeting tobacco and alcohol has already been outlined.
South African diet has been shown to be very high in salt. The desired amount of salt for your body is known to be 4-6 grams per day. But in our country it is up to 9,8 grams per day i.e. more than 2 times the physiologically required amount. More salt is already found in food rather than individuals adding it on the table. Britain has taken a lead in this case, since 2006, they have agreed to reduce salt intake by 40% within 5 years. In South Africa, studies show that reducing salt intake just on bread only will save close to 6,500 lives per annum. In Britain studies show that just in the second year of reduction in salt intake by 10%, 6000 deaths were averted and a saving of 1,5 billion British Pounds was achieved.

Furthermore, the Minister highlighted another issue which is extremely important which the MRC ranks as number 5 risk factor after unsafe sex; injuries and violence; alcohol and tobacco is ***high body mass index or excess body weight***. This coupled with lack of exercise which is ranked as risk number 12 becomes very problematic. It is an international problem not confined to any specific group of people. In South Africa, it is a fast growing phenomenon among school children, increasing from 17,2% overweight in 2002 to 19,7% in 2008. The figures of those who moved from overweight to obese are 4% in 2002 to 5,3% in 2008.

This means that by 2008-a total of 23% of school children can be classified as either obese or overweight. This is fast approaching a quarter of the school going population. The consequences to both individual and society are devastating. In the general population the national income dynamic study shows that 60% of women and 31% of men are either obese or overweight. If you consider women over 37 years the figure rises to a tremendous 70% classified as either overweight or obese. This is why the Moscow declaration is so important.

With regards to violence and injury, a lot is known about it because it is spoken about daily in the media. A study by UNISA in collaboration with the MRC shows that for every person killed by injury, 30 times as many are hospitalized and 300 times as many are treated for less serious injuries and discharged. It further states that depending on the cause, severity and circumstances of the injury, many of these results in varying degrees of physical, psychological, educational social and economic disadvantages for the affected individuals and families.

2.4 The Public Service Commission Report

The Public Service Commission (PSC) released a report in February 2008 on the over- indebtedness of employees in the Public Service. The report stated that twenty percent (20%) of the work force is in a debt spiral, this could adversely affect productivity leading to poor service delivery. This figure relates to money paid through the government's personnel and salary administration system (Persal) to micro-lenders and because of garnishee orders transactions that took place in the 2006/07 financial year.

The report revealed that the over-indebtedness of public servants has the following implications for the public service: administrative burden on the State; ill-health due to financial distress; low productivity; irregular remunerative work outside the public service; and ethical considerations. Among others, the PSC recommended that a fully-fledged Employee Assistance Programme (EAP) be embarked upon, looking into personal financial wellness with a key focus on legislative framework on micro-lending, procedure for the issuing of garnishee orders, credit rights as well as budgeting, borrowing, saving and how to manage these effectively.

3. PURPOSE OF THE OPERATIONAL PLAN

This Operational Plan is based on the Wellness Management Policy for the Public Service (2009). Its purpose is to clearly indicate the DPSA's activities with regards to Wellness Management based on the results based management model as used in the government performance and evaluation framework.

3.1. TIME FRAME

This Operational Plan is for the financial year 2013-14.

4. DETAILED WORK PLAN

A detailed work plan for each objective should deliberately be developed. The DPSA should specifically ensure that the sub-objective is smart (specific measurable, attainable, realistic, and time bound). As this is an operational plan, it must indicate the results to be achieved within the time frame for implementation.

A brief background and justification for each objective is described and inserted in the applicable Column. Each objective has the corresponding activities indicating which activities will be conducted sequenced per quarter using the SA government financial year 1 April -30 March. Each activity has the responsible person to report against the processes indicators set for each objective.

The detailed Workplan should have a cost attached and calculated using a Treasury approved costing tool. The detailed Workplan is tabled bellow. This detailed work plan should be signed off by the Director General.

ANNEXURE 1

DETAILED DPSA WELLNESS MANAGEMENT WORKPLAN BASED ON THE WELLNESS MANAGEMENT POLICY FOR THE PUBLIC SERVICE.

Wellness Management Objective 1: **To promote the physical wellbeing of individual employees**												
Sub-Objective 1.1: Promotion of Physical Activity through establishment of gym facilities and sporting codes.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct fitness assessment.												
2. Develop a physical activity plan												
3. Implement physical activity programme.												
4. Develop and implement M&E plan for nutrition management.												

Sub-Objective 1.2: Promotion of Good Nutrition through provision of healthy meals in canteens and work functions.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct workplace BMI assessment.												
2. Develop a nutrition management plan for												
3. Implement nutrition management programme.												
4. Develop and implement M&E plan for nutrition management.												

Sub-Objective 1.3: Promotion of Healthy Sleep through management of shift work.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct Sleep Habits audit.												
2. Develop a Healthy Sleep self-awareness programme												
3. Implement Healthy Sleep management programme.												
4. Develop and implement M&E plan for Healthy Sleep management programme.												

Sub-Objective 1.4: Management of Tobacco use through promotion of tobacco free workplaces.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct a smoking cessation survey												
2. Develop a plan for tobacco management												
3. Implement tobacco management programme.												
4. Develop and implement M&E plan for tobacco management.												

Sub-Objective 1.5: Promotion of Wellness through awareness and education programmes												
Activities	**Time Frame**				**Respo nsibilit y**	**Indicator**	**Baseline Data**	**Targets for 2012-2013**		**Cost**	**Budget**	
	2012-2013										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
Provide education, awareness, and prevention programmes												

Wellness Management Objective 2: To promote the psycho-social wellbeing of individual employees												
Sub-Objective 2.1: Management of stress through workplace stress Management Programmes.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct organizational stress audit and Individual Stress Risk Assessment Survey.												
2. Develop stress management plan Establish committee or team to oversee the programme												
3. Implement stress management programme.												
4. Develop and implement M&E												

plan for stress management.												
Sub-Objective 2.2: Management of economic stress through workplace Financial Wellness Programmes												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct workplace economic stress audit.												
2. Develop economic stress management plan												
3. Implement economic stress management program.												
4. Develop and implement M&E plan for economic stress management.												

Sub-Objective 2.3: Management of alcohol and drugs through workplace Alcohol and Drug Programmes.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct workplace Alcohol and Drug Abuse prevalence survey.												
2. Develop a Alcohol and Drug Abuse Management plan												
3. Implement Alcohol and Drug Abuse Management programme.												
4. Develop and implement M&E plan on Alcohol and Drug Abuse Management Programme.												

Sub-Objective 2.4: Management of HIV&AIDS related psychosocial stressors (self directed stigma and discrimination)												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct HIV&AIDS prevalence baseline assessment												
2. Develop a workplace costed, mainstreamed, HIV&AIDS operational plan.												
3. Implement workplace HIV&AIDS programme in line with the costed, mainstreamed, HIV&AIDS operational plan.												

4. Develop and implement M&E plan for workplace HIV&AIDS programme.												
Sub-Objective 2.4: Availability and accessibility of counseling services to all employees.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
Provide access to counselling services												

Wellness Management Objective 3: To create an organizational climate and culture that is conducive to wellness												
Sub-Objective 3.1: Management of workplace violence is through workplace violence programme.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
1. Conduct workplace violence audit												
2. Develop a workplace violence management plan												
3. Implement violence management programme.												
4. Develop and implement M&E plan for violence management.												

Sub-Objective 3.2: Change in the organization is managed through change management programme.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
Develop and implement Change Management programmes												

Sub-Objective 3.3: Availability of a strategy for dissemination of wellness information.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
Develop and implement Wellness Communication Strategy												

Sub-Objective 3.4: Manage human factors that impact on organizational wellness (e.g. Diversity Management).												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
Mainstream gender, disability and youth into wellness programme.												

Wellness Management Objective 4: To promote Work-Life Balance through flexible policies in the workplace to accommodate work, personal and family needs.												
Sub-Objective 4.1: Flexible policies that address work-life balance are developed and implemented												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
Develop and implement flexible policies that address work-life balance.												

Sub-Objective 4.2: Child care facilities in the workplace are established												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
Establish child care facilities in the Public Service												

Sub-Objective 4.3: Retirement programmes are developed and implemented.												
Activities	**Time Frame**				**Responsibility**	**Indicator**	**Baseline Data**	**Targets for 2013-2014**		**Cost**	**Budget**	
	2013-2014										**Voted Funds**	**Other Sources**
	Q1	**Q2**	**Q3**	**Q4**								
Develop and implement retirement programmes												