



Report of: the Director of Human Resources

Meeting of: PPS Committee	Date: 14 February 2019	Ward(s):

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SUBJECT: SICKNESS ABSENCE MANAGEMENT

1. Synopsis

The aim of this report is to provide Members with information on sickness absences across the council for the period November 2015 to November 2018 and the measures in place to reduce such absences. Specific information and analysis is provided on the levels of sickness due to stress, anxiety, mental health and musculoskeletal conditions, the highest recorded reasons for absence, as well as trends within and across all Directorates.

2. Recommendations

Members are asked to consider and comment on the contents of this report and the action plan in paragraph 8 below.

3. Executive summary.

The average amount of days taken as sickness absence per year by employee in the Council is 8.6 days. In order to assess the extent of the problem it is necessary to identify how much of this is due to frequent or Long-Term absence (more than 20 days per employee). When the long-term cases are factored out, the figures reduce considerably to 3.2 for Council employees. As a result of this analysis, we are developing a robust plan to manage Long

Term Sickness Absence. We deem such a focussed approach more useful than considering council-wide averages per se, which can mask the specific problem driving the overall figures.

The directorates with the highest sickness levels are HASS and E&R, much of which is musculoskeletal.

The high referral rate is causing an overspend in the Council's Occupational Health service contract. It would appear that the approach taken by managers is to make an automatic referral to OH Physicians once the 8-day trigger is hit.

There is an increase across the council in the level of sickness absence due to mental health issues which is in line with the national trend.

Initiatives led by the Public Health directorate to increase awareness of mental and physical wellbeing are a positive development and this drive should continue with as much exposure as possible.

4. Background

The Managing Absences Procedure (Appendix 1) sets out how the council manages sickness absence to ensure that levels are maintained at acceptable levels. The aim of the procedure is to ensure that: i) a fair, consistent and supportive approach is adopted when managing employees who have health problems; ii) there is an appropriate framework for dealing with both short-term and long-term sickness absence; and iii) those employees who have declared a disability are treated with regard to their disability status. The procedure has been the subject of formal consultation with the trades unions. The council is committed to the promotion of the health and wellbeing of all its employees. There are a number of policies and tools available on the intranet as well as broader support for staff, including good annual leave entitlements, special leave arrangements and access to staff benefits to improve personal health and wellbeing. The council has a contractual sick pay scheme, as well as statutory sick pay, to provide financial support to employees when absent due to sickness.

5. Roles and Responsibilities

Line managers are responsible for managing, recording and monitoring all sickness and related absences through the MyHR (ResourceLink) system, managing and conducting return to work interviews, reasonable adjustments and related activities.

HR is responsible for the provision of guidance and support to managers where employees hit the short-term (8+ days in a rolling 12month period; 3 periods of absence in 3 months) and long-term (4 consecutive weeks; 20 days) absence triggers. HR manages the MyHR system through which absences are recorded.

An Occupational Health Provider (Medigold Health) supports the management of sickness absences. The contract commenced on 1 June 2018 and runs to 30 April 2020 as part of a framework agreement with seven other London councils. It covers pre-employment screening, medical referrals, ill health retirement assessments, workstation assessments and up to two well-being days per year.

An employee assistance programme [EAP], through Workplace Options, provides access to independent 24/7 advice and counselling to all employees and their immediate households.

Public Health Directorate provides a range of additional support and initiatives. A schedule of wellbeing initiatives held during 2018 and planned for 2019 is attached. (Appendix 2). One key aim is to sign up to the London Healthy Workplace Charter which focusses on three key areas: leadership, culture and communication, where even small steps can make a big difference to the health and wellbeing of staff, teams, and the whole organisation. Currently Islington has reached 'Achievement' Level and is working towards 'Excellence' Level accreditation for 2019.

The London Healthy Workplace Charter framework encompasses several areas, such as corporate support for wellbeing, attendance management, health and safety requirements, mental health and wellbeing, tobacco and smoking, physical activity, healthy eating and problematic use of alcohol and other substances. An estimated 200 staff have received training in mental health (in 2017/18 and the first three quarters of 2018/19). There are also nine mental health focus groups, spanning Cottage Road, 222 Upper Street, the Town Hall and Newington Barrow Way to gather staff and manager feedback on sources of excessive pressure, ways of coping and ideas about ways to reduce excessive pressure in the workplace, ultimately to inform the staff mental wellbeing action plan.

Corporate Health and Safety ensures that the council provides a safe working environment for all staff, contractors, service users, pupils and visitors; that all council activities are undertaken in a safe manner; and the council complies with the requirements of the Health and Safety at Work Act and other relevant legislation.

Since October 2018, Environment & Regeneration Directorate has engaged a temporary full time HR Business Partner to support the issue of increased sickness absences within Streets & Environmental Services (SES). A robust action plan developed by management and HR is in place which is rigorously monitored by the Service Director. Improvements seen since October include weekly meetings with Managers in SES to review and resolve long term sick cases. All 'live' absence cases are now well managed and records are updated on a weekly basis which has resulted in an increase in reported absences. There is an ongoing exercise to cleanse all data and coach managers supported by short practical training on absence management and managing disciplinary investigations.

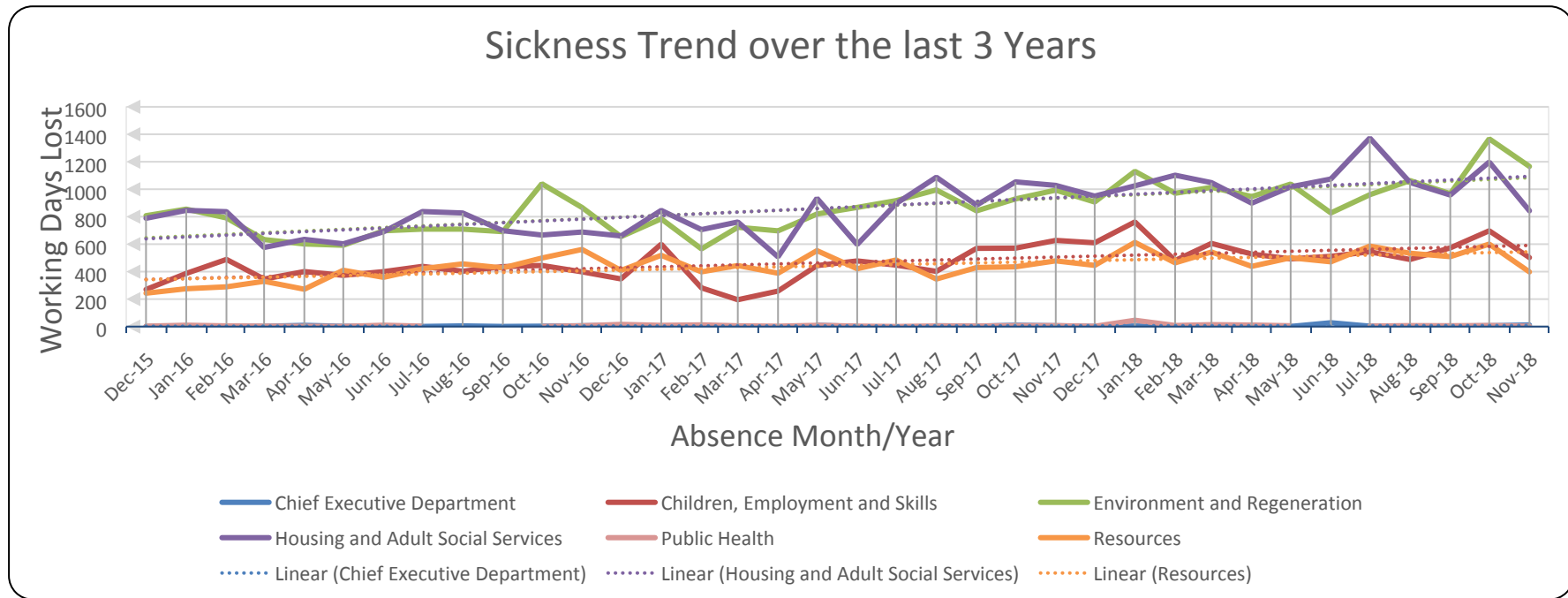
6. Occupational Health Contract Measures

HR holds quarterly meetings with Medigold and Workplace Options Account Managers to review performance data, issues and risks. Key headlines from the last Medigold report (1 June to 30 November 2018) are as follows:

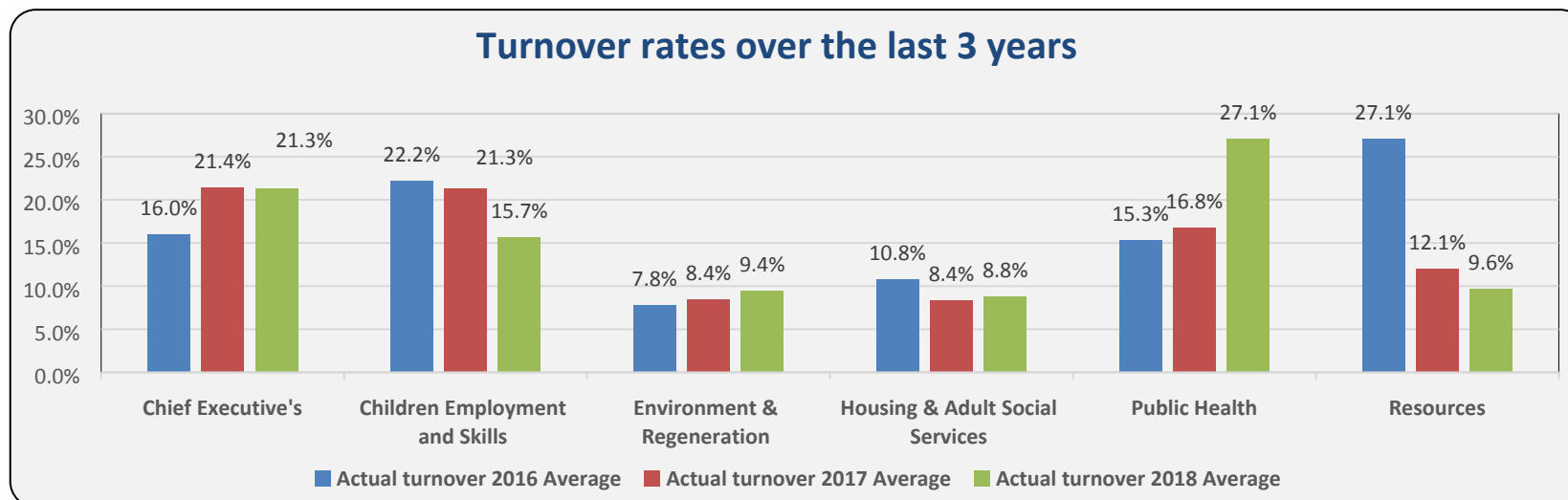
- Pre-employment screening – 100% reported to HR within 48 hours
- Referrals – 100% of appointments offered within 48 hours
- Referral outcomes - 46% to 95% of reports provided within 5 days of appointment (target is 100%)
- Cases completed within 12 days – 62% to 92% (target is 100%)

7. Headline Commentary

The trend in sickness absence across the council is upwards overall and absences peak during July, August and October each year. There were 375 Long-Term Sick (LTS) cases within 2018. The main reasons are back, neck, musculoskeletal, mental health, stress and depression. The full Corporate Sickness Absence Trend report November 2015 to November 2018 is attached (Appendix 3).



Sickness Days Lost by Service Area						
Sickness Categories	Chief Executive Department	Children, Employment and Skills	Environment and Regeneration	Housing and Adult Social Services	Public Health	Resources
Appointment		2	52.5	4		1
Back and Neck Problems	8	1778.5	4017	3772.5	2	991.5
Chest & Respiratory	22	560.5	934	1403.5		599
Eye, Ear, Nose, & Mouth/Dental	9	774.5	837.5	1076.5	35	567
Genital-urinary/Gynaecological	27	415	272.5	572.5	30.5	246
Heart, Blood Pressure & Circulation	5	621.5	1145	1467.5	2	706.5
Infections	51	1957.5	2680	3209.5	93.5	2065.5
Neurological	3	906.5	940	827.5	5.5	367.5
Other	14	1954	3296	2646.5	9	1798
Other Muscular-skeletal problems	1.5	1489.5	6749	4037.5		2174.5
Pregnancy related	1	516	191	364	32	739
Stomach, Liver, Kidney & Digestion	23.5	1488.5	2433.5	2608	24	1192.5
Stress, Depression, Mental Health	3	3491.5	6536.5	7435.5	1	3161.5
Surgery/Medical procedure		895.5	1264.5	1987.5	5	1385
Grand Total	168	16851	31349	31412.5	239.5	15994.5



There are a number of challenges faced by HR and line managers. Spend against the Occupational Health budget is high. This is due to high use of the service by managers for reassurance before taking robust action, and a backlog of cases during the transition from PAM (previous OH service provider) to Medigold, which also faced a number of resourcing challenges during this period. The result that some of the service level agreement targets agreed with the council were not met. Higher than anticipated turnover within Medigold also led to a backlog of cases which has now been resolved. These issues are an area of some concern and HR will collaborate with Medigold and line managers to reduce both the number of referrals and overall spend by considering alternative available options.

There is a high number of referrals for mental health and musculoskeletal conditions.

The Managing Absences Procedure will be reviewed during spring 2019 in consultation with stakeholders.

Consideration is being given to other preventative HR and Public Health initiatives such as on site 'surgeries' on how to manage medical referrals and related topics, back care support and broader wellbeing events and guidance. Public Health will continue to run a schedule of wellbeing events during 2019 which are always very well attended.

The HR system is being improved to provide enhanced and easily accessible management information about sickness absence, profiled by Long-term and short-term sickness at all levels of the organisation.

Turnover across all directorates (see graph above) is also variable and further analysis will be undertaken to assess whether this is in part due to poor health, personal or work related stress or carer responsibilities.

8. Implications

A robust action plan has been developed in response to the issues identified within this report.

Short-Term Action Plan (0-3 months)

- A full review of sickness absence data to identify risks, issues and actions
- Review Managing Absence Procedure in consultation with stakeholders
- Work with managers to use the Occupational Health referral system effectively
- Improve access to HR policies, guidance and templates on IZZI by raising awareness and reviewing intranet content
- Review and approve priority wellbeing initiatives and budget provision to support these
- Improve sickness absence reports for managers

Medium-Term Action Plan (3 - 12 months)

- Reduce Occupational Health spend through greater usage of counselling and telephone consultations and reduced face-to-face appointments
- Identify and share good practice (e.g. resilience training) with service managers
- Enhance and improve access to management information
- Implement real time sickness reporting (ResourceLink Reporting Service) for line managers
- Implement self-serve options for managers to enable them to access and update sickness records
- Implement improved Managing Absence Procedure
- Improved management training and coaching
- Complete Environment & Regeneration Sickness Absence Reduction project and embed good practice within HR policies and training modules
- Improve return to work interview compliance (a good practice management tool)
- Review and agree mandatory first line management training provision (e.g. masterclasses)
- Rebrand Employee Assistance Programme and Employee Benefits information to improve understanding and access to proactive and self-managed wellbeing initiatives
- Achieve 'Excellence' level - London Healthy Workplace Charter
- CMB to consider implementation of directorate or corporate Working Days Lost (WDL) target(s)

Long-Term Action Plan (12 – 18 months)

- Report back to PPSC six-monthly thereafter to ensure continuous and robust management of sickness absences and wellbeing programmes

9. Financial Implications:

There are no immediate financial implications arising from this report. However, some actions included within the action plan will require budget approval.

10. Legal Implications:

There are no immediate legal implications arising from this report.

11. Environmental Implications

There are no environmental implications.

12. Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in

particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

An RIA has been completed and is attached (Appendix 4).

13. Conclusion

Managing sickness absences and maintaining a healthy work environment within the council continues to present challenges to HR, line managers and supporting service providers. The short/medium/long-term action plan sets out the actions which will be taken under the direction of the Director of Human Resources both to reduce sickness absences and to initiate developments to achieve and maintain a healthy work environment.

Appendices

1. Managing Attendance Procedure
2. Public Health Wellbeing Initiatives 2018/19
3. Corporate Sickness Absence Trend report November 2015 to November 2018
4. RIA

Signed



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Date: 4 February 2019

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