

Resources Directorate
7 Newington Barrow Way, N7 7EP
Report of: The Director of Human Resources

Meeting of: Policy and Performance Scrutiny Committee	Date: 3 December 2020	Ward(s): N/A

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SUBJECT: Sickness Absence Management

1. Synopsis

On 26 March 2020, Members were due to consider an update on sickness absence for the period 1 January to 31 December 2019. The meeting was postponed due to the Covid pandemic. The purpose was to provide specific analysis 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.

This report provides details of sickness absences for the period 1 April to 30 September 2020 (quarters 1 and 2, 2020, which is in line with concurrent quarterly reports taken to CMB).

This report sets out the key issues, trends and actions taken by HR and other stakeholders in response.

2. Recommendations

The committee is asked to note and comment on the contents of this report.

3. Introduction

The corporate target for sickness absence is 7.5 days per employee. This target is intended to place Islington below the London Councils' median average working days lost per employee of 8.2 days. It should be noted that workforces differ vastly across London boroughs with some boroughs having few in-sourced services populated by high levels of manual workers. Data below will set out why this is of relevance.

The six-month period reported here has been impacted by Covid-19 related absence. A data cleansing activity is underway to ensure that self-isolation in the early pandemic was not recorded as Covid sickness for total accuracy of reporting.

Despite this, the average number of days taken as sickness absence for this six-month period per employee in the Council is 8.5 days, down marginally from the 2018/19 figure of 8.6 days per employee.

If absence related to Covid-19 is removed from the dataset, this decreases further. This reflects a common picture across London, where non-Covid absence levels have dropped during the period of the pandemic. Studies indicate that colleagues working from home who might have taken time off sick due to minor illness are not doing so when they don't need to travel to an office site and risk spreading infection to colleagues.

Although the overall trend is downwards, long-term sickness remains an area of concern and is the biggest single factor, along with an ageing workforce, in slowing the rate of improvement.

4. Key findings

Departmental differences

Environment and Regeneration (E&R) remains the Directorate with the highest sickness with 42% of total Council sickness. Housing has the second highest with 23%, People with 21% and Resources with 13% of total Council sickness.

For context, People is the largest service Directorate with 1,591 employees at 30 September 2020 where the average days lost per employee is 6.2 days, E&R with 1,053 employees has 12 days per employee and Housing with 1,029 employees has 8.7 days per employee.

Further detail on departmental activity to address sickness absence is set out in section 7 below.

Grade differences

There are also differences in the working days lost by grade. As seen from the table below, the majority of sickness days are taken by employees in scales 1 to 6.

Grade Banding	Working Days Lost
LLW-MISC	2.82%
Sc1 to Sc6	62.58%

SO1 to SO2	14.39%
PO1 to PO5	17.10%
PO6 to PO11	2.70%
Chief Officer	0.41%

Long Term Sickness

Long Term Sickness is defined as all absence above 20 working days. It forms 79% of all working days lost, which constitutes 15,415 days out of a total of 19,570 days during the reporting period. Overall case numbers are dropping, with 455 long-term cases during 2018, 477 in 2019 and 294 in 2020.

57% of long term sickness falls within the 50+ days category, which indicates that the majority of cases may be due to illnesses of a serious, long-term nature. 23% falls within 20-39 days and 20% 40 – 49 days.

54% of the long term sickness falls within the 50-64 age group which is disproportionate given this group makes up 41% of the workforce. This is followed by the 40-49 age group at 19% and 25-39 at 18%.

There are 26 employees with 120+ days' sickness absence. The most common causes of absence amongst these longest cases are 'Other Musculoskeletal Problems' (23%) which is closely followed by Stress, Depression and Mental Health (21%). Cancer equates to 3.44% of all sickness absences.

The sickness absence rate without long-term cases reduces the number of days lost on average to 0.92 days per employee during quarters 1 and 2. 3,565 employees have taken no sickness at all during this period.

Causes of Sickness Absence

26% of all absence during this period was Covid related and 23% was related to stress, depression and mental health issues. 20% of absences in this period related to musculoskeletal issues (including back and neck pain).

Cause of absence	Working Days Lost	% of total absence
Covid-19 Infectious Disease	4997	25.53%
Stress, Depression, Mental Health	4573	23.36%
Other musculoskeletal problems	2561	13.08%
Back and Neck Problems	1306	6.67%
Other	1225	6.26%
Heart, Blood Pressure & Circulation	1072	5.48%
Surgery/Medical procedure	824	4.21%
Infections	634	3.24%
Chest & Respiratory	584	2.98%
Eye, Ear, Nose, & Mouth/Dental	494	2.52%

Stomach, Liver, Kidney & Digestion	473	2.41%
Neurological	447	2.28%
Pregnancy related	257	1.31%
Genito-urinary/Gynaecological	122	0.62%
Appointment	6	0.03%
Total	19570	100%

The council's main causes of sickness absence are similar to those found nationally. The CIPD's 2020 Health and Wellbeing at Work survey found that mental ill health remains the most common cause of long-term absence. Stress remains among the main causes of long and short-term absence, with minor illnesses (colds, stomach upsets, migraines) remaining by far the most common cause of short-term absence. The second cause of both long and short-term absence is musculoskeletal issues.

The council's mental health data mirrors the position in the recent Health Foundation report which recognised that '*mental health disorders account for almost a quarter of the total burden of ill health in the UK*' and identified that the pandemic has exacerbated mental health issues as a result of social isolation, financial losses, housing quality, the challenges of working in certain front-line services, the loss of coping mechanisms for many and reduced access to mental health treatment. This has been, and remains a key area of focus for us as mental health related absence has accounted for 31% of non-Covid absence during this period.

Challenges

Long-term sickness is decreasing, reflecting that whilst these cases are more complex and challenging, timely management action against an improved Sickness Absence Procedure is driving the number downwards.

Complex or non-physical conditions such as mental health (including anxiety/panic attacks/depression), terminal illnesses and disabilities requiring reasonable adjustments need different levels of support and short or long term strategies from a variety of sources. Section 5 provides details of wellbeing initiatives undertaken during 2020.

Coaching and supporting line managers on the most appropriate way to record sickness record properly on the HR system and on the improved Sickness Absence Procedure continues. Improvements to the HR system are regularly considered in consultation with management, e.g. business alerts highlighting staff who have hit the 8+ days trigger for working days lost and those who are due to move to half and nil pay.

In order to address the high levels in the Environment & Regeneration Directorate, a full time HR Business Partner was engaged at additional cost, to support their strategic sickness action plan. The project ended in October 2020 having achieved a reduction from 20 to 11 working days lost per employee.

5. Mental Health initiatives and General Covid-19 Support

A broad range of new and continuing support is available to managers and staff through the Wellbeing Hub and Health & Safety pages which has included tools and partner

support and a clear position on paid leave related to Covid-19 which is consistent with that agreed via London Councils. This includes:

- Individual and workplace risk assessment forms to support managed conversations with staff returning to work
- Covid safe measures in the workplace
- Mental Health Champions and Ambassadors
- Support to staff working from home (working safely and comfortably, protecting yourself and others, 'How Are You' surveys, support for parents and carers)
- Partnerships with wellbeing providers ('Good Thinking' Mental Health service, Time To Change Employer Pledge aimed at ending mental health discrimination; Able Futures Mental Health Support; Bodywork, massage and virtual support;)
- Enhanced Cycle to Work Allowance
- Free online webinars, including preventing suicide launched in September to coincide with World Suicide Prevention Day (10 September). This is still available to staff.
- 'Take a Walk' challenge and 'Wellness Hour' initiatives continue to take place.

Four wellbeing surveys were carried out to receive feedback directly from staff during the pandemic. Results were used to inform improvements to services and products available via the wellbeing hub and questions were shared via London councils to allow benchmarking across boroughs.

Since August, Occupational Health has provided line managers with pandemic-related clinical support and advice by telephone. These 15-minute Employer Advice calls are with dedicated Covid-19 clinicians and support with addressing any challenges managers may currently be facing.

An online questionnaire and telephone consultation was also introduced to support any members of staff who are returning to the workplace. A new Covid individual risk assessment form has to be completed with the manager prior to returning to the workplace with referral to occupational health where required.

6. Occupational Health (OH) and Employee Assistance Programme (EAP)

Medigold Health Service

The council has held an occupational health contract with Medigold Health LTD since 2018 and the provider usually processes approximately 600 medical referrals per annum. HR is currently working through a procurement process as the contract ends on 31 March 2021.

At the point of publication, OH data was available from 1 April to 31 July. During this reporting period, 100% of referrals were managed through telephone consultations, not clinic visits, in response to the pandemic. There were 110 referrals, which represents a 45% decrease in referrals compared to the same period in 2019. The Occupational Health provider received 13 pre-placement (new employees) questionnaires between April–July. This represents a 60% decrease compared to the same period last year, again, due to reduced recruitment activity during the pandemic.

Total medical referrals	110
Nurse-led consultations	76%
Physician-led consultations	24%
Top 2 referral types	
Musculoskeletal Referrals	30%
Psychological/Mental Health	33%
Top two referred groups	
Largest male age group (55 – 64)	15%
Largest female group (55 – 64)	15%

Cancellations/No Shows

There were 23 no shows for planned appointments during this period. Appointment cancellations and 'no shows' have reduced over the year through monthly engagement with service managers which is positive news as this impacts spend against the OH budget. The council is charged twice, once for no shows and again for a rescheduled appointment. A new self-service appointment booking system is being launched which will also include improved management information.

Employee Assistance Programme

The service dealt with 475 cases from 1 January – 30 August 2020 with approximately 4% of staff using the service each month. The usage is higher for female staff (75%) in comparison to male staff.

The majority used the service for telephone counselling (emotional health, family/relationships, workplace concerns, bereavement). Where stress was the reason for using the service, sub-categories were low mood, anxiety and panic attacks. Usage declined during February to April but has steadily increased between May to August, reflective of the challenges faced by staff working from home, juggling caring responsibilities and concerns for their personal and family health and finances.

Mental health, Suicide Awareness, Balancing Working From Home, Leading Teams in Covid Times, factsheets and webinars were available to staff during this period. HR is working with the provider to scope out deep trauma support for staff in response to Black Lives Matter and Challenging Inequality actions.

Able Futures

The council signed up to the central government 'Able Futures' initiative in October 2019. This allows staff access to up to nine months of mental health support from a qualified professional who acts as their 'coach' to better mental wellbeing. In addition to providing education and mentoring on how to manage their mental health, this service complements our existing support (such as the Employee Assistance Programme and Occupational Health) by providing extra encouragement to someone experiencing mental health issues. Regular staff webinars to support mental health and stress awareness take place.

7. Narrative by Directorate: Actions Taken to Address High Sickness Absences

Environment & Regeneration (E&R)

A large majority of this workforce are front line and the work undertaken can be physically demanding and highly repetitive, regardless of weather conditions. Alternative duties or breaks from certain tasks are not an option for the majority, unlike office based staff. It is not surprising that one of the highest causes of absence is Musculoskeletal.

E&R recognise that a proactive approach to mitigating such issues would benefit its entire workforce; however, some frontline staff have no ability to work from home and limited access to corporate staff wellbeing information on our intranet. Sometimes, adjustments such as later start times or alternative duties are more limited. Management are constantly reviewing communication channels to ensure relevant information reaches staff in a timely manner.

With this in mind, E&R ensure that comprehensive inductions, manual handling training and workplace risk assessments are regularly carried out. In the last 12 months there has been an increased focus on absence management in the form of an HR Business Partner working on a 1:1 basis with line managers to ensure absences are recorded correctly which has aided in identifying areas of concern, which are then addressed. Managers have received focussed coaching to help them actively support staff in returning to work and to be more robust in their management of sickness. Improving managers' skills also allows them to provide support to staff dealing with Mental Health issues, not just to refer them to the EAP service, but also to have meaningful conversations with staff as part of day-to-day line management.

15 long-term (20+ days) sickness cases, which have been resolved, either through Ill Health Retirement (IHR), medical redeployment or returning staff to work. 21 of the 49 120+ days sickness cases sit within E&R.

It has been recognised that where there are also more complex health issues, such as staff diagnosed with a degenerative illness, this might not have a significant impact on their current health but in the long term, their ability to undertake a front line role will be affected. The same challenges also apply to the ageing workforce; front line staff are more likely to need to find alternative work earlier than an office based staff. With this in mind, a decision was taken to provide access to alternative skills training to staff who may not have access to these resources.

This includes access to computers and an area in the workplace they can go to and gain basic computer skills such as Word, Excel, and Power Point. This will enable staff to gain recognised qualifications and become more confident with their digital skills. By providing opportunities for staff to develop these skills, it provides opportunities for potential redeployment into alternative and less physical roles, whereas previously the options available would have been IHR or dismissal.

People

The People Directorate has increased staffing levels compared to previous years with the bringing together of Adult Social Care and Children Employment and Skills into one new larger directorate, which means it is not possible to make a direct comparison with the same period last year. 188 cases are at a trigger point within the Sickness Absence

Procedure. Adult Social Care, Employment and Skills, Learning & Schools and Safeguarding hold the majority of cases. All long-term cases in the department are currently subject to more focused review.

Housing Directorate

251 sickness cases are at a trigger point within the Sickness Absence Procedure and this accounts for 24% of the workforce. Income, Homeownership and Neighbourhood services continue to account for the majority of cases across Homes and Communities. Housing Property Services also has high numbers at trigger point. Both services have a predominantly manual workforce, requiring lifting, bending and carrying heavy loads. The age profile of the workforce within this area falls within the band width showing highest working days lost through sickness. Staff who are primarily office based within this sector also need to go out on site visits, climb stairs and travel around the borough – contributing to the sickness pattern of higher than average sickness absence. Reasons for absence are mostly stress and muscular skeletal – possibly caused by high work demands and manual type work.

Management have worked with HR to reduce the high levels of sickness absence by:

- Launching training for managers to implement policy in a fair and consistent way
- Running regular manual handling courses – to help to avoid wear and tear, stress and strain
- Signposting staff to welfare facilities
- Signposting staff to EAP
- Prompt referral to OH and adhering to their recommendations if considered reasonable
- Additional training for staff for possible medical redeployment

One example of this was a caretaker who had serious back problems and could not carry out the full duties of his substantive post. Management and HR met with the employee after the referral and were able to place him in a Litter Picker role which enabled him to continue working while allowing the caretaker post to be advertised.

Resources Directorate

HR has work closely with the senior management team around the management of sickness absence and managing cases through the procedures. Briefings have been held to support the new Sickness Absence Procedure is in place. The HR Business Partner attends monthly senior management meetings to discuss and review actions taken. Generally, management of sickness absence across the whole of Resources is being managed with appropriate advice being sought from HR so that cases either end with a successful return to work or are managed through to Chief Officer level. Management are making good use of the OH referral system and when appropriate telephone case conference calls between management, HR and OH have taken place.

The majority of absences fall under the general headings of depression, heart condition, back pain, pregnancy related and fracture. Advice is given to management to make early intervention referrals to OH on cases relating to depression.

8. Actions and improvements

A robust action plan was developed in February 2019 in response to the issues identified within previous reports. Achievements to date against the plan are set out in appendix 1.

Since then we can see that the overall trend is downwards although impacted by the pandemic and staff working from home. Collaborations between occupational health and other wellbeing providers (EAP and Able Futures) have increased during the pandemic period and will continue.

It is too early to state with full confidence that sickness absence will continue to decrease although proactive action by management and a significant increase in wellbeing activities has seen benefits and if this approach continues we would anticipate that it would. The increased focus on long-term absences and flexible working arrangements such as working from home or 'hybrid working' which will enable staff to manage personal (e.g. caring responsibilities) and work priorities should continue to support a significant reduction in sickness across the whole council.

Long-term absences are more challenging to manage, as these require increased support, target setting, review meetings and medical referrals and are often disability related. At this stage, the effects of long term Covid are not clear.

9. Financial & Procurement Implications:

There are no immediate financial implications arising from this report. However, some actions included within the action plan will require budget approval through the business case approval process. (E.g. Day One Absence pilots for which a separate business case may be taken forward; clinician led long-term sickness case conferences, Mental Health initiatives).

The council is the lead authority for the Medigold OH framework agreement. The Council's call-off contract from the framework agreement ended on 30 April 2020 and there is no option to extend. HR, with Procurement and the Yorkshire Purchasing Organisation (YPO, a publicly owned central purchasing body) secured a 12-month extension to align the Schools and Corporate HR agreements and to then commence a process to support a direct award or call-off arrangement for up to four years. The corporate contract value will be approximately £150k per year based on usage to date. The council is entitled to receive a 1% rebate as the lead authority according to the number of councils which stay in or join it. The indications are that the overall service has improved.

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 as at 30 September has been completed.

13. Conclusion

The headline is that we have made good progress to meet the Council's target of 7.5 days' sickness absence per employee, per year. However, the Covid pandemic has presented new challenges to managing sickness absence and maintaining a healthy work environment within the council. The Workforce Strategy and Directorate Staff Wellbeing Plans will be taken forward under the direction of the Director of Human Resources to both reduce sickness absences and to initiate developments to achieve and maintain a healthy work environment.

Appendices

Appendix 1: Action Plan

Signed

Director of Human Resources

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Appendix 1: Action Plan

Improve sickness absence reports for managers: monthly management information (8+ days sickness absence; 20, 40 days long term sickness) continues to be sent to all Directors and relevant Heads of Service. These are discussed at management teams and 121s with HR Business Partners to support proactive analysis and action planning.

A full review of sickness absence data to identify risks, issues and actions: This is managed through the monthly and quarterly reports sent to Corporate and Service Directors by HR Business Partners. Insights flow into management training events, HR focus groups and Managers' Updates. An improved Sickness Absence Procedure replaced the Managing Absence Procedure from March 2020.

Work with managers to use the Occupational Health referral system effectively and improve access to HR policies, guidance and templates on IZZI by raising awareness and reviewing intranet content: the IZZI Occupational Health page has been updated with improved guidance on 'What Makes a Good Referral', 'Consultation FAQs' for staff and line managers, 'Cancellations and Non-Attendance for Appointments Policy'.

Management on-line training: these guide managers through the HR and OH systems and processes. Monthly service based HR 'surgeries' are being reconsidered to best support managers in recording sickness accurately and managing medical referrals. A new EAP app was launched in October 2019 to improve timely access to support.

Review and approve priority wellbeing initiatives and budget provision to support these: HR continues to work with Public Health via the corporate Workforce Wellbeing Steering Group to review planned and new initiatives, evaluating outcomes at each meeting. Initiatives to increase awareness of mental and physical wellbeing are a positive development and this drive will continue with as much exposure as possible.

Reduced Occupational Health spend through greater use of counselling and telephone consultations and reduced face-to-face appointments: OH Physician appointments (£280 each) have reduced to 24%; Nurse appointments (£135 each) have increased to 76%.

OH Service improvements: A new text message and email appointment notification service and digital consent form were launched in October. These improvements enable fast and secure employee consent prior to scheduled appointments and support a reduction in appointment non-attendance by communicating directly with employees mobile phones

Identify and share good practice (e.g. resilience training) with service managers: This continues to be managed through collaborations with Public Health

Enhance and improve access to management information: OH quarterly and council reporting rules are under review to ensure greater consistency and transparency of reports. HR will remove 'Cancer' from 'Other' sickness reason creating a separate new category.

Implement real time sickness reporting and enhanced self-serve options for managers to enable them to access and update sickness records: This is being managed as part of a review of our HR systems

A refreshed Flexible Retirement Policy: Launched in January 2020 and provides a more robust framework for managing applications as part of the transition from work to retirement

Achieve 'Excellence' level - London Healthy Workplace Award: Being reassessed for 2020

New corporate health measures around staff sickness as part of the 'Well Run Council' performance indicator-reporting framework: CMB has approved these - they cover:

Average days' sickness per employee
Number of staff sick
Number of staff with 20+ days' sickness
Number of staff with 50+ days' sickness

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