

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

Meeting of: Policy and Performance Scrutiny Committee	Date: 29 July 2021	Ward(s): N/A

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SUBJECT: SICKNESS ABSENCE MANAGEMENT
1. Synopsis

- 1.1 HR provides an annual and mid-year report on sickness absences to this Committee. The purpose is to provide specific information 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.
- 1.2 This report provides details of sickness absences for the period 1 April 2020 to 31 March 2021, which is in line with concurrent quarterly reports included as part of Well Run Council reporting.

2. Recommendations

- 1.3 To note and comment on the contents of this report

3. Introduction

- 1.4 The corporate target for sickness absence for this period is 7.5 days per employee. This target is intended to place Islington below the London 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.

- 1.5 Appendix 1 sets out the action plan that has been in place throughout the year, for example improved reporting, on-line training, new manager alerts and improvements to our occupational health and counselling contracts.
- 1.6 The twelve month period reported here has been impacted by Covid-19 related absence which has increased overall sickness absence figures. Despite this, the average number of days taken as sickness absence for this 12 month rolling period per employee in the Council is 7.4 days, down from the Q3 figure 2020/21 of 8.4 days per employee.
- 1.7 If absence related to Covid-19 is removed from the dataset, this decreases further from 7.4 days to 5.8 days for quarter 4. 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.
- 1.8 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.

2 Key Findings

Departmental differences

- 2.1 Environment and Regeneration (E&R) remains the Directorate with the highest sickness with 35.76% of total Council sickness. People has the second highest with 24.95% then Housing with 23.19% and Resources with 15.16% of total Council sickness.
- 2.2 For context, People is the largest Directorate with 1,598 employees at 31 March 2021 where the average days lost per employee is 5.49 days, E&R with 1,053 employees has 11.92 days per employee, Housing with 1,042 employees has 7.83 days per employee and Resources with 865 employees has 6.16 days per employee.

Long Term Sickness

- 2.3 Long Term Sickness is defined as all absence above 20 working days. It forms 79.41% of all working days lost, which constitutes 27,842 days out of a total of 35,059 days during the reporting period. Overall case numbers are 478 long-term cases and 193 of those are 50+ days.
- 2.4 67.37% 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. 21.64% falls within 20-39 days and 10.99% 40 – 49 days.

- 2.5 53.47% of 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 19.57% and 25-39 at 18.98%.
- 2.6 There are 52 employees with 120+ days' sickness absence. The most common causes of absence amongst our longest cases are 29.33% Stress, Depression Mental Health which is closely followed by Covid 19.24%. Cancer equates to 4.93% of all sickness absences.
- 2.7 The sickness absence rate without long-term cases reduces the number of days lost on average to 1.53 days per employee.

Causes of Sickness Absence

- 2.8 25.67% of absence during this period was Stress, Depression and Mental Health related. Stress is the main reason at 30.43%, followed by Anxiety Disorders at 21.11% and Depression at 19.24%. These three make up the majority (70.78%) of the Stress, Depression and Mental Health related absences. 21.60% was related to Covid. 18.57% of absences in this period related to musculoskeletal issues (including neck and back pain).

2.9 Top overall sickness reasons are:

Stress, Depression, Mental Health	25.67%
Covid-19 Infectious Disease	21.60%
Other musculoskeletal problems	11.75%
Other	7.95%
Back and Neck Problems	6.82%

2.10 Top Long-Term sickness reasons are:

Stress, Depression, Mental Health	29.33%
Covid-19 Infectious Disease	19.24%
Other musculoskeletal problems	12.89%
Other	8.65%
Back and Neck Problems	7.04%

- 2.11 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 both short and long-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.

- 2.12 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*'. It 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.

Challenges

- 2.13 Long term sickness has increased slightly overall, reflecting that whilst these cases are more complex and challenging, timely management action against an improved Sickness Absence Procedure is driving the number downwards.
- 2.14 Line management confidence in response to complex or non-physical conditions such as mental health and psychological work or personal stress (including anxiety/panic attacks/depression), terminal illnesses and reasonable adjustments requires different levels of support and short or long term strategies from a variety of sources. We report below the details of wellbeing initiatives undertaken during 2020/21.
- 2.15 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 is an ongoing activity. A new absence module is being explored as part of improvements to the HR system as well as changes such as business alerts highlighting staff who have hit the 8+ days trigger for working days lost and also those who are due to move to half and nil pay. 'Long Covid' as a post-Covid reason for absence has been added to the system supported by management guidance.
- 2.16 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 11.92 working days lost per employee. The SLT is making a concerted effort to address sickness absence. A project management approach has been adopted to discuss individual cases with managers and measures to support staff including phased returns, assignment to temporary duties and reasonable adjustments where suggested by Occupational Health. In addition, the directorate has acted on long awaited advice from Medigold on Ill Health retirement cases which then enabled exits from the council. HR has coached managers in order to enhance their skills so they act proactively and in a timely manner to deal with the management of sickness both short and long term.

Mental Health initiatives and General Covid Support

- 2.17 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 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 and home office equipment for 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 Bike Allowance
- Free online webinars, (mental health, general health and wellbeing and suicide prevention was 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.

- 2.18 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. HR continues to work with Public Health, Time to Change and other partners to refresh the wellbeing plan and offer for staff to ensure this remains fit for purpose and meets identified wide-ranging needs.
- 2.19 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.
- 2.20 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.
- 2.21 The Council's workforce health and wellbeing action plan is being refreshed to take account of the serious and disproportionate impact of Covid and emerging areas of priority. It will also incorporate actions under our Time to Change pledge.

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

Medigold Health Service

- 2.22 The council's has held an occupational health contract with Medigold Health LTD since 1 June 2018. The contract initially ended on 31 March 2021, however following a procurement process a direct award was made to Medigold. A new contract commenced on 1 April and will run for two years with the ability to extend for a further two years to 31 March 2025.
- 2.23 During this reporting period, the majority of referrals were managed through telephone consultations, not clinic visits, in response to the pandemic. The provider usually processes approximately 600 medical referrals per annum. However, for this period usage reduced to 471 appointments (9.4% of the workforce) a reduction of 30% from the previous year's total of 671.
- 2.24 The data shows reflects that mental health referrals were at the same or slightly higher than the previous year:

Anxiety	9.3%
Depression	8.7%
Stress (combinations)	5.7%
Work Related Stress	5.5%
Other	3%
Substance Misuse	0.2%

- 2.25 Environment & Regeneration (Public Realm) and People (Children, Employment & Skills) were the top referring directorates.
- 2.26 The business case for supporting employees' mental health and wellbeing is undisputed. We know that positive wellbeing helps us to maintain resilience, overcome challenges and fulfil our potential, both at work and in our daily lives. Everybody performs best at work when they are as mentally and physically healthy as they can be.
- 2.27 A new Medigold Health 'Perform' service has been designed specifically to boost employee wellbeing and protect them from the impact of mental health issues. HR is reviewing the multiple strategies, tools, and techniques available through our partners to develop a more proactive, preventative culture to support mental health wellbeing.

Cancellations/No Shows

- 2.28 Appointment cancellations and 'no shows' have continued to reduce 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 now in place.

Employee Assistance Programme

- 2.29 Overall usage of services during the period 1 April 2020 to 31 March 2021 was 419 cases. There were 347 EAP counselling cases, and 72 work-life cases.
- 2.30 The work-life support offers staff practical information and support on areas such as:
- Referrals to local providers in the local community
 - Research undertaken to answer a particular question
 - Discreet delivery of information via email or text
 - Offer support ranges from child and elder care solutions, legal resources, financial planning and other daily life challenges.
- 2.31 Usage is slightly lower compared to the previous year. Year to date the number of cases broken down by gender are: 24.11% male and 73.99% female. 1.90% of callers declined to provide this information. There were two cases that went beyond the 6 session model. There were approximately 32 webinars available to staff.
- 2.32 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 increased during the summer and autumn months, reflective of the challenges faced by staff working from home, juggling caring responsibilities, concerns for their personal and family health and finances and further periods of lockdown.
- 2.33 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 run deep trauma support for staff in response to Black Lives Matter and Challenging Inequalities actions.
- 2.34 The contract expired on 31 December 2020 and the Council exercised an option to extend the contract period for a further 12 months until 31 December 2021 with a reserved right to extend the contract for up to an additional 12 months after this initial extension. HR have been collating feedback on the service and this will help inform decisions on the next steps against the council's procurement framework. The contract value is £23,834 per annum, equivalent to c.£5 per head.

Able Futures

- 2.35 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. During this period there were 71 self-referrals (via telephone or online) which led to 44 bookings for 121 support.

Actions and Improvements

- 2.36 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.
- 2.37 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
- 2.38 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.

6. Implications

2.39 Financial and 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 framework expires in October 2022 and advice is being sought from corporate Procurement on the implications for the council and available options. 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. £6920.87 income was received for this period. The indications are that the overall service has improved however this is monitored and managed closely through an assessment of service managers' and employee feedback, quarterly data reports and quarterly Account Manager meetings.

2.40 Legal Implications

There are no immediate legal implications arising from this report

2.41 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

There are no environmental implications

2.42 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.

7. Conclusion

2.43 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 absences and maintaining a healthy work environment within the council.

2.44 Actions will continue to be taken forward by Directors with the support and advice from HR to both reduce sickness absences and to initiate developments to achieve and maintain a healthy work environment.

Appendices

- Appendix 1: Action Plan

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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 to improve timely access to support

Review and approve priority wellbeing initiatives and budget provision to support these: HR continues to work with and through the Public Health Directorate and the corporate Workforce Wellbeing Steering Group to review and refresh the strategic plan, consider new initiatives and evaluate 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; Nurse Appointments (£135 each) have increased.

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 2021/22

New corporate health measures around staff sickness as part of the 'Well Run Council' performance indicator-reporting framework: These were introduced for 2020/21 and are reported quarterly. They include:

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