

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

Meeting of:	Date:	Ward(s):
Policy and Performance Scrutiny Committee	2 December 2021	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, highest recorded reasons for absence, as well as trends within and across all Directorates. It also updates on the actions to reduce sickness absence and support staff wellbeing together with our expert partners.
- 1.2 This report provides details of sickness absences for the six-month period 1 April 2021 to 30 September 2021, which is in line with concurrent quarterly reports included as part of Well Run Council reporting.

2. Recommendations

- 2.1 To note and comment on the contents of this report.

3. Introduction

- 3.1 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.
- 3.2 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.

- 3.3 The six month period reported here has been impacted by Covid-19 related absence which continues to affect overall sickness absence figures. Despite this, the average number of days taken as sickness absence for this six month period per employee in the Council is 3.53 days (7.06 annualised), down from the last period of 7.4 days per employee.
- 3.4 If absence related to Covid-19 is removed from the dataset, this decreases further from 3.53 days to 3.16 days (6.32 annualised) for this period. 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.
- 3.5 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

- 4.1 Three departments have sickness absence levels that are currently above the current target. Sickness levels are currently highest in Fairer Together, followed by Homes and Neighbourhoods and then Environment. These departments include high numbers of front-line manual and nursery workers as well as the council's contact centre. All areas are focusing on reducing absence levels by reviewing individual cases.

Directorate	Headcount	Average days lost	Annualised Average Days Lost
Homes & Neighbourhoods	1042	4.63	9.26
Environment	1009	4.49	8.99
Children's Services	852	2.34	4.68
Resources	488	2.69	5.38
Fairer Together	461	5.07	10.14
Community Wealth Building	426	2.22	4.44
Adult's Services	418	2.12	4.24
Public Health	72	0.46	0.92
Chief Executive	41	3.23	6.46
Total	4809		

Long Term Sickness

- 4.2 Long Term Sickness is defined as all absence above 20 working days. It forms 39% of all working days lost, which constitutes 6646.5 days out of a total of 16,998.5 days during the reporting period. Overall case numbers are 158 long-term cases and 10 of those are 50+ days.

- 4.3 10.9% of long term sickness fall within the 50+ days category, which indicates that only the minority of cases are likely to be due to illnesses of a serious, long-term nature. 81.9% fall within 20-39 days and 7.2% within 40 – 49 days.
- 4.4 48.9% of long term sickness falls within the 50-64 age group which is disproportionate given this group makes up 40.9% of the workforce. This is followed by the 25-39 age group at 22.4% and 40-49 at 18.6%.
- 4.5 The most common causes of absence amongst our long term sickness cases are 28.54% Stress, Depression Mental Health which is followed by 'Other' at 17.18%. Cancer equates to 7.65% of all sickness absences.
- 4.6 If long-term cases are removed, the average days lost reduces to 2.15 days per employee.

Causes of Sickness Absence

- 4.7 23.28% of total absence during this period was Stress, Depression and Mental Health related. Of these, Stress is the main reason at 24.94%, followed by Anxiety Disorders at 24.18% and Depression at 21.3%. These three make up the majority (70.42%) of the Stress, Depression and Mental Health related absences. 21.55% of absences in this period related to musculoskeletal issues (including neck and back pain). 10.49% was related to Covid-19 sickness.
- 4.8 **Top overall sickness reasons are:**

Stress, Depression, Mental Health	23.28%
Other	12.62%
Other musculoskeletal problems	12.51%
Covid-19 Infectious Disease	10.49%
Back and Neck Problems	9.04%

- 4.9 **Top Long-Term sickness reasons are:**

Stress, Depression, Mental Health	28.54%
Other	17.18%
Other musculoskeletal problems	13.44%
Heart, Blood Pressure & Circulation	10.77%
Back and Neck Problems	9.54%

- 4.10 The CIPD's 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.

- 4.11 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 will remain a key area of focus for us.

Disability

- 4.12 8.94% of our staff have shared via our HR system that they have a disability while 44.58% have confirmed that they do not. This leaves 46.48% not stated either way. In our staff survey 18% of respondents told us anonymously that they have a disability. This is more aligned to government data reported last year which indicated a gradual increase in disability prevalence amongst the working age population to 18.5%.
- 4.13 Our staff survey provides some more data on the type of disability or long-term condition that our staff have. This provides us with useful information due to the higher rates of sharing anonymously. 29% of disabilities are due to a mental health condition, 26% due to a non-visible health condition or impairment such as cancer or HIV and 19% due to a physical impairment. 8% of those responding are Deaf or have a hearing impairment, 7% Blind or have a visual impairment and 7% have learning difficulties.
- 4.14 We are about to commence a 'share not declare' campaign as part of disability awareness month, asking colleagues to share information about their disability with us to assist us in identifying and prioritising support.

Challenges

- 4.15 Long term sickness has increased slightly overall. Whilst these cases are more complex and challenging, timely management action against an improved Sickness Absence Procedure is supporting the focus on reducing the number of open cases.
- 4.16 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. HR is trialling the Mental Health and Resilience support available through Medigold Health to assess a further roll out to priority areas. We report below the details of wellbeing initiatives undertaken to date.
- 4.17 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 leave management module has been commissioned as part of improvements to the HR system

and will be implemented during 2022 following the Cloud migration. New business alerts were introduced during this period which highlight 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.

- 4.18 Newly appointed employee relations advisors will be working with managers to discuss individual cases and measures to support staff including phased returns, assignment to temporary duties and reasonable adjustments where suggested by Occupational Health.

Mental Health initiatives and General Covid Support

- 4.19 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
- Mental Health First Aider training
- Support and home office equipment for staff working from home (working safely and comfortably, protecting yourself and others, local pulse 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.

5. Insights and planning

- 5.1 The council's staff survey earlier this year asked a series of questions on health and wellbeing to build on pulse surveys conducted earlier in the pandemic. The data showed that 66% of staff feel generally supported in their physical health by the Council, while 63% feel generally supported in their mental health and wellbeing.
- 5.2 While 66% of respondents also felt comfortable speaking to their line manager about their mental health, only 48% of respondents agreed that

they would 'feel comfortable giving a mental health problem as a reason for sickness absence'.

- 5.3 In order to explore this further, we conducted a deep-dive questionnaire to better understand the responses provided by staff and to hear more from them about initiatives that they find helpful or would like to see introduced.
- 5.4 A workshop with participants of the Council's workforce health and wellbeing steering group took place following the questionnaire results to review all data and insights and to refresh our organisational action plan. This allows us to take account of the serious and disproportionate impact of Covid and emerging areas of priority and to ensure that we have plans in place to work towards excellence under the London Health Workplace Charter. It will also incorporate actions under our Time to Change pledge.
- 5.5 As some colleagues who have been working from home start to return to physical work settings as part of our FutureWork programme, we will be conducting a further wellbeing pulse survey as well as asking all managers to have health and wellbeing discussions with all of their staff.

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

Medigold Health Service

- 6.1 The council's has held an occupational health contract with Medigold Health since 1 June 2018. 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.
- 6.2 During this reporting period, the majority of referrals were managed through telephone consultations, not clinic visits, in response to the pandemic (although face to face appointments have been held where appropriate). The provider usually processes approximately 550 medical referrals per annum. However, for this pro-rata period usage reduced to 252 appointments (5.3% of the workforce).
- 6.3 Mental health referrals continue to dominate the overall total. The data shows reflects those referrals is as follows:

Sub Condition	Volume	% of All Assessments in 2020/21	Assessments in 2019/20
Anxiety	44	9.3%	7% (45 cases)
Depression	41	8.7%	7.5% (50 cases)
Other	15	3%	3.7% (23 cases)
Stress (combination of stressors)	27	5.7%	6% (40 cases)

Work Related Stress (only work stressors present)	26	5.5%	5% (35 cases)
Substance Abuse	1	0.2%	0.8% (5 cases)

6.4 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 continues to review the multiple strategies, tools, and techniques available through our partners to develop a more proactive, preventative culture to support mental health wellbeing. The November Account Manager meeting will focus on data insights and action planning against this. The new Strategic HR Business Partners will work with our Employee Relations team to ensure that these are reflected within new Directorate People Plans under development.

Cancellations/No Shows

6.5 Appointment cancellations and 'no shows' have continued to reduce 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 self-service appointment booking system is in place as well as text reminders.

Employee Assistance Programme

6.6 Overall usage of services during the six month period 1 April 2021 to 30 September 2021 was 153 cases. Pro-rata usage is lower compared to the previous year where utilisation was 419. Year to date the number of cases broken out by gender are 30.07% male and 64.05% female. (5.88% of callers declined to provide this information). This reflects a slight increase in use by men compared to the previous period of 24.11%. The number of Individual Participants Utilising (on line) Services during the period was 86.

6.7 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.

6.8 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 was 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.

- 6.9 Factsheets and webinars on topics including Mental health, Suicide Awareness, Balancing Working from Home and Leading Teams in Covid Times, were available to staff during this period. HR is working with the provider to run deep trauma support sessions through the provision of 'Safe Spaces' for staff in response to Black Lives Matter and Challenging Inequalities actions. These have been positively received and full evaluation will be available in the next reporting period.
- 6.10 Online webinars continue to be made available to staff to support national and international wellbeing events.
- 6.11 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, which is currently being enacted. 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

- 6.12 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.
- 6.13 During this pro rata period there were 11 self-referrals (via telephone or online) which led to 8 bookings for 1:1 support which is a reduction from the 71 self-referrals leading to 44 bookings during the full year 1 April 2020 to 31 March 2021. Further promotion of the programme will take place during this quarter.

Actions and Improvements

- 6.14 We can see that the overall trend continues to be downwards although impacted by the pandemic and staff working from home. Collaborations between occupational health and other wellbeing providers (EAP and Able Futures) have been invaluable during the pandemic period and will continue. HR will monitor any changes as more staff return to work locations.
- 6.15 It is too early to state with confidence that sickness absence will continue to decrease although proactive action by management and a significant increase

in wellbeing activities has seen benefits. Other boroughs have reported a very recent uptick in mental health absence that we have not yet noted.

- 6.16 The increased focus on long-term absences, combined with the increase of 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.
- 6.17 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. We have now partnered with the Business Disability Forum who provide a helpline on cases and have already run training sessions to upskill HR colleagues. A new Disability and Wellbeing Officer post has been established in HR in order to provide further support and expertise on reasonable adjustments and to work collaboratively with the council's disability staff forum on a programme of initiatives to support staff throughout the year.
- 6.18 At this stage, the effects of long term Covid are not clear and this will need to be monitored closely to ensure it is effectively managed. Reasonable adjustments and other interventions will be put in place where appropriate and supported by a medical referral or GP recommendation.

7. Implications

7.1 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.

The council is the lead authority for the Medigold OH framework agreement. The framework expires in October 2022 and we are working with Procurement colleagues to assess 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 during the previous financial year and it is too early to assess what this will be for 2021/22. Service provision continues to be monitored and managed closely through an assessment of service managers' and employee feedback, quarterly data reports and quarterly Account Manager meetings.

7.2 Legal Implications

There are no immediate legal implications arising from this report

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

There are no environmental implications

7.4 **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.

8. **Conclusion**

8.1 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.

8.2 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

Signed by:



23/11/2021

Director of Human Resources

Date

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Appendix 1: Action Plan

Improve sickness absence reports for managers: monthly management information continues to be sent to all Directors and relevant Heads of Service. Once the HR system migrates to the Cloud, local dashboards and data will be available for managers. These will be reviewed during management teams and 1:1s with Strategic HR Business Partners to support proactive analysis and action planning

Long Covid Management Guidance: New guidance and a refreshed Covid Return to Work Form were introduced during the summer period. The Covid Individual Risk Assessment Form is under review as a joint collaboration with Health & Safety who own the process.

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. A light touch review of the Sickness Absence Procedure will be completed by 31 March 2022.

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'. The Privacy Notice has also been updated in this reporting period.

Management training: facilitated online sessions 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. The new Learning Management System will provide opportunities for bitesize learning.

Review and approve priority wellbeing initiatives and budget provision to support these: HR continues to work with the Public Health Directorate. The corporate Healthy Workforce Wellbeing Steering Group is undergoing a refresh with an updated strategic plan. New initiatives will be considered to support our new Hybrid Working model and outcomes evaluated periodically. 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 as agreed with the service provider and reflects improved management understanding of the referral process.

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 have removed 'Cancer' from the 'Other' sickness reason creating a new category to more effectively drill down into reasons for absences.

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 and is scheduled during 2022.

Achieve 'Excellence' level - London Healthy Workplace Award: Being reassessed for 2021/22 as part of the Corporate Healthy Workforce Steering Group

The corporate health measures around staff sickness as part of the 'Well Run Council' performance indicator-reporting framework: These continue to be reported quarterly. They include:

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