

Human Resources Department
222 Upper Street, N1 1XR

Report of: Corporate Director of Resources

Meeting of: Policy and Performance Scrutiny Committee

Date: 11 December 2023

Ward(s): not applicable

Sickness Absence Management

1.Synopsis

1.1 This report provides information on the levels of sickness, highest recorded reasons for absence and trends at Islington Council. It also updates on the actions to reduce sickness absence and support staff wellbeing.

1.2 Sickness absence figures are calculated in a rolling 12-month period. This report includes data, including leavers, to 31 August 2023.

2.Recommendations

2.1 To note and comment on the contents of this report to allow the report to be submitted to Policy and Performance Scrutiny Committee on 2 November 2023.

3.Introduction

3.1 The council's corporate target for sickness absence is 7.5 days per employee. This target was set several years ago and was intended to place Islington below the London Council average working days lost per employee which was 8.2 days at the time. 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 As of 31 August 2023, the average number of days taken as sickness absence in the last 12 months is 9.87 days. This is up from the last period at the end of Q1 at 9.79 days. The London Councils' average in 2022/23 was 9.27 days.

3.3 Year-end figures at Islington council have increased from a low of 7.4 days in 2020/21. Sickness absence remains is an on-going focus and will be subject to a series of initiatives under the council's workforce strategy - wellbeing and resilience theme.

4. Key Findings

Sickness by Directorate

4.1 Six Directorates have sickness absence levels that are above the current target of 7.5 days. Levels are highest in Homes and Neighbourhoods, followed by Environment and Resources. Except for Resources, these directorates include high numbers of front-line manual staff as well as the council's contact centre. If leavers are excluded, Resources drops to 6th position indicating that a number of staff with high absences levels have now left the council.

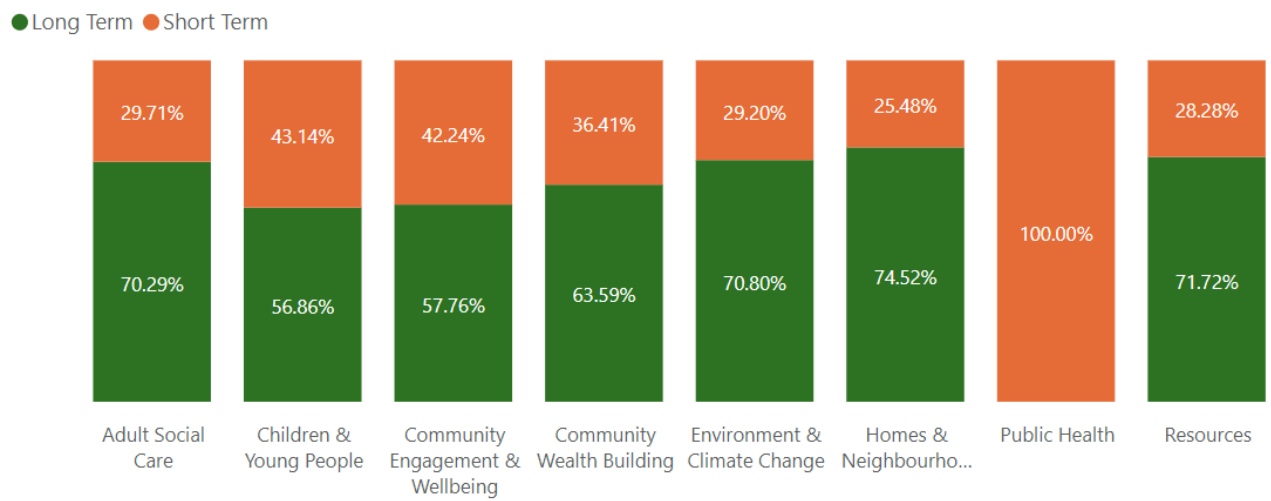
Directorate	Average Headcount	Average Days Lost Per Headcount	Average Days Lost Per Headcount Excluding Leavers
Adult Social Care	363.5	9.91	8.06
Children & Young People	933.0	6.38	5.32
Community Engagement & Wellbeing	320.5	7.02	7.30
Community Wealth Building	509.5	8.72	7.31
Environment & Climate Change	829.0	12.37	9.92
Homes & Neighbourhoods	1144.0	12.75	9.95
Public Health	63.0	2.89	3.03
Resources	565.0	10.02	7.28
Grand Total	4727.5	9.87	8.06

Long Term Sickness

4.2 Long Term Sickness is defined as all absence above 20 working days. It forms 68% of all working days lost, which constitutes 25,477 days out of a total of 37,922 days during the reporting period (rolling 12 months as at 31/8/2023). Overall case numbers are 358 long-term cases and of those 121 are over 60 days. In comparison, London Councils' average long-term cases form 63% of the total and Islington's position is broadly comparable.

4.3 43% of all sickness falls within the 60 working days+ category.

4.4 Analysis has taken place to identify the Directorates with the highest rate of long-term sickness absence (including Leavers). Four Directorates are above the council's average long-term rate of 68%. Except for Resources, all the Directorates above 68% have a large proportion of front-line and operational staff.



Causes of Sickness Absence

4.5 25.91% of total absence during this period (rolling 12 months as at 31/8/2023) was mental health related (including stress and depression). The second highest overall cause is musculoskeletal issues (including neck and back) at 22.59% followed by Other at 9.88%:

All Sickness

Absence Reason	Working Days	%
Stress, Depression, Mental Health	9,825.49	25.91%
Musco-skeletal	4,569.49	12.05%
Back and Neck	3,997.49	10.54%
Other	3,745.49	9.88%
Infections	3,239.96	8.54%
Covid-19 Infectious Disease	2,541.49	6.70%
Stomach, Liver, Kidney and Digestion	1,826.48	4.82%
Cancer	1,330.00	3.51%
Eye, Ear, Nose and Mouth/Dental	1,317.00	3.47%
Chest and Respiratory	1,148.49	3.03%
Heart Blood Pressure and Circulation	1,055.00	2.78%
Neurological	973.99	2.57%
Back & Neck	706.00	1.86%
Pregnancy Related	575.99	1.52%
Surgery/Medical Procedure	566.00	1.49%
Genital Urinary/ Gynaecological	462.49	1.22%
	23.00	0.06%
Pregancy Related	18.00	0.05%
Total	37,921.87	100.00%

4.6 Mental health related absence (including stress and depression) is the top reason for long term sickness absence. The second highest overall cause is musculoskeletal issues (including neck and back) followed by Other. These three top reasons are no different to those for overall sickness. The CIPD's 2023 Health and Wellbeing at Work survey found that mental ill health remains the most common cause of long-term absence followed by musculoskeletal issues which mirrors the council's data.

Long Term Sickness		
Absence Reason	Working Days	%
Stress, Depression, Mental Health	8,230.00	31.71%
Musco-skeletal	3,640.00	14.02%
Back and Neck	2,957.00	11.39%
Other	2,914.50	11.23%
Covid-19 Infectious Disease	1,318.00	5.08%
Cancer	1,292.00	4.98%
Heart Blood Pressure and Circulation	906.00	3.49%
Stomach, Liver, Kidney and Digestion	775.00	2.99%
Back & Neck	698.00	2.69%
Eye, Ear, Nose and Mouth/Dental	627.00	2.42%
Infections	537.00	2.07%
Neurological	500.00	1.93%
Surgery/Medical Procedure	469.00	1.81%
Pregnancy Related	379.00	1.46%
Chest and Respiratory	372.50	1.44%
Genital Urinary/ Gynaecological	317.00	1.22%
	23.00	0.09%
Total	25,955.00	100.00%

Diversity Data Disability

4.7 9.6 % of our staff have shared via our HR system that they have a disability while 51.1% have confirmed that they do not. This leaves 39.3% not stated either way. In a previous 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%.

4.8 12.66% of the council's overall sickness absence is recorded for staff with a shared disability. A further "share not declare" campaign (this campaign will encourage staff to feel confident to share their disability with the council) is scheduled for December 2023. It will be linked with UK Disability History Month and a new "sunflower" lanyards scheme.

Disabled Indicator	Long Term	Short Term	Total
Disabled	13.97%	12.41%	12.66%
Not Disabled	44.13%	48.00%	47.82%
Unknown	41.90%	39.58%	39.52%
Total	100.00%	100.00%	100.00%

4.9 Our last staff survey provided 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.

Age

4.10 Sickness absence by age group broadly aligns with the council’s workforce. With the average age of the council workforce being 48 years, it is unsurprising that the highest category 41.11% of sickness falls within the 50-64 age group. For the 50-64 and 65 + age bands long term absence is higher than short term absence, which is not the case for the other age bands.

Age Band	Long Term	Short Term	Total
16 - 24	1.12%	2.13%	2.04%
25 - 39	22.35%	27.17%	26.32%
40 - 49	21.79%	24.33%	23.78%
50 - 64	45.25%	40.19%	41.11%
65+	9.50%	6.18%	6.75%
Total	100.00%	100.00%	100.00%

Sex

4.11 Total sickness absence by sex broadly aligns with the council’s workforce. Male staff have a higher proportion of long-term absence than female staff.

Sex	Long Term	Short Term	Total
Female	48.04%	55.06%	54.02%
Male	51.96%	44.94%	45.98%
Total	100.00%	100.00%	100.00%

Ethnic Origin

4.12 Total sickness absence by ethnic origin broadly aligns with the council’s workforce.

Broad Ethnic Origin	Long Term	Short Term	Total
Asian	7.82%	9.19%	9.04%
Black	29.89%	26.95%	27.11%
Mixed	6.70%	6.01%	6.16%
Not Stated	1.68%	1.20%	1.14%
Other	1.68%	1.75%	1.74%
Prefer Not to Say	7.54%	6.83%	6.95%
White	44.69%	48.06%	47.86%
Total	100.00%	100.00%	100.00%

Work Styles

4.13 50% of working days lost are from frontline roles. This does however broadly align with the Council's workforce.

Workstyle	Sum of Working Days	%CT Sum of Working Days
FRONTLINE	18,778.44	50.20%
ROAMING	7,315.97	19.56%
FRONT FACING	6,174.47	16.51%
DESK BASED	5,007.98	13.39%
	127.00	0.34%
Total	37,403.87	100.00%

5. Observations and Insights

5.1 Total sickness has increased slightly since Q1 2023/24 from 9.79 days to 9.87 days. The number of long-term absences has decreased from 391 at the end of Q1 2023/24 to 358 staff on long term sick as of 31 August 2023. As part of system improvements, we are now able to calculate sickness absence more accurately, but we continue to improve our sickness reporting. The figures reported in this report are likely to reduce as a result of further improvements, but this will not change the reasons for sickness absence and the areas of focus to reduce sickness.

5.2 Long term sickness figures are close to London Councils' average. Focus is placed on reducing these cases, in particular those above 60 days absence.

5.3 Sickness patterns are addressed on a case by case basis. If a pattern is identified, such as regular absence on particular days of the week or after annual leave these are addressed

through either the sickness policy or as a disciplinary matter. However, this has not been identified as a common feature or reason for concern.

5.4 Only 19% of sickness absence is below eight days. At eight days a sickness certificate needs to be provided and failure to do so will ultimately result in sick pay being ceased.

5.5 Nearly 50% of working days lost are by staff in group Scale 2-6. This compares to 31.5% of staff in this group. For the most senior staff, CO4-CO1, 0.77% of working days are lost compared to 1.71% of staff in the group. This is not unusual in organisations and at the council, many of our roles in group Scale 2-6 are front line, operational roles.

5.6 The council’s last staff survey asked a series of questions on health and wellbeing to build on pulse surveys conducted during 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.

5.7 64 Leavers in the monitoring period (rolling 12 months) accounted for 8,902 days out of a total of 37,922 days. The reasons for these 64 staff leaving are outlined below:

Employee Leave Reason	Sum of Working Days	Count of Employee Number
Resignation	3,021.00	32
Ill Health Retirement	2,125.00	8
Dismissal	2,065.00	13
Retirement	936.00	4
Death in Service	453.00	2
Voluntary Redundancy	281.00	4
Business Efficiency	21.00	1
Total	8,902.00	64

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

Medigold Health Service

6.1 The council has held an occupational health contract with Medigold Health since 1 June 2018. A new contract commenced on 1 April 2023 and will run for one year with the ability to extend further until 31 March 2025.

6.2 Mental health referrals continue to dominate the overall total. The data reflects those referrals is as follows:

Sub Condition	Assessments in 2023/24 (01/04/23 - 31/07/2023)	Assessments in 2022/23	Assessments in 2021/22
Anxiety	12 (20.34%)	40 (25.16%)	43 (28.10%)
Depression	13 (22.03%)	45 (28.31%)	34 (22.22%)
Other	7 (11.86%)	26 (16.35%)	24 (15.69%)
Stress (combination of stressors)	14 (23.73%)	27 (16.98%)	29 (18.95%)
Work Related Stress (only work stressors present)	12 (20.34%)	15 (9.43%)	20 (13.07%)
Substance Abuse	1 (1.70%)	6 (3.77%)	1 (1.97%)

6.3 Medigold have recently launched a new internal management system to replace existing legacy systems. It is expected that these changes will provide a speedier and better service to clients.

6.4 Medigold have acquired Health Management Ltd, another leading occupational health provider. This has enabled the introduction of a new range of services for customers including workplace adjustment services, neurodiversity support service, workplace training and consultancy.

6.5 The Medigold "Perform" service continues to be available and includes workshops and webinars on a wide range of topics focussed on working well, thinking well and living well. Medigold have supported a number of the council's Wellbeing Wednesdays with speakers.

6.6 There is a charge for non-attended appointments and the volume of non-attended appointments (DNA) has remained quite static despite efforts to reduce them, including training for managers. Manager communication with the employee is generally very helpful in ensuring attendance. DNA rates in 2021/22 and 2022/23 were 19.9 and 19.8%

7. Employee Assistance Programme

7.1 The council has a new EAP provider. The contract started on 01 June 2023 and is in place until 31 March 2025 (21 months).

7.2 Since 1 June there have been a total of 59 booked appointments – 53 were successful for 17 individuals. 6 appointments were cancelled (10.17%) by LBI staff (2 employees cancelled in July and 4 in August). MCL has confirmed the higher cancellation ratio is common during the summer holiday period.

7.3 Appointment reasons are Anxiety 28 (47.46%), Bereavement 9 (15.25%), Family problems 6 (10.17%), Marital Problems 4 (6.78%), Relationship Problems 6 (10.17%), Work related stress 6 (10.17%).

7.4 The EAP's work-life support function 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.

7.5 The majority of staff accessed the service for telephone counselling instead of face-to-face.

7.6 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.

7.7 Online webinars continue to be made available to staff to support national and international wellbeing events.

8.Actions and Improvements

8.1 Like most organisations the council uses a combination of initiatives to manage absence and promote attendance.

8.2 HR are working to improve sickness absence reports for managers now that the HR system has migrated to the Cloud. The Cloud migration has opened up opportunities to provide local dashboards and data sets for managers that can then be reviewed during management team meetings and one to ones with Strategic HR Business Partners.

8.3 The HR team of Employee Relations Specialists work with managers to discuss individual cases and measures to support staff. These include phased returns, assignment to temporary duties and reasonable adjustments.

8.4 The Employee Relations Specialists also support managers where a return cannot be achieved in a timely way. This includes considering options such as ill-health retirement and invoking the formal sickness management process. This work will be given additional focus with closer scrutiny of progress and escalation to senior managers if cases become protracted.

8.5 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 continue working with the Business Disability Forum who provide a helpline on cases and have run training sessions to upskill HR colleagues.

8.6 Guidance has been provided for staff and managers on making adjustments to workstyles where a member of staff has a disability or long-term condition and they experience barriers in working to their assigned workstyle. Guidelines also addresses non-disabled staff for example on return to work following a medical operation. This may include changes to assigned workstyles and short-term recuperative duties, something strongly supported by our trade union colleagues.

8.7 The council has a Disability and Wellbeing Officer and a centralised workplace adjustment budget which was introduced in March 2022. The purpose of this role and budget is to develop and manage a centralised process for procuring and funding workplace adjustments for disabled staff. This is resulting in staff getting the adjustments they need quicker. The Disability and Wellbeing Officer also acts as a key contact for advice and support on issues affecting staff with disabilities and long-term conditions.

8.8 The council will continue to monitor the success of its workplace passport which has been designed to encourage and allow meaningful conversation with an employee about their health and wellbeing and the management of their condition/disability. We are currently working with staff forums to update the passport so it captures all aspects of a person's identity and wellbeing needs. For example, a staff member may be a carer, have a disability and be going through the menopause.

8.9 We will continue our popular Wellbeing Wednesday sessions – these are hybrid events open to all staff. The first Wednesday each month is a Yoga session. The third Wednesday of the month we invite a guest speaker to talk on a wellbeing related subject. This is often linked to our equalities calendar. Time and locations vary in an effort to capture staff who work different shift patterns or from different locations in the borough. Between Sept 2022 – April 2023 we ran 16 events, which saw 326 attendees. 272 attended online, 54 in person.

8.10 Our Corporate Health and Safety Advisors work with services, managers and staff to complete risk assessments; identify hazards and effective mitigations to prevent injury or further injury that can lead to back and neck plus musculoskeletal absence. Subsequent training and supervision appropriate to the task are then provided, in particular where tasks involve manual handling or DSE use.

8.11 Corporate Health and Safety also offer a suite of e-learning and training which includes targeted team training on specific tasks e.g. moving and handling of people. Their reporting system analyses trends and identify where we can proactively intervene to prevent incidents or injuries.

8.12 Our Organisational Development team have worked closely with staff to develop a neurodiversity toolkit. Learning more about neurodiversity and taking steps to create a neuro-

inclusive Islington will benefit everyone. Whilst still in its final stages of development, the toolkit will be launched this year and will include information on types of neurodivergent such as autism, dyslexia and ADHD. It will also contain practical suggestion on workplace adjustments that may benefit neurodivergent staff.

8.13 Initiatives to reduce sickness absence in each Directorate have been summarised below:

Resources – Managers are aware of corporate targets to reduce sickness absence and to hold return to work interviews in all cases. Managers have been asked to consider stress risk assessments in relevant mental health related absence cases. If leavers are excluded sickness absences figures in Resources would reduce to below target. This is because a number of long-term cases have recently been concluded.

Children and Young People – Sickness absence is below target and emphasis is being placed on supporting staff through stress risk assessments and early intervention in all cases to maximise staff attendance.

Adult Social Care – Focus has been on reviewing ways to reduce mental health/Stress and depression with emphasis on stress risk assessments in the workplace and managers are recommended to use the stress risk assessment and supporting toolkits to develop action plans to maximise staff attendance.

Homes and Neighbourhoods – In order to address sickness absence levels, the directorate has developed a strategic and holistic approach to ensure health and wellbeing priorities are integrated across the Homes and Neighbourhood service. Line managers are checking in regularly with their teams, spotting any early warning signs of poor wellbeing and referring to expert sources of help where needed. The Chartered Institute of Personnel and Development's 'Mind People Managers' Guide to Mental Health' has helped managers facilitate conversations about stress and mental health. Managers promote and embed flexible working practices across the services so that people with health and wellbeing issues can flex their hours and responsibilities to suit any fluctuating needs.

Environment – The directorate is continuing to promote the need for healthy work-life-balance across all services and in particular its front-line services where they have the most musculoskeletal issues. Through the performance check-in process the directorate has identified the importance of developing skills, confidence, and resources for managers on how to support colleagues to stay at work when managing health conditions, and to ensure timely return to work.

Public Health – Sickness absence in Public Health is low and well below target. Any cases that occur are managed in line with the council's policies and procedures.

Community Engagement and Wellbeing – Sickness absence is below target and has seen a reduction in absence in some of its front-line services. A number of cases are at formal stages of the sickness management process and are reaching a conclusion. The council's policies and procedures are followed in all cases.

Community Wealth Building – Directors hold regular meetings with service heads to investigate and challenge actions to reduce sickness and review priority cases. Line managers adopt a proactive approach in providing support and managing individual cases at the earliest opportunity without being prompted by senior managers or HR ensuring early intervention. Available support is promoted and HSE and council guidance is reviewed including good working practices, stress risk assessment and managing wellbeing and stress.

9.Implications

Financial Implications

9.1 There are two main financial implications arising from sickness absence:

- The cost of paying an individual sick pay
- The cost of covering the role (normally with agency).

9.2 Sick pay entitlement is based on an individual's length of service. Employees who have over five years of service are paid full pay for the first six months, which then reduces to 50% of their pay for the following six months.

9.3 Over the last 12 months, it is estimated that the council has paid £3.646m in sick pay to their employees.

9.4 On top of this, the council will often need to cover the role with agency due to the unexpected nature of sickness and the need for flexibility with the cover. The data is not currently available for how much agency spend is directly related to covering sickness however the council has spent £37m over the last twelve months on agency and interims.

9.5 If sickness absence could be reduced, this could generate a cost reduction across all departments in the council.

9.6 The council has created a £0.130m centralised Workplace Adjustment budget to enable staff to receive the adjustments they need quicker and hopefully increase productivity.

10.Legal Implications

10.1 There are no legal implications arising from this report. Legal advice and support will be provided, where necessary in respect of actions and improvements, and on individual cases of sickness absence.

11.Environmental Implications

11.1 Not applicable

12.Equalities Impact Assessment

12.1 This report is an update on sickness absence for information. It is not a new policy and does not constitute a significant change to a current practice. An Equalities Impact Assessment is not applicable.

13. Conclusion

13.1 The headline is that the council's sickness absence is comparable to other London councils. The CIPD (Chartered Institute of Personnel and Development) has recently reported an average sickness figure of 7.8 days across all sectors for 2023, an increase from 5.8 days in 2019. The council's target of 7.5 day is outdated and it will be recommended to amend this ready for the beginning of the next financial year. It will also be recommended to have a separate target for long term absence cases.

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

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