Gateshead Council

CORPORATE RESOURCES
OVERVIEW AND SCRUTINY COMMITTEE
17 June 2019

TITLE OF REPORT: **Sickness Absence / Health of the Workforce – Annual Update**

REPORT OF: **Mike Barker, Strategic Director Corporate Services & Governance**

SUMMARY

The purpose of this report is to update the Overview and Scrutiny Committee on actions taken since the last interim update report which was considered on 3rd December 2018, and to consider actions moving forward.

Background

1. Following a review of the Council's sickness strategies, systems and procedures in 2005, Cabinet requested that the management of sickness absence continued to be scrutinised, with a view to reducing absence levels within the Council's workforce and improving the health of the workforce.

2. Regular updates have been provided to the Committee since 2005 which have provided statistical information, actions implemented in the relevant reporting period and any notable outcomes, and a focus on actions proposed for the future.

Statistical Information

3. As in previous reports, and as requested by the Committee, this report contains information relating to the causes of sickness absence and sickness absence total days lost, with a focus on initiatives undertaken during the reporting period and future initiatives. The statistics quoted in this report relate to the period 1 April 2018 to 31 March 2019. Some additional information is provided to allow a comparison from the previous year, however, the Committee may wish to refer to previous reports for full details.

4. Average sickness days per FTE for the period 1 April 2018 to 31 March 2019 was 11.38, compared with 12.75 for the period April 2017 to March 2018. Presented as a quarterly average, and comparing with 2017-18, sickness days per FTE are as follows:

Quarter	2017- 2018 Average sick days per quarter, per FTE	2018-2019 Average sick days per quarter, per FTE
April to June	3.36	3.60
July to September	3.43	2.94
October to December	3.50	2.76
January to March	2.39	2.08

Sickness Absence Causes – Appendix 1

5. Appendix 1 details the causes of sickness absence in percentage terms for the Council. Across the Council as a whole, stress, depression and mental ill health accounts for 31.5% of all sickness and remains the largest cause of sickness absence. Post–op recovery/hospital treatment makes up 17.5% (down from 18.5% in the previous year), and other musculoskeletal conditions account for 17.5% (up from 14% from the previous year) of all sickness. These three categories remain the main causes of sickness absence. Note that the chart in appendix 3 may not appear to reflect these movements e.g. post-op recovery days lost has increased, however, the apparent misalignment is due to appendix 3 detailing **days lost per category**, whereas appendix 1 details causes as a **percentage of all days lost**.

Sickness Absence Days Lost – Appendices 2 - 4

6. The table below shows the total number of sick days lost per Group and the average sick days lost per FTE per Group. It should be noted that following the restructure of Groups in August 2017 a number of employees were transferred from Communities and Environment to Corporate Resources, and, as statistics are considered as an average of staff numbers at the start and the end of the reporting period, the comparisons appear skewed.

	2017-18	2017-18	2018-19	2018-19
Group	Total days lost	Days per FTE within the Group	Total days lost	Days per FTE within the Group
Care, Wellbeing and Learning	20638	16.77	16831	14.09
Communities and Environment	10518	9.26	8600	10.51
Corporate Resources	8248	12.16	9819	9.94
Corporate Services and Governance	1337	9.21	958	6.39
Office of the Chief Executive	372	9.49	45	1.32

7. Appendix 2 shows the split between the number of days lost for short-term and long-term sickness absence by Group. Appendix 3 is a comparison of sickness absence over the last three years in the main categories of sickness. This shows that absence relating to stress, depression and mental ill health has decreased during this reporting period, as have absences attributed to musculoskeletal problems.

8. As in the last report, appendix 4 details the average sickness days per FTE by age band. The information in this appendix needs to be considered in conjunction with the table below which provides context in relation to the number of staff within each age group and the number of days absence. The data can only show **the probability** of sickness absences in age ranges.

Age	FTE average within the age band	Total sickness absence days	FTE Days lost	2017-18 Comparator data. FTE Days lost
19 and under	33.61	285.31	8.49	4.63
20-24	86.59	885.23	10.22	7.61
25-29	121.96	1212.25	9.94	7.51
30-34	231.37	2356.76	10.19	10.04
35-39	332.97	2877.05	8.64	8.76
40-44	304.94	2558.67	8.39	11.71
45-49	468.72	5130.62	10.95	13.45
50-54	654.17	6887.7	10.53	12.89
55-59	588.17	8559.36	14.55	17.02
60-64	292.18	4652.16	15.92	18.91
65-69	54.69	793.03	14.5	21.77
70+	5.37	57.32	10.67	18.87

Sickness Absence Days Lost Due to Stress

9. Stress, depression and mental ill health issues remain the largest cause of absence. The average for the whole Council is 3.61 (down from 4.15) days per FTE for the 12-month period 1 April 2018 to 31 March 2019.

Sickness Absence in the Public Sector

10. The Chartered Institute for Personnel and Development (CIPD) Health and Wellbeing at Work Survey Report 2019 found that, on average, public sector

employees had 8.4 days of absence in 2018 (8.5 in 2017), showing only a very minor change from the findings in the 2018 survey. A summary of findings is detailed in appendix 6 (note this is not specific to the public sector – it is an amalgamation of public and private sector responses).

11. The survey noted that most public sector organisations use a wide range of methods to manage absence compared with their counterparts in the private and non-profit sectors. They are more likely to use methods to review and deter absence (such as trigger mechanisms to review attendance, and sickness management procedures for unacceptable absence); provide support to employees through employee assistance programmes; use risk assessments to aid return to work; involve occupational health; and, offer rehabilitation programmes.

12. Employers are also taking steps to reduce stress, with mixed levels of effectiveness. The most common steps taken by the public sector to reduce and identify stress are: flexible working options and improved work-life balance; risk assessments and stress audits; and, employee assistance programmes. Just under two-thirds (63%) of the public sector conduct staff surveys and/or focus groups to identify the causes of stress and 60% provide training aimed at building personal resilience. Just half (52%) provide training for line managers to manage stress. The report notes that despite their best efforts, many organisations report that they have not seen any measurable outcomes from their activity

13. The Council's actions mirror those of other public sectors and are in line with HSE guidance and CIPD best practice. Actions include actively managing absence, management training, personal resilience courses offered to all staff, wellness initiatives, stress management training, stress risk assessments, and many work-life balance initiatives and policies. It should be noted that like most others, actual outcomes are difficult to measure and articulate. Outcomes may not manifest over the short-term, however, this should not deter the Council from continuing to act to tackle sickness absence and improve health and wellbeing. Whilst the actual impact cannot be scientifically measured, appendix 5 provides the Committee with some feedback received from an employee in relation to their referral to the Occupational Health Unit during their absence from work. This employee notes that not only did their physical health improve, but the intervention impacted on their mental wellbeing, and hopefully a timely return to work.

14. One emerging area within the survey was financial wellbeing. The survey found that only a minority of organisations take a strategic approach to employee financial wellbeing. Respondents to the survey believe that poor financial wellbeing is a significant cause of employee stress in their organisations. The Council has a well embedded staff benefits scheme (through Vectis and other organisations), however, a specific employee financial wellbeing initiative is planned to be launched in the very near future.

Actions and outcomes since the last OSC report

15. **Health and Wellbeing** - as part of the North East Better Health at Work Award (NEBHAWA) and the employee Health Needs Assessment survey, three task and finish groups were set up. The groups considered weight management; reducing

stress levels; increasing physical activity; improving sleep; getting a better worklife balance and reducing back pain. The groups facilitated several health campaigns such as the 'step challenge', Nordic walking, and Bewicks healthy eating options which were promoted in the employee bulletin. There are further activities planned, such as taster exercise sessions for domiciliary care staff. There have also been some local success stories where small teams have participated in weight loss and exercise programmes, with very successful outcomes.

15. **Work-related stress** - the Council participated in a joint project with UNISON, the objective being to reduce work-related stress; to improve wellbeing; and, to reduce levels of stress-related sickness absence. As part of the project the HSE management standards survey tool was used to seek information in mainly within the Care, Wellbeing and Learning Group. The key areas of concern include the demands placed on employees; the support provided by managers; lack of clarity in respect of individual roles and responsibilities leading to lack of control; and, the negative impact of organisational change. Action plans continue to be monitored to ensure the agreed timescales are met.

16. **Physical health** - the last OSC report advised that Leisure Services and Occupational Health were working together to explore the introduction of a medical referral service to the Council's leisure services. This would be on the basis that where Occupational Health identify that an employee may benefit from an exercise programme, they may be offered an introductory 12 weeks free, or discounted, GO membership to access leisure facilities. This programme has been implemented and to date 40 employees have been referred through the programme. 32 employees took up the offer, 12 of whom have completed the 3-month programme, the remaining 20 are still within their first 3 months. One example of the positive outcomes of this initiative is from employee JT. JT was referred into the service following a back injury and was on sick leave. She attended the gym reluctantly and was cautious about what she would be able to do. Following her initial induction, she continued to attend the gym and swims on a regular basis. She has reported that attendance at the gym lifted her mood and increased her confidence, and she believes this helped her to return to work sooner than if she had not had this opportunity. JT has since gone on to purchase a membership and continues to be active on a regular basis.

17. **Training for managers** – the last report also referred to the roll-out of sickness absence management training. 90% of managers have attended the training. An e-learning module will be available as a refresher for current managers and for newly appointed managers.

18. **Counselling and physiotherapy services** - during 2018/19 there has been c360 referrals to the Council's counselling service which is an increase from 218 in the previous reporting year. Referrals relate to various issues, including work related stress, difficult working relationships, personal issues and bereavement. A large proportion of the employees referred are still at work at the point of referral, although many report that they are at 'tipping point'. As a result of counselling services, many do remain at work and learn techniques to help manage their stressors and the personal circumstances in which they find themselves.

19. **Mental Health** - in October 2017 the Council signed the Time to Change pledge, a national campaign that aims to improve attitudes and behaviour towards people suffering with mental health problems, which remains the largest cause of sickness absence within the Council. The pledge action plan was updated in June 2018. Mental health awareness week 2018 had stress as a central theme. The Council delivered training events including 'mental health first aid lite' and an interactive 'beat stress' session. The Council's stress toolkit and the Time to Change campaign were also promoted during the week. The mental health first aider scheme is still used and promoted within the Council; there are currently twelve active mental health first aiders.

20. **Making Every Contact Count (MECC)** – this is a public health initiative which aims to maximise health and wellbeing amongst employees, families, service users and carers. As part of the MECC approach the libraries team has undertaken training in MECC; alcohol brief intervention; smoking brief intervention; drugs brief intervention; motivational interviewing; behaviour change; and, '5 ways to wellbeing'. They have become more involved in health promotion and health campaigns as a result. The domiciliary care team has also undertaken MECC and '5 ways to wellbeing training.

What will we do next?

21. The sickness absence management policy & procedure is currently being reviewed. A revised policy for schools is undergoing formal consultation with trade unions. The Council's policy will be circulated for trade union consultation in the near future.

22. The HR team will continue to provide data and dashboard information to services and provide advice and support, so managers can take appropriate action to address sickness absence effectively and consistently.

23. The Council will continue to implement the action plan in relation to the Time to Change Pledge to reduce the stigma around mental health issues and enable employees to access appropriate support, hopefully before they feel a need to take sick leave.

24. Managing the menopause is a new theme where the Council is working in partnership with Unison to develop support, information and advice for women who suffer from menopausal symptoms, and for managers and other staff (male and female) with a view to mainstreaming this topic. It is important that employees are supported by the Council when they are managing their symptoms; equally important is being able to speak about the menopause as a normal medical issue without embarrassment. It is proposed that information is cascaded through a number of channels including posters, intranet etc. Work will be undertaken in consultation with public health colleagues to align with the public health agenda. Occupational health referrals will also be available to provide individualised medical advice and support as required.

25. An employee financial wellbeing scheme will be launched to compliment the other staff benefits schemes already in place.

Recommendation

26. The views of the Overview and Scrutiny Committee are sought on:

    i) whether the Committee is satisfied that the work undertaken in the last reporting period, and the proposed actions for 2019/20, are a balance of support for employees against positive management action in tacking high absence levels, with the aim of reducing sickness absence and maintaining good health of the workforce.

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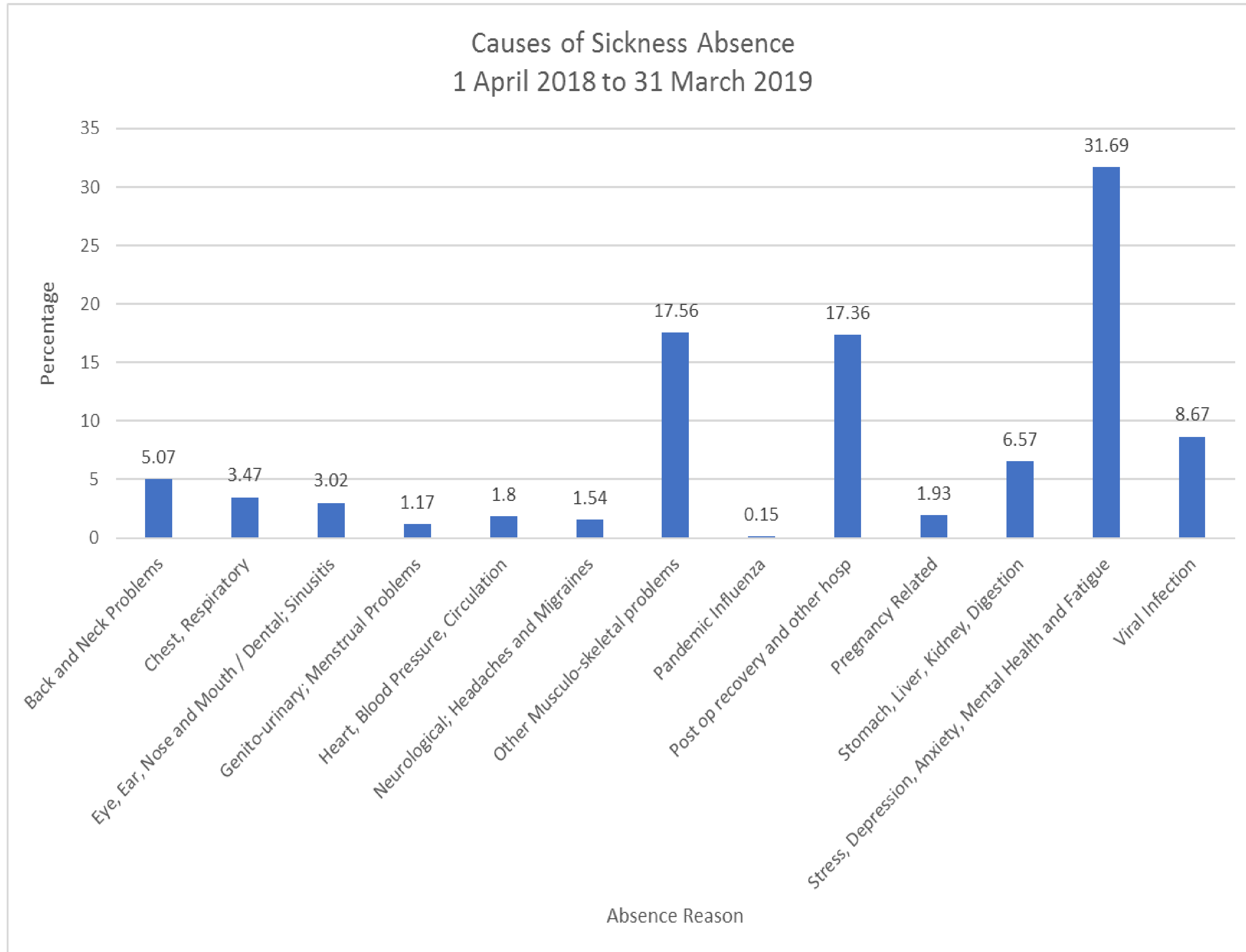
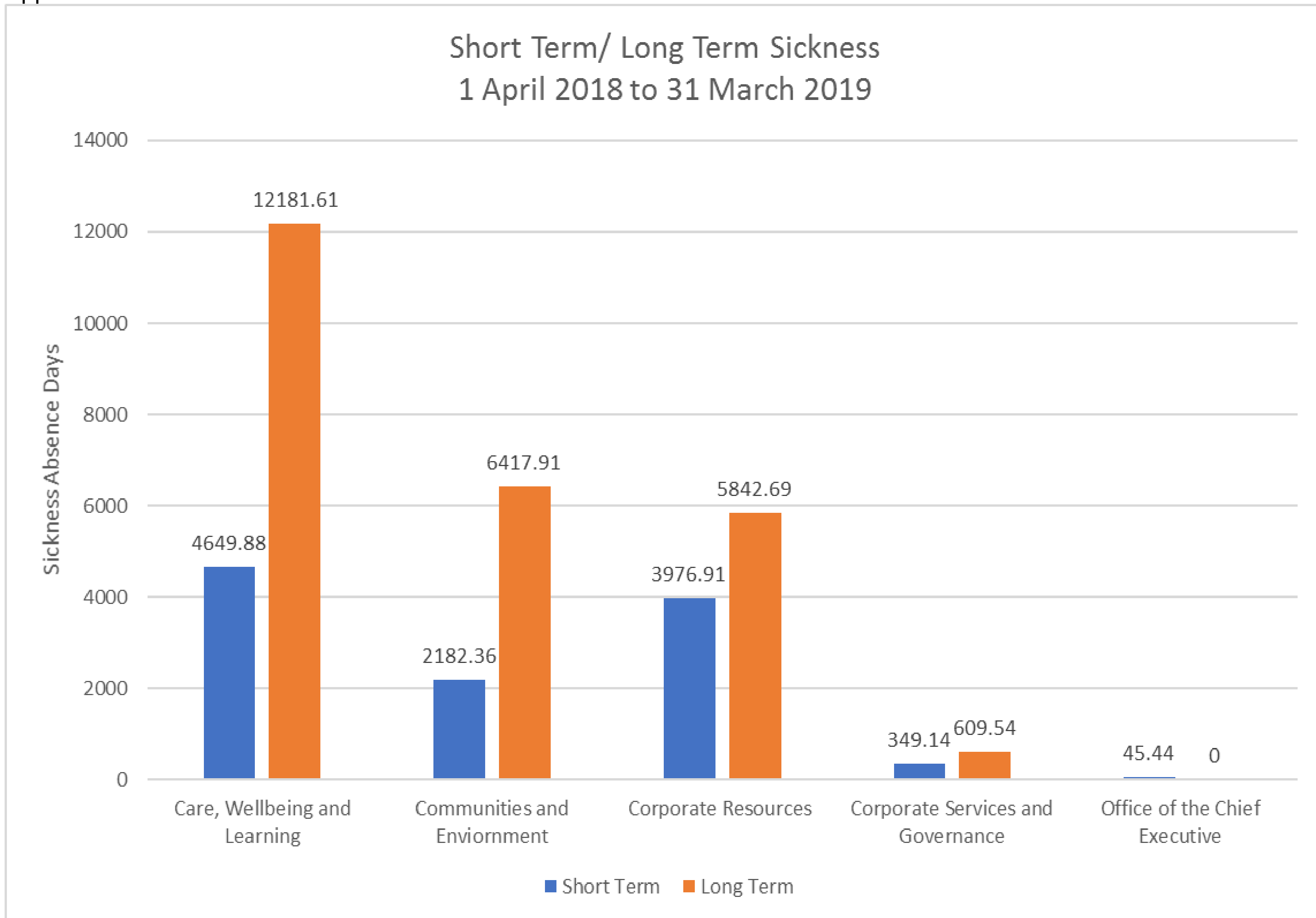
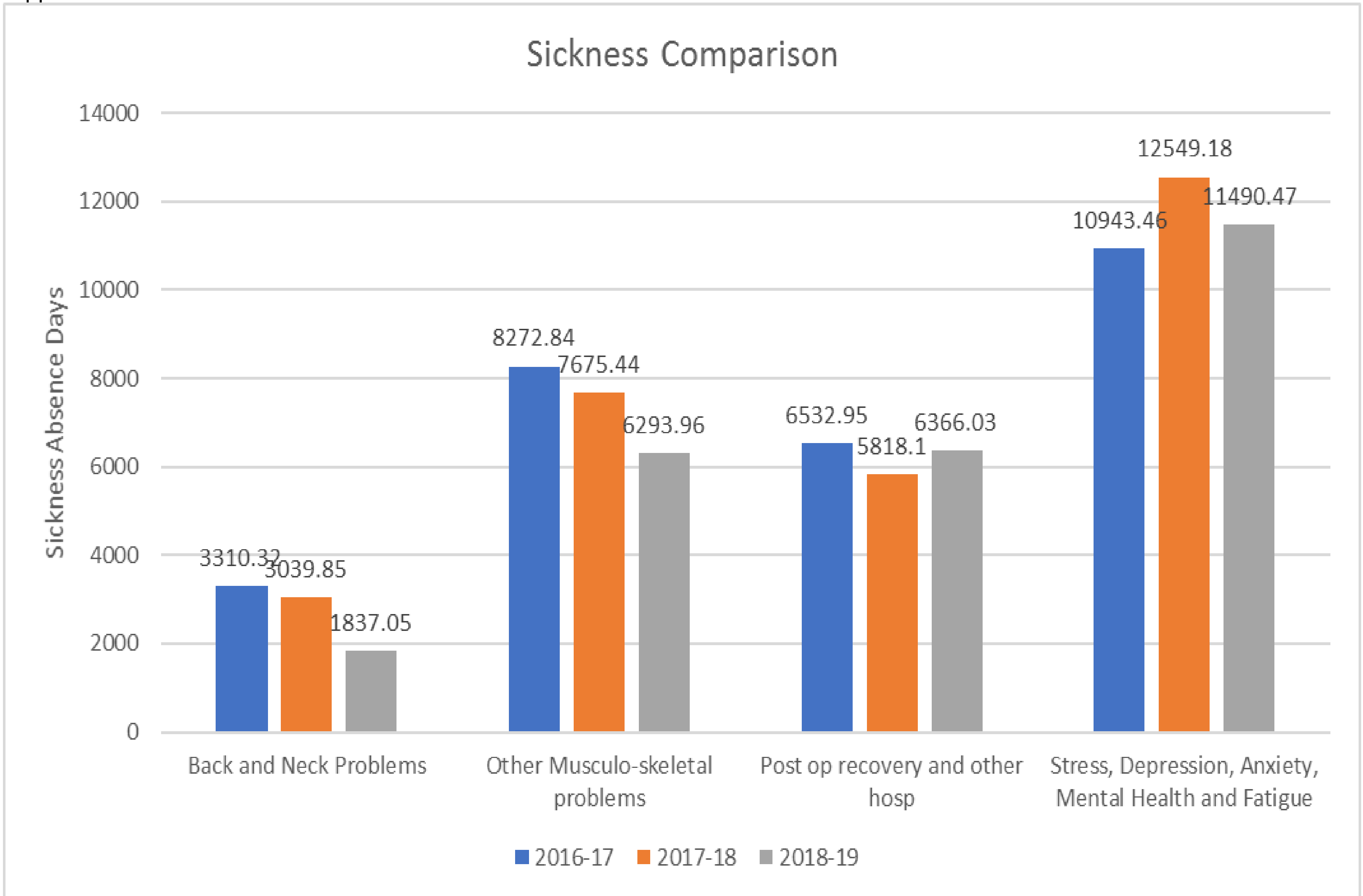
Appendix 1



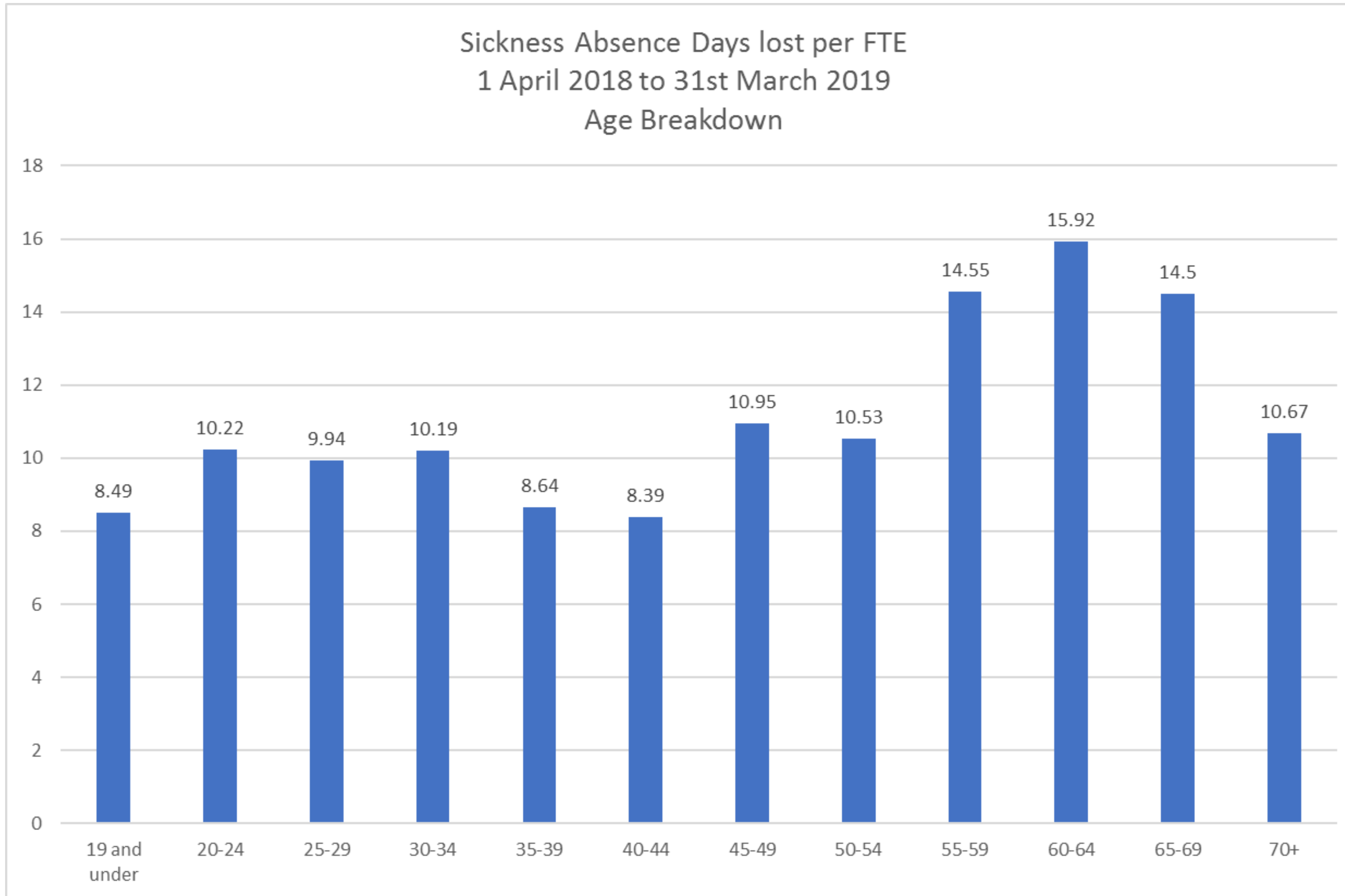
Appendix 2



Appendix 3



Appendix 4



Appendix 5

Feedback from an Employee Referred to the Occupational Health Unit

This is just a quick email to thank you and your team for the service/support that I have received over the last couple of weeks.

A little background; on the 28th of March I had [redacted] following the surgery I discovered that I had a trapped/irritated nerve. I reported this to my GP and I made a self-referral to the Tyneside Integrated Musculoskeletal Service (TIMS), which included an online self-assessment. It then took TIMS two weeks before they got in touch and they then conducted the same assessment over the phone. Five days later they sent me some information regarding some exercises. I was still in discomfort and was very disappointed with the response.

I had a meeting with my line manager and a member of the HR team on 3rd May. They got in touch with Occupational Health when I left the meeting. The following day (Saturday) I received an appointment date for the 9th of May.

When I met [redacted] he carried out, what I felt was, a thorough assessment despite my late arrival. He then demonstrated a number of exercises that I have found invaluable. More importantly he changed my mental outlook and he began to make me think more positively about my recovery.

I visited Occupational Health again on the 16th May, [redacted] was impressed with my progress, as I was. He told me to continue my exercises and watched me doing the exercises to ensure that I was doing them correctly. He then gave me a little massage around my neck, which was so relaxing (and relived my pain) that I almost fell asleep!

After this he asked if I had any questions or concerns and suggested that I ask for a work station assessment when I returned to work. I left the session feeling rejuvenated and refreshed and had the best sleep that I have had for a long time.

I am emailing to hope that this record of my positive experience can be acknowledged in [redacted] next appraisals/supervisions.

Many thanks and if you could forward my thanks to the three aforementioned members of staff I would be very grateful. They are an absolute credit to your team.

Appendix 5

CIPD Health and Well-being at Work Survey 2019

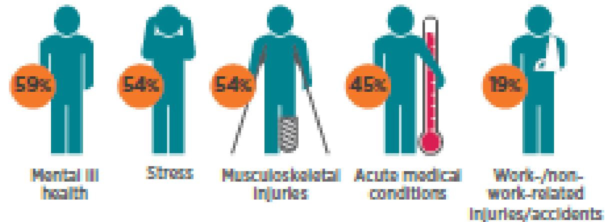
in partnership with Simplyhealth

Absence and attendance

Absence is at an all-time low (5.9 days per employee per year), but…

- 83% of respondents say people work when unwell
- 63% say people use their holidays to work, or work when off sick
- 37% report an increase in stress-related absence

The top causes of long-term absence are:



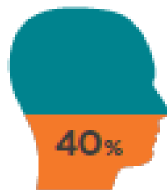
Stress at work

Top three causes of stress-related absence:

Line management

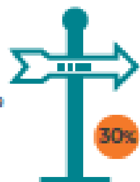
- 50% say managers have been trained to manage stress
- Half (50%) think managers have bought into the importance of well-being

Mental health

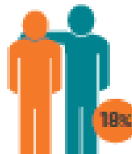


40% of organisations have trained managers to support staff with mental ill health, but…

- 30% say managers are confident to have sensitive discussions/signpost staff to expert help



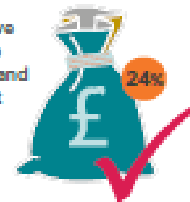
- 18% of people professionals say managers are confident and competent to spot the early warning signs of mental ill health.



Financial well-being

- 24% say poor financial well-being is a significant cause of employee stress

- 24% say employees have the knowledge/skills to make the right reward and benefit choices to meet their financial needs



To read the full report visit **cipd.co.uk/healthandwellbeing**