

Report for: Staffing & Remuneration Committee, 26th June 2017

Item number:

Title: SICKNESS ABSENCE REPORT 2016/17

Report authorised by : Richard Grice, Assistant Director Transformation & Resources

Lead Officer: Carole Engwell, HR Quality Assurance Manager

Ward(s) affected:

**Report for Key/
Non Key Decision:** Non – key decision

1 Describe the issue under consideration

The report provides the Committee with details of sickness absence for the financial year 2016/2017 along with an update of current initiatives and future developments.

2 Cabinet Member Introduction

Not applicable

3 Recommendations

The report is for information and for the Committee to note.

4 Reason for decision

Not applicable.

5 Alternative options considered

Not applicable

6 Background information

Average days absence & Main Reasons

6.1 During the last financial year sickness absence per employee averaged 9.5 days, approximately one day above the public sector national average and four days above the private sector average. Sickness absence was at its lowest at the start of the year at 8.7 days, The reasons for increasing absence rates are varied and include improved management awareness of the process and more consistent reporting of absence.

6.2 The major cause of short term sickness across the public sector (which are mirrored in Haringey) is minor illness such as coughs, colds etc, although

absence due to stress, mental health and musculo-skeletal absences also feature as major reasons for absence.

- 6.3 The demographics of the public sector may account for higher absence rates compared to the private sector, for example
- Women have higher absence levels than men. In Haringey over 60% of the workforce are female.
 - Older workers take more sickness absence than younger ones. In Haringey the majority of our workforce is in the 45-54 age group.
 - Large organisations have higher rates of sickness than smaller ones where absence is more noticeable and has a more immediate effect.

- 6.4 The areas of highest reported absence in the Council are in the demand led services of Childrens and Adults Services. Adult Services social care staff are often required to lift and move clients which accounts for relatively high levels of back problems. To reduce the number of injuries from incorrect handling, regular training and refresher courses are run during the year covering the Safe Moving & Handling of People.

Current Initiatives

- 6.5 In common with most other local authorities, line managers in Haringey are responsible for managing both long and short term absence and in the last year 82 managers have attended training courses designed to give them the skills and knowledge to manage absence more effectively. HR Business Partners also provide drop in sessions either for general advice or specific advice on a particular case and support Heads of Service in challenge meetings with managers who have long term cases to manage.
- 6.6 Greater use is being made of additional services such as an Employee Assistance Programmes (EAP) to provide independent and confidential support to employees.

In Haringey the EAP has been in place since May 2016, since then -

- 203 people have contacted them, the majority making contact via the website
- Around a quarter of people received face-to-face counselling following an occupational health referral.
- The team have also provided team trauma counselling to a group of staff and have taken part in health promotion events.

Since February 2015 Occupational Health provision has been provided by the Whittington Hospital's OH team based in Tottenham. In the last year they

- Handled 297 referrals from managers (either for advice regarding short term absences, advice regarding return to work following long term absence or health and safety concerns)
- Gave 110 'flu vaccinations to front line staff
- Undertook 94 health surveillance tests, including Hand Arm Vibration tests for those using vibrating machinery in Parks and hearing tests for those working with noisy machinery.
- Attended two Health & Wellbeing events held for staff

- 6.7 To complement the absence management strategy there has been a greater emphasis placed on wellbeing initiatives. Wellbeing is now a standing item on the agenda of the Health, Safety & Wellbeing board (chaired by the Chief Operating Officer).
- 6.8 The emphasis on wellbeing is intended to help staff address their work/life balance and reduce stress related absence, which has shown an increase of around 50% across the public sector (data from the Chartered Institute of Personnel & Development 2016 Sickness Absence Survey). Stress assessments are also carried out by the Health & Safety team and are available to individuals or teams experiencing high sickness due to stress related illness.
- 6.9 As part of our ongoing support of wellbeing the Council committed to taking part in the first Employee Wellbeing Index arranged by MIND, the mental health charity. We were successful in achieving a Bronze ranking, the only local authority in London to do so. The feedback report (which was not available at the time of writing) will give pointers for improvements and will highlight where we have already been successful.

Future Developments

- 6.10 Over the summer period, a pilot project will be introduced with First Care, an absence management company who provide a 24/7 service. Instead of speaking to their line manager on their first day of absence, people will speak to a qualified nurse who will provide advice and discuss a return to work date (depending on the reason for the absence). The details will then be forwarded to the individual's line manager. As the company operates a 24 hour service, anyone who is sick at the weekend and unable to attend work on Monday, can phone First Care and by Monday morning their manager will have the details waiting in an email.

Appendix 1 is a copy of the presentation delivered to both trade unions and HR, which outlines the process to be implemented.

- 6.11 In cases of long term absence, the First Care team will continue to maintain contact with the manager and the individual. Where necessary, they are able to work alongside our existing Employee Assistance Programme and Occupational Health providers to provide a comprehensive service.
- 6.12 The trial period is expected to last for 12 months when an assessment of the effectiveness will be made. The trade unions have been kept fully informed from the initial discussions through to the arrangement of the trial period. They have attended a presentation given by First Care and had the opportunity to ask questions which they felt were fully answered. A visit to the First Care call centre is also being arranged for them. The trade unions' initial concerns were that line managers would lose control of the process but they are now clear that this isn't the intention and that any issues identified by the First Care team will be passed to the line manager for him/her to take forward in the usual way and in line with the agreed sickness policy.
- 6.13 The company have been used widely across the public sector where, typically, a 35% drop in absence rates has been achieved. It's expected that on implementation absence will initially show an increase as all absence will be

reported, whereas we know that there is current under-reporting e, due to a variety of reasons.

7 Contribution to strategic outcomes

Priority 2 of the three year Corporate Plan is “*Empowering all adults to live healthy, long and fulfilling lives*”. The Wellbeing Strategy was introduced in 2015 as part of the three year Corporate Plan. The need for culture change in the organisation and for the right people to be able to deliver effectively in the right place and at the right time is also a cornerstone of the Workforce Programme.

8 Statutory Officers’ comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities

8.1 Chief Finance Officer

Generally, for short term sickness there is no financial impact, however where there is long-term sickness, managers are expected to give consideration to meeting the additional cost within their budget or to provide a rationale for the request to their Directorate Management Team which includes finance comments for approval before completing a business case for the appointment. An analysis of the financial costs or savings resulting from the First Care trial period will be conducted towards the end of the period.

8.2 Assistant Director of Corporate Governance

There are no legal implications arising from this report

9 Use of Appendices

Appendix 1: Presentation from First Care

10 Local Government (Access to Information) Act 1985

Not applicable.