


<p>Non-Executive Report of the:</p> <p><b>General Purposes Committee</b></p> <p>8 March 2017</p>	
<p><b>Report of:</b> Stuart Young, Interim HR, OD &amp; Transformation Manager</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Sickness Absence</b></p>	

<b>Originating Officer(s)</b>	Stuart Young - HR, OD & Transformation Manager
<b>Wards affected</b>	All wards

## 1. SUMMARY

This report updates Members on measures to manage sickness absence in the Council. The report is for noting.

## 2. RECOMMENDATIONS

The General Purposes Committee is recommended to:

- i. note the report and the actions being taken to address sickness absence in the immediate and longer term.
- ii. receive a report back in the Autumn cycle with a new workforce Wellbeing Strategy and plan. In the meantime Members are asked to note that the Cabinet Member for Resources will be liaising with the Interim HR, OD & Transformation Manager on the immediate actions to reduce sickness absence.

### 3. **BACKGROUND**

- 3.1 Sickness absence is rising at the Council. The table below demonstrates that both short term and longer term absence has increased for each of the past three years.

Date	Ave FTE Absence	Short term	Long Term
Dec 16	9.65	4.11	5.55
May 16	9.33	4.10	5.23
May 15	8.40	3.69	4.70
May 14	6.77	3.05	3.71

- 3.2 In response, actions are proposed to address immediate and longer term changes.

- 3.3 At December 2016, the top four recorded reasons for absence were:

- Musculoskeletal
- Back problems
- Stress/depression/anxiety/mental health
- Infections (including colds and flu)

There is a need to ensure that our workplace responses to sickness absence address these reasons. Our employer responses will be quite different for the categories of sickness listed. To respond effectively requires a comprehensive approach to workplace wellbeing.

- 3.3 A new workforce wellbeing strategy aims to:
- Create a safe and healthy work environment
  - Improve the physical and emotional wellbeing of employees
  - Encourage and support employees to develop and maintain a healthy lifestyle
  - Support employees with manageable health problems or disabilities to maintain access to or regain access to work
  - Improve productivity by allowing employees to be their authentic self in the an inclusive workplace
  - Improve staff satisfaction, recruitment and retention rates.
- 3.4 The work on a Workplace Wellbeing Strategy is being co-ordinated by an employee wellbeing steering group, with representatives drawn from Public Health, HR, Occupational Health, TU's, and managers. The resultant plan will relate to the Tower Hamlets Health and Wellbeing Strategy developed by the Health and Wellbeing Board. The Strategy will be brought to GP Committee in its Summer cycle.
- 3.5 In addition the Council recently achieved recognition in the London Healthy Workplace Charter. The Charter is a GLA initiative to encourage employers to adopt high standards of care in the workplace. The Charter covers a range of

areas summarised at Appendix A, including the following absence management requirements:

- A clear attendance management policy is in place and procedures are known to employees.
- Contact is maintained with absent employees to provide support and aid return to work.
- Documented return to work procedures are in place and followed.
- Return to work interviews are conducted and recorded with concerns/appropriate support recorded and provided.
- Specific risk assessments for individuals are conducted and take into account a person's health status.
- Reasonable adjustments are available to employees in line with recommendations made in a Statement of Fitness for Work

3.6 The Charter provides an assessment of the Council's current state of absence management upon which to improve. A summary is attached.

3.7 Some of the practical improvements that will be seen in the Council during Spring/Summer are:

- A review of Occupational Health and Wellbeing services. The Service is an integral part of reducing sickness absence. Officers are working with other boroughs and providers to learn the lessons of best practice
- Develop and procure an Employee Assistance Programme (EAP). These offer online and telephone services to employees 24/7. Whilst not as comprehensive as an OH service, these programmes often act as a first call and can specialise in stress/depression services
- Develop a brand for Wellbeing and pull together all current health and wellbeing initiatives. Communicate the various events currently available for managers and staff to access. Examples include Mental Health First Aid, Occupational Health referral training for managers, Managing pressure and Increasing resilience, relaxation and mindfulness training. The promotion could be launched by holding a wellbeing week to showcase initiatives across the Council.
- Revise our people policies and practice to support managers to manage effectively and fairly and which support a collaborative and supportive culture. The first policies under review are Disciplinary, Grievance/CHAD, Sickness Absence, and Performance.
- Introduction of resolution focused approach to resolving disputes, to encourage constructive relationships and positive conversation. Emphasis on early resolution, supported by solutions-focused to resolving issues, introduction of mediation

#### **4. Absence Management**

4.1 This section of the report focusses on more immediate actions to address the increased rate of sickness absence. An analysis of sickness information has

been undertaken to identify services that could benefit from more targeted intervention and support. Information reviewed included days lost, reasons for absence, patterns of absence and Occupational Health and HR involvement.

- 4.2 Those areas identified with high sickness rates will undertake the following activities:
- Attend the Occupational Health referral training and the sickness procedure training.
  - Attend an OH case conference on each live sickness case.
  - Meet their HR Business Partner fortnightly to provide information on their sickness cases and to discuss progress and pace
  - Attend the directorate panel which monitors sickness to provide regular updates on progress and also to identify areas of support
  - With OH and HR, determine what training and development needs may be required by the team and themselves to address any cultural and/or wellbeing issues.
- 4.3 Parts of the Council have proven particularly effective at addressing sickness absence when it arises. In order to share this effective practice a 'buddy system' is being developed, where managers who may require additional support and guidance could contact their peer for practical advice. The aim is to share experience, ensure a consistent approach, recognise and promote effective managers and ensure networking across the council.
- 4.4 A 10 minute on line training session for all staff and managers has been developed. It provides an overview of the sickness procedure; explains the responsibilities of employees and managers; and re-emphasises the importance of managing absence effectively.
- 4.5 Initial findings from a recent sickness audit highlight that there is an inconsistency in the application of the sickness procedure across the council. In order to address this and to support the e-learning and training mentioned above, a process flowchart has been developed to provide a user friendly, quick reference guide to each stage of the process.
- 4.6 The flowchart is designed to be published on the intranet and uses hyperlinks to supply information about the specific trigger points for each stage and the actions to be taken. It also provides links to full guidance and procedures for further information that is not covered by the flowchart.
- 4.7 Early access to physiotherapy can be an effective way to tackle musculoskeletal disorders (MSD's), enabling people to stay in work, or return to work earlier, through assessment, diagnosis and advice. However, current waiting times to access physiotherapy assessment through the NHS are approximately 14 weeks.
- 4.8 It is important to proactively manage absences related to MSD, which can range from short term back pain to complex, long term conditions such as rheumatoid arthritis, especially given that people are now working longer,

which may increase the numbers of people developing and managing chronic conditions whilst in the workplace.

- 4.9 A 6 month pilot of physiotherapy is being introduced as part of a proactive programme to help increase physical wellbeing and reduce the risk of many MSDs becoming chronic conditions, requiring long term absence. Physiotherapy will help people to achieve optimal function and mobility and promote better self-management of the individual's condition leading them to better overall health.

## **5. FINANCE COMMENTS**

- 5.1 The paper sets out a number of actions and interventions designed to improve sickness management and help reduce levels of sickness across the Council.
- 5.2 In the main, the proposed changes will be met through existing budgets. However, section 4.9 proposes a pilot scheme offering physiotherapy services to staff with physical and mobility related illness. The pilot scheme is estimated to cost approximately £25k for a period of 6 months and funding for this would need to be agreed, either through existing budgets or reserves on an invest to save basis. Any longer term budget implications would need to be considered in the context of the MTFS.

## **6 LEGAL COMMENTS**

- 6.1 This is a noting report dealing with the additional actions to be taken in respect of addressing the increase in sickness absence.
- 6.2 Whilst the reduction of staff absence is a primary concern for the Council, some regard needs to be had to identifying staff with conditions which do or may amount to a disability. Any steps which may be applied in these cases are subject to the requirements of the Equality Act 2010. There is likely to be a need to make reasonable adjustments for such staff which may include delaying action taken under the Sickness Procedure, disregarding periods of sickness relating to a disability, disapplying some requirements of any formal process and/or applying separate and more tolerant measures to these staff.

## **7. ONE TOWER HAMLETS CONSIDERATIONS**

- 7.1 Healthy well engaged staff will help to deliver the One Tower Hamlets objectives.

## **8. BEST VALUE (BV) IMPLICATIONS**

- 8.1 The proposals will add value to the efficiency and effectiveness of the Council thereby contributing to each of the Best Value Action Plan areas.

**9. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

9.1 There are no direct SAGE implications arising from this report.

**10. RISK MANAGEMENT IMPLICATIONS**

10.1 The proposals to be brought forward on staffing will provide a secure foundation for the delivery of the Council's main plans and strategies therefore reducing risk of not realising our planned resident outcomes.

**11. CRIME AND DISORDER REDUCTION IMPLICATIONS**

11.1 There are no direct Crime and Disorder implications arising from this report.

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**Linked Reports, Appendices and Background Documents**

**Linked Report**

- None

**Appendices**

- Appendix A - GLA Workplace Charter

**Officer contact details for documents:**

- N/A