Northumberland
County Council

Committee Name: Corporate Services and Economic Growth Overview & Scrutiny Committee

Meeting date: 29 January 2024

Comprehensive analysis of sickness absence, causal factors and intervention strategies – supplementary report to Annual Workforce Report 2022-2023

Report of Councillor(s) Richard Wearmouth, Deputy Leader of the Council and Portfolio Holder for Corporate Services

Responsible Officer(s): Sarah Farrell, Director of Workforce and OD,

Link to Key Priorities of the Corporate Plan

Value for Money - By having a clear understanding of the reasons for sickness absence, we can offer a range of preventative and supportive measures with the aim of minimising abstractions and the associated impact this may have on overall service delivery and associated budgets. We aim to create a culture that delivers a better employee experience allowing our workforce to maintain strong, physical, mental and social wellbeing.

Tackling inequalities - Recognising we have a diverse workforce, with diverse wellbeing needs, we need to ensure that we understand fully the issues that may impact on overall wellbeing, enabling us to respond effectively, offering a range of health and wellbeing services to support our staff but also allow them to manage their own health and wellbeing.

1. Purpose of report.

1.1 To examine more closely an increase in sickness absence within the Council, establishing the reasons, along with any internal or external factors that may influence this and to outline proposed interventions in reducing sickness and improving overall wellbeing.

2. Recommendations.

It is recommended that:

2.1 Corporate Services and Economic Growth Overview & Scrutiny Committee note the contents of this report as supplementary to the previously considered annual workforce report discussed at committee on 25 September 2023.

2.2 Corporate Services and Economic Growth Overview & Scrutiny Committee determine relevant content from this supplementary report that might be included in future annual workforce reports for every financial year.

3. Background and Introduction.

3.1 In recent months, a steady increase in sickness absence has been observed. For the purposes of comparing sickness from previous years, 2019 is the year that has been utilised as this was prior to the emergence of Covid i.e. the most recent complete year that could be considered 'typical'.

3.2 A comprehensive analysis of sickness absence has been undertaken, examining the causal factors and exploring potential intervention strategies.

3.3 When considering the report, it is important to be cognisant of the establishment changes which occurred during the reporting period, most significantly, the TUPE transfer of over 600 employees from Northumbria Healthcare NHS Foundation Trust into the council in October 2021, with most staff transferring into Adult Social Care.

3.4 The recent senior management restructure has resulted in new Directorates being formed and services moving between Directorates e.g. Housing moving from Public Health to Place and Regeneration, services within the former Communities and Business Development Directorate becoming part of Transformation and Resources and Public Health, Inequalities and Stronger Communities etc.

3.5 The report will cover;

- Sickness levels, considering overall increases across NCC and within Directorates.
- Benchmarking data and how we compare with others.
- Analysis by reasons – What is the issue?
- Analysis by Directorates – Where is the issue?
- Examining the main cause of sickness absence (Mental Health) in depth.
- Potential causal factors - roles, gender, age, vacancy rate.
- Other data sources - Exit intelligence, OH referrals, latest pulse survey insight.
- Overall conclusions based on above analysis.

- What are we currently doing to support wellbeing and address rising sickness absence levels.
- Other options to be considered for implementation.

4. Sickness absence levels.

4.1 There has been an overall increase in sickness absence from 4.25% days lost to 5.26% and an increase from 9.44 to 11.68 average days per employee when comparing 2019 to 2023.

4.2 An analysis of sickness across directorates shows that Adults, Ageing and Wellbeing and Childrens Young People and Education currently experience the highest levels of sickness absence.

4.3 The overall increase in sickness absence is highest within Adult Ageing and Wellbeing, Place and Regeneration and Chief Executive Directorates. There are smaller increases within other directorates (see charts 1 to 3). Please see section 7 below for detailed analysis of absence patterns within these directorates.

Charts 1 to 3 Sickness levels; overall and by directorate 2019 v 2023

Chart 1 – percentage of days lost

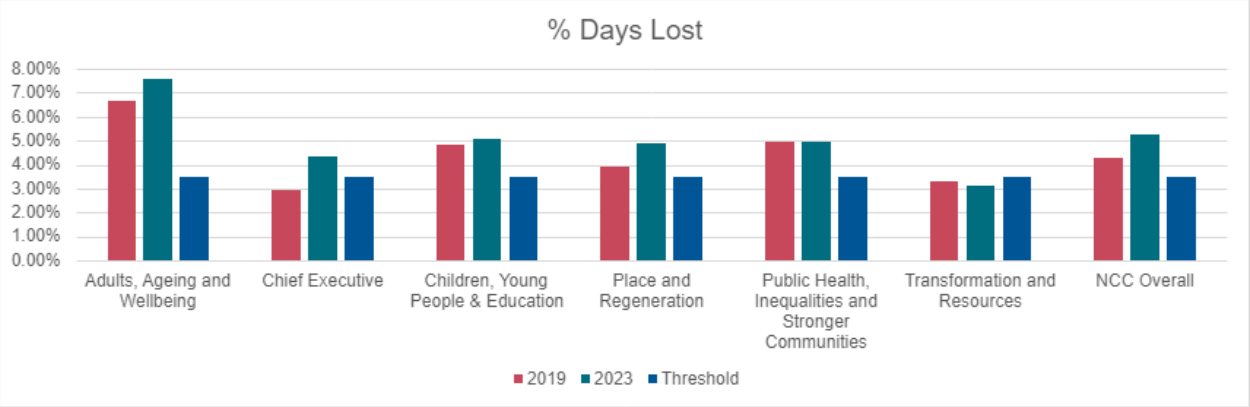


Chart 2 - Average FTE days lost per FTE

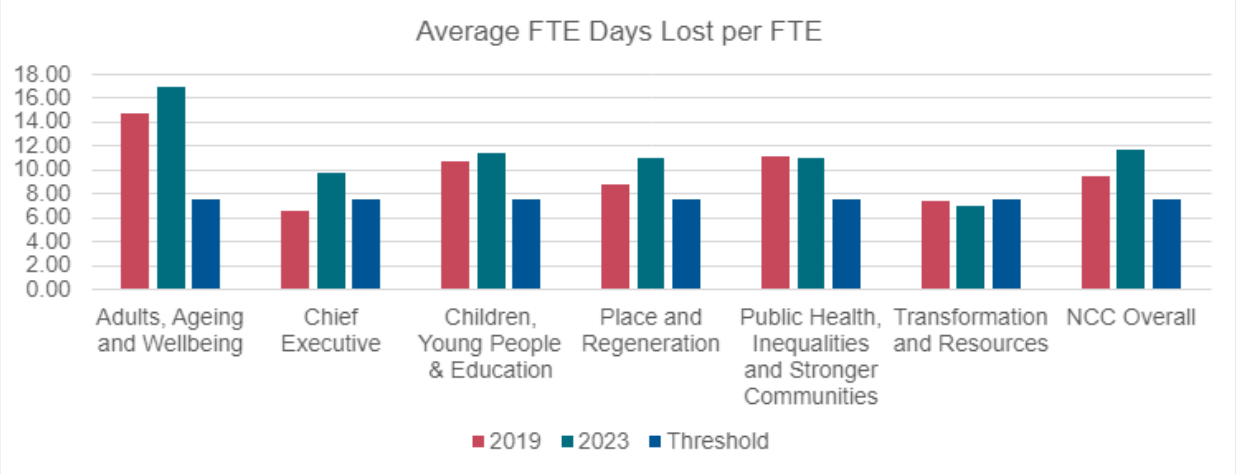
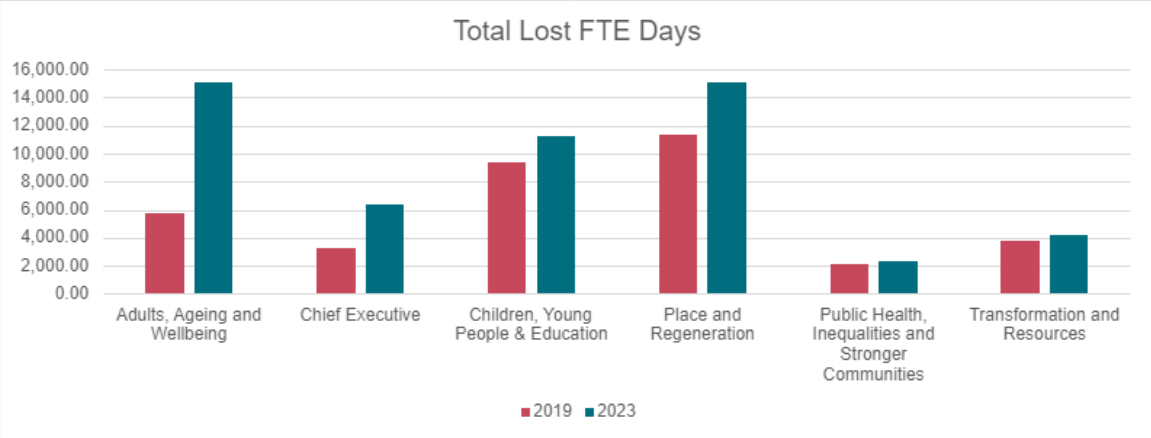


Chart 3 - Total Lost FTE days

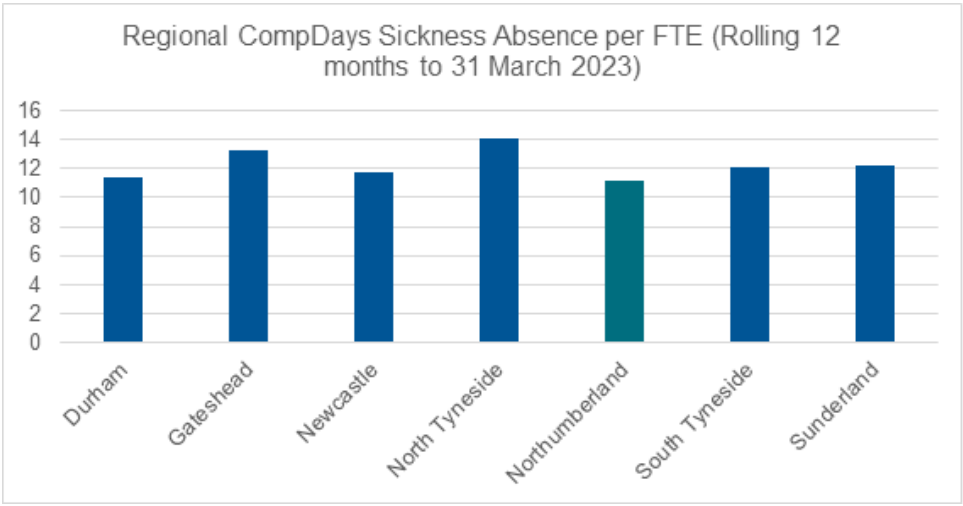


5. External Benchmarking.

5.1 National position - Using the latest available benchmarking data from the Local Government Association (LGA), the average number of days lost per FTE for the 22/23 financial year was 9.6 days for All English authorities, 10 days for All English single tier and county councils and 8.8 days for All English district local authorities. Northumberland's figure for the same period was 11.16 days and over the last 12 months the figure is 11.68 days.

5.2 Regional Position - The regional position is set out below which shows Northumberland as having the lowest average days lost FTE within the region.

Chart 4 – Regional comparison of sickness absence levels 2022 – 2023.



5.3 CIPFA benchmarking data (table 1 below) shows that on average, Northumberland is lower than our 'nearest neighbours' for levels of sickness absence (mean score).

Table 1 - Northumberland compared with CIPFA 'Nearest Neighbours' *

Year	Northumberland (average)	Northumberland CIPFA nearest neighbours (average)	Minimum for Northumberland CIPFA nearest neighbours	Maximum for Northumberland CIPFA nearest neighbours
2022/23	11.16	11.4	8.7	14.0
2021/22	10.00	13.3	N/A	N/A
2020/21	8.03	10.20	7.1	14.1
2018/19	11.2	12.2	9.3	14.3

*CIPFA maintains a model that generates sets of statistical nearest neighbours. The default model uses 20 factors including demographic variables, deprivation, employment and population density. Northumberland CIPFA nearest neighbours include the following Local Authorities: East Riding of Yorkshire, Wirral, Isle of Wight, Barnsley, Wakefield, Rotherham, Dudley and St. Helens.

5.4 UK sickness data reported by Personnel Today in September 2023 (CIPD – Simply health survey - 918 organisations representing 6.5 million employees) showed that UK employees were absent for 7.8 days on average over the past year, the highest level reported over a decade and two days more than a pre pandemic sickness absence rate of 5.8 days.

5.5 Public sector average absence levels were reported to be considerably higher at 10.6 days.

5.6 The most prevalent reason for long term absences was cited as 'mental health' (63%)

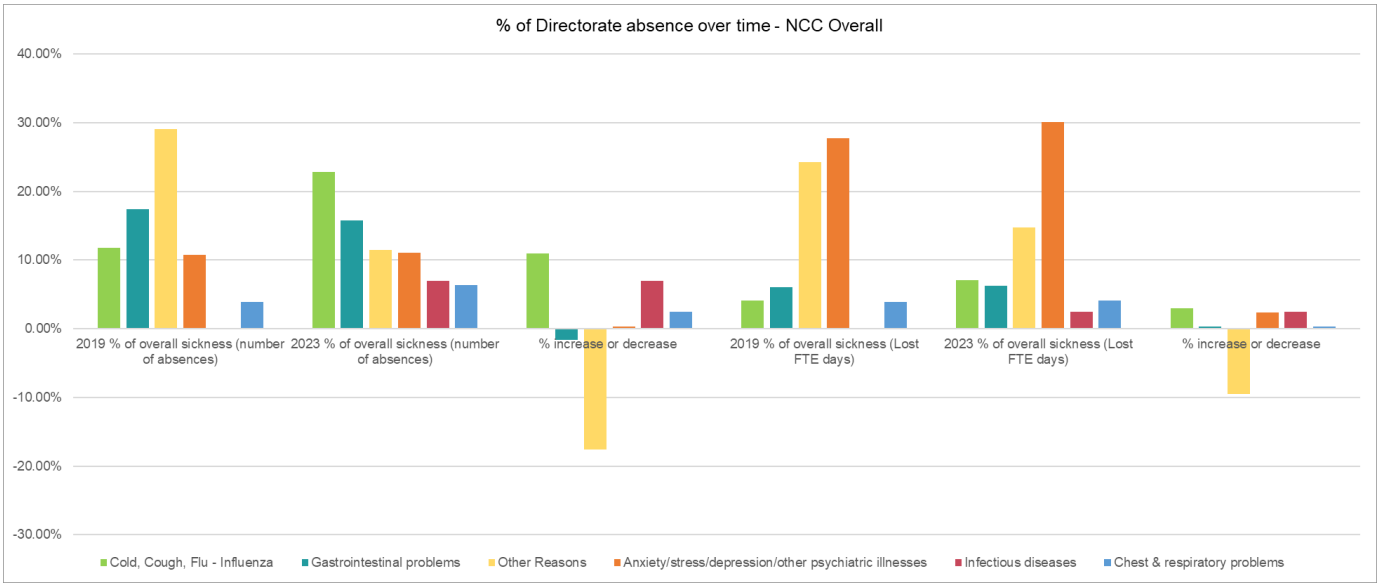
5.7 The most prevalent reason for short term absences were cited as 'minor illnesses' (94%) and 'musculoskeletal issues' (45%)

6. Analysis of sickness absence reasons – Council view.

6.1 Chart 6 highlights the current main reasons for sickness absence, but also identifies the specific reasons for the increases from 2019 to 2023.

6.2 All absence reason data in this report is reliant on the accurate recording of absence reasons by managers.

Chart 6 – sickness reasons 2019 v 2023



6.3 The HR / OD service is currently working to devise a solution to address the overuse of the 'other' category in our absence recording system. It is acknowledged that until this is implemented, data on the reasons for absence will not be entirely accurate or distinguishable.

6.4 Absence due to 'respiratory' reasons is the main contributor for shorter term absence and we have seen an increase in absences of these types since 2019. Covid will clearly have had an influence on this and can be evidenced through an emerging reason of 'infectious diseases' recorded in 2023.

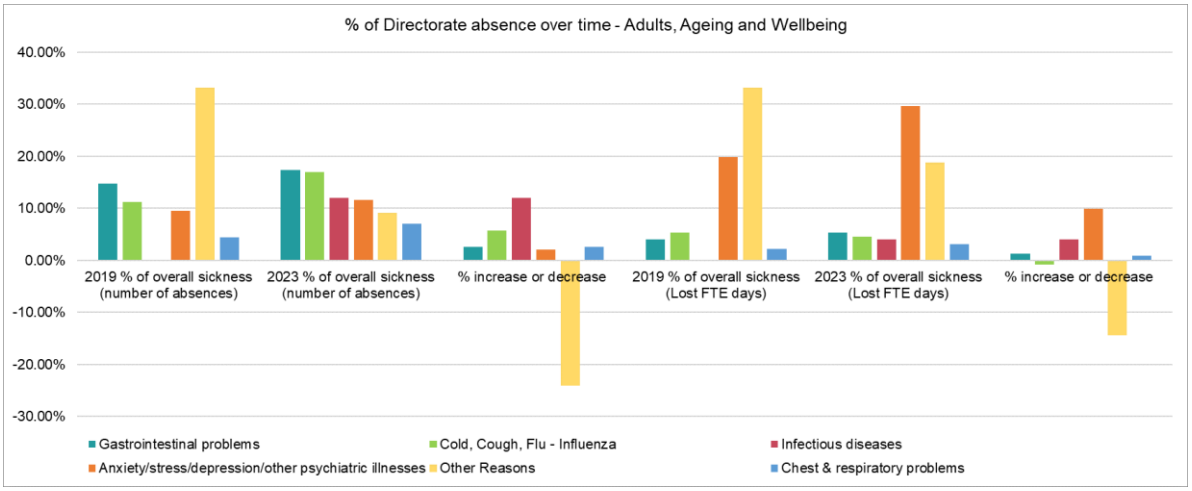
6.5 The introduction of the 'Managing Respiratory Infections in the Workplace' policy in 2021 will also have had an impact on the incidence of respiratory illness being recorded as an absence reason due to the clear policy position that *'If you have symptoms of COVID-19 or other respiratory illnesses and a high temperature, stay at home and avoid contact with other people until you feel well enough to resume normal activities.'*

6.6 In terms of longer terms absences, mental health is the main contributor, again showing an increase from 2019 to 2023. Respiratory and infectious diseases have also seen an increase. Again, those suffering from long covid may be influencing this.

7. Analysis of sickness levels and reasons in Directorates experiencing the highest increases in absence.

7.1 Adults Ageing and Wellbeing

Chart 7 – Sickness reasons in the Adults Ageing and Wellbeing Directorate

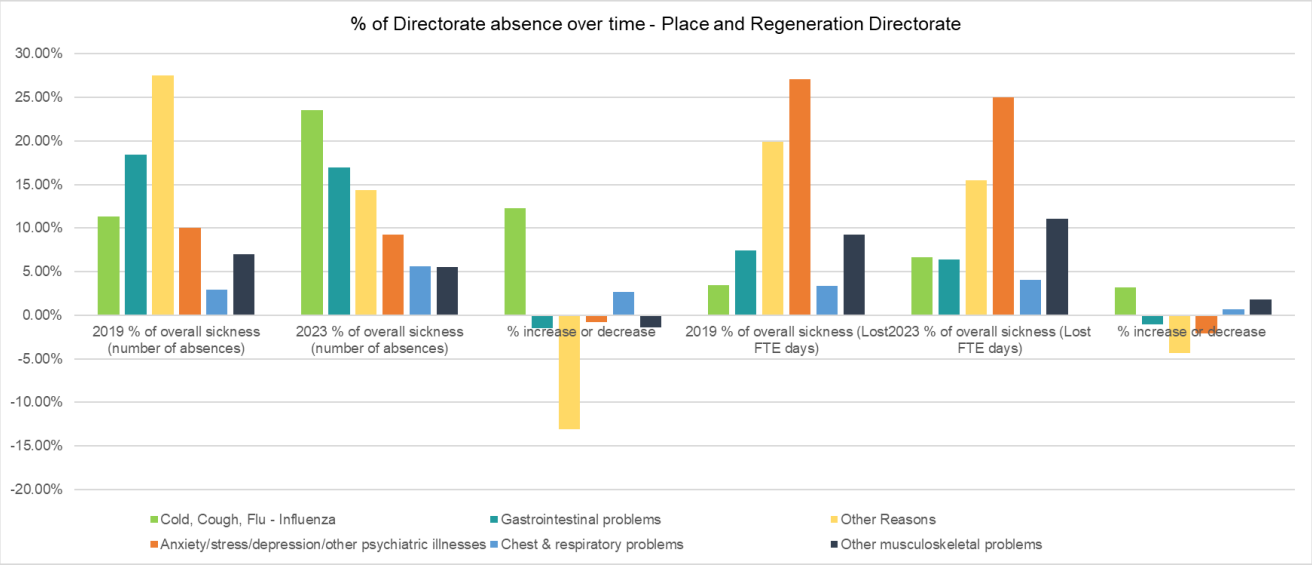


7.1.1 Gastrointestinal problems and respiratory illnesses are the main short-term absence reasons, both seeing increases when comparing 2019 with 2023. Infectious diseases have seen the largest increase in relation to number of absences, however this could likely be attributed to covid.

7.1.2 Mental health related absences are the main reason for long term absences in Adults, Ageing and wellbeing. There has also been a large increase in this area when comparing 2019 with 2023.

7.2 Place and Regeneration

Chart 8 – Sickness reasons in the Place and Regeneration Directorate



7.2.1 Respiratory illness accounts for the largest proportion of short-term absences and has seen a marked increase when comparing 2019 with 2023.

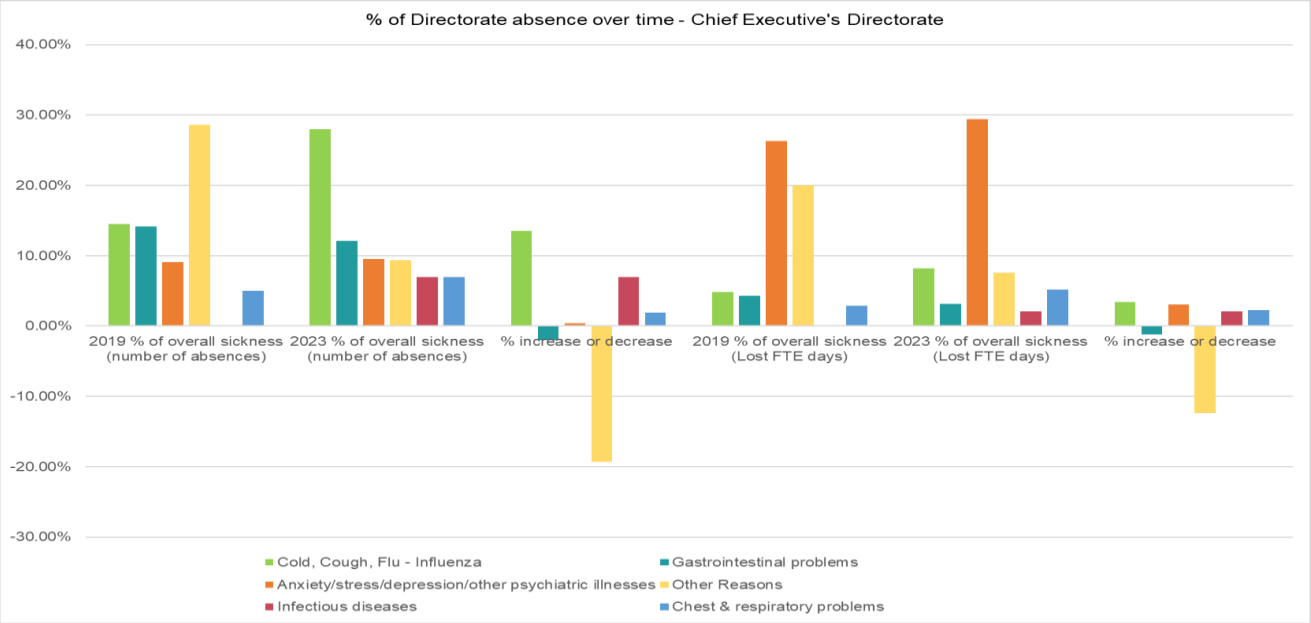
7.2.2 Mental health related illness accounts for the largest proportion of long-term sickness, with a slight decrease from 2019 compared to 2023.

7.2.3 Musculoskeletal reasons account for the next highest long-term absence and there has been an increase in this area when comparing 2019 with 2023. The main reasons recorded are back ache/pain. The reason for this could be due to the physical nature of the work within the directorate.

7.2.4 Respiratory illnesses have seen the largest increase in long term absences. Section 9 of this report provides further detail on staff who were shielding and had underlying health conditions during the height of the pandemic. 104 staff within Place and Regeneration (7.75% of Directorate) are highlighted within the data and therefore the higher incidence of underlying health conditions may result in longer term absences within the directorate.

7.3 Chief Executive

Chart 9 – Sickness reasons in the Chief Executive's Directorate

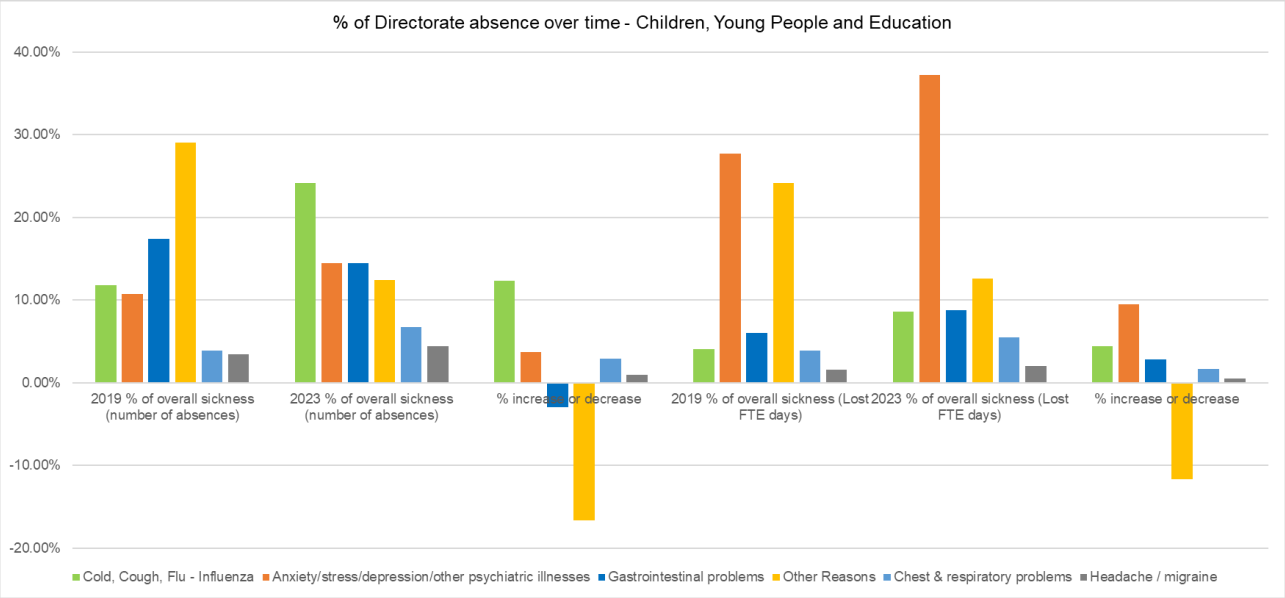


7.3.1 Respiratory infections account for the largest short-term absences, seeing a large increase when comparing 2019 with 2023.

7.3.2 Mental health related illness account for the largest proportion of long-term sickness, with an increase from 2019 compared to 2023.

7.4 Childrens, Young People and Education

Chart 10 – Sickness reasons in the Children, Young People and Education Directorate



7.4.1 Respiratory infections account for the largest short term absence reason seeing a large increase when comparing 2019 with 2023. Mental health related illness is the second highest reason, also seeing an increase.

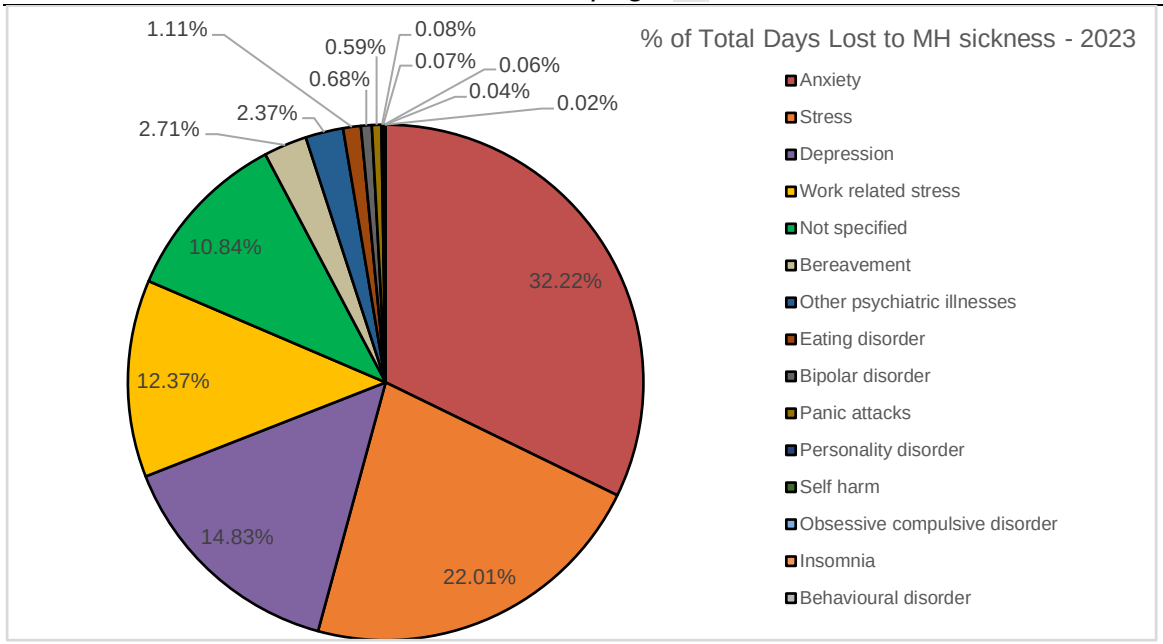
7.4.2 Mental health accounts for the largest long-term sickness seeing a large increase when comparing 2019, with 2023.

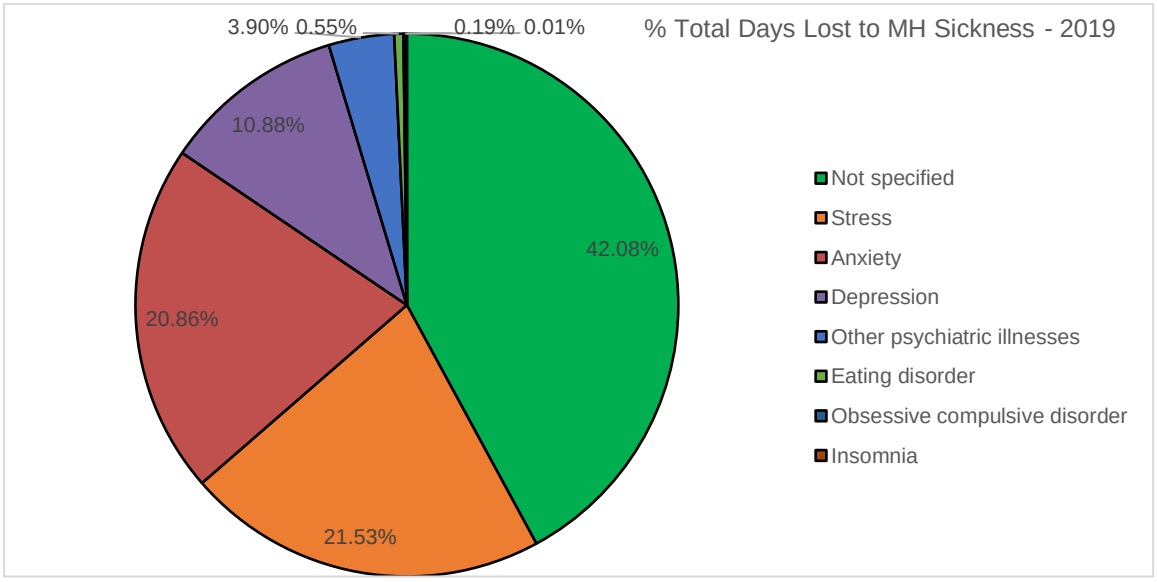
8. Analysis of increase in mental health related absences.

8.1 Mental health related absences account for the largest proportion of long-term sickness overall and levels have increased by 2.32% in days, when comparing 2019 with 2023.

8.2 Chart 11 shows a further breakdown of the reasons provided for mental health absences, comparing 2019 with 2023.

Chart 11 – Breakdown of reasons categorised as 'Mental Health related' and associated days lost 2019 v 2023





8.3 Anxiety accounts for the largest mental health related absence (32.22%) and where we have seen the largest increase since 2019. (20.86%)

8.4 Non-work-related stress accounts for 22.01%, with work related stress being 12.37%. (Work related stress was not a category available in 2019).

8.5 It is worth noting that multiple factors can cause poor mental health, but GPs tend to assign singular causes on fit notes and the absence recording system only allows a singular reason to be recorded.

9. Analysis of roles attracting the highest levels of sickness absence.

9.1 An analysis of sickness absence across all roles has been conducted. Table 2 highlights the roles which currently carry the highest sickness levels based on percentage of head count with an absence.

Table 2 – high absence roles

Role	No of absences	Head count absent	Head count	% of headcount with absence	Total lost FTE Days
Contact Centre Adviser	58	35	41	**85%**	464.82
Neat Team Operative	115	65	78	**83%**	1473.04
Highway operative /Driver	76	28	36	**78%**	721
Care Worker	187	99	128	**77%**	1828.54
Apprentice	104	53	70	**75%**	401
Reablement worker	110	62	84	**74%**	1311.42
Social worker	205	129	175	**74%**	2805.09
*Social worker support assistant	112	61	83	**73%**	1351.74
Refuse loader	72	42	58	**72%**	1219
*Occ Therapist	43	23	32	**71%**	356.52

9.2 Of the roles that carry the highest percentage of headcount sickness, table 3 highlights percentage increase when comparing to the 2019 reporting period.

Table 3 – high absence roles % increase 2019 v 2023

Role	2019 % of headcount with absence	2023 % of headcount with absence	% Increase
Contact Centre Adviser	80%	85%	**5%**
Neat Team Operative	52%	83%	**31%**
Highway operative /Driver	54%	78%	**24%**
Care Worker	73.%	77%	**4 %**
Apprentice	69%	75%	**6%**
Reablement worker	71%	74%	**3%**
Social worker	71%	74%	**3%**
*Social worker support assistant		73%	
Refuse loader/HGV	46%	72%	**26%**

*Occ Therapist	Not Employed by NCC	71%	

*These roles did not exist within NCC in 2019 prior to NHCT TUPE in October 2021

9.3 Neat Team Operatives, Refuse Loaders /HGV and Highway Operative Drivers have seen the largest increases in relation to percentage of headcount with absence.

9.4 Table 3 shows the percentage of staff that were identified during the Covid pandemic as having an underlying health condition and therefore were placed in an 'at risk' category and shielding during covid. (Staff who left prior to November 22 have been removed from this data and it has not been refreshed since it was collated for the purposes of the pandemic).

9.5 We can see that roles which currently show high sickness levels, are also where we have seen staff working with significant levels of underlying health conditions, such as Care Workers, Social Workers and NEAT Operatives and therefore this may have continued to have an impact on sickness levels linked to respiratory infections.

Table 4 – Staff with underlying health condition

Directorate	Number of staff with underlying health conditions	% of directorate workforce at that time	Role (% of those with underlying health conditions)	Types of Conditions
Adults, Ageing and Wellbeing	70	6.86%	Care Worker (13.24%), Reablement Worker (20.99%)	Chest and Respiratory, Heart/Blood/Blood Pressure & Circulation
Chief Executive	33	4.92%	Exec PAs (50.00%), Licensing Officer (40.00%)	Chest and Respiratory, Heart/Blood/Blood Pressure & Circulation
Children, Young People & Education	87	8.25%	Contact Officer (18.92%), Residential Shift Co-ordinator (25.00%), Social Worker (7.59%)	Chest and Respiratory, Diabetes
Place and Regeneration	104	7.75%	NEAT Team Specialist (5.08%), NEAT Team Operative/Driver (4.49%), Homelessness and Housing Options Officer (33.33%)	Chest and Respiratory, Diabetes
Public Health, Inequalities and Stronger Communities	19	5.12%	Library and Information Assistant (10.00%), Registration Officer (15.79%)	Chest and Respiratory, Diabetes
Transformation and Resources	56	9.03%	Cleaner (5.00%), Support Officer - ICT Practitioner SIFA Level 4 (16.67%), Benefit Assessment Officer (18.18%)	Chest and Respiratory, Heart/Blood/Blood Pressure & Circulation
NCC Total	**369**	**7.26%**		

9.6 The roles with the highest rates of absence are also front line, direct delivery roles. It may be the case that when ill health occurs there are fewer options available to these staff groups and absence is necessary. In back-office roles, although there is no available data to measure the phenomenon, it may be that staff can for work

from home during illness and recover without the need to take time off from work.

10. Analysis of Vacancy Rate/ Turnover in relation to sickness absence.

10.1 Analysis has been undertaken to specifically address the hypothesis that services that carry the highest level of vacancies and staff turnover experience the highest levels of sickness.

10.2 'Vacancy rate' is defined as the measurement of vacant positions v established positions and is expressed as a percentage.

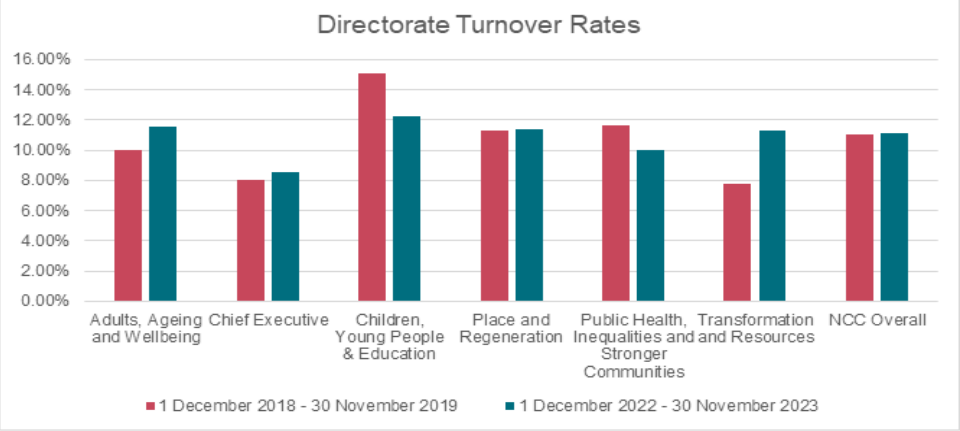
10.3 Inaccessible establishment data has prevented accurate calculation of vacancy rate (NB This has been identified as an area for improvement). The vacancy rate therefore can only be calculated based on vacancies that have been linked to active recruitment efforts.

10.4 This data has been available since April 2023 when the new Tribepad (recruitment) system was introduced, and the data became trackable.

10.5 The overall advertised vacancy rate for the council is currently 1.02 % (1 April – 31 December 2023).

10.6 Analysis by Directorate - turnover

Chart 12 – Turnover rates 2019 v 2023



10.6.1 Chart 12 shows that across directorates, turnover levels remain highest within Children Services. There has however been a decrease in turnover if we compare to 2019. Childrens services sickness levels have marginally increased despite a decrease in turnover. Based on this, no correlation between turnover and sickness can be observed in Children's Services.

10.6.2 Transformation and Resources directorate and Adults, Ageing and Wellbeing directorate have seen the largest increase in turnover since 2019. Adults, Ageing and Wellbeing have seen an increase in sickness levels and currently carry the highest levels of sickness absence. Transformation and Resources have seen a decrease in sickness absence. Based on this, there may be some correlation between turnover and sickness in the Adults, Ageing and Wellbeing directorate but no evidence of this is apparent in the Transformation and Resources directorate.

10.6.3 Place and Regeneration has seen an increase in sickness but has experienced stable levels of turnover. Based on this, no correlation between turnover and sickness can be observed in the Place and Regeneration directorate.

10.6.4 Overall, based on this analysis, it cannot be concluded that turnover is directly impacting sickness absence levels in all areas.

10.7 Analysis by Directorate – advertised vacancy rate

Table 5 – Advertised vacancy rate by Directorate

Directorate	Headcount	No of advertised vacancies (04/23 to 11/23)	Advertised vacancy rate
Adults, Ageing and Wellbeing	1041	60	0.72%
Chief Executive	678	13	0.24%
Children, Young People & Education	1110	151	1.70%
Place and Regeneration	1381	101	0.91%
Public Health, Inequalities and Stronger Communities	348	21	0.75%
Transformation and Resources	649	79	1.52%
NCC	**5207**	**425**	**1.02%**

10.7.1 Directorate vacancy rates, show Transformation and Resources having the highest at 1.52%, however, they have the lowest sickness levels.

10.7.2 Childrens, Young People and Education show the second highest vacancy rate and although they do have one of the highest sickness levels, there was only a marginal increase when compared to 2019.

10.7.3 It would therefore suggest that vacancy rate at directorate level does not show any strong correlation with sickness, and we need to look more closely at roles if we are to draw any meaningful conclusions.

10.8 Analysis by role – advertised vacancy rate

Table 6 – Vacancy rate by high absence role

Role	Headcount	% of headcount with absence	No of vacancies (04/23 to 11/23)	Number Filled	Number remain vacant	Vacancy rate
Contact Centre Adviser	41	**85%**	4	3	1	1.21%
Neat Team Operative	78	**83%**	11	10	1	1.76%
Highway operative /Driver	36	**78%**	4	1	3	1.38%
Care Worker	128	**77%**	16	13	3 (bank)	1.56%
Reablement Worker	84	**74%**	6	5	1	0.89%
Social Worker	205	**74%**	25	16	9	1.52%
- Adults	116	**74%**	18	10	8	1.93%
- Childrens	89	**73%**	7	6	1	0.98%
Social worker support assistant (Adults)	83	**73%**	20	20	0	3.01%
Refuse Loader	58	**72%**	6	4	2	1.29%
Occ Therapist	32	**71%**	5	5	0	1.95%

NB – vacancy rate has been calculated on average vacancy numbers over the last 8 months, and assuming headcount has remained static.

10.8.1 If we look at the top 9 roles that carry the highest sickness levels (see table above), they all have advertised vacancy rates in excess of the council average across all directorates. The highest advertised vacancy rates are within Social Worker Support Assistant (Adults), Occupational Therapists and Adult Social Worker (highlighted in table).

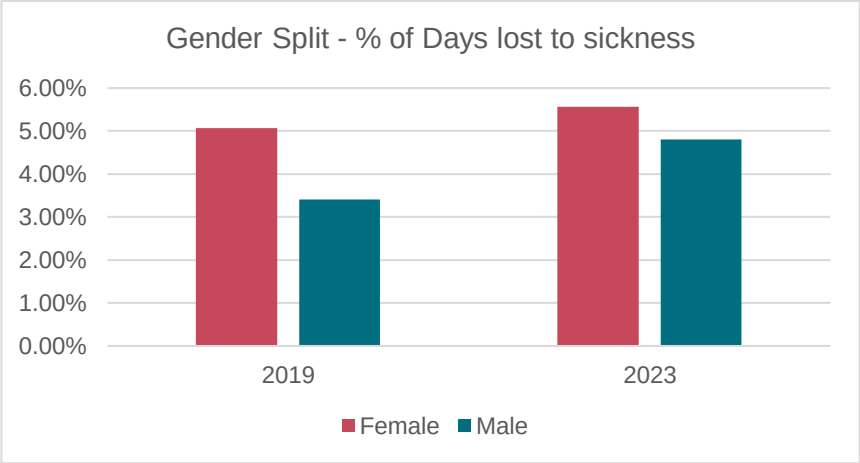
10.8.2 It would appear that there is some correlation between advertised vacancy rates and sickness within specific roles.

10.8.3 It is inevitable that a vacancy in a front-line service such as care provision will have a greater overall impact on not only service provision, but also create pressure on colleagues who may have to cover the abstraction. This becomes perpetuated when unfilled vacancies create pressure and may impact on overall sickness levels.

11. Analysis of gender in relation to sickness absence.

11.1 Calculation of the percentage of overall sickness split by gender (adjusted as proportion of overall headcount) shows that females have higher levels of sickness absence than males. However, there has been a greater rate of increase in male sickness when comparing 2019 with 2023 with the percentage of days lost to sickness absence increasing from 3.41% to 4.81% compared to female sickness absence increase from 5.07% to 5.56% over the same period.

Chart 13 – Sickness rate by gender 2019 v 2023



11.2 The reasons for sickness absence when looking at gender split are relatively similar, with 'Respiratory' causes accounting for the largest number of short-term absences and 'Mental health' for longer term absences.

11.3 The increase in male sickness is likely due to the increased sickness levels in Place and Regeneration and roles such as Refuse Loader, Neat Operative and Highways Operatives. These roles are filled by a predominantly male workforce.

12. Analysis of age in relation to sickness absence.

12.1 When examining sickness rates across age profile, the percentage of days lost due to sickness absence increases with age.

12.2 The most significant increases when comparing 2019 with 2023 can be observed in the 50+ age bracket.

Chart 14 – Sickness rate by age 2019 v 2023

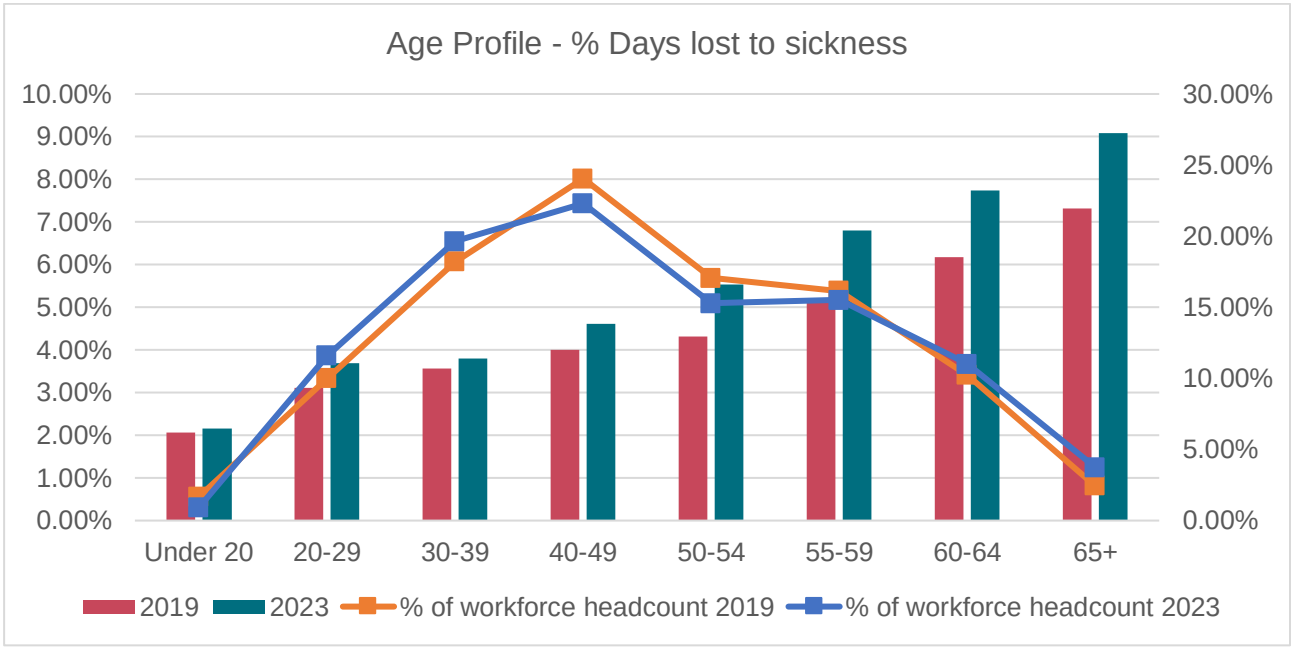


Table 7 - Average Age by Directorate

Directorate	Average Age - 2019	Average Age - 2023
Adults, Ageing and Wellbeing Directorate	50	48
Chief Executive Directorate	43	44
Children, Young People & Education Directorate	44	44
Place and Regeneration Directorate	46	46
Public Health, Inequalities and Stronger Communities Directorate	47	48
Transformation and Resources Directorate	46	47
NCC overall	**45**	**46**

12.3 The majority of those aged 55 and above are working within Adults, Ageing and Wellbeing (44.7%), Public Health, Inequalities and Stronger communities (31.4%) and Place and Regeneration (30.8%).

12.4 As we know from previously stated analysis, the largest increases in sickness are seen within Adults, Ageing and Wellbeing and Place and Regeneration. These directorates are positioned as top and third in terms of average age of their respective workforces. Based on this, it can be inferred that there is some link between age and absence levels.

13. Exit Intelligence.

13.1 The exit survey is issued to leavers of the council and is designed to better understand an individual's reasons for leaving. This information is used to address areas of concern and develop strategies for effective future attraction and retention.

13.2 A wider analysis of exit survey feedback has been completed and is provided at **Appendix 1**. For the purposes of this report, focus has been given to the questions which are directly related to wellbeing.

13.3 118 exit surveys have been completed between December 2022 and November 2023. This equates to a 21.38% completion rate by all leavers.

13.4 50% of leavers who completed the survey resigned, with the remainder having either retired, come to the end of their fixed term contract, or retired on the grounds of ill health. 25% stated they were leaving by 'other' routes. Unfortunately, the survey does not currently allow us to follow this up and understand the more detailed reasons for method of leaving.

13.5 Of those that resigned, breakdown for reasons given is outlined below;

Career development 25%

Higher salary 24%

More job satisfaction 24%

Other 17%

Recognition 9%

13.6 'Health and Wellbeing' is not currently a selectable option to be offered as explanation for leaving.

13.7 The table below provides more detailed response to wellbeing questions from organisational and then directorate level from the 118 leavers who responded.

Table 8 – Wellbeing data as derived from responses by 118 leavers to exit survey

Questions within survey	% based on overall exit data submissions.	Adults	Childens	Place & regen	Resources and Transformation	Public Health	Exec
		% is based on exit submissions at directorate level.					
The Council took my wellbeing seriously	83% agreed with this statement	78%	79%	80%	100%	92%	100%
Do you feel you have suffered any work-based stress beyond a level that you feel is acceptable?	40% felt they had suffered work-based stress beyond a level that they felt was acceptable	48%	44%	40%	60%	69%	14%
Do you feel you were given support from managers and colleagues? (related to above question)	58% responded yes	74%	91%	65%	100%	92%	86%
Do you feel your workload was manageable?	77% responded yes	74%	72%	65%	100%	100%	86%
Would you recommend NCC as a good employer?	87% responded yes	89%	84%	85%	100%	92%	86%
Total response rate		**23%**	**36%**	**17%**	**7%**	**11%**	**6%**

14. Occupational Health Referral Intelligence.

14.1 Our Occupational Health provider, Northumbria NHS Foundation Trust implemented a new case management system in April 2023. Accordingly, the following analysis is based on data for the period March 2023 to September 2023.

14.2 This data is considered relevant as it highlights the level of active intervention by managers seeking to understand the reasons for an individual's health and wellbeing situation and to put in place appropriate support strategies.

14.3 Table 9 below shows the reason for referrals to Occupational Health. 'Mental health' was observed as being the highest reason for referral.

Table 9 – Cited reasons for referral to Occupational Health

TOTAL	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Totals
Mental Health	12	19	32	30	20	23	31	167
1* Concerns for employees ability	5	33	20	19	30	28	18	153
2 * Early Intervention	15	17	19	8	10	20	16	105
Musculoskeletal (MSK)	9	16	17	17	15	16	13	103
Continued Sickness Absence	12	9	12	15	12	15	11	86
Absence that gives cause for Concern	9	2	4	7	2	5	5	34
Pre-surgery Referral	0	3	3	2	3	4	5	20
Support During a Formal Process	0	3	1	1	1	2	2	10
Atypical Employee Behaviour	0	0	0	0	2	0	1	3

Explanation re terminology;
1 - Staff member normally on long term sickness absence or with a disability and advice sought re issues that may impact on sickness, support which can be put in place, whether they can return to role and whether unfit for foreseeable.*
2 - Referrals made when staff member not on sick leave or has just reported sick. Aim being to retain at work with adjustments.*

14.4 Table 10 below highlights referral levels for each directorate. The highest referral levels being generated in Adults, Ageing and Wellbeing, which correlates to the highest sickness absence levels.

Table 10 - Referral levels by Directorate

Directorate	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Totals	Total HC	% of HC Referrals
Active Northumberland	1	5	2	4	7	7	4	9	5	44		
Adults, Ageing And Wellbeing Directorate	17	34	38	35	33	34	24	38	35	288	1041	28
Children, Young People And Education Directorate	14	12	21	22	11	20	19	23	26	168	1110	15
Fire And Rescue	2	11	4	13	3	9	9	7	2	60	492	12
Place And Regeneration	9	20	22	14	19	29	22	21	25	181	1383	13
Public Health, Inequalities And Stronger Communities	3	4	8	6	6	2	6	7	5	47	348	14
Transformation And Resources	5	9	10	5	10	8	16	7	9	79	647	12
Chief Executive directorate	4	7	3	0	6	4	2	5	2	33	186	18
TOTAL	**55**	**102**	**108**	**99**	**95**	**113**	**102**	**117**	**109**	**900**		

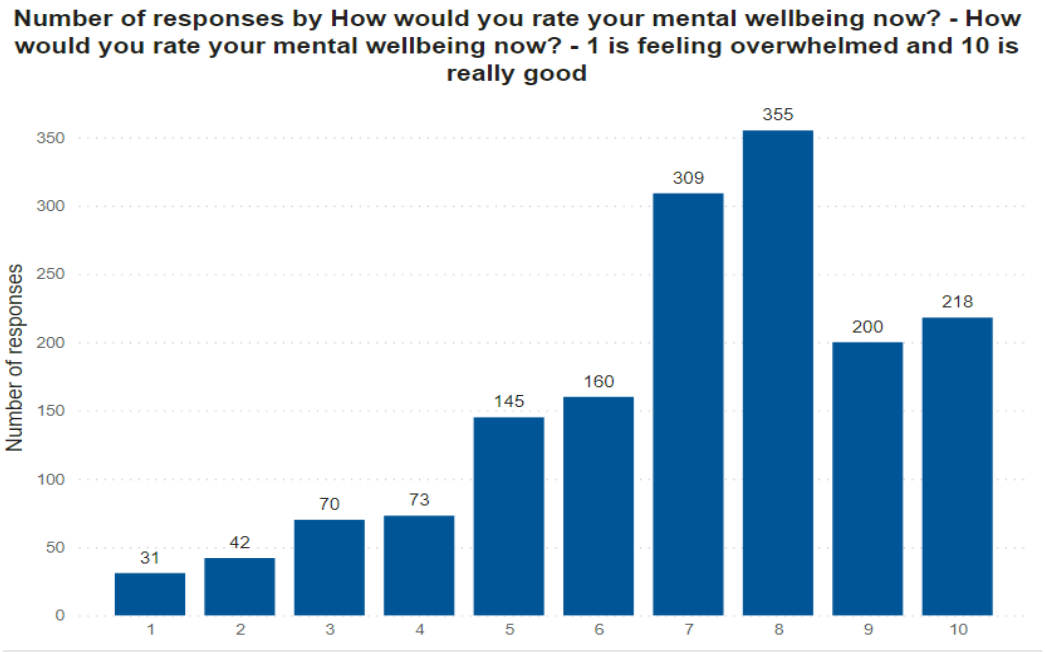
14.5 Work is ongoing in relation to improving the data we receive from Occupational Health, both in terms of frequency of reporting and qualitative data. The data should enable the organisation to ensure we are responding appropriately to reported sickness, taking a proactive approach with timely referrals being made through the correct pathway.

15. Pulse Survey Intelligence

15.1 The response to the recent pulse survey (undertaken December 2023) is currently being analysed. Given the timescales for this report, we have not had sufficient time to explore this fully, therefore the below is a snapshot of data collated so far.

15.2 Our intention will be to analyse this further across directorates and roles, exploring the themes already identified within this report to identify any further causal factors.

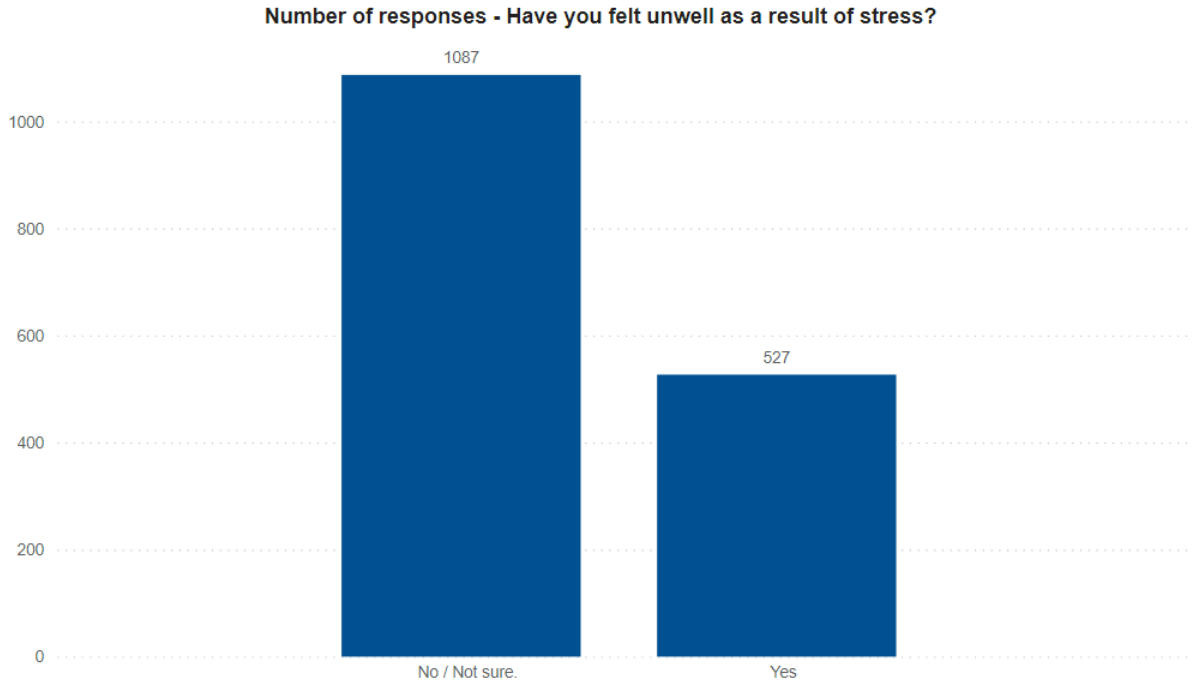
Chart 15 – Wellbeing scores from Pulse survey December 2023



15.3 67% of respondents would rate their mental wellbeing as 7 and above.

15.4 A more in-depth analysis of responses scoring 6 and below will be carried out to explore locations and roles, where data allows.

Chart 16 - Stress scores from Pulse survey December 2023



15.5 33% of respondents stated that they have felt unwell as a result of stress which correlates with the previous wellbeing question.

16. Conclusions drawn from analysis

16.1 When comparing sickness to the pre covid period, there has been an overall increase in sickness absence from 4.25% days lost to 5.26% and an increase from 9.44 to 11.68 average days per employee. This scale of increase is however a national trend and is not unique to the council.

16.2 The main reason recorded for sickness absence is respiratory related, particularly within short term absences and mental health related for long term absences. This is not surprising given the impact, directly and indirectly related to the pandemic. Staff are encouraged to remain at home if they have tested positive for covid or suspect they have covid.

16.3 People are generally taking more precautions with respiratory related illnesses, particularly those who were previously shielding and categorised as having a higher risk of becoming inflected or living with family members who are at risk.

16.4 In terms of mental health incidence increases, nationally, the increase is being linked to the pandemic and more recently, the cost-of-living crisis.

16.5 When looking further into mental health illnesses, the main reason cited at the council is anxiety related (32%), however, the specific reasons vary from relationship breakups, bereavement, and family conflict. Work related mental health reasons account for 12% of all mental health related illness.

16.6 We also need to be mindful of the shift in society's attitudes in relation to mental health. People are becoming accepting of mental health conditions and more supportive of people with issues. There is a greater awareness of common mental health disorders such as depression and anxiety and people are more open about their mental health and more willing to talk to health professionals and seek treatment. Within work we are more active in encouraging people to talk about their mental health, promoting self-help.

16.7 We can see both from exit intelligence and the recent pulse survey that work based stress is present in some areas, with around 40% of staff who completed an exit survey and around 30% of staff who have completed the recent pulse survey citing they had experienced some level of stress as a result of aspects of their work for the council.

16.8 The highest sickness levels occur within Adult, Ageing and Wellbeing and Childrens, Young People and Education and are aligned to Care Worker and Social Worker roles. Both services have seen increases in respiratory illnesses (short term absences) and Mental Health (longer term absences).

16.9 Given the explanation for respiratory increases at 16.2 above and the link with heightened infection vigilance caused by the pandemic, it is understandable there has been an increase in this area and amongst the roles outlined.

16.10 A further understanding of mental health related absences needs to be explored as an initial review of reasons indicate several factors - bereavement, family conflicts, relationship breakdowns, relationships at work, stress caused by high number of vacancies, trauma. There appears to be no predominant reason.

16.11 Although Place and Regeneration does not have the highest sickness levels, they have seen a marked increase in respiratory short-term absences, but also respiratory long-term absences and for musculoskeletal reasons. This can be attributed to the physical nature of NEAT Team Operative, Highways Operative and Refuse Loader roles. These are predominantly outdoor workers who may be more susceptible to seasonable illness and have been further impacted by the pandemic. Long term covid may also have had an impact.

16.12 When analysing advertised vacancy rates, the data suggests there is no strong correlation if considering at directorate level, however, it is probable that vacancies within specific care roles, including Social Workers, could be contributing to absence levels. This needs to be further explored and recruitment and retention strategies implemented to fill established posts.

16.13 Sickness levels are higher amongst females, which aligns to the national picture, however we have recently seen greater increases in male sickness, which may account for the increased sickness levels within Place and Regeneration which has a predominantly male workforce. This also needs to be explored further.

16.14 In summary, the increased sickness levels mirror the national picture, and higher levels within the northeast region. It is important however that we further explore the reasons for absences within specific service areas, such as front-line services, where we employ Care workers, Social Workers, NEAT Team Operatives, Highway Operatives and Refuse Loaders. This will enable us to respond appropriately with targeted interventions.

16.15 Further analysis of the pulse survey will also provide greater insight into areas and roles where people have experienced stress, enabling appropriate support and interventions to be explored.

17. Current methods of monitoring and managing sickness absence levels and improving wellbeing.

17.1 Internal Wellbeing Offer

The council has developed an overall wellbeing provision that focuses on support to assist individuals to proactively manage and strengthen their own wellbeing. This includes**:**

- Development of an online Wellbeing portal, offering support resources in relation to Mental, Physical and Financial wellbeing.

- Organised events and campaigns aligned to the national wellbeing calendar.

- Establishment of the role of Lead Health and Wellbeing Co-ordinator. This role supports the organisation and managers to roll out Health and Wellbeing support within their teams. This has included Mental Health training for Managers.

- Establishment of the role of Psychological Wellbeing Co-ordinator. This role provides 1:1 support for staff experiencing work or home life stress in order to create bespoke wellbeing packages. This is not a therapy service, but a triage service, signposting staff to the relevant support.

17.1.2 The above offering is very much welcomed by both managers and staff and consistently receives positive feedback.

17.1.3 The introduction of the Psychological Wellbeing Co-ordinator role has lessened demand on Occupational Health Psychology Services. The postholder sees individuals experiencing challenges and supports them through triage often without the need to escalate to Psychology Services.

17.1.4 This is a well utilised service. There have been 643 referrals since Nov 2021. The monthly referral averages at 29 people. 6.66% of the total workforce have been referred in the past year.

17.1.5 The key themes supported through these sessions are outlined below. Generally, staff have more than one issue ongoing, so the percentage does not add up to 100%. This is provided simply to indicate the range of issues presented.

- Poverty and cost of Living crisis (15%)

- Bereavement (15%)

- Being an unpaid carer and working. (15%)

- Vacancies in the team (10%)

- Pressures of work (10%)

- Physical health problems or new diagnoses for staff members and their family leading to low mood. (20%)

- Long term mental health concerns that cycle up and down. (25%)

- Relationship breakdown. (10%)

- Past domestic violence and child abuse experiences. (10%)

- Past/current drugs and alcohol concerns for the staff member and family members (15%)

  Some staff groups are more affected than others by particular issues, such as the lowest paid part time staff also on universal credit are most affected by poverty.

Table 11 : Overview of Main Health & Wellbeing Support offered in last 12 months (1/10/23 – 30/11/23).

		% Attendance of all who attended					
Mental Wellbeing	All NCC (%)	Adults (%)	Children s (%)	Chief Exec (%)	Place and Regeneration (%)	Public Health (%)	Transformation and resources (%)
Psychological Wellbeing Co-ordinator Referrals (PWC)	6.66 %	28.8%	28.80%	10.21%	17.80%	28.10%	8.90%
Calm Space	3.83 %	28.18%	26.18%	13.18%	13.64%	9.55%	17%
Line Managers Mental Wellbeing Surgeries	0.85 %	34.70%	14.29%	28.57%	6.12%	8.16%	6.12%
Line Managers Mental Wellbeing Training	0.61 %	31.43%	11.43%	5.71%	38.88%	17.41%	8.27%
Resilience Training (Learning Together)	0.26 %	73.33%	20%	0%	6.66%	0%	0%

17.2 Health and Wellbeing policy and HR Advisory activity

17.2.1 The council's Health and Wellbeing policy supports appropriate management of sickness cases, clearly setting out areas of responsibility and processes to follow.

17.2.2 Return to work interviews are an essential part of this process and managers must ensure these are completed following each period of sickness.

17.2.3 Where an employee has breached triggers, wellbeing reviews are conducted by the manager, supported by an HR adviser where appropriate.

17.2.4 Occupational health is integral to this policy and further detail is outlined below.

17.2.5 Reasonable adjustments are a key consideration, enabling employees to remain at work or return to work following a period of sickness.

17.2.6 Monitoring of wellbeing reviews is overseen by the HR department, both from a qualitative and quantitative perspective.

17.3 Occupational Health

17.3.1 Occupational Health assists managers in the provision of medical advice to enable effective management of sickness absence. Occupational Health plays a major role in the health and wellbeing of employees, particularly mental health, and musculoskeletal injuries.

17.3.2 Occupational Health also carry out health surveillance to ensure risk assessments are undertaken and action and controls are advised to comply with HSE legislation.

17.3.3 Managers are encouraged to make early referrals to occupational health to ensure the necessary support and advice is provided with the aim of either preventing an absence or reducing the length of absence and supporting a return to work.

17.3.4 Managers must refer an employee to Occupational Health:

- On the first day of absence for those relating to Musculoskeletal reasons (or as soon as reasonably practicable).
- By the fourteenth day, or earlier, if an absence is, or is likely to be, for a period of 2 weeks or more.
- As soon as a concern arises about the health of an employee that may be affecting their ability to attend work, provide effective reliable service and/or perform in the role in which they are employed.
- If it is felt that early intervention would benefit an employee, a referral to Occupational Health can be made at any time.

17.3.5 For absences relating to Mental Health, stress, anxiety, depression and other psychiatric illnesses, the employee is referred to the Psychological Wellbeing Co-ordinator as mentioned above on the first day of absence. This process ensures that the employee is getting the necessary support as soon as is practically possible. The PWC will then decide as to whether the line manager will need to refer to the Occupational Health unit.

18. Other potential options open to the Council

18.1 Section 17 above outlines the council's current approach to managing sickness absence and supporting employee welfare. It is recognised that despite effective execution of the above approach, sickness levels continue to rise and given the diversity of our services and associated roles, a broad spectrum 'one-size fits all' approach may not be fit for purpose.

18.2 The following section represents options currently under consideration for implementation. This will enhance our ability to manage absence and support employee welfare but will also allow for a more tailored approach dependent on the challenges unique to service areas.

18.3 **Occupational Health.**

18.3.1 We are working closely with our Occupational Health provider (NHCFT) to improve the service in the following areas;

- Referral response times – with the aim of reducing wait ties from referral to appointment.

- Quality of reports – ensuring reports address the questions presented at referral and express a balanced position considering both needs of Organisation and individual.

- Reporting and performance monitoring – Comprehensive and timely performance information, enabling the organisation to respond to trend/ patterns emerging and to focus support in areas where we see greatest need.

18.3.2 A 3-month improvement plan is being developed, along with comprehensive performance reporting which will monitor key performance indicators.

18.4 Internal Mental Health Therapy Provision

18.4.1 Considerable demand is being placed on primary and secondary care psychology services resulting in longer than usual wait times. We currently have staff who are waiting 2/3 months for referrals, with realistic wait times of 4 months being advised. This clearly has an ongoing impact on the staff members' mental wellbeing which may lead to increased abstractions and impact on overall performance.

18.4.2 We currently have staff awaiting psychology treatment through Occupational Health. Some cases are regarded as too complex for treatment via Occupational Health and therefore staff are having to seek support elsewhere from GP or Talking Therapies services. We are working with Occupational Health to explore further cases and numbers.

18.4.3 Reasons for referrals to psychology are for a variety of reasons such as anxiety, work related stress, bereavement, non-work related stress and unprofessional conduct.

18.4.4 We also have around 13 members of staff currently receiving psychology interventions through Occupational Health.

18.4.5 An alternative model could be considered which would offer an internal therapeutic service, employing a Cognitive Behavioural Therapist (CBT) which is the most common therapeutic intervention used to treat people with mental health disorders. Other organisations have adopted this approach to support staff who present with conditions and symptoms which require therapy. Those that require immediate treatment would be prioritised via our inhouse triage process, but also via Occupational health mainstream referral.

18.4.6 A business case is under development outlining the approach and benefits.

18.5 Psychological Risk Management

18.5.1 The council could consider adopting a psychological risk management approach, recognising that some roles in the Council may carry additional vulnerability, which can interfere with an individual's emotional and mental wellbeing due to the nature of the role and day to day activities. Many people have an ability to deal with certain levels of psychological stress, but the ability varies from person to person and changes over time or circumstances, largely dependent on stress and resilience levels.

18.5.2 Once these roles are identified, psychological screening could be introduced for staff working in these roles to monitor their overall resilience and wellbeing, allowing interventions to be introduced at an earlier stage preventing more longer-term illness or absence.

18.6 **Mental Health Training**

18.6.1 Mental Health training is an intervention already offered by the council and is currently delivered by our wellbeing team. This tends to be offered on a bespoke basis following requests from managers or where concerns have been identified via Human Resources through case management.

18.6.2 Consideration needs to be given to adopting a more preventative approach which would ensure all line managers are provided with the knowledge and tools needed to recognise signs of poor mental health, enabling them to support and lead resilient team.

18.6.3 The following framework of mental health training is planned to be adopted;

- Induction – Develop an on-line mandatory training module for all staff focused on managing their own mental health, outlining signs and triggers of poor mental health, and introducing strategies and ways of managing this and building resilience.
- Manager Induction- The above module would be extended further as part of managers induction, specifically focussing on triggers of poor mental health, signs and building resilient teams.
- Leadership Programme – Mental health training would be embedded with the leadership programme and content designed appropriate to each level of leadership.
- Bespoke Delivery – Bespoke delivery of mental health training incorporating elements of the above would be available and delivered to targeted services informed by data and insight.

18.7 **Health checks and Flu Jabs**

Rather than deploying a broad spectrum approach we will ensure the annual programme is data led, with a focus being placed on those areas where we are seeing increased short-term absence due to respiratory reasons. A more targeted campaign needs to be adopted for front line workers in relation to receiving the flu jab.

18.8 **Musculoskeletal.**

We will examine more closely musculoskeletal cases to determine reasons and whether measures can be put in place to mitigate risk of injury. This may involve, reviewing training provision and effectiveness.

18.9 **Focus Groups.**

Within the services and roles where we are seeing higher sickness levels, we will conduct focus groups to engage further with staff to understand more fully any factors that may be contributing to overall sickness. Organisational Development

Partners will engage initially with Heads of Service and Directors within these areas to identify the outcomes to inform the approach and design of these focus groups. This will also be the approach to explore further increase in male sickness levels.

18.10 **Change Management**

18.10.1 As the organisation embarks on a period of meaningful change through BEST new ways of working, we need to ensure our workforce are fully prepared to embrace such change and help them to maintain their sense of wellbeing.

18.10.2 All too often, we see the negative impact change can have on staff and during a time where our workforce is facing additional external pressures such as cost of living crisis, we need to ensure we provide the necessary support to managers in facilitating positive change, but also to staff in how they experience change.

18.10.3 A programme supporting and preparing people for change is currently under development.

18.11 **Exit Intelligence – Improvement in response rate**

18.11.1 A review of the exit survey process will be undertaken to ensure it is accessible, responsive and questions inform meaningful feedback.

18.11.2 The exit survey completion rate is low with current completion rate sitting at 21.28% and therefore insights are limited. By reviewing the process, our ambition will be to increase completion rate along with exit interviews enabling the organisation to access rich and meaningful data which will support in shaping employee experience and overall culture and improve overall employee wellbeing.

18.12 **Implementation of Proposals**

18.12.1 We intend to take a staged approach to implementing the outlined proposals, ensuring they are embedded within the People Strategy and prioritised and aligned to key deliverables and outcomes.

18.12.2 Where there is a financial impact linked to proposals, the necessary engagement and consultation will be undertaken and approvals sought.

END

Policy	All workforce actions need to be in line with government regulations and guidelines.
Finance and value for money	The workforce is of significant cost to the Council and therefore it is essential that the workforce performs efficiently to ensure that the Council achieves value for money in relation to service provision.
Legal	There are legal implications for the Council if employment practices are not in line with the law and best practice.
Procurement	Dependant on outcome of Occupation health improvement plan. Soft market testing may be required initially to explore alternative Occupational Health service.
Human resources	As included in the report. The development and introduction of further proposals linked to proposed business cases and training/support packages.
Property	None have been identified.
The Equalities Act: is a full impact assessment required and attached?	No - not required at this point All HR policies and procedures are subject to an equality impact assessment.
Risk assessment	Risks relating to the ongoing health and wellbeing of staff are managed locally and both Strategic and Operational Risk registers are in operation
Crime and disorder	None
Customer considerations	An increase in attendance will allow NCC to maximise its use of resources to improve overall service provision.
Carbon reduction	None have been identified.
Health and wellbeing	The recommendations will support overall improvement of employee wellbeing.
Wards	All

18 Background papers.

OSC Workforce Report of 25 September 2023

19 Links to other key reports already published.

Not Applicable

20 Authors and Contact Details.

Claire Farnell	Head of HR	claire.farnell@northumberland.gov.uk
Craig Smith	Senior Workforce Information Analyst	craig.smith@northumberland.gov.uk
Sarah Farrell	Director of Workforce and OD	sarah.farrell@northumberland.gov.uk