

Agency Spend and Sickness Absence

1. Background

1.1 Agency cover is used for a number of reasons including to provide cover for staff absences in frontline services such as Adults and Children's Services. Given the costs associated with this, a considerable amount of work has been done to ensure that we have in place robust arrangements for the management of sickness absence.

1.2 At a strategic level, the following key performance measures in relation to sickness absence exist:

- Council Plan target of 9.24 days lost due to sickness absence per FTE employee, and
- Portfolio Plan target of 90% of 'return to work interviews' to be completed within seven days

1.3 Performance against these targets is monitored regularly through both the corporate Council Plan quarterly monitoring process and in the form of monthly dashboards presented to CMT. In terms of days lost due to sickness, the addendum attached shows our performance from 2014/15 to 2017/18. As can be seen from this, there has been a year on year improvement and we have achieved the Council Plan target for the second year running.

1.4 In terms of performance against the 'return to work interviews' target, the table below sets this out over the same time period. Significant improvement has been achieved since Q4 in 2015/16 and in Q1 2017/18 we were only 1% off reaching the 90 % target:

	Q1	Q2	Q3	Q4
2014/15	78%	75%	77%	71%
2015/16	70%	73%	72%	86%
2016/17	85%	85%	88%	86%
2017/18	89%			

1.5 Set against this background, a considerable amount of work has been undertaken to manage down sickness levels across the Council over the last 2 years. A number of initiatives, in conjunction with departments, have been put in place, a summary of which is detailed below.

2. Attendance Management Initiatives

2.1 Management Information

- Sickness absence levels are included in the monthly dashboard of workforce indicators that goes to the Corporate Management Team. Sickness trends, top reasons for absence, numbers of days lost and benchmarking of our Occupational Health referrals are amongst the information included, thereby ensuring on-going visibility of sickness absence levels and reasons at the most senior level within the Council.
- In addition, a range of reports are issued to local managers at team level.

2.2 Mental Health and Stress Related Absence

Stress and mental health are currently the most common reasons for sickness absence. However, ESCC are only 1 in 9 local authorities to see a reduction in this area.

- **Mental Health**
Following our commitment to the 'Time for Change' pledge, opportunities for collaboration are being explored with Public Health, Trade Union colleagues and our new Occupational Health Provider. A number of planned activities are due to take place in the autumn including a manager's workshop for World Mental Health Day alongside a dedicated communications plan aimed to raise awareness. Online resources have been developed to assist managers, including guidance videos and a 'Wellness Plan'. These tools have been well received and the metrics demonstrate they are widely used. Explorative work is currently being undertaken to train members of staff as 'Mental Health First Aiders' which will entail upskilling designated individuals in our workforce to spot the early signs of mental ill health and provide initial signposting, guidance and support

- **Stress**
As previously reported an LGA grant of £10k has been successfully secured which has enabled ESCC to pilot an online mindfulness programme to support staff to be resilient at work. 60 members of staff participated in this course which completed on 31 March 2017. An independent evaluation is now in process with a full report due autumn 2017. This will include data and recommendations for supporting employee wellbeing and resilience in the workplace.
- In addition, a specialist nurse from our absence provider is due to deliver a targeted session to provide guidance for managers with high level of stress in their teams. As part of our ongoing corporate training programme the 'Managers Managing Stress' course has also been recommissioned. Following staff feedback a Mindfulness 'resources' page has been created on the intranet and over 100 members of staff have registered an interest in the mindfulness 'drop in' sessions which continue to take place on a regular basis in Eastbourne and Lewes.
- An automated process is now in place to ensure that all managers who have employees absent due to mental health or stress are contacted on the first and tenth day of absence. The email is sent direct from Firstcare and provides guidance directly to managers on supporting staff. It also prompts them to make contact since research suggests that establishing open lines of communication at the initial stage of an employee's absence is important in securing an earlier return to work.

2.3 Musculoskeletal Absence

Absence due to musculoskeletal reasons is now the second most common cause for time lost; dedicated initiatives are in place to address this:

- An automated trigger notification has been developed; signposting managers directly to the physiotherapy service on the first day when an employee reports the absence enabling prompt intervention. The decrease in musculoskeletal absence set against the increase in physiotherapy referrals since the introduction of this automated guidance is indicative of this being a successful intervention.
- The absence statistics demonstrate that the majority of musculoskeletal absence is experienced by older workers who undertake manual handling. Exploration work is underway to identify manual handling training specific to our workforce needs.
- Future preventative interventions are also being explored with Public Health and our new Occupational Health Provider.

2.4 Return to Work Interviews

Return to work (RTW) conversations are recognised as a critical event in the successful management of sickness absence. A number of initiatives to support managers with completing RTW interviews have been implemented. Of specific note:

- The development of an online video guide for managers to increase confidence in this area, with over 500 unique views.
- On 12 June 2017 a new Return to Work form was launched with the aim of promoting relevant conversations and to enable appropriate signposting at the earliest opportunity. These revised dynamic forms provide tailored questions for specific conditions, for example stress and musculoskeletal absences.
- The automated return to work email has been revised and reiterates the importance of having these conversations to prevent future absence.

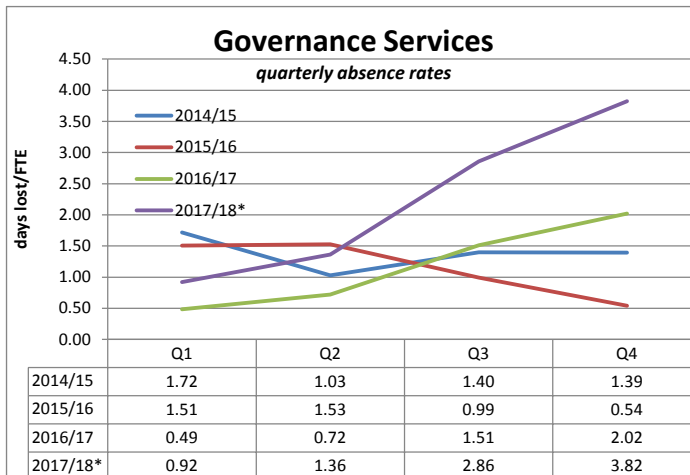
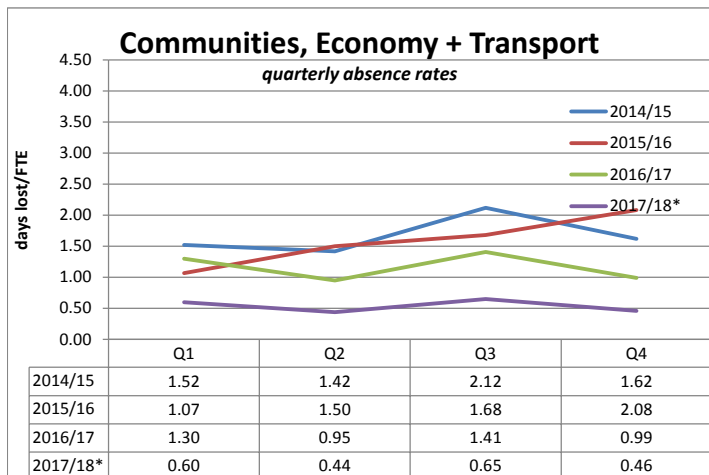
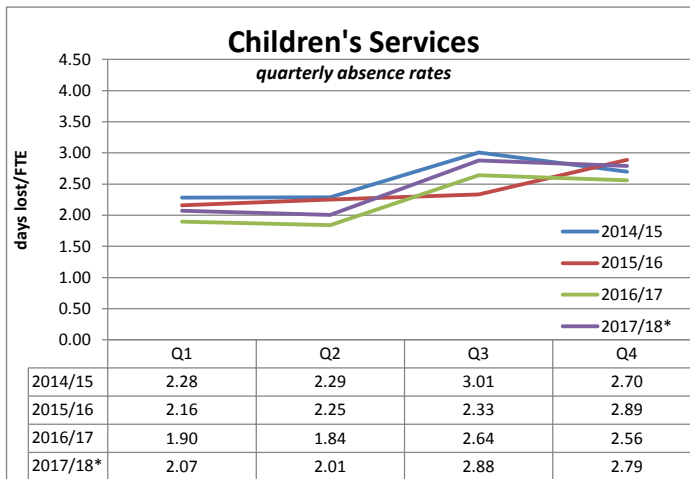
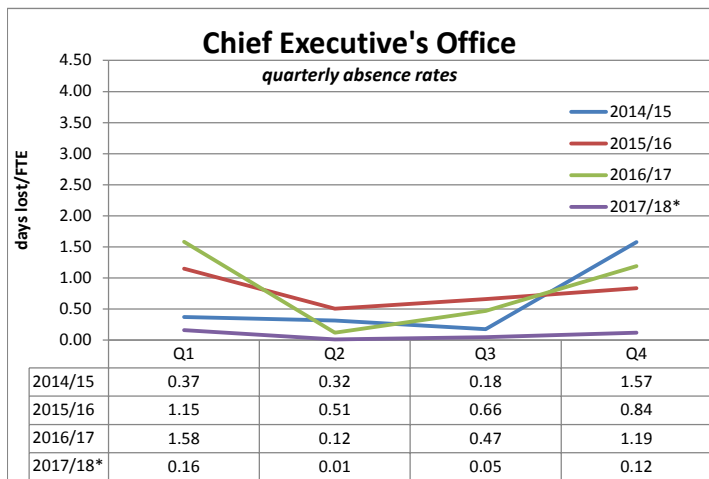
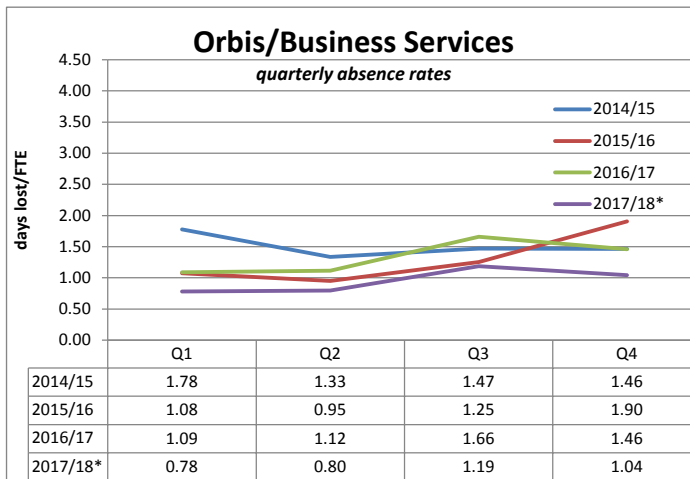
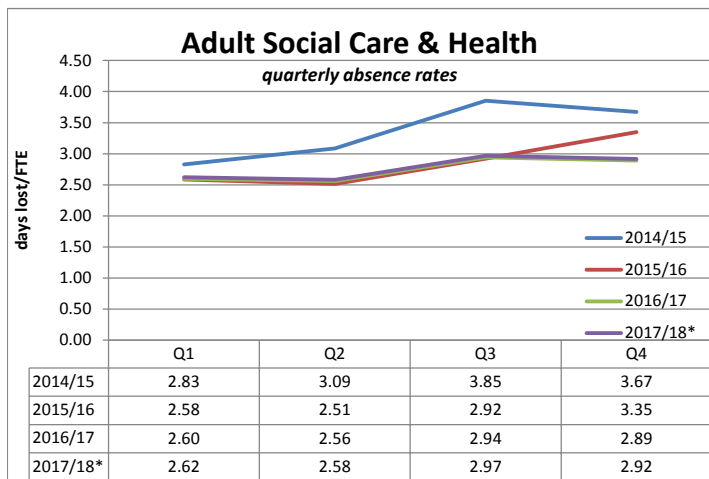
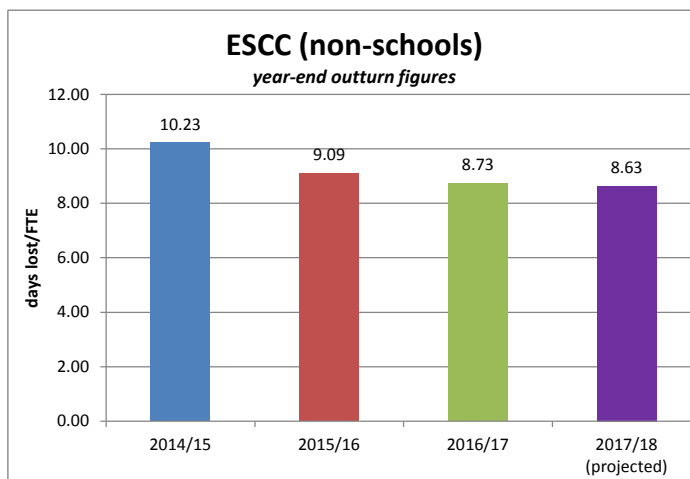
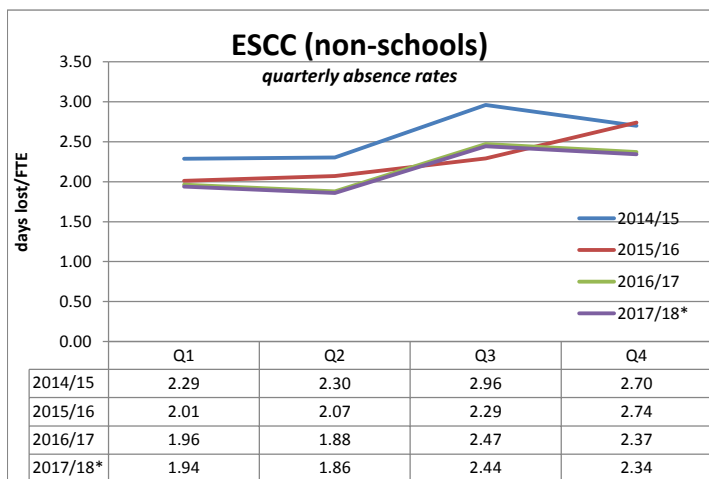
2.5 On Site Health Checks

- A joint venture with Public Health offering ESCC staff work base health checks launched on 19 June 2017. The aim is to improve the health and wellbeing of adults aged 40-74 years through the promotion of earlier awareness, assessment, and management.
- It is anticipated that these checks will help to prevent the onset of cardiovascular disease. There has been a positive response to this with over 250 employees having received a health check to date.

3 Conclusion

The initiatives highlighted above are indicative of the range of interventions we have in place to improve attendance levels across the Council, as well as deliver on our continued commitment to reducing absence levels.

Quarterly absence rates 2014/15 to 2017/18 (projected)



*2017/18 Q2+3+4 are projected from Q1

absence rate is days lost per FTE, expressed quarterly (not cumulative quarters as used for Council Plan monitoring)

excludes staff on temporary contracts with less than one year's ESCC service