



# Report to Finance & Resources Select Committee

**Date:** F&R Select Committee 6 April 2023

**Title:** **Update on Buckinghamshire Council (BC) management of absence and wellbeing**

**Relevant councillor(s):** Cllr John Chilver and Cllr Tim Butcher

**Author and /or contact officer:** Sarah Murphy Brookman

**Ward(s) affected:** **None specific**

**Recommendations:**

**To note: plans in place to manage employee absence, attendance and wellbeing in line with Buckinghamshire Council policy and best practice.**

## 1 Executive summary

1.1 This report presents a comprehensive analysis covering:

- a) *Data and trends relating to absence in the workplace and absence management*
- b) *The long-term impacts of ill health on cost and productivity.*
- c) *The financial cost to the business of ill health and sickness absence.*
- d) *Training and Support available for managers to reduce sickness absence*
- e) *How our Sickness Absence policy fits with our health and wellbeing workplan to support absence management and return to work*
- f) *Plans in place to manage absence in line with our sickness absence policies and processes*
- g) *Best practice examples and comparisons*

## **2. Part one - Introduction**

- 2.1 A deep dive report was taken to CMT in November 2022 on sickness absence trends in the council.
- 2.2 At that point, based on data for the end of August 2022, the Council's sickness absence rate was 9.78 days per FTE. The nearest available local authority data for comparison is an average is 9.36 days per FTE across several authorities, for rolling year ending March 2022 (appendix 1).
- 2.3 Since August 2022, our absence rates have started to go down and in January 2023 our rate was 9.12 days per FTE against our internal target of 9.0 days per FTE.
- 2.4 COVID, colds and flu are the main cause of short-term absence, (accounting for 20.7% of absence in the year to January 23). The biggest underlying cause of long-term absence is for Mental Health (25.44%) followed by Other Muscular skeletal (7.22%) and Surgery related absence (6.49%).
- 2.5 Based on assumptions set out in appendix 3, we estimate the **overall cost of absence** before on costs to be in the region of **£4.54m per annum** or 3.02% of the pay bill.

### **National picture and the covid backdrop**

- 2.6 The covid pandemic changed responses to absence management and employee wellbeing across all sectors. The pandemic was also the backdrop for our new council and our focus on employee wellbeing during that period was a significant contributor to our excellent Together Survey scores – see appendix 4. This pattern was repeated nationally as employers across all sectors focused much more heavily on all aspects of employee health and wellbeing. Following the pandemic our scores have remained consistent both for wellbeing and engagement.
- 2.7 Consolidated sickness absence data has only been available since April 2020 however, legacy council absence rates can be seen at appendix 2.
- 2.8 Most organisations, our own included, saw a sharp fall in reported sickness absence during the pandemic. As lockdown was lifted, we experienced an increase in short terms absence for colds, flu and covid itself. Front line workers and services have shown higher rates of viral infection than hybrid workers and when testing was still a requirement, they were unable to return to work until their test status changed (hybrid workers were able to work from home if they felt well enough).
- 2.9 The other significant trend across all sectors has been the sharp increase in reported absence relating to mental health (particularly impacting on longer term health).

- 2.10 Deloitte issued a report in March 2022 showing an overall increase in mental health and cost to employers. They highlighted four categories of worker at particular risk (across all sectors). These are young people, keyworkers, workers with caring responsibilities and ethnic minority staff. A link to this report is available at section 9 of this paper.
- 2.11 Since the pandemic, most organisations offering best practice now look at employee health and wellbeing as an integral part of their absence management arrangements. This includes a greater awareness of mental health and strategies to support mental health.

## **Part two – Buckinghamshire Council sickness data and trends**

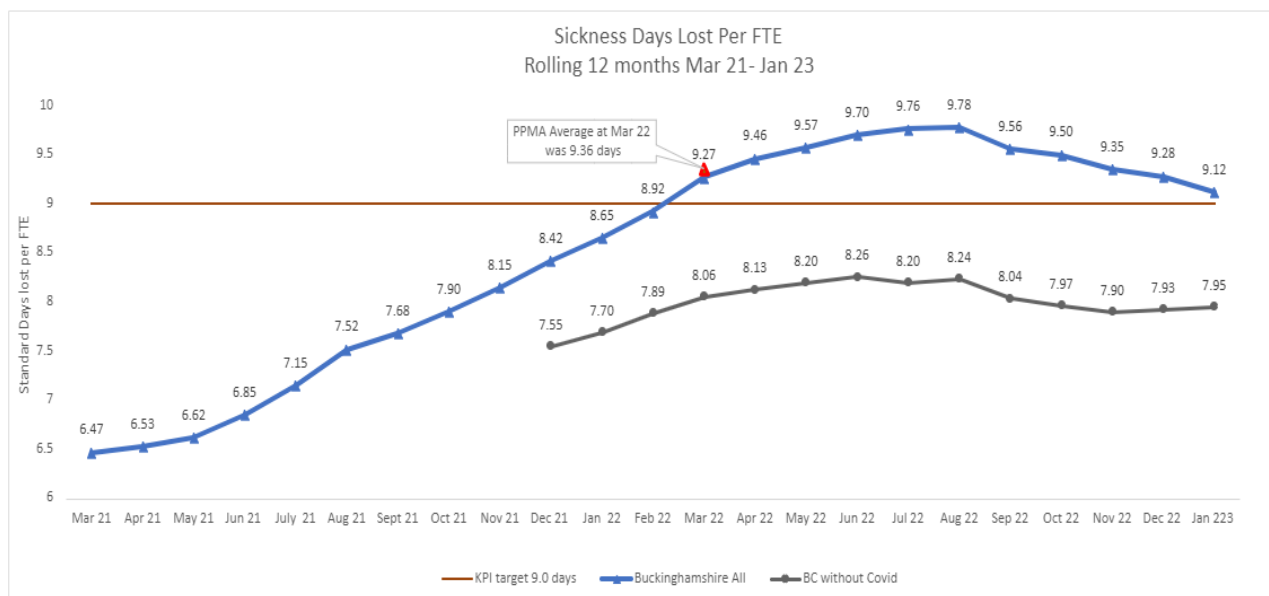
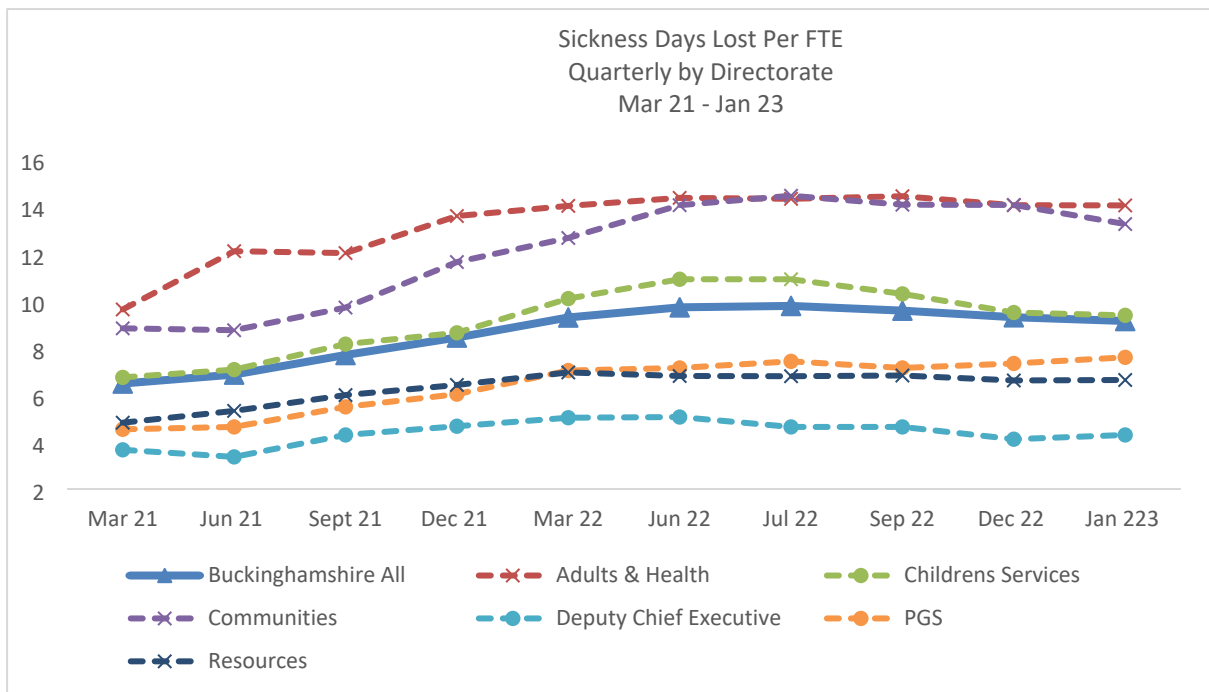
- 2.12 Buckinghamshire Council sickness absence reached a peak of 9.78 days per FTE in the rolling 12 months to Aug 22 (with 1.54 days per FTE being attributable to Covid). Since then, overall sickness levels have started to fall slowly to 9.12 days per FTE in the 12 months to January 23. See data tables below.

Sickness Days lost per FTE (rolling 12 month) By Directorate	28-Feb	28-Mar	30-Apr	31-May	30 June	31-Jul	31-Aug	30-Sep	31-Oct	30-Nov	31-Dec	31-Jan
<b>Buckinghamshire All</b>	8.92	9.27	9.46	9.57	9.70	9.76	9.78	9.56	9.50	9.35	9.28	9.12
Adults & Health	13.62	14.00	13.97	14.05	14.34	14.30	14.40	14.41	14.05	14.25	14.03	14.02
Childrens Services	9.73	10.07	10.50	10.76	10.89	10.89	10.83	10.27	10.00	9.62	9.48	9.36
Communities	12.20	12.64	13.06	13.51	14.03	14.43	14.44	14.05	14.38	14.10	14.04	13.23
Deputy Chief Executive	4.75	5.02	5.17	5.28	5.05	4.63	4.79	4.63	4.41	4.26	4.11	4.29
PGS	6.51	7.02	7.13	6.94	7.13	7.41	7.34	7.13	7.17	7.26	7.32	7.58
Resources	6.65	6.94	6.85	6.87	6.79	6.78	6.84	6.81	6.86	6.63	6.60	6.62

Sickness Days Lost per FTE is calculated on a 12-month basis up to the last day of the previous month. The target FTE is 9.0 days per FTE

- 2.13 Whilst the average sickness days lost per FTE as at 31 Jan 2023 was 9.12 days there is considerable variation across directorates and this needs to be considered in relation to the types of roles and nature of the work carried out in each directorate:

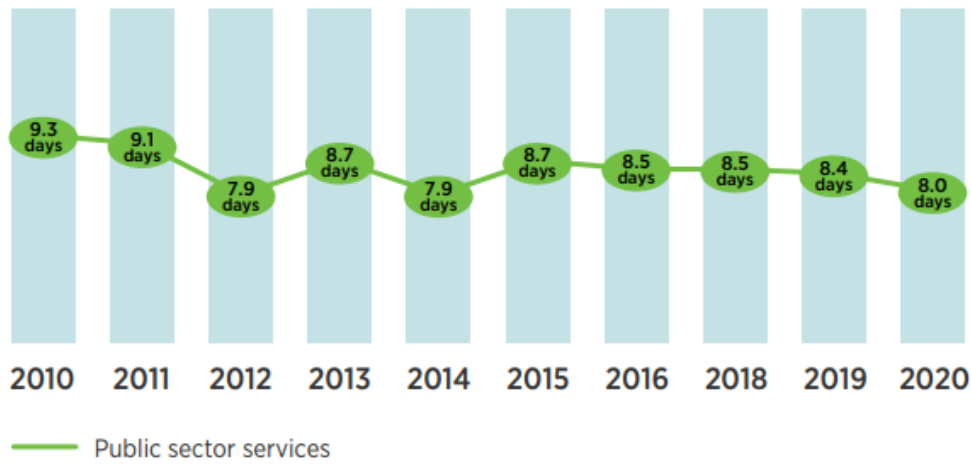
Directorate	Nature of work
<b>Adults and Health</b>	Social work; Social care; occupational therapy; Seeley's day centre
<b>Children's Services</b>	Social work; Adult Learning; Children's Homes;
<b>Communities</b>	Depot; Street Scene; Country Parks; Parking Enforcement; Libraries
<b>DCE</b>	Mainly office-based officer support
<b>PG&amp;S</b>	Mainly office-based officer support
<b>Resources</b>	Mainly office-based officer support



- 2.14 Sector comparisons are hard to gather and do not always offer a like for like comparison – but the following data on the next page is based on trends up to 2020 for public and private sector organisations amalgamated.
- 2.15 There is also a table to show how Buckinghamshire Council absence rates and reasons compare to other councils in appendix 1.

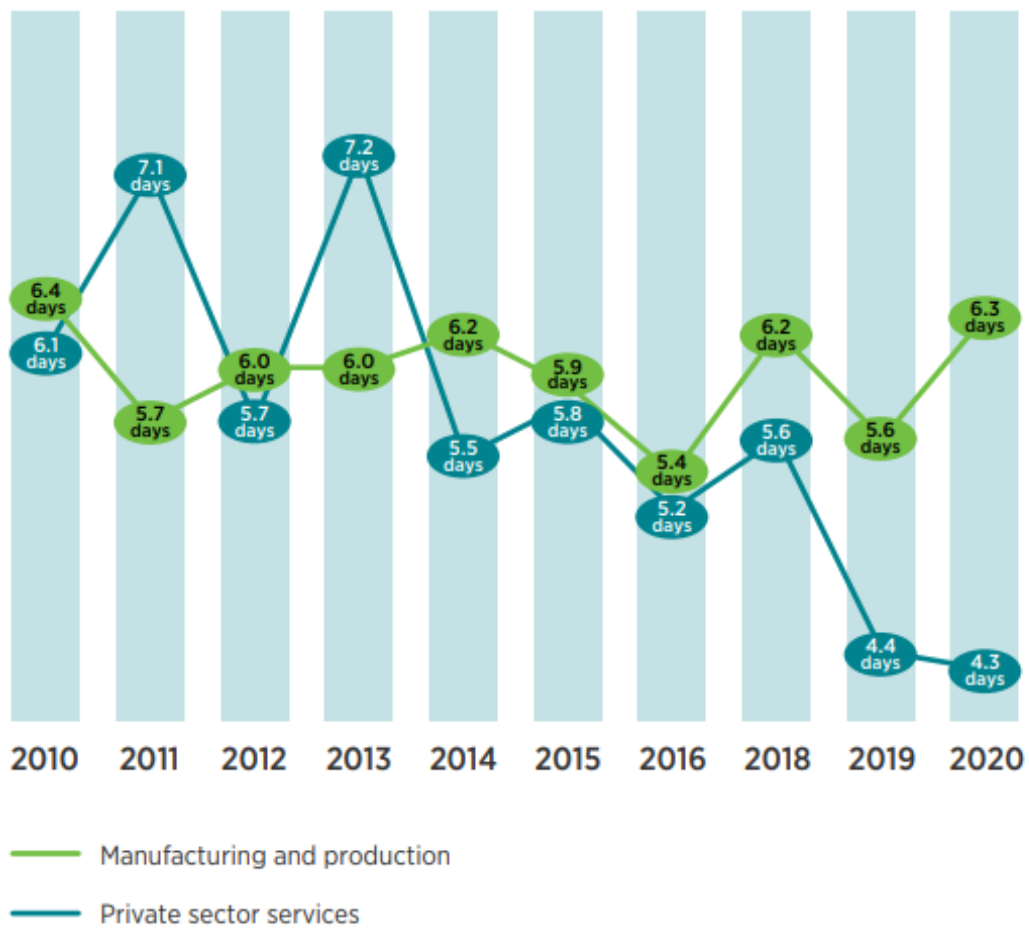
2.16 *CIPD data between 2010 -2020 – sector averages*

**Figure 6: Average number of days lost per employee per year, by sector (5% trimmed mean)**



Base: 100 (2020); 109 (2019); 107 (2018); 194 (2016); 105 (2015); 88 (2014); 106 (2013); 145 (2012); 138 (2011); 119 (2010)

**Figure 2: Average number of days lost per employee per year, by sector (5% trimmed mean)**



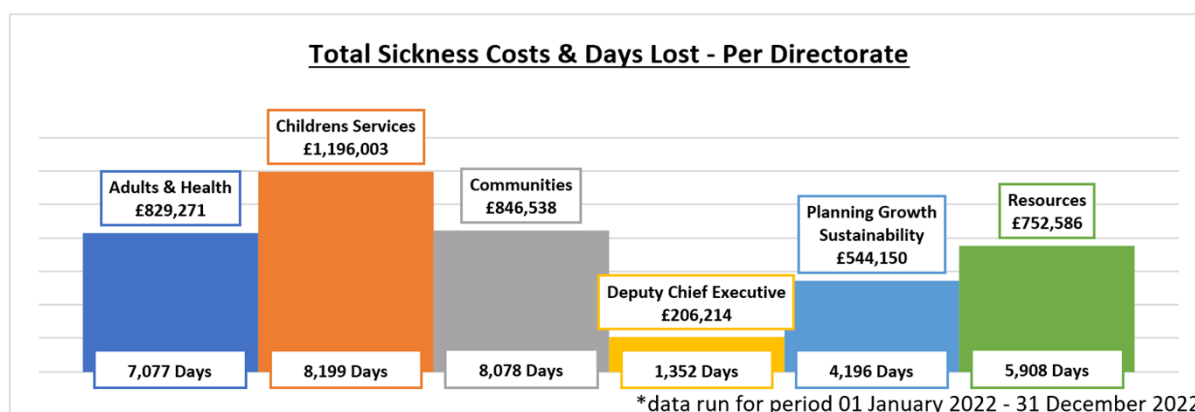
Base: 204 (2020); 262 (2019); 278 (2018); 436 (2016); 222 (2015); 188 (2014); 212 (2013); 281 (2012); 196 (2011); 249 (2010)

## ONS Data

- 2.17 The latest Office of National Statistics (ONS) sickness absence in the Labour Market 2021 report showed national levels were at a record low in 2020, followed by a record high in 2021 when COVID 19 accounted for nearly 1 in 4 occurrences of sickness absence. Buckinghamshire Council sickness has followed a similar trend, albeit our curve followed a sustained upward trajectory until August 2022.
- 2.18 The ONS report also states that sickness absence rates for the public sector have been consistently higher than private sector workers for every year on record - contributory factors include a combination of employment of the groups with the highest rates of absence (women, older workers, those with long term health conditions, part time staff, and people working in the caring, leisure, and service occupations) as well as differences in sick pay entitlements. They also suggest that the switch to intensive homeworking (which may encourage presenteeism) and social distancing, and then back to office working – where people were newly exposed to germs, has also led to the 2021 increase in sickness absence levels.

## Cost of absence

- 2.19 Based on our total sickness data across all directorates, between 1 January - 31 December 2022, the workforce data team have produced some indicative sickness absence costs for the council. These are based on the employee's day rate from their FTE salary and the assumption that all staff are eligible for our full sick pay entitlement of 6 months full pay and 6 months half pay. Please note the total costs provided exclude on-costs of 38%.
- 2.20 The results indicate that the total annual cost of sickness for the 12-month period was £4.54 million (equivalent to 3.02% of the annual pay bill for the same period). A further breakdown of these costs can be seen at appendix 3.



Note: Costs based on a calculation of FTE day rate per person x sick days (according to BC sickness policy entitlements). Actual entitlements to sick pay vary with Terms and Conditions.

2.21 Analysis of the sickness absence cost per day compared against the average daily salary, shows that the daily cost of sickness is at or below the average daily Directorate salary. This suggests that junior members of staff are over-represented within the sickness absence data.

Directorate	Number of employees as at 31 Jan 2023	Number of days lost in 12 months to 31 Jan 2023	sickness days lost per FTE	Estimated sickness Absence Cost exc on costs £	Avg cost of sickness absence per day £	Avg mid point salary exc on costs £	Avg mid point salary per working day exc on costs £
A&H	578	7077	14.02	892,271	126	37,710	145
CS	979	8199	9.36	1,196,003	146	37,889	146
Comm	723	8078	13.23	846,538	105	32,472	125
DCE	360	1352	4.29	206,214	153	46,372	178
PG&S	677	4196	7.58	544,150	130	40,825	157
Resources	939	5908	6.62	752,586	127	35,261	136

2.22 Resources Directorate has separately undertaken a deep dive into sickness absence looking at various employment characteristics e.g gender, length of service, age, and grade to identify any possible correlations. The only employment characteristic that appeared as an indicator of sickness absence was Grade, and specifically Grades 2-4. This supports the finding that junior members of staff are more highly represented in sickness data, in the table above.

2.23 Following this piece of work Resources has invested more time in manager training to ensure that they have the capability to proactively manage sickness absence.

## Short and Long-term Absence

### 2.24 Long term absence - days lost to top 3 reasons (rolling year to Jan 23)

Directorate	Employees with more than 28 days absence	Reason 1	Days lost	Reason 2	Days lost	Reason 3	Days lost
<b>Buckinghamshire Council</b>	<b>289</b>	<b>Mental Health</b>	<b>9338</b>	<b>Musc. Skel</b>	<b>3439</b>	<b>Critical Illness</b>	<b>1305</b>
Adults & Health	62	Mental Health	1949	Musc. Skel	1351	Surgery	659
Children's Services	76	Mental Health	2362	Surgery	751	Musc. Skel	694
Communities	68	Mental Health	1645	Musc. Skel	1534	Critical Illness	694
Deputy Chief Executive	9	Mental Health	257	Neurological	158	Critical Illness	92
Planning Growth Sustainability	37	Mental Health	1657	Musc. Skel	554	Critical Illness	519
Resources	37	Mental Health	1648	Surgery	439	Migraine	429

2.25 The table on the previous page, sets out the number of employees across the 12 months to 31 January 2023 who have had a long-term absence (>28 days). Of the 289 employees, the majority will now be back in work; some may have left, and others may have had a subsequent period of long-term absence.

2.26 **Long term absence snapshot for January 2023**

Directorate	Total no. of employees	Reason 1	No. of employees	Reason 2	No. of employees	Reason 3	No. of employees
<b>Buckinghamshire Council</b>	<b>53</b>	<b>Mental Health</b>	<b>26</b>	<b>Surgery Related abs.</b>	<b>6</b>	<b>Critical Illness</b>	<b>3</b>
Adults & Health	9	Mental Health	7	Surgery Related abs.	1	Other Muscular Skel Disorder	1
Children's Services	12	Mental Health	9	Surgery Related abs.	2	Critical Illness	1
Communities	8	Mental Health	4	Surgery Related abs.	2	Critical Illness	2
Deputy Chief Executive	3	Mental Health	1	Critical Illness	1	Heart, Blood Pressure	1
Planning Growth Sustainability	3	Mental Health	2	Stomach, Bowel, Organs	1	NA	
Resources	5	Mental Health	3	Surgery Related abs.	1	Neurological illness	1

2.27 Looking at January 2023, the long-term cases that are currently 'live' provides a snapshot of the number of people with long term absence per directorates and top 3 reasons during January 2023.

2.28 **Short term absence – days lost to top 3 reasons (rolling year to Jan 23)**

Directorate	Employees with less than 28 days absence	Reason 1	Days lost	Reason 2	Days lost	Reason 3	Days lost
<b>Buckinghamshire Council</b>	<b>2280</b>	<b>Covid, Cold &amp; Flu</b>	<b>8057</b>	<b>Mental Health</b>	<b>2162</b>	<b>Stomach, Bowel, Organs</b>	<b>471</b>
Adults & Health	353	Covid, Cold & Flu	1551	Stomach, Bowel, Organs	385	Surgery	659
Children's Services	478	Covid, Cold & Flu	1645	Mental Health	1448	Chest, Respiratory	431
Communities	439	Covid, Cold & Flu	1758	Uncoded	699	Musc. Skel	405
Deputy Chief Executive	166	Covid, Cold & Flu	473	Mental Health	194	Stomach, Bowel, Organs	156
Planning Growth Sustainability	321	Covid, Cold & Flu	980	Mental Health	520	Stomach, Bowel, Organs	315
Resources	523	Covid, Cold & Flu	1650	Stomach, Bowel, Organs	498	Mental Health	489

Mental Health reasons include Anxiety, Depression, Stress, work related stress, & Other mental health reason; Muscular Skeletal includes Other Muscular Skeletal and Back problems.



2.29 This table sets out the number of employees across the calendar across the 12 months to 31 January 2023 who have had a short-term term absence (<28 days). Of the 2280 employees, the majority will now be back in work; some may have left and other may have had further short-term absences.

### 2.30 *Short term absence snapshot for January 2023*

Directorate	Total no. of employees	Reason 1	No. of employees	Reason 2	No. of employees	Reason 3	No. of employees
<b>Buckinghamshire Council</b>	<b>470</b>	<b>Covid, Cold &amp; Flu</b>	<b>175</b>	<b>Stomach, Bowel, Organs</b>	<b>57</b>	<b>Mental Health</b>	<b>34</b>
Adults & Health	57	Covid, Cold & Flu	30	Stomach, Bowel, Organs	17	Mental Health	10
Children's Services	68	Covid, Cold & Flu	45	Viral Infection	12	Mental Health	11
Communities	40	Covid, Cold & Flu	19	Stomach, Bowel, Organs	11	Viral Infection	10
Deputy Chief Executive	23	Covid, Cold & Flu	14	Stomach, Bowel, Organs	7	Chest, Respiratory	2
Planning Growth Sustainability	42	Covid, Cold & Flu	24	Migraine / Headache	10	Stomach, Bowel, Organs	8
Resources	78	Covid, Cold & Flu	43	Stomach, Bowel, Organs	22	Mental Health	13

2.31 Looking at January 2023, the short-term cases that are currently 'live' provides a snapshot of the number of people with short term absence per directorates and top 3 reasons during January 2023.

#### Reasons for absence

2.32 An analysis of long term and short-term absence (greater or less than 28 days absence in the rolling 12 months to Jan 23) shows that covid, colds and flu are the top reason for short term absence across the council. After this, mental health becomes the next most common reason for short term absence in many directorates.

2.33 Aggregated **mental health reasons are the top cause of long-term absence for all directorates** followed mostly by muscular skeletal issues. Absence and productivity concerns relating to mental health is a growing area for most organisations and emphasises the need to look at and invest in wellbeing strategies to support absence management at work – see section 2.56-2.62.

#### Summary

2.34 This data on reason and cost demonstrates the need for a tailored approach to managing sickness absence – one size will not fit all, however care also needs to be taken to join up the learning of effective interventions.

## **Part three – activity to support absence management**

### **Our Approach to Sickness Absence Management and Pay Policy**

- 2.35 The Council has a Health and Attendance Policy to support managers to appropriately manage both short and long-term sickness absence.
- 2.36 While it is understood that there will inevitably be some sickness absence among employees, this must be balanced by due regard to operational needs and the impact this can have on efficiency and productivity if the absence is persistent.
- 2.37 A flow chart is included within the policy and is included in appendix 4, which usefully summaries the council's process for the management of sickness absence.
- 2.38 Payments for certified sickness absences are made as follows:

<b>Years of Continuous Service</b>	<b>Pay Entitlement</b>
During the first year of service	One month's full pay and (after completing four months' service) two months' half pay
During the second year of service	Two months' full pay and two months' half pay
During the third year of service	Four months' full pay and four months' half pay
During the fourth and fifth years of service	Five months' full pay and five months' half pay
After five years' service	Six months' full pay and six months' half pay

*Note: There are no waiting days before sick pay is operated (occupational sick pay is paid from day 1 and statutory sick pay from day 4) and as a large employer the Council cannot reclaim any sick pay costs from HMRC.*

### **Directorate Activity**

- 2.39 **The Adults and Health directorate** are exploring with the Councils new Occupational Health provider additional support and training to be put in place as a proactive measure to tackle Muscular skeletal issues which is their top reason for absence (16%). These sessions will be prioritised in the teams with the highest absence levels in the first instance
- 2.40 **Planning, Growth & Sustainability directorate** have delivered specific mental health management training delivered in Planning & Environment and are working with colleagues in OD extend this across the whole directorate.

#### 2.41 Resources and DCE directorates

Both Directorates have a similar workforce profile and the approaches have been consistent:

- a) **Managers** are provided with monthly sickness data showing overall sickness absence and a list of those hitting short term and long-term triggers. Managers are encouraged to take appropriate action through the Health and Attendance policy and regularly seek support and on-going advice from their HRBP.
- b) **DCE Management Board and Resources SLT** regularly reviews sickness absence data to be alert to trends and to ensure health and well-being resources are promoted and in place to support staff. Health and attendance training for managers has been well attended by managers in Resources and DCE.

2.42 **Children's Services** are taking a more proactive role in managing sickness absence and ensuring support is in place to enable staff to return to work as soon as possible. Heads of Service are provided with monthly sickness absence data for those on long term sickness absence and those who are about to trigger to ensure conversation are taking place with the manager and the employee. HR surgeries have been offered to ensure managers are confident in managing sickness absence

2.43 **Communities** have been concentrating on high sickness rates, particularly around muscular skeletal at the Depot. On site Physio appointments have been taking place over the past 9 months to act as a preventative measure. Health assessments run by Public Health have been offered to all staff measuring blood pressure, weight, BMI etc to ensure staff are managing their personal health and well being

#### HR Consultancy and advice

2.44 The HR Consultancy and Advisory team works with service managers to support the management of sickness absence cases in line with the Health and Attendance (H&A) Policy. HR Business Partners and HR Consultants receive a monthly sickness report that identifies those staff who are hitting sickness triggers and work together with the relevant manager to ensure they are aware, providing support, as required, in line with the H&A Policy. Learning and Development and the HR Consultancy Team have recently launched H&A workshops which have been well received and are looking to run more due to demand (see section 2.47-2.52).

2.45 HR works proactively with services to provide the necessary tools, to help managers effectively manage their sickness absence cases such as through training, on-line resources, drop-in surgeries and promoting the services of our new occupational provider.

- 2.46 Following BMJ research relating to absenteeism for common mental disorders and the evidence that more targeted and early ‘work directed interventions’, can improve return to work success. The team encourage weekly line management conversations with employees and early referrals for occupational health support – see summary and link to report in section 9. This approach includes early support for people showing signs of reduced resilience and mental ill health (avoiding the presenteeism risk and helping an early recovery). Organisational experience shows that once contact starts to lapse the return to work can become more protracted.

### **Management training and support**

- 2.47 Our learning and development offer has evolved in response to local and national events. Our initial focus during lockdown was around bereavement, supporting front line employees particularly affected with resilience team reflective sessions and those working from home with dealing with isolation and keeping active. As we returned to the office, we ran webinars to support employees and managers with the new normal, as well as sessions on.
- 2.48 We have developed Wellness Action Plans for both staff and managers, these specifically target holding conversations about health and wellbeing as part of regular coaching and performance conversations at work and before any sickness absence occurs and are included in the action plan in section 5 of this report.
- 2.49 This year we ran a programme with our Occupational Health provider to support managers on hybrid working with mental health as a particular area of focus. The training is delivered by qualified psychotherapists and psychologists who have extensive experience of dealing with mental health and wellbeing in the workplace and consists of a series of 4 x 90-minute modules.
- 2.50 Health & Attendance Workshops are new and run by the Consultancy & Advisory Team. The 45-minute sessions will provide bite sized basic messages about managing absence followed by the opportunity to connect with advisors and ask questions. Managers engagement with these workshops has been extremely positive with all dates being oversubscribed. As a result, further dates are being offered.
- 2.51 The Managing Sickness Absence Workshop is a longer and more detailed workshop aimed at new managers or managers who require more in-depth training. They help managers understand the impact of sickness absence and the need to manage fairly, consistently, and appropriately within the BC policy. Participants can practice their skills by applying the policy to case studies.

## 2.52 Attendance on Health and Wellbeing/Sickness Absence related courses

Course Name	No courses	Attended April 22 - March 2023
Being a Buckinghamshire Manager	10	323
<b>PAM Management Development Programme</b>		
Mental Health Awareness	6	80
Having Supportive Conversations	6	90
Building a Positive Culture	6	77
Conflict Resolution	6	71
Managing Sickness Absence	10	89
HR consultancy Health & Attendance Workshop	3	56
Coping with Change (Employees)	7	134
Managing Change (Managers)	4	68
Building personal resilience and stress management	2	15

### New Occupational Health Contract

- 2.53 The new Occupational Health contract with TP Health t/a Optima Health goes live on 1st April 2023, delivering a more pro-active and holistic service including a new management helpline providing advice on OH/EAP issues. The service also provides employees with 6 counselling sessions rather than 4, access to the Hello Fresh recipe libraries and provides enhanced accessibility for users with a disability.
- 2.54 Early Intervention - protecting the health and well-being of our employees is a key priority for Buckinghamshire Council and we will be working with TP Health Limited/Optima Health to adopt a healthy leadership culture, ensuring that our employees receive early support in the event of illness or injury. There is significant evidence to show that early intervention is essential to prevent acute mental health and musculoskeletal health problems from developing into chronic health problems. Long periods out of work can also be detrimental to health and well-being.
- 2.55 TP Health Limited/Optima Health will ensure that employees have prompt access to advice and support, through telephone and video consultations, with an appropriate qualified Occupational Health specialist (e.g., Mental Health Nurse or Occupational Health Advisor). The focus will be on successfully rehabilitating employees back to work. In addition, a management phone line is available to support managers through the process.

## Organisational action plan for Health and Wellbeing

- 2.56 As part of our holistic and preventative approach to employee Health & Wellbeing, we have a robust Health & Wellbeing framework that is underpinned by a detailed action plan. Both the Health & Wellbeing framework and action plan have been revised this year in line with the current national picture and trends across all sectors as well as feedback from our networks and staff survey results.
- 2.57 The latest staff Together Survey in November 2022 (see Appendix 4) showed that Wellbeing and Resilience is our most positive index with 75% of respondents agreeing that they feel supported, 3% ahead of the external benchmark. Almost 9 in 10 respondents said they have a positive working relationship with their manager, and 84% feel trusted and enabled to get on their job. However, underneath this, only 67% felt the pressures of their role are manageable and only 68% felt Buckinghamshire Council cares about employee wellbeing. Although this has increased by 5% since the May 2022 survey, this is still slightly below the external benchmark of 69%
- 2.58 There is continued focus on mental health including upskilling managers; campaign work to destigmatise talking about mental health and the launch of a new Wellbeing app for staff (from our EAP provider).
- 2.59 The Buckinghamshire local mental health anti-stigma campaign, Champion the Change (previously known as Time to Change) aims to help end mental health stigma and create hope for those affected by mental illness. In April 2022, the Corporate Management Team signed the Champion the Change Employer Pledge, showing our commitment to delivering a framework of agreed actions to help:
- raise awareness of mental health
  - provide guidance for line managers
  - provide staff with information on where and how to get support for their mental health
- 2.60 Of current concern is the potential impact that rising inflation and cost of living pressures may have on our staff and their families. The Council carried out a recent financial staff survey in which 61% of respondents said that they were quite or very anxious about money, with 36% saying they were concerned about paying for household bills.
- 2.61 A Financial Hardship Task and Finish Group (Cost of Living Board) has been in operation since March 2022, monitoring the national economic climate and responding to the need for additional support and advice for colleagues. Working in partnership with HR and Communications colleagues, they have been cascading information on available financial support sign-posting support, including the Helping Hands Scheme, keeping the conversation going through promotion across corporate channels, as well as checking in with staff through a dedicated financial support staff

survey. A financial support toolkit has been produced and this is regularly updated based on the evolving financial climate, responding to emerging issues and concerns [financial support and information](#)

- 2.62 Mental Health is one of the top causes for staff sickness absence and given the link between financial wellbeing and mental health, as part of our preventative approach we are piloting some Financial Wellbeing workshops in May-June of this year. These workshops will focus on the building resilience, coping strategies, and reducing stigma. These workshops will be available for managers, employees and there is also a specific workshop being run for Young People.

#### **Part four - best practice and how we compare to other organisations**

- 2.63 CIPD's Health & Wellbeing at Work report found that Public Sector organisations are most active in promoting wellbeing and attendance in comparison to private sector organisations and not for profits.
- 2.64 The report found that public sector organisations had a stronger approach to risk assessments, methods to monitor and deter absence, employee support schemes and health promotion benefits.
- 2.65 The report also found that public sector organisations provide more support for people with a disability and/or long-term health condition.
- 2.66 The CIPD report shows that organisations in the public sector are most likely to experience challenges in managing people with disabilities or long-term health conditions. The biggest challenge (for organisations in all sectors) is developing line manager knowledge and confidence.
- 2.67 We recently conducted a benchmarking exercise through Public Services People Management Association (PPMA), to see how our financial wellbeing offering for staff compares to that offered by other local authorities. Our findings concluded that compared to the other local authorities who responded to our questions, our offering is robust and well communicated to staff. We also have more mechanisms in place to continuously engage with and collate feedback from staff, such as the Cost-of-Living Staff Network and a survey that will take place at the end of February to evaluate support offered.
- 2.68 Buckinghamshire Council have been shortlisted in the PPMA Excellence in People's Management Awards for the Best Health & Wellbeing Initiative. Our nomination focuses specifically on the financial wellbeing support we have in place for staff.
- 2.69 In a study by CIPD around Health & Wellbeing in public sector organisations, three-fifths of public sector respondents agree that their organisation actively promotes good mental well-being and is effective at supporting people with mental ill health.

However, just a third agree that senior leaders encourage a focus on mental well-being through their actions and behaviour, and less than a fifth that managers have the skills to spot the early warning signs of mental ill health.

2.70 The Deloitte cross-sector study in March 2022 identified that young people, key workers, carers, and ethnic minority groups are most at risk of being affected by mental health. We have several mechanisms in place to support these highlighted demographics such as staff networks, signposting to specific resources available, guidance and training for managers on health and wellbeing and specific interventions led by services within the Council as outlined in the table below. Many of these interventions match the best practice recommendations for employers made by Deloitte.

<b>Buckinghamshire Council</b>				
<b>Interventions to support mental health of high priority groups</b>				
	Staff Network	Training and Resources for Employees	Resources/Training for Managers	Other
Young People	<ul style="list-style-type: none"> <li>• Early Careers Staff Network</li> <li>• Mental Health Staff Network</li> </ul>	<ul style="list-style-type: none"> <li>• Face to face induction training</li> <li>• Face to face networks</li> <li>• EAP Provision</li> </ul>	<ul style="list-style-type: none"> <li>• Wellness Action Plans</li> <li>• Manager's Essentials Workbook</li> <li>• Being a Bucks Manager training</li> <li>• Manager's Wellbeing workshops with EAP Provider</li> </ul>	<ul style="list-style-type: none"> <li>• Regular comms campaigns to signpost to resources and guidance around mental health</li> <li>• Dedicated financial wellbeing/mental health workshops for young people taking place in May</li> </ul>
Key Workers	<ul style="list-style-type: none"> <li>• Mental Health Staff Network</li> </ul>	<ul style="list-style-type: none"> <li>• Resources for support on intranet</li> <li>• You Matters newsletters and resources circulated</li> <li>• EAP Provision</li> <li>• Signposting to Our Frontline</li> </ul>	<ul style="list-style-type: none"> <li>• Wellness Action Plans</li> <li>• Manager's Essentials Workbook</li> <li>• Being a Bucks Manager training</li> <li>• Manager's Wellbeing workshops with EAP Provider</li> </ul>	<ul style="list-style-type: none"> <li>• Wellness Weeks in Children's Services</li> <li>• Regular Supervision</li> <li>• Regular comms campaigns to signpost to resources and guidance around mental health</li> </ul>
Carers	<ul style="list-style-type: none"> <li>• Carer's Staff Network</li> <li>• Mental Health Staff Network</li> </ul>	<ul style="list-style-type: none"> <li>• Resources for support on intranet</li> <li>• Carer's Bucks</li> <li>• EAP Provision</li> </ul>	<ul style="list-style-type: none"> <li>• Wellness Action Plans</li> <li>• Manager's Essentials Workbook</li> <li>• Being a Bucks Manager training</li> <li>• Manager's Wellbeing workshops with EAP Provider</li> </ul>	<ul style="list-style-type: none"> <li>• Regular comms campaigns to signpost to resources and guidance around mental health</li> </ul>
Ethnic Minority Groups	<ul style="list-style-type: none"> <li>• Race Equality Staff Network</li> <li>• Mental Health Staff Network</li> </ul>	<ul style="list-style-type: none"> <li>• EAP Provision</li> </ul>	<ul style="list-style-type: none"> <li>• Wellness Action Plans</li> <li>• Manager's Essentials Workbook</li> <li>• Being a Bucks Manager training</li> <li>• Manager's Wellbeing workshops with EAP Provider</li> </ul>	<ul style="list-style-type: none"> <li>• Regular comms campaigns to signpost to resources and guidance around mental health</li> </ul>



## **Part five – conclusions next steps and plans for future**

- 2.71 We want a fit and healthy, productive workforce but recognise that ill health is a part of life and when it happens employees need the right support.
- 2.72 We will use our data to develop plans that fit with our organisational need.
- 2.73 We will continue to place emphasis on accurate and timely sickness absence reporting both to and better understand costs and to manage the wellbeing of staff to best effect for both the organisation and individuals.
- 2.74 Based on the data we are developing a robust approach led by HRBPs and supported by HR consultancy to systemically review sickness cases. This will include the development of an early intervention approach to sickness absence using the support of our occupational health provider and aligning with our health and wellbeing framework. This will also help to improve the accuracy of our reporting and data as we will be able to correlate actual cases against records more meaningfully.
- 2.75 A continued programme of training will help to scale up the confidence and capability of line managers and help them to spot signs early where staff need help. It will also include effective return-to-work conversations and plans.
- 2.76 Our short-term deliverables to support absence management are set out in the table below but we need to recognise that it will take time to see change and in managing cases proactively we may see data that suggests things are getting worse in order to get better.
- 2.77 The table below highlights the key action plan we intend to work to for the next financial year

<b>Topic</b>	<b>Action</b>	<b>By whom</b>	<b>Timescale</b>
<b>Review of sickness absence cases</b>	HR Consultants, in liaison with HRBPs, to work with managers to review all sickness cases hitting triggers and agree an action plan	HRBPs, HR Consultants, Managers	All cases reviewed by end of Q1 30 June 2023
<b>Prevention</b>	Using the health and wellbeing action plan and resources to support health and wellbeing plus manager training – help employees and managers to spot signs early and for both to take measures to avoid ill health and maintain good health – includes taking breaks during	OD and Learning and HR advisory	In place now

	<p>the day making use of the staff networks and understanding own health needs</p> <p>Continue to offer the training and workshops for managers throughout the year</p>		<p>Training plan in place for next year</p>
<p><b>Early Intervention of sickness absence cases</b></p>	<p>Work with TP our new OH provider to develop and embed an early intervention approach to sickness absence creating a culture whereby health matters impacting work are discussed at an early stage before triggers are hit, with any adjustments being made as appropriate, and then proactively reviewing sickness absences where triggers have been hit.</p>	<p>HR to develop approach/ guide</p> <p>Occupational health to provide specialist support</p> <p>Managers to embed</p>	<p>By end of May 23</p>
<p><b>Tailored approach in Directorates focusing on interventions for top reasons for absence</b></p>	<p>HRBPs to work with service managers to develop tailored approach based on data and understanding of the needs of services (ie difference between front line and back office workers, muscular skeletal versus mental health patterns of absence)</p> <p>Continue to promote resources available to support mental health and muscular skeletal cases</p>	<p>HRBPs/Service Managers</p>	<p>Plans in place by end of May 23</p>

### 3. Other options considered

Risks and potential impact of not addressing sickness absence will impact on productivity, performance, wellbeing, engagement, and retention.

### 4. Legal and financial implications

Budget for this work is part of existing HR&OD operating costs. There are no other direct legal or financial implications

### 5. Corporate implications

- a) Property - none
- b) HR - none
- c) Climate change - none

- d) Sustainability - none
- e) Equality – an EQIA was completed as part of unitary planning on this topic
- f) Data – no DPIA required
- g) Value for money – this work will add value by improving employee health and wellbeing and reducing turnover costs; also by improving health and wellbeing benefits – impacting on improved productivity/motivation and reduced absence

## **6. Local councillors & community boards consultation & views**

Not applicable

## **7. Communication, engagement & further consultation**

Ongoing internal management and employee communications are in place to support this work

## **8. Next steps and review**

As outlined in paper section 5

## **9. Background papers**

[Preventing sickness absence among employees with common mental disorders or stress-related symptoms at work: a cluster randomised controlled trial of a problem-solving-based intervention conducted by the Occupational Health Services | Occupational & Environmental Medicine \(bmj.com\)](#)

[deloitte-uk-mental-health-report-2022.pdf](#)

## Appendices



## Appendix 1

# Local Authority benchmarking data (rolling year to end of March 2022)

PPMA sickness absence rates at 31/3/22	Average Absence (days per FTE)	Top Reason	%	Reason 2	%	Reason 3	%
Cumbria County Council	15.3	Covid	10.0%	Stress (non-work related)	9.0%	Mental health (excluding stress)	8.0%
Devon County Council	11.98	Covid	20.0%	Cough/cold/flu	18.0%	Gastro- intestinal	11.0%
Leicestershire County Council	9.91	Stress Mental health /depression	28.4%	Covid	14.7%	Muscular Skeletal	8.8%
Buckinghamshire Council	9.27	all mental health absence	25.3%	Covid	13.1%	Other Muscular Skeletal	9.3%
Central Bedfordshire Council	8.8	Anxiety Stress/ depression/mental health	26.8%	Covid	12.8%	Injury/ Fracture	8.5%
Walsall Council	8.78	Mental Health	35.7%	Muscular skeletal	14.4%	Covid	10.1%
Lincolnshire County Council	8.74	Covid	16.6%	Cold/ flu symptom	16.0%	Stomach/Liver/Digestion	6.8%
North Yorkshire County Council	8.35	Stress Depression anxiety and related	32.0%	Other Muscular Skeletal	17.0%	Infections	10.0%
Somerset County Council	7.97	Anxiety Stress/ Psy	31.0%	Other	13.0%	Covid	10.0%
Warwickshire County Council	7.95	Stress and Mental Health	28.0%	Muscular skeletal	15.0%	Covid	12.0%
Worcestershire County Council	7.95	Musculoskeletal	17.0%	Stress	13.0%	Psychological	13.0%
Kent County Council	7.39	Mental Health	20.0%	Muscular skeletal	13.4%	Covid	12.0%

Covid

All mental Health

### Note

All other Councils are County Councils other than Buckinghamshire, Central Bedfordshire and Walsall  
The local authority average is **9.36 days per FTE** (based on this data)

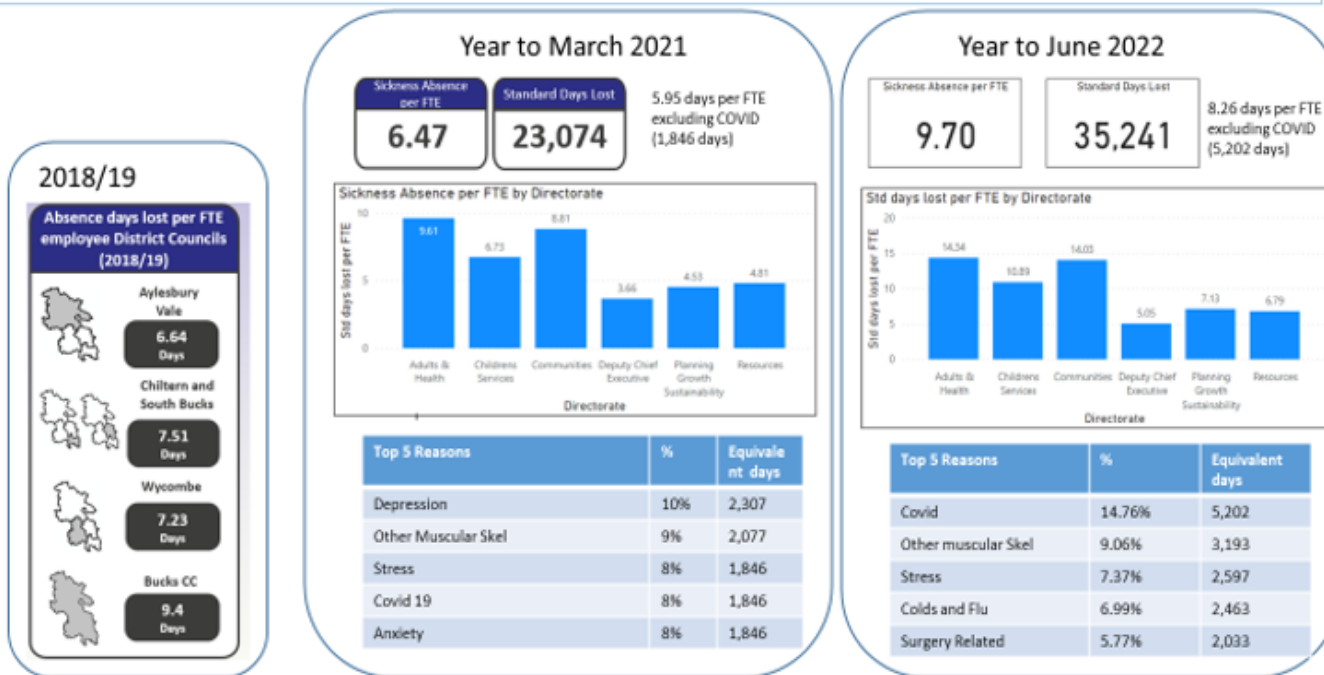
## Appendix 2

### Historical sickness absence

#### Comparison with historical sickness data (from BI deep dive March 2021)

In March 2021 BI team carried out a deep dive analysis of sickness absence which pointed out that there was no reliable historical data to create a combined sickness absence rate for BC prior to March 2020. The first full years data as the combined authority was collected in the year to March 2021 and has been monitored monthly since. The top level results in March 2021 showed an FTE sickness absence rate of 6.47 days per FTE (5.95 days excluding COVID absence) – lower than all the legacy councils recorded in 2018/19 and compared to June 22 where absence rates are 9.7 days per FTE (8.26 excluding COVID) . In March 2021 32% of all absence was for mental health reasons compared to 25% in June 22.

Conversely accepting covid is here to stay what extra resilience strategies should services employ to minimise impact of expected continuing COVID absence??



## Appendix 3 - Further detail on sickness absence costings

### Assumptions for sickness absence costings

These are indicative costs and are based on an employee's day rate from their full time salary.

The sickness absence costing assumes all staff have the full sickness entitlement of 6 months full and 6 months half pay.

#### Long term sickness absence at full pay

Directorate	Sum of Cal.days	Sum of Total Sick Cost
Adults & Health	4,927	£428,459.89
Children's Services	5,572	£591,089.76
Communities	5,807	£419,281.45
Deputy Chief Executive	704	£77,487.14
Planning Growth Sustainability	2,731	£255,507.46
Resources	3,684	£352,022.35
<b>Grand Total</b>	<b>23,425</b>	<b>£2,123,848.06</b>

#### Long term sickness absence at half pay

Directorate	Sum of Cal.days	Sum of Half Pay
Adults & Health	1,352	£55,739.41
Children's Services	576	£14,698.98
Communities	1,255	£41,769.32
Deputy Chief Executive	NA	NA
Planning Growth Sustainability	1,047	£39,504.73
Resources	NA	NA
<b>Grand Total</b>	<b>4,230</b>	<b>£151,712.44</b>

#### Short term sickness absence at full pay

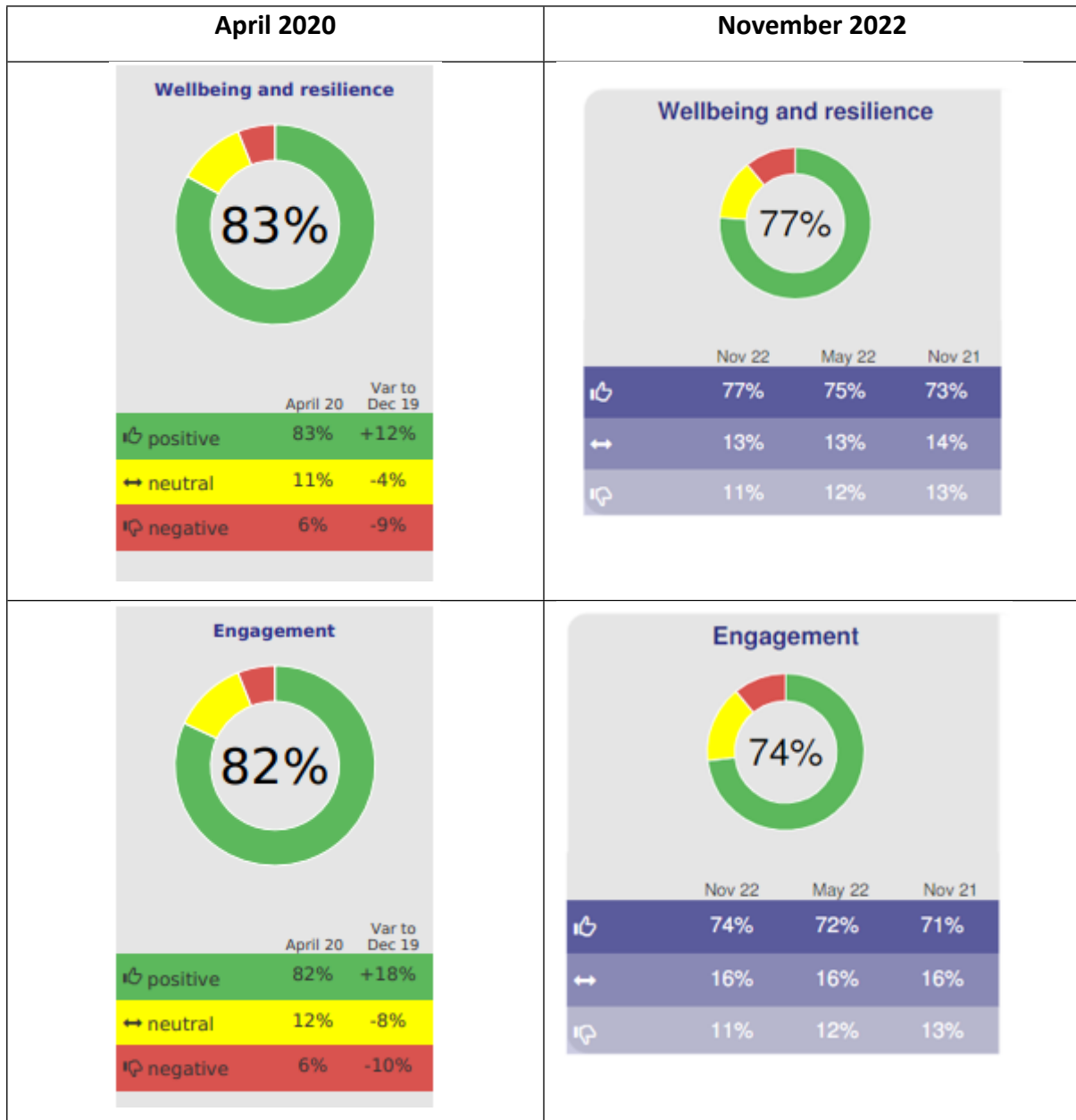
Directorate	Sum of Cal.days	Sum of Total Sick Cost
Adults & Health	4,227	£345,072.13
Children's Services	6,169	£590,214.30
Communities	5,556	£385,487.55
Deputy Chief Executive	1,254	£128,726.41
Planning Growth Sustainability	2,993	£249,138.08
Resources	4,817	£400,563.81
<b>Grand Total</b>	<b>25,016</b>	<b>£2,099,202.27</b>

#### Total cost of sickness absence (both short and long term)

Directorate	Total Sickness Days	Total Sickness Costs
Adults & Health	10,506	£829,271.44
Children's Services	12,317	£1,196,003.04
Communities	12,618	£846,538.33
Deputy Chief Executive	1,958	£206,213.56
Planning Growth Sustainability	6,771	£544,150.26
Resources	8,501	£752,586.15
<b>Grand Total</b>	<b>52,671</b>	<b>£4,374,762.78</b>

## Appendix 4

### Together Survey Results for Wellbeing and Resilience index and Engagement index, April 2020, and November 2022





## Appendix 5 - ABSENCE MANAGEMENT PROCESS WORKFLOW

### BC Absence Management Procedure

Always refer to the policy and guidance documents when using this workflow to ensure the details of each stage of the process are understood and followed.

