EMPLOYMENT COMMITTEE	4 July 2018

Employee Wellbeing and Mental Health

Final Decision-Maker	Employment Committee
Lead Head of Service/Lead Director	Bal Sandher, Head of HR Shared Services
Lead Officer and Report Author	Bal Sandher, Head of HR Shared Services
Classification	Public
Wards affected	No wards

Executive Summary

The purpose of this report is to update the Committee on sickness absence levels and mental illness at the council. The report also outlines the range of initiatives to proactively manage mental illness and promotes wellbeing in order to improve the health of the workforce.

This report makes the following recommendations to this Committee:

1. That the Committee note the level of sickness absence and absence relating to mental illness.
2. That the Committee note the causes of mental illness.
3. To note the on-going actions taken to monitor, manage and promote mental wellbeing across the council.

Timetable	
Meeting	*Date*
Employment Committee	4 July 2018

Employee Wellbeing and Mental Health

1.   INTRODUCTION AND BACKGROUND

1.1   The Council is committed to maintaining high levels of attendance for all its employees, which is essential to provide efficient and effective services.

1.2   The Council recognises that it has a duty of care to look after the mental well-being of its staff whilst they are at work and to ensure, as far as is reasonably practicable, that workplaces and working environments are safe.

1.3   To support the health and wellbeing of our workforce, a Wellbeing Matters policy was developed in 2011. The policy sets out the measures to prevent and manage risks to employee wellbeing, together with appropriate training and individual support. The policy also outlines the Council's commitment to employee well-being, the responsibilities of managers and others for maintaining psychological health, health promotion initiatives, communicating and training on health issues and the range of support available for the maintenance of well-being.

1.4   The Council, for some time, has been promoting a comprehensive approach to addressing sickness absence attributed to mental illness (stress, depression, anxiety) that impact upon an individual's mental wellbeing through prevention, management and support whether these issues have arisen in the workplace or due to personal circumstances.

1.5   Although no longer a Best Value Performance Indicator, sickness absence is still an important measure of Council performance and has been established as a local performance indicator that is reported on a monthly and quarterly basis through senior management and unit managers.

1.6   The Attendance Management policy was reviewed by line managers and Trade Union representatives from Swale and Maidstone councils. The policy was amended and agreed by the Joint Management Team for Maidstone and Swale Council in 2014 and the joint policy was implemented at both council's to manage sickness consistently at each authority.

1.7   Training on Managing Attendance has been delivered in January 2015 and in 2016 the council also introduced a Sickness toolkit. This was rolled out to line managers by HR to help managers to manage absence in their teams as well as outline the support mechanisms that are available at the council. In addition, on-going training since 2017 has been organised and delivered to managers on the sickness toolkit.

2.0   **Absence levels**

2.1   The average number of day's sickness absence per FTE for June 2017 to May 2018 was 10.28 days against the council target of 8.5 days. The majority of the sickness relates to long term absence, with 7.26 days per FTE lost due to long term sickness. Short term sickness is 3.3 per FTE which shows that this is being managed well by managers.

Directorate	Average FTE	Long term days lost per FTE	Short term days lost per FTE	Total days lost	Days lost per FTE
Finance & Business Improvement	84.27	5.14	3.62	738.30	8.76
Mid Kent Services	144.95	4.08	2.56	962.28	6.64
Regeneration & Place	238.54	9.97	3.32	3170.56	13.29
Organisation Totals :	**468.76**	**7.26**	**3.13**	**4871.13**	**10.39**

2.2 The main reasons for sickness absence across the council relates to mental health issues which are made up of various categories including stress, anxiety, depression and bereavement. Mental illness is the main cause for long term sickness absence, with 1674 working days lost during the year.

Top 20 Sickness Absence Reasons June 2017 - May 2018
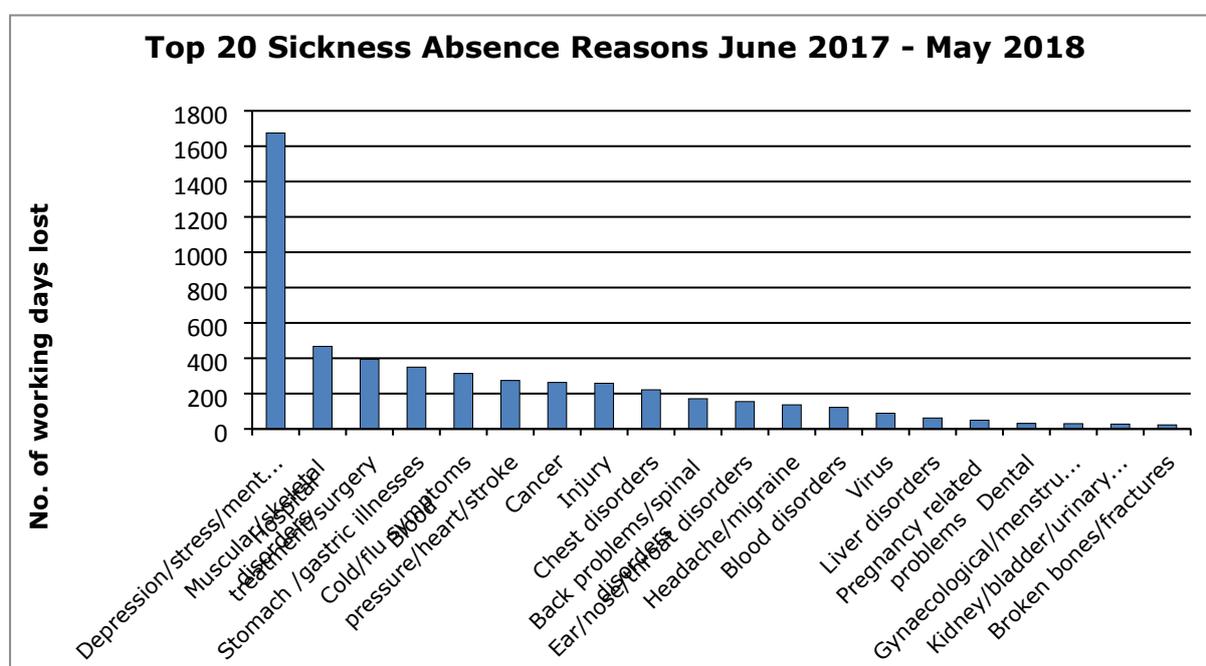
Over the last year there have been 29 staff on long term sickness for a reason related to mental illness. The staff that were absent for reasons related to mental illness worked in various departments across the Council. However, the sections with the highest number of staff off on long term sick due to mental health issues were Housing and Waste & Street Scene, which each had 10 staff off sick for these reasons. Mid Kent Revenues & Benefits team had 7 absent long term for mental health reasons.

Of the 29 staff who have had a period of long term sickness for mental health reasons, 10 of these have left the council and 15 have returned to work (two of these is currently on a phased return). As at 6th June, there are 5 members of staff on long term sick leave for mental health, and these have been absent for a period of between 1 and 4 months.

2.3 The Chartered Institute of Personnel and Development (CIPD) survey in 2017 has reported that more than half (55%) of public sector organisations reported that mental health conditions have increased over the last 12 months. Moreover, two-thirds (67%) of public sector organisations reported an increase in the number of reported common mental health conditions in their organisation over the last year (compared with 51% of the private sector).

2.4 Sickness absence information from other Kent local authorities have also reported mental illness as being their first or second highest reason for long term sickness absence. The increase in mental illness at the council is in line with national and local picture.

2.5 Sickness figures are monitored regularly by Wider Leadership Team (WLT) and within Directorates and there have been several initiatives to try reduce these levels. However, mental illness related sickness has almost doubled over the last 5 years increasing from 1.80 days per person to 3.23.

Year	Headcount a 31 March	Number of days lost for mental illness
2013 – 2014	486	878
2014 – 2015	505	859
2015 – 2016	508	1053
2016 – 2017	515	1079
2017 - 2018	518	1674

2.6 There have been a number of factors that have caused an increase in the figures for mental illness over the last year:

- Significant restructures have been ongoing for 5 years within the council and this can impact on absence with workloads increasing and jobs being changed. This includes shared service arrangements which began to take place from April 2013 with most shared services being TUPE transferred to the council. The changes that staff experience through restructures can cause sickness levels to increase which has been the case in some departments soon after the change to the service;

- Changes in structure and shrinking of departments have highlighted some staff not performing to the level of the job. This has required managers to performance manage staff through the council's capability procedure which has caused staff to become stressed and go on sick leave;

- Employee relation issues which have resulted in a disciplinary process being followed has caused a few staff to be signed off sick due to work related stress. Depending on the issue being investigated this can cause staff to feel highly stressed and can result in staff sickness;

- Bereavement of close family members has been another reason for mental illness which has caused depression in some staff;

- The Council continues to provide a number of services which include a high level of manual tasks. These areas typically have higher absence rates and unlike other councils these services remain in house. Staff working in these roles can suffer from long term health issues and in some cases this has resulted in individuals becoming depressed due to their health condition;

- A number of mental health issues have related to personal circumstances outside of work and with the added pressure of meeting work demands of their job, this has resulted in them not being able to cope and caused stress and anxiety issues;

- In a few cases staff are absent for 'work related stress' as a result of the manager and employee relationship. In these situations, mediation has been offered to resolve the issues so that the working relationship is improved and the individual is able to return to work.

3.0 **Addressing Sickness and Mental Health**

3.1 The amount of time lost through mental illness remains the highest cause of time lost for the authority. Therefore, the Council's focus is to ensure the wider subject of mental well-being continues to be actively championed and addressed across the organisation.

3.2 The current occupational health service supports staff by providing medical advice regarding any sickness conditions. On a monthly basis, an occupational health nurse will also visit the council and meet staff to discuss their current illness and/or absence and advice managers on the individual's fitness to work. This may include adjustments to the work in order to support the employee back to work as well as suggestions for a phased return work pattern.

3.3 The Employee Assistance Programme (EAP) is available to all staff by self-referral or management referral. The service provides a confidential service either face to face or over the phone counselling on a range of issues including stress, depression and anxiety. As mental illness has been the top reason for sickness absence then HR and the manager will encourage staff to take counselling as it can help to facilitate a return to work.

3.4 The Wider Leadership team monitors its workforce statistics on a quarterly basis which includes information on staff sickness and analysis of absence. This regular monitoring ensures that trends can be identified and appropriate action taken if there are areas of concern.

3.5 The council monitors sickness through the Bradford Factor report to manage sickness absence. The Bradford factor is a way to manage sickness in the workforce through a process of calculating a score rating on absence patterns and provides a platform to find trigger points for sickness absence. The report is provided to the Senior Leadership team on a quarterly basis

highlighting employee absence patterns and trigger any interventions as appropriate. These reports are cascaded down by the Leadership team to Heads of Service.

Recommendations in the Bradford Factor reports are followed up by HR to support managers in taking forward the actions so that absence levels are improved at the council.

3.6 The first day induction carried out by HR with all new employees includes information on the Attendance Management policy so that employees understand the council's sickness absence procedures as well as the support mechanisms that are available from the council.

3.7 Training has been provided to all managers on coaching conversations to enable managers to have difficult conversations with their staff. Some managers can find discussing sickness concerns a difficult issue and therefore it is important for managers to use the skills they have obtained through the training to address the issues in order to see improvements in sickness for their department.

3.8 Changes in structure and/or jobs can create anxiety and stress in individuals. This has been recognised at the council and in 2015 the council introduced a Change Management Toolkit. The toolkit was rolled out to line managers and is reinforced by HR when change occurs to ensure managers are properly planning and communicating during change.

3.9 Kent Healthy Business Awards is a self-assessment tool that provides a series of standards for workplaces to meet. Sickness absence is one of the areas that was assessed in 2016 and the council received the highest level of 'excellence' in terms of the current policy, processes and monitoring on sickness that takes place on a regular basis. This award has demonstrated that the council has all the necessary reports and processes to support and manage sickness absence.

3.10 An employee wellbeing timetable has been produced by HR and includes a number of wellbeing initiatives and activities, which are being promoted throughout the year. The main purpose for wellbeing events is to encourage individuals to take preventative measures to avert the onset or worsening of an illness or disease and to adopt healthier lifestyles. The wellbeing programme includes:

- Inclusive health and fitness opportunities to encourage healthy lifestyles for staff;
- Awareness raising campaigns on themes such as mental health, eating disorders, diabetes, etc;
- Regular health and wellbeing events throughout the year such as Migraine awareness, epilepsy and cancer awareness;
- Flu vaccinations organised to take place at the council offices;
- Men's health week – last year this was held at the Depot for our manual workers. The purpose of Men's Health Week was to raise awareness of preventable health issues and encourage men to seek professional advice for health-related problems.

3.11 In February 2018, the HR team organised a week of wellbeing events that took place during week commencing 19 February. The wellbeing week is organised on an annual basis and the events organised this year was across the Council to ensure employees' from all locations were given the opportunity to attend the events. Positive feedback from staff has been received on the events organised. The wellbeing events included:

Mindful meditation	Step Challenge
Mindfulness Colouring	Health Checks/MOT's
Mindfulness and Resilience workshop	Fruit Trolley
Mindfulness and Resilience 1-1	Rewards and benefits promotion
Slimming World promotion	Craft activity
Smoothie bike	Holistic therapies
Lunchtime walk	Lunchtime run

3.12 In addition, the Chief Executive signed the 'Time to Change' Pledge on World Mental Health Day, which took place on 10 October 2017. This is a national campaign and is designed to remove the stigma around mental health. The council's pledge is to encourage everyone who works at the Council to feel they can be open about their mental health, and ask for support if they need it. This specifically links in to the high level of sickness absence attributed to mental health issues and the council will need to develop an action plan for the seven principles:

- Demonstrate senior level 'buy in';
- Demonstrate accountability and recruit employee champions;
- Raise awareness about mental health issues;
- Update and implement policies to address mental health problems in the workplace;
- Ask staff to share personal experiences of mental health problems;
- Equip line managers to have conversations about mental health;
- Provide information about mental health and signpost to support services.

3.13 The Learning and Development Officer has recently qualified to deliver Mental Health First Aider training which is being planned to be delivered internally this year. The staff that will be trained to be a Mental Health First Aider will also be requested to become a Time to Change champion to help to raise awareness on mental health issues and to arrange events and activities for staff that focus on mental health.

3.14 In October 2017 employees were asked to complete the Health and Safety Executive (HSE) Stress at Work survey. This was last run in 2011 and 2012 and the results show a fairly consistent picture across the three years with marginal negative change in the areas of 'Control' and 'Change' and a positive improvement in 'Manager Support'. The findings of the stress survey were reviewed further by two separate focus groups, one of managers and the other of staff. An action plan has been produced and agreed to address the concerns from the Stress at Work survey (Appendix I).

3.15 Resilience Training for staff and managers (two separate programmes) has continued to be rolled out at the council. This training has been designed as

a direct response to the fact that stress and anxiety have been our highest causes of sickness absence for several years. We have had external speakers deliver sessions previously but these were often not well attended. The programme aims to put a more positive focus onto resilience rather than stress and was a combination of the science of stress, mindfulness and other coping mechanisms as well as overall well-being.

3.16 Through staff feedback, we have also arranged monthly relaxation treatments and yoga classes to take place at the council at reduced rates for staff. These sessions have received a positive response and allowed staff to have affordable regular sessions which can help to reduce stress and tension.

3.17 A new site on the council's Intranet page is being created to enable staff to access the full range of information on mental health and wellbeing. The site will include topics such as mental wellbeing, fitness, healthy living. The page will also provide a serious of resources from organisations such as Time to Change, Mental Health First Aider England and links to other sites in order to support managers and staff to:

- Have open conversations around mental health
- Effectively self-manage their own mental wellbeing
- Seek further support and advice around mental health

4.0 AVAILABLE OPTIONS

4.1 The Committee is asked to note absence management and mental health at the council and the development of initiatives that have been put in place to support staff and managers on sickness and mental health.

5.0   PREFERRED OPTION AND REASONS FOR RECOMMENDATIONS

5.1 The preferred option is for the Committee to note the on-going support provided to staff with mental health issues.

6.0 RISK

6.1 The risks associated with this proposal, including the risks if the Council does not act as recommended, have been considered in line with the Council's Risk Management Framework. We are satisfied that the risks associated are within the Council's risk appetite and will be managed as per the Policy.

7.0 CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK

7.1 The WLT and managers receive regular sickness information to enable them to manage absence issues within their departments as well as providing support to their staff depending on the illness.

8.0 NEXT STEPS: COMMUNICATION AND IMPLEMENTATION OF THE DECISION

8.1 Regular reports on sickness absence will be provided to Heads of Service and HR will continue to work with managers to ensure they have the guidance and advice to support staff with mental illness.

8.2 The Wider Leadership Team will continue to receive the quarterly workforce reports and review absence levels across the council.

9.0 CROSS-CUTTING ISSUES AND IMPLICATIONS

Issue	Implications	Sign-off
Impact on Corporate Priorities	Mental health and wellbeing has an impact on all of the corporate priorities.	Bal Sandher, Head of HR
Risk Management	Mental illness is the highest reason for sickness absence and if unmanaged the risk is a loss of available resources.	Bal Sandher, Head of HR
Financial	There are areas of the wellbeing programme that may have a financial impact but these would be costed within the normal annual budget.	[Section 151 Officer & Finance Team]
Staffing	Insufficient staffing levels may impact on service delivery and demands may be placed on other team members to meet work demands.	Bal Sandher, Head of HR
Legal	The council will need to ensure that it meets its obligations under the Equality Act 2010 on disability and considers reasonable adjustments before taking any other action.	[Legal Team]
Privacy and Data Protection	No personal data is contained in the report.	[Legal Team]
Equalities	The Council's Attendance Management policy applies equally to all staff. The procedures contain guidance which ensures appropriate management of sickness and mental illness to comply with	[Policy & Information Manager]

	the requirements of the Equality Act 2010.	
Crime and Disorder	No impact identified at this time	Bal Sandher, Head of HR
Procurement	No impact identified at this time	Bal Sandher, Head of HR

10.0 REPORT APPENDICES

The following documents are to be published with this report and form part of the report:

- Appendix I: Stress Survey Action Plan

11.0 BACKGROUND PAPERS

None