

**Manchester City Council
Report for Information**

Report to: Resources and Governance Scrutiny Committee – 8 November 2022

Subject: Update on Health & Wellbeing Strategy

Report of: Director of Human Resource, Organisational Development and Transformation

Summary

This report sets out the progress the Council has made on delivering the Health & Wellbeing Strategy, the impact of the pandemic on our workforce and to the delivery of the strategy, sets out a plan to review the strategy and provides an insight into the Council's sickness absence rates.

Recommendations

The Committee is recommended to consider and comment on the progress made to deliver the Health and Wellbeing Strategy.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

No impact.

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
--

N/A

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Activity within this report is to support the workforce of the City Council to provide the best possible services to residents and communities of Manchester. In doing so, supporting the delivery of the Our Manchester Strategy.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: Deb Clarke
Position: Director of HR/OD & Transformation
Telephone: 0161 245 7519
E-mail: deb.clarke@manchester.gov.uk

Name: Kane Joyce
Position: Head of Workforce Strategy
Telephone: 0161 245 7519
E-mail: kane.joyce@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

Health and Wellbeing Strategy 2018 to Personnel Committee September 2018

1.0 Background

- 1.1 Improving the Health and Wellbeing outcomes of the Manchester population is central to achieving the progressive and equitable strand of the Our Manchester strategy and a clear and demonstrable way in which we can promote the 'Better Lives' principle of the Our Manchester approach.
- 1.2 The Manchester Population Health Plan 2018 – 2027 and Making Manchester Fairer sets out the work needed to improve Manchester's population health. A key priority is ensuring good quality work due to the positive impact this has on health and wellbeing.
- 1.3 Promoting and supporting employee wellbeing is a key workforce priority for the Council because effective workplace wellbeing leads to increased resilience, better employee engagement, reduced sickness absence and higher performance and productivity (CIPD, 2020).
- 1.4 As an employer, the City Council is in a unique position to directly influence and embed the importance of health and wellbeing. Our circa 7,000 staff connect on a daily basis with the City's population through their work and 45% of our employees are Manchester residents.
- 1.5 The Council's Health & Wellbeing Strategy was developed in 2018 and based on our understanding of workplace health and wellbeing, the challenges we faced and our workforce priorities at the time.

2.0 Health and Wellbeing Strategy 2018

- 2.1 The Health and Wellbeing strategy sets out the importance of getting the basics rights, supporting our people when they need it through strong and supportive management and a framework of policies and interventions e.g., access to Occupational Health, Employee Assistance Programme, Mental Health and Wellbeing support.
- 2.2. It also recognises that workplace wellbeing is much more than getting the basics rights, it's about how we will build systems and processes that enable our workforce to feel empowered and able to deliver exceptional performance through creating a culture which means people are proud, passionate, and connected to the Council and work in a safe and sustainable way.
- 2.3 The strategy recognised that, through supporting employees to 'be their best selves', we will improve attendance, engagement and, ultimately, productivity, supporting delivery of the Council's overarching priorities.
- 2.4 This is achieved through:
 - The alignment of progressive HR and health and safety policy frameworks.
 - Proactive occupational health interventions including the Employee Assistance Programme and targeted work on mental health in particular

- Quality leadership and management practice, to manage people as individuals using strengths-based tools such as the About You framework
- Supportive workplace practices such as Our Ways of Working, which brings together the HR, Estates and ICT offer to allow staff to work flexibly wherever practicable to maximise their productivity and reduce costs.

2.5 The strategy, supported by a delivery plan, is split into two thematic areas:

2.5.1 High quality working life

2.5.2 This objective is to ensure we provide 'good' work so that our employees feel connected, within a culture and environment that promotes wellbeing through:

- An organisational environment which promotes wellbeing at all levels
- Managers who understand their role and manage with compassion
- Embedding the Our Manchester behaviours as the ways we do things.
- Continue to deliver of the Our Ways of Working Programme which supports our workforce to thrive in the workplace and lead healthy lives.

2.5.3 Mentally & physically healthy people

2.5.4 This priority is about preventing the causes of poor health and supporting employees to maximise both their mental and physical health and resilience through:

- Creating an organisational culture and framework of support which is open and honest about the scale and challenge posed by mental health.
- Strengthening the way in which we manage employees who are unwell, supporting them to stay in work where possible and appropriate, and recover and return when they're absent.
- Targeted communication and initiatives designed to promote health and build understanding, informed by both evidence from the workforce and the broader city-wide population wellbeing agenda.
- Continually reviewing and strengthening our broader offer of support to staff including the Employee Assistance Programme, Occupational Health provision and targeted programmes like mental health and stop smoking.
- Ensuring our staff benefits package supports this priority e.g., providing discounts to local gyms.

3.0 Impact of Covid-19

3.1 Part way through the delivery of the Strategy came the Covid-19 pandemic. This unprecedented event significantly impacted the city, the Council and its workforce which ultimately impacted the delivery of the health and wellbeing strategy.

3.2 The Council's primary focus during the pandemic was to protect the health and safety of our workforce whilst continuing to deliver services to Manchester residents. This was achieved through:

- Implemented building, service and individual risk assessments in-line with Government guidance.
- Supported circa 50% of our workforce to work from home or in a hybrid way
- Delivered Personal Protective Equipment (PPE) to roles that required it.
- Provided training and support to Managers on effectively managing a hybrid workforce
- Provided effective support to those that were required to shield.
- Effectively supported services to transition through various lockdowns.
- Amended sickness absence procedures to reflect best practice.
- Weekly phone calls to Managers to capture the impact of Covid 19 on service delivery (such as sickness absence) and supported with resourcing solutions to maintain service delivery.
- Increased access to a wealth of Health and Wellbeing material/support sessions via our intranet and across our partnerships.

3.3 It should be recognised that our dedicated and hardworking employees faced significant challenges throughout the pandemic to deliver services to Manchester residents, and the immediate and longer-term impact of this is now being reflected through increasing rates of sickness absence due to mental health and covid related episodes.

4.0 What we have achieved and delivered

4.1 Despite the challenges faced throughout 2020/21 there has been progress made against the plan which is noted below.

- Supported our workforce during the pandemic, providing timely and effective health and safety support and advice
- Become a member of the Greater Manchester Good Employment Charter which demonstrates our commitment to health and wellbeing.
- Achieved Disability Confident Employer status which demonstrates our support to disabled employees or those with a long-term health condition.
- Continued to embed our ways of working which supports our workforce to work in new and different ways and promotes a healthy work life balance.
- Continually reviewed and improved our policy framework.
- Launched the Menopause policy supported by case studies and webinars to raise awareness and participated in World Menopause Day. The policy aims to raise awareness of how the menopause can affect staff, and how staff experiencing menopause can be supported at work.
- Implemented a Leadership and Management development programmes which focus on prioritising health and wellbeing.
- Undertaken a Corporate review of performance development which prioritizes health and wellbeing in conversations.
- Set up a range of employee led groups to promote physical and mental wellbeing and provide opportunities for staff to engage with each other inside and outside of the workplace.
- Disseminated regular communication and engagement campaigns which promote health and wellbeing such as World Mental Health Day

- Launched a Stop Smoking Offer in partnership with Public Health
- Launched our financial wellbeing offer (section 5)
- Rolled out a Mental Health First Aid programme
- Targeted interventions to support men's mental health which incl. workshops and awareness-raising campaigns.
- Provided on-site flu vaccinations
- Rolled out management of attendance training
- Rolled out managing mental health in the workplace

4.2 Whilst there are a number of visible achievements that have been made the strategy is not flexible enough to adapt to changing needs of the workforce, nor does it address some of the biggest challenges we face including, but not limited to, mental health, cost of living crisis and living with covid.

4.3 In order to have a strategy that is adaptative enough to meet the immediate and future needs of our workforce, HRODT has commenced a review of the strategy which will be set in the context of a greater understanding of workplace health and wellbeing, Making Manchester Fairer (Marmot review), and the challenges described above.

5.0 Financial Wellbeing

5.1 We recognise that the cost-of-living crisis will significantly affect our workforce, particularly those living in Manchester (45% of our workforce are Manchester residents). Therefore, improving our financial wellbeing offer is a key priority, as evidence directly links financial wellbeing to both employee wellbeing and performance (CIPD 2022).

5.2 In direct response to the cost-of-living crisis, and in a clear demonstration of our commitment to being an employer of choice, we have, over the past 3 months, strengthened our financial wellbeing offer to provide our workforce with access to financial education programmes, counselling, debt management, affordable borrowing, salary advances and a meaningful staff benefit package. This is delivered through:

- A new partnership with Salary Finance which is due to launch on 7 November.
- Credit Unions
- Employee Assistance Programme
- Cost of living intranet page which is a one stop shop for information and advice including food, energy, and financial support.
- Hosting a range of webinars with the Money and Pension Service, Manchester Credit Union and South Manchester Credit Union to provide advice and support.
- Promoting our financial wellbeing offer via targeted roadshows in which we will raise awareness of our offer to areas of the Council that have lower paid employees.

5.3 This offer, particularly the partnership with Salary Finance and Credit Unions, ensures our workforce has access to a range of affordable products and

should reduce the risk of employees engaging with highest interest loans or exploitation by loan sharks.

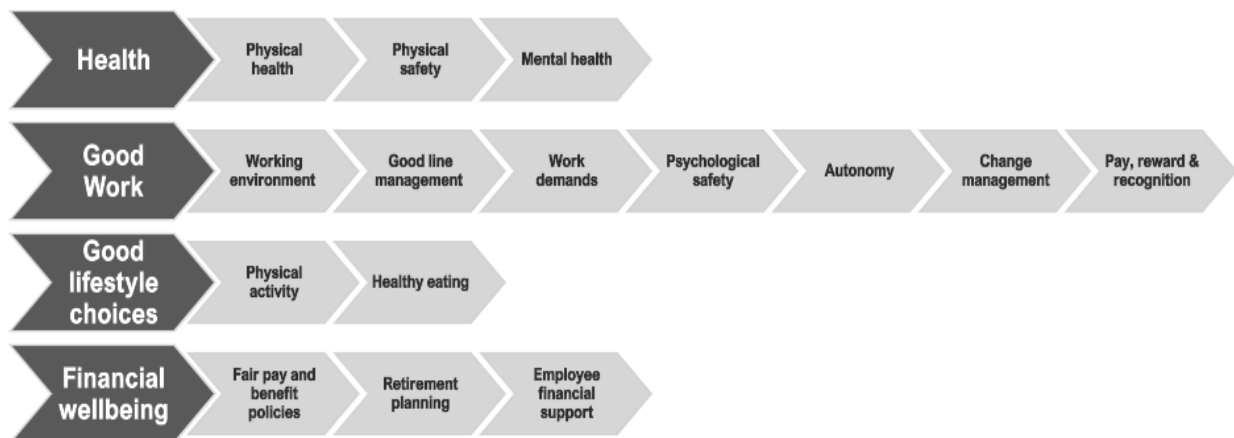
6.0 Health and Wellbeing Strategy Review

6.1 Our health and wellbeing strategy will be formed using data, insight from the workforce which is aligned to a model that covers the 4 key areas of health and wellbeing. The approach to reviewing the strategy is outlined below:

- Model of best practice

6.2 The Chartered Institute of Personnel Development (CIPD) has set out a best practice model of workplace health and wellbeing and it is proposed that the Council adopts this model to ensure there is a holistic approach to workplace wellbeing.

6.3 The strategy will have a much stronger focus on mental health, financial wellbeing, delivering 'good work' and ensuring our managers have the knowledge, skills and capability to provide effective support to employees. By adopting this holistic approach and embedding effective workplace wellbeing we expect to increase resilience and employee engagement, reduce sickness absence and support higher performance and productivity.



- Staff Engagement

6.4 The voice of the workforce and the way in which staff are supported to engage continues to be a priority for the City Council. It is more important than ever that the length and breadth of the workforce have the opportunity to influence positive changes, and to be able to see their voice has been heard.

6.5 Engagement with our workforce will be integral to the review of the health and wellbeing strategy; we will engage our workforce through conversations, workshops and interviews to gain a better understanding of challenges, opportunities, what is working well, what isn't and where we can improve as a Council.

6.6 In addition, the annual Staff Survey forms a key part of our staff engagement activity. Staff are invited to complete a survey with questions relating to how they are feeling, the support they receive from their manager and the organisation, and the extent to which improvements are having an impact on their working life.

6.7 In this year's survey, which launched on Friday 21 October, we have placed greater focus on health and wellbeing to gain a deeper understanding of the challenges and opportunities and in support of the review of the health and wellbeing strategy. Insights from the staff survey will directly influence the review of the health and wellbeing strategy.

- Workforce Intelligence

6.8 The Council monitors sickness absence via a workforce performance dashboard. The dashboard provides an overview and insight into sickness absence levels, trends and reasons by directorate, service and team.

6.9 This intelligence, which is supported by detailed analysis, ensures that the strategy is underpinned by workforce intelligence, decisions are supported by evidence, and we have a greater understanding of trends, challenges and opportunities.

7.0 Sickness Absence – Current Position

7.1 The health and wellbeing of our workforce remains an absolute priority across the organisation however, despite our focus on wellbeing, sickness absence has increased (by 19,687 days) and remains a key challenge for the Council. However, this increase should be considered in the context of recovering from the pandemic and the challenges our workforce has faced over the years.

7.2 This section provides an overview of sickness absence figures and the Council's approach to managing attendance.

7.3 Sickness absence analysis

- In 2022, there were 93,296 days lost due to sickness absence which is an average of 14.24 days per FTE; 27.4% (25,539) of the days lost were due to stress/depression and 13.5% (12,658) were due to Covid 19.
- If Covid-related absence was removed from absence figures, absence reduces to 80,637 days lost which is an average of 12.32 days per FTE.
- Adults, Neighbourhoods and Children's have the highest levels of sickness absence within the Council with stress/depression accounting for the majority of absence.
- Overall, sickness absence rates are higher in front-line roles compared to back-office roles (see table 3)
- Long-term absence accounts for 69% of all sickness absence.
- In 2021, there were 73,609 days lost due to sickness absence which is an average of 11.16 days lost per FTE (during the pandemic). This was our lowest rate of sickness absence in over 4 years.

- In 2019, there were 83,747 days lost due to sickness absence which is an average of 13.14 days lost per FTE (pre-pandemic). This is lower than our current rate of sickness absence.

7.4 Table 1 – overview of sickness absence rates

Council Overall		Adults	Children's	Core	Growth & Dev.	N'Hoods	Public Health
Annual average days lost per FTE (2022)	14.24	19.91	15.77	9.50	9.21	14.74	12.41
Total days lost (2022)	93,296	28,150	19,312	17,337	3,534	24,356	607
Annual average days lost per FTE (2021)	11.16	15.75	11.93	7.33	8.87	10.30	-
Total days lost (2021)	73,609	27,677	14,442	12,585	4,569	14,336	-
Annual average days lost per FTE (2019)	13.14	17.24	13.71	10.68	10.26	12.12	-
Total days lost (2019)	83,747	27,344	16,286	17,716	6,144	16,243	-

7.5 Table 2 – overview of top 3 absence reasons

	Top 3 absences	MCC	Adults	Children's	Core	Growth & Dev.	N'Hoods	Public Health
1	Reason	Stress / Depression	Stress / Depression	Stress / Depression	Stress / Depression	Stress / Depression	Stress / Depression	Stress / Depression
	Days Lost	25,539	6,981	5,589	3,729	861	7,973	406
	% of all days	27.4%	24.8%	28.9%	21.5%	24.4%	32.7%	66.8%
2	Reason	COVID19*	COVID19*	COVID19*	COVID19*	COVID19*	COVID19*	COVID19*
	Days Lost	12,658	3,188	2,377	2,747	622	3,638	86
	% of all days	13.57%	11.3%	12.3%	15.8%	17.6%	14.9%	14.1%
3	Reason	Bereavement	Bereavement	Bereavement	Bereavement	Bereavement	Surgery	Injury / Fracture
	Days Lost	5,541	1,776	1,362	1,192	422	1,293	47
	% of all days	5.93%	6.3%	7.1%	6.9%	11.9%	5.3%	7.7%

* COVID19 figures include Long COVID

7.6 Table 3 – overview of sickness absence by job function

12-month absence	Function	Days Lost	Days Lost per FTE
MCC	Back Office	25,714	9.92
	Front Line	56,373	17.35
	Social Worker	10,117	14.30
Adults' Services	Back Office	3,136	13.69
	Front Line	21,765	21.14
	Social Worker	2,741	18.22
Children's Services	Back Office	2,964	14.93
	Front Line	8,611	18.23
	Social Worker	7,376	13.24
Core	Back Office	17,033	9.34
	Front Line	0	0
	Social Worker	0	0
Growth & Dev.	Back Office	856	7.13
	Front Line	2,550	9.79
	Social Worker	0	0
N'Hoods	Back Office	1,091	6.52
	Front Line	23,446	15.78
	Social Worker	0	0
Public Health	Back Office	635	12.05
	Front Line	0	0
	Social Worker	0	0

7.7 Sickness absence rates (equalities overview)

7.7.1 Appendix A provides an overview of sickness absence rates by ethnicity, disability, age and gender. Summary analysis:

- Mixed/multiple ethnic employees have the highest sickness absence rates of all ethnicities.
- Disabled employees have higher sickness absence rates than employees without a disability.
- Employees aged over 50+ have the highest sickness absence rates.
- Females have higher sickness absence rates than males.
- Mental health related absence is the number one cause of absence for:
 - All ethnicities
 - Disabled employees and employees without a disability
 - All age ranges
 - Females and males.

7.7.2 As part of the review of the health and wellbeing strategy, further detailed analysis of sickness absence rates, particularly, understanding the impact by protected characteristics including intersectional analysis will be undertaken. This is to ensure the strategy meets the needs of our diverse workforce and

ensures we achieve the objective within the Workforce Equality Strategy: creating a place where everyone can be themselves and thrive.

8.0 Management of Attendance

8.1 The Council's Management of Attendance (MoA) policy ensures that sickness absence is managed in a timely, effective, fair and consistent manner across all services. It aims to encourage all employees to maintain attendance at work, and for managers to provide a supportive work environment.

8.2 The policy sets out rules for the reporting and management of absences, encouraging managers to focus on the health and wellbeing of staff, making reasonable adjustments where necessary and in accordance with the Equality Act.

8.3 The role of HR

8.3.1 The HR Casework Team provides advice and assistance in the interpretation, and application of the Council's Absence Policy. Where necessary the Casework Team support managers to access and interpret Occupational Health Advice and to consider options for support and adaptations that may assist an employee's attendance at work.

8.3.2 In some instances, the Casework Team provide advice and support for managers to apply the formal stages of the Attendance Policy and with any pensions implications that may arise as a result. The Casework Team also manages the mpeople process which in some instance supports employees that can no longer carry out their substantive role for medical reasons leading to sickness absence.

8.3.3 There are currently 165 active long-term absence cases that the Casework Team is either actively supporting or tracking across the Council. This is based upon a monthly report the team use to identify long-term cases. HR officers speak to the relevant managers to check that cases are being actively managed in line with policy. Casework Team support focuses specifically on long terms absence cases. Short term absence issues are supported at management's request. In addition, the Casework Team monitors and supports 20 of the longest-term cases to facilitate resolution.

8.3.4 In addition to the HR Casework Team, HR Business Partners (HRBPs) have a key role in supporting directorates and leadership teams to reduce sickness absence through the development of local strategies and interventions tailored to the needs of service areas. Section 8 provides an overview of some of the work to reduce absence, at a directorate level, which is supported by HR Business Partners.

9.0 Approaches to reducing sickness absence

9.1 Reducing sickness absence is a key priority for the Council and this section provides an overview of some of the corporate approaches to reducing absence:

9.2 Supporting leaders and managers

9.2.1 It is well documented that managers have a key role to play in reducing absence (CIPD 2020), in particular, through the application of the management of attendance policy and providing meaningful support to their teams.

9.2.2 Our leadership and management development programmes recognise the importance of managing employee health and wellbeing and understanding the Council's management of attendance policy. Our training focuses on supporting managers to:

- Understand some of the reasons for sickness absence and how to prevent it,
- Understand their role in the process as the line manager,
- Improve their confidence and skills in having some of the crucial conversations, such as return to work interviews and
- Increase their confidence in having sensitive conversations with their team members taking into account disability discrimination and reasonable adjustments

9.2.3 Mental health related absence is a key challenge for the Council and to support this, we have rolled out 'Managing Mental Health in the Workplace' course. The course builds managers understanding of mental health and helps them to have supportive and effective conversations with their teams.

9.3 Employee Assistance Programme

9.3.1 The Employee Assistance Programme (EAP) delivered by Health Assured aims to support employees with personal problems that might impact their health and wellbeing, including mental and physical health and alcohol, drugs and gambling addiction. This service is entirely confidential, callers are only asked to provide high-level information on which organisation they work for and which directorate they work in. This allows us to extract some basic analytics on engagement with the service, to provide assurance that staff across the organisation are aware of the service.

9.3.2 In the last 12 months, 1,842 calls were made to the EAP from Manchester City Council employees of which 711 were mental health related which represents 38% of all calls. This is a slight decrease when compared to pre-pandemic contact levels of which they were 1,851 calls. Of these, 832 calls were mental health related which represents 44.95% of all calls.

9.4 Occupational Health

9.4.1 The Council commission an external provider to deliver Occupational Health Services. In the context of absence management, the Occupational Health provider offers managers an assessment of an employee's reasons for absence and advice on what options might be considered to affect the earliest possible return to work.

9.4.2 In the last 12 months, 1,325 referrals were made to occupational health:

- 48% of referrals were due to long-term sickness absence
- 31% of referrals were for mental health support.
- Adults, Neighbourhoods and Children's Directorates have the highest referral rates which is consistent with sickness absence rates.

9.4.3 Compared to pre-pandemic referrals, the above represents a slight increase as there were 1,127 referrals made to occupational health prior to the pandemic, of which:

- 46% of referrals were due to long-term sickness absence
- 38% of referrals were for mental health support
- Adults, Core and Children's had the highest referrals rates.

9.5 Sickness Surgeries

9.5.1 'Sickness Surgeries' are in place for each Directorate informed and targeted by the 'absence audit' work. Each service will have a dedicated HR contact who will meet with them on a monthly basis to discuss ongoing cases and highlight where employees have met triggers. Sickness surgeries provide an opportunity for managers to seek case specific HR guidance and support. They also help ensure that a fair and consistent approach to managing absence is taken both within and across services and support the effective management of absence.

9.6 Policy review

9.6.1 The Council has reviewed its policies to ensure that there is guidance and information available for staff to support different wellbeing issues such as a new Menopause Policy, Third Party Abuse and Harassment policy along with a refresh of the Domestic Abuse Policy and the renewal of our Disability Confident Accreditation.

9.7 Workforce intelligence

9.7.1 Providing access to detailed sickness information to line managers is also essential to enable them to understand and take responsibility for managing both individual and service-specific absence issues. Each month, HR Business Partners provide directorate management teams with access to workforce intelligence which includes sickness absence rates. HR Business Partners work with services to provide targeted interventions to reduce sickness absence and improve health and wellbeing – Appendix B provides examples of this.

10.0 Directorate approach to reducing sickness absence

- 10.1 The Council's health and wellbeing strategy provides a strategic framework of support for our workforce however, it is important to recognise that directorates experience different, unique and specific challenges and such strategy cannot respond to all of these.
- 10.2 Each Directorate, supported by their HR Business Partners, has a plan in place to improve health and wellbeing and reduce absence through targeted interventions and local strategies.
- 10.3 Appendix B provides a summary of the activity which is ongoing to support health and wellbeing and reducing absence.

11.0 Summary

11.1 In summary:

- The council's health and wellbeing strategy was developed in 2018 and progress has been made to deliver this in the context of the pandemic.
- It is recognised that our current strategy isn't flexible enough to support our immediate and future needs such as recovering from the pandemic, high levels of sickness absence and cost of living crisis.
- A review of the strategy is ongoing which will be informed by workforce engagement, staff survey and data insights to ensure it supports our immediate and future needs and addresses our key challenges
- The review of the strategy will be completed by January 2023.
- The council needs to continue to focus on reducing sickness absence both corporately and at a directorate level.

12.0 Recommendations

12.1 Members are asked to consider and comment on this report.

Appendices

Appendix A – Sickness absence (equalities)

Appendix B – Directorate approaches to reducing sickness absence