

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	13 November 2023
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	EAS Six Monthly Progress Update Occupational Health and Absence Annual Update January 2023 – June 2023
REPORT NUMBER	CUS/23/347
DIRECTOR	Andy MacDonald
CHIEF OFFICER	Lindsay MacInnes (Interim)
REPORT AUTHOR	Kirsten Foley
TERMS OF REFERENCE	2.7

1. PURPOSE OF REPORT

- 1.1 This report updates the Committee on utilisation of the Employee Assistance Service (EAS) provided by VIVUP during the last 6 month period 1 January 2023 – 30 June 2023 and provides a 6 monthly update on the Occupational Health and Absence period 1 January 2023 – 30 June 2023.

2. RECOMMENDATIONS

That the Committee:-

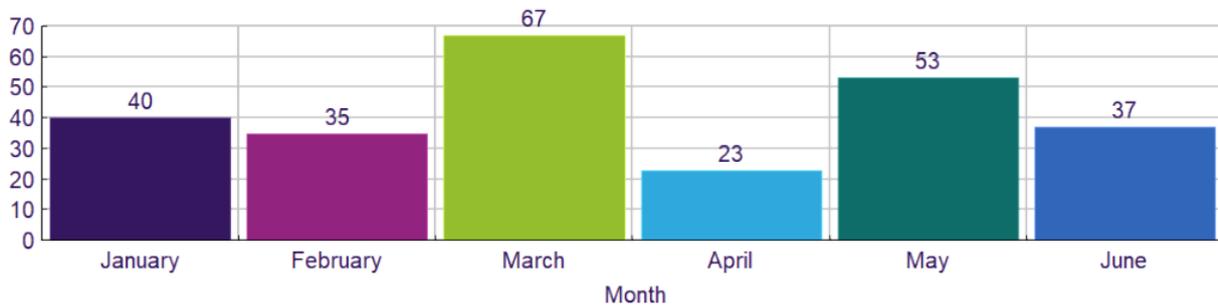
- 2.1 considers the contents of the report; and
- 2.2 Notes that the data included within the report evidences progress made to date against the specific aims of the Absence Improvement Project as detailed in section 3.4 of the report.

3. CURRENT SITUATION

3.1 Employee Assistance Programme

- 3.1.1 For the period January 2023 – June 2023 the Employee Assistance Programme was provided by VIVUP, who also provide our Employee Benefits service.
- 3.1.2 The table below shows a breakdown of the usage of the Employee Assistance Portal access across the organisation during the period 1 January 2023 – 30 June 2023.

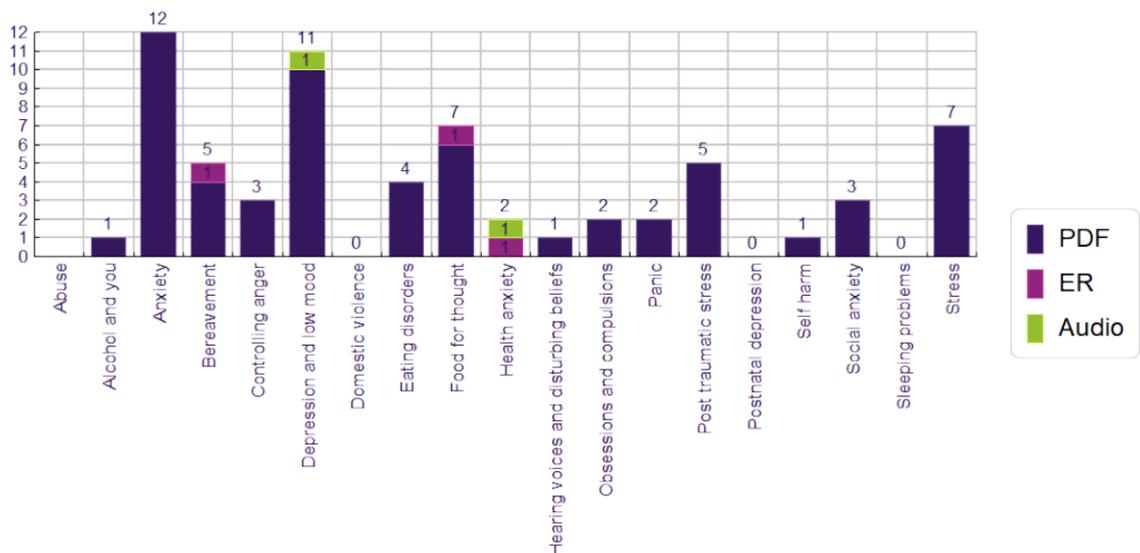
Aberdeen City Council Portal Access by Month



3.1.3 In total, 255 employees accessed the Vivup Employee Assistance Programme portal over this period.

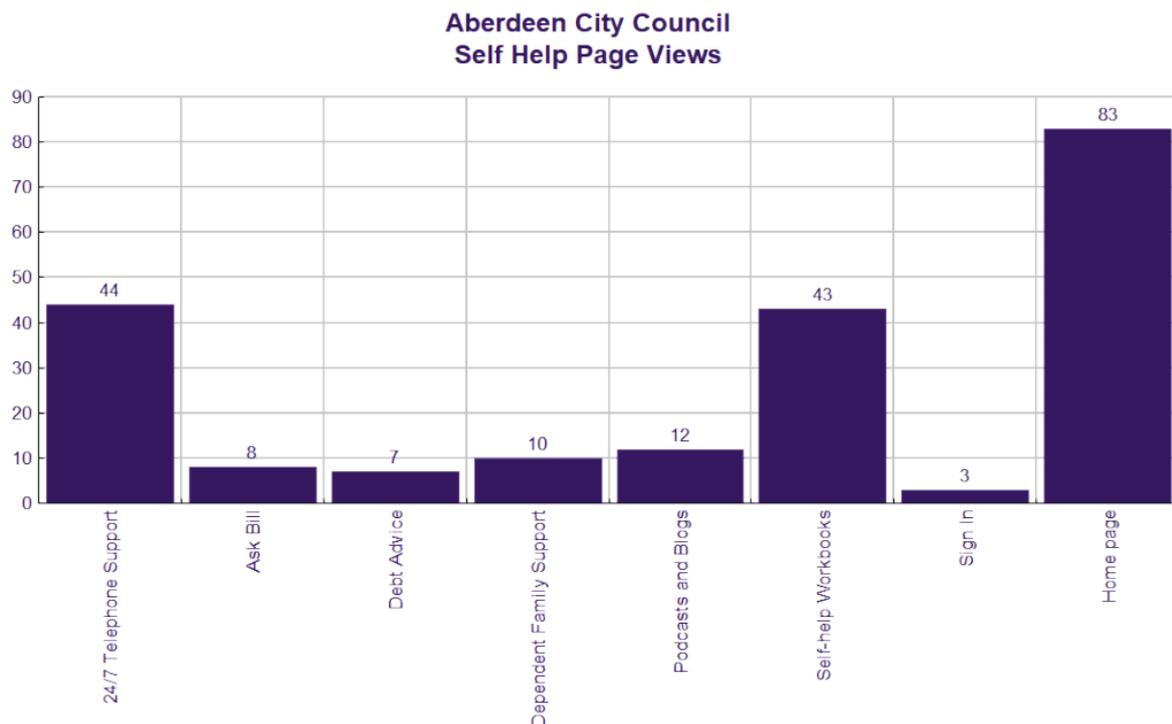
3.1.4 In addition to those who accessed the programme, a total of 66 employees across the organisation accessed our library of Self-help Cognitive Behavioural Therapy Workbooks to gain advice and guidance on a range of mental wellbeing topics.

Aberdeen City Council Self Help Downloads

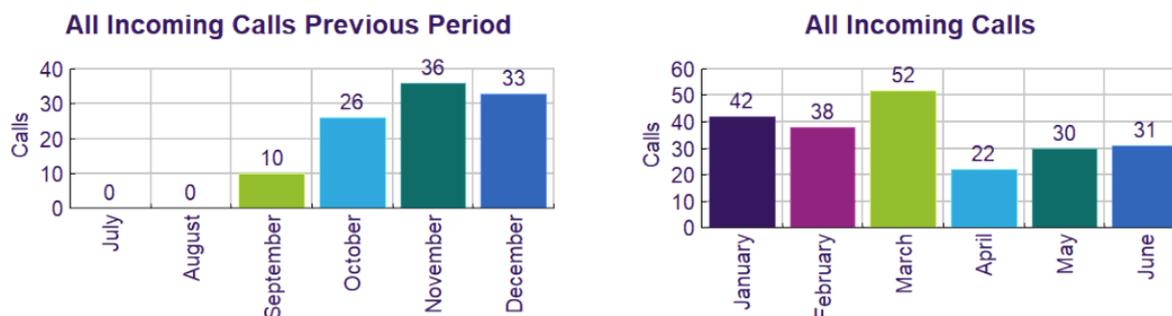


3.1.5 Furthermore, 210 employees accessed our self-help pages through the portal which includes information and advice on the following subjects. 8 employees accessed our Ask Bill pages which provides information on financial wellbeing

and 10 employees accessed information relating to dependant family support.



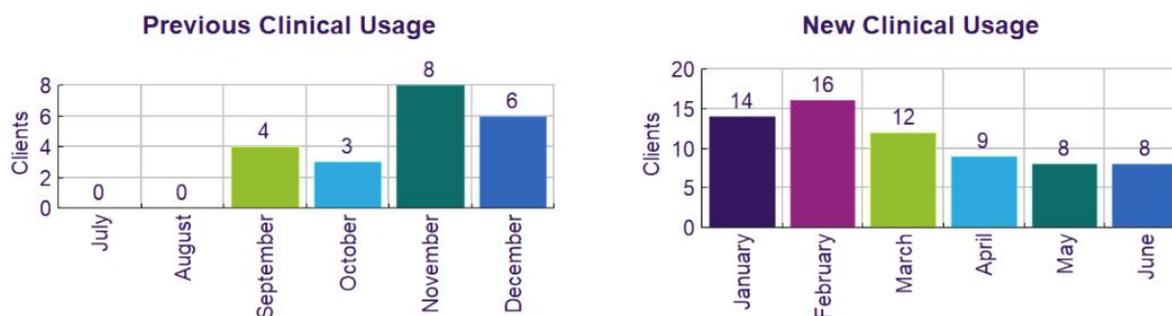
3.1.6 215 new clients accessed the 24/7 helpline during the period January 2023 to June 2023.



3.1.7 Vivup Employee Assistance Programme provides an initial telephone assessment and triage process for every new client. All new clients are required to undertake an initial risk assessment and are provided with access to in-the-moment telephone support where required. Clients requiring access to telephone or face to face counselling are booked in for a telephone assessment with a counsellor. This includes assessment of risk, medication and presenting issues. Clients who presented with risk were triaged appropriately within the service and signposted/managed to ensure they received appropriate case management.

3.1.8 67 new clients accessed the Counselling service in this period January 2023 to June 2023. These figures can be seen below month by month. They show an increase in usage during the initial quarter of the year with a steady number of employees continuing to access the service thereafter. This could be due to the initial increased communication campaigns around the start of the new contract and as these filtered across the organisation. New awareness

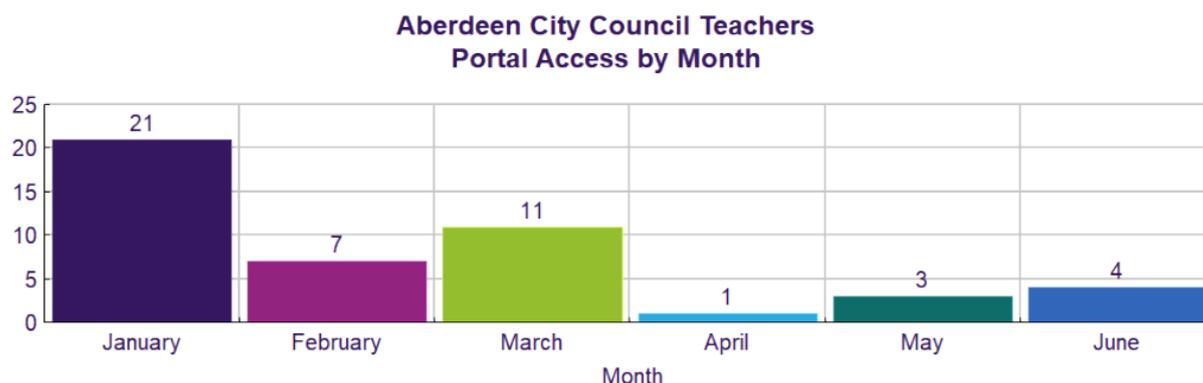
campaigns including physical face to face wellbeing roadshows are being undertaken to increase awareness and knowledge of the services available to staff.



3.1.9 At the request of the Education Service we report numbers of Teachers accessing the Vivup Employee Assistance Programme and its various resources and services available to staff separately.

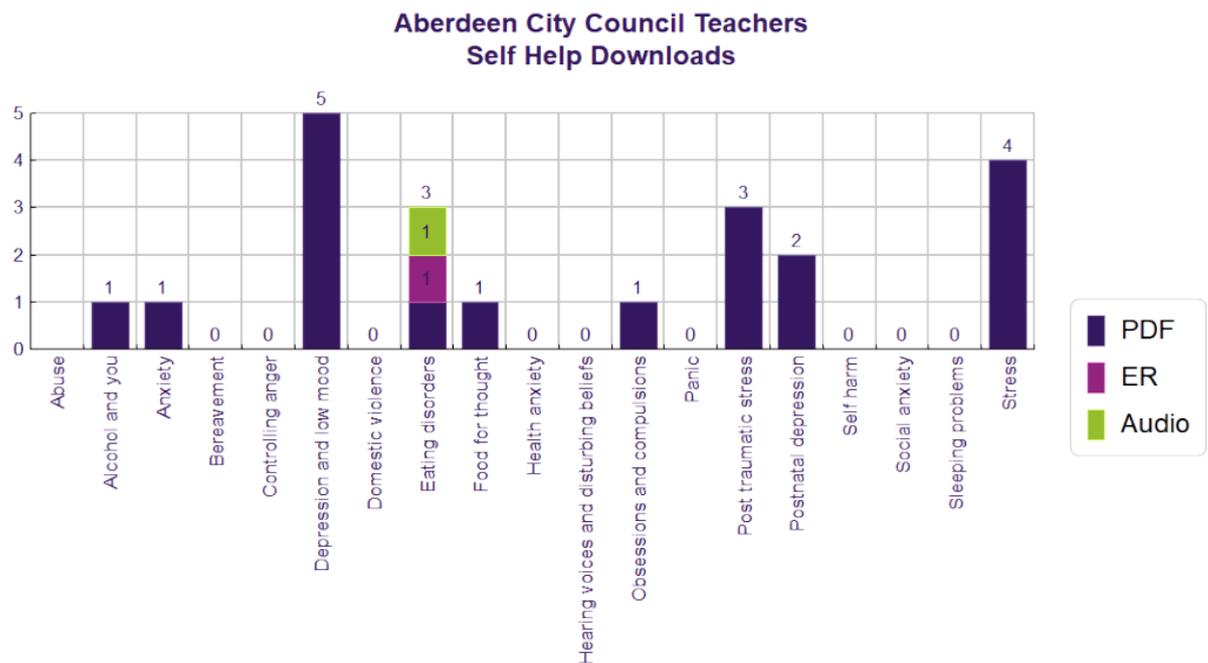
3.1.10 The table below shows a breakdown of the usage of the Employee Assistance Portal access among Teachers during the period 1 January 2023 – 30 June 2023.

3.1.11 In total, 47 teachers (compared to 255 non-teaching staff (18.43%)) accessed the Vivup Employee Assistance Programme portal over this period.



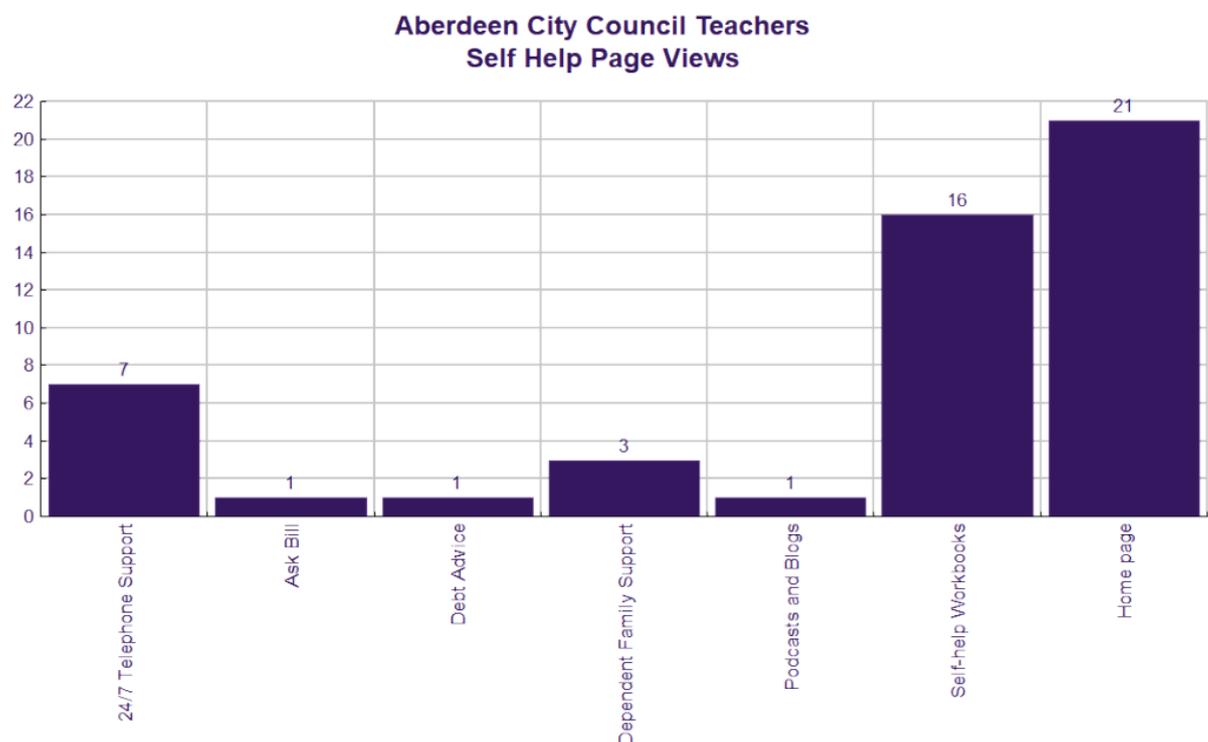
3.1.12 In addition, a total of 21 teachers (compared to 66 non-teaching staff) accessed our library of Self-help CBT Workbooks to gain advice and guidance on a range

of mental wellbeing topics.

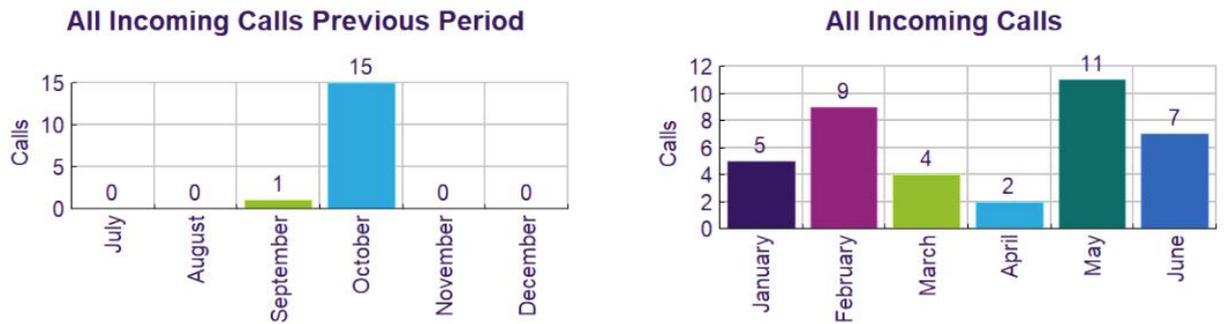


3.1.13As can be seen from the table below, which details the downloads of self help resources across all employers using the VIVUP EAP, the pattern of access by ACC employees largely mirrors that across all organisations.

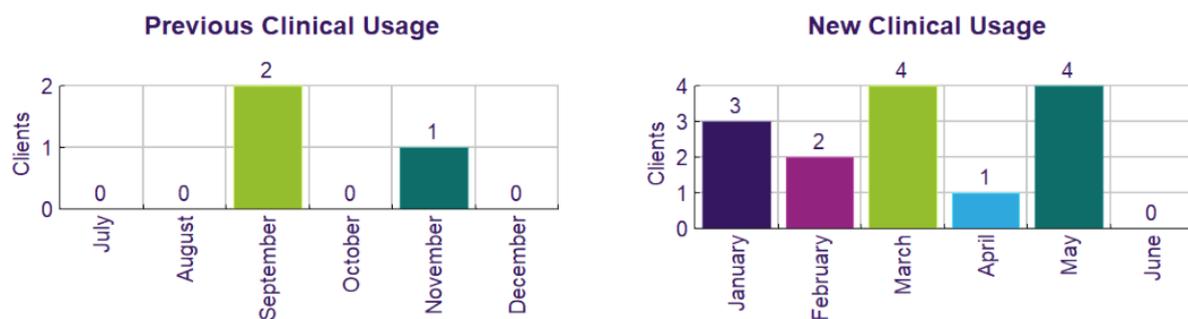
3.1.14Furthermore, 50 teachers (compared to 210 non teaching employees) accessed our self-help pages through the portal which includes information and advice on the following subjects. 8 employees accessed our Ask Bill pages which provides information on financial wellbeing and 10 employees accessed information relating to dependant family support.



3.1.1538 new teacher clients (215 employees) accessed the 24/7 helpline during the period January 2023 to June 2023.



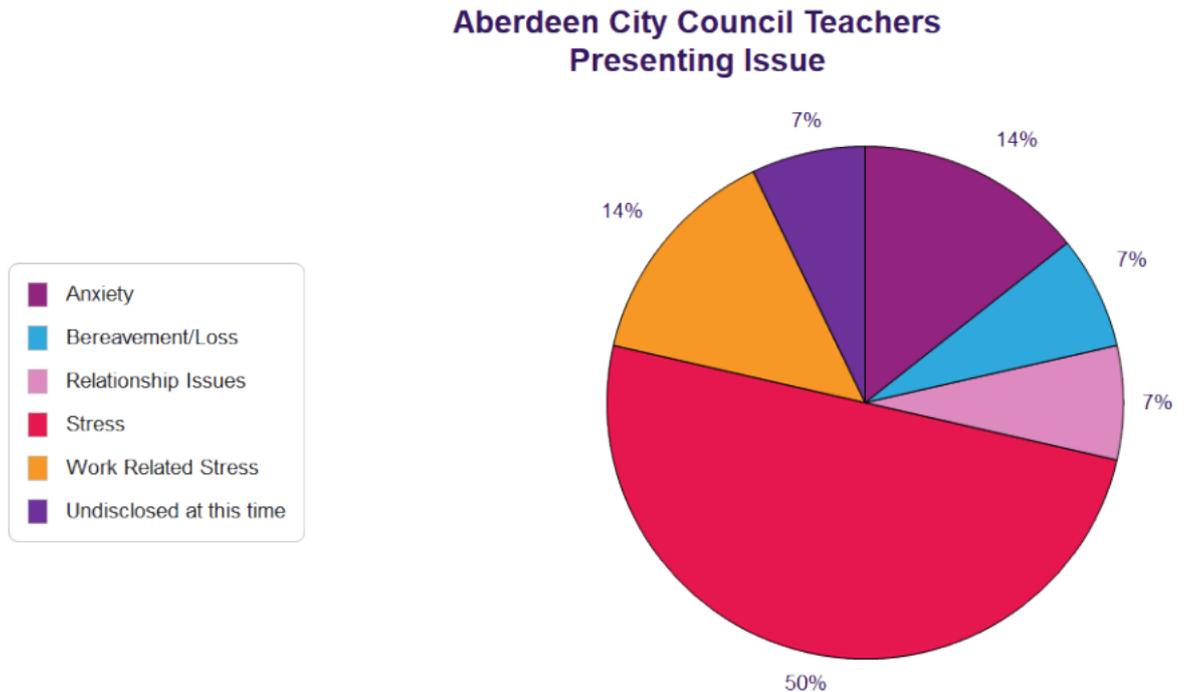
3.1.16 14 new teacher clients accessed the Counselling service in during the reporting period January 2023 to June 2023. These figures can be seen below month by month. They show a steady increase in usage during the reporting period with a steady number of employees continuing to access the service thereafter. 1 new client teacher accessed the Counselling service in April and 0 new teacher clients accessed the Counselling service in June. These dips could be due to the School Holiday periods.



3.1.17 The patterns of usage of the EAP service within Aberdeen City council reflects the national pattern reported in the EAP Statistics Report by Spill [EAP statistics for 2023 \(spill.chat\)](#). This is true both for the takeup rates, and the demographics of the staff who access the programme.

3.1.18 50% of the issues presented during the period January 2023 – June 2023 were stress, with Anxiety and Work Related Stress coming second both at 14%.

Other issues referred for include bereavement/loss and relationship issues.

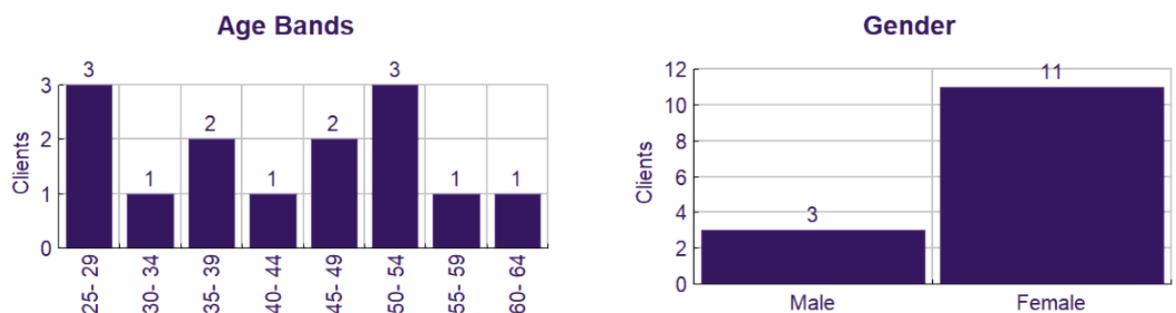


3.1.19 Aberdeen City Council’s Teachers’ data is in line with the top 5 issues presented across all other organisations.



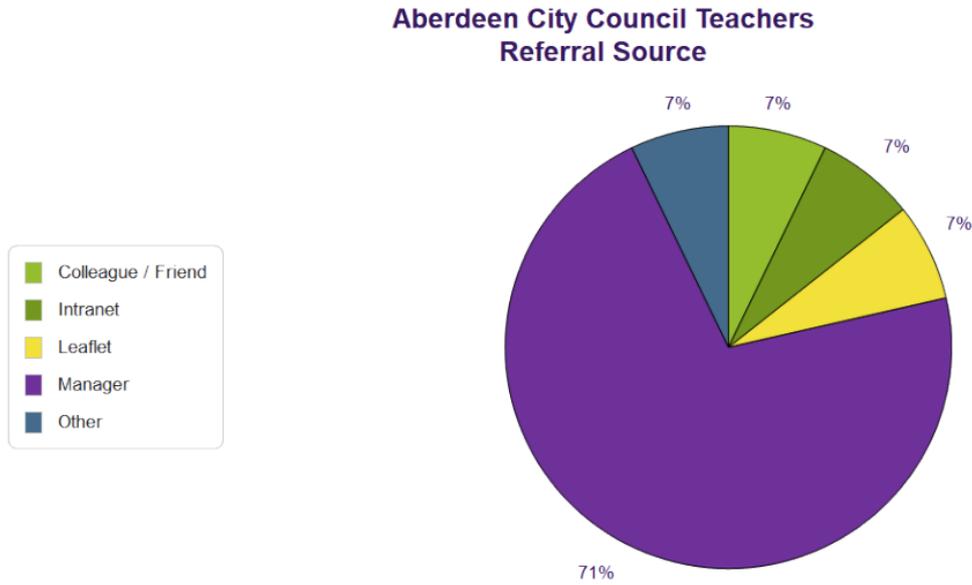
3.1.20 The majority of referrals were received from the age bands of 25 – 29 and 50 – 54, with an even spread across other age groups presenting. There were no referrals from any teachers under the age of 25.

Demographics Aberdeen City Council Teachers

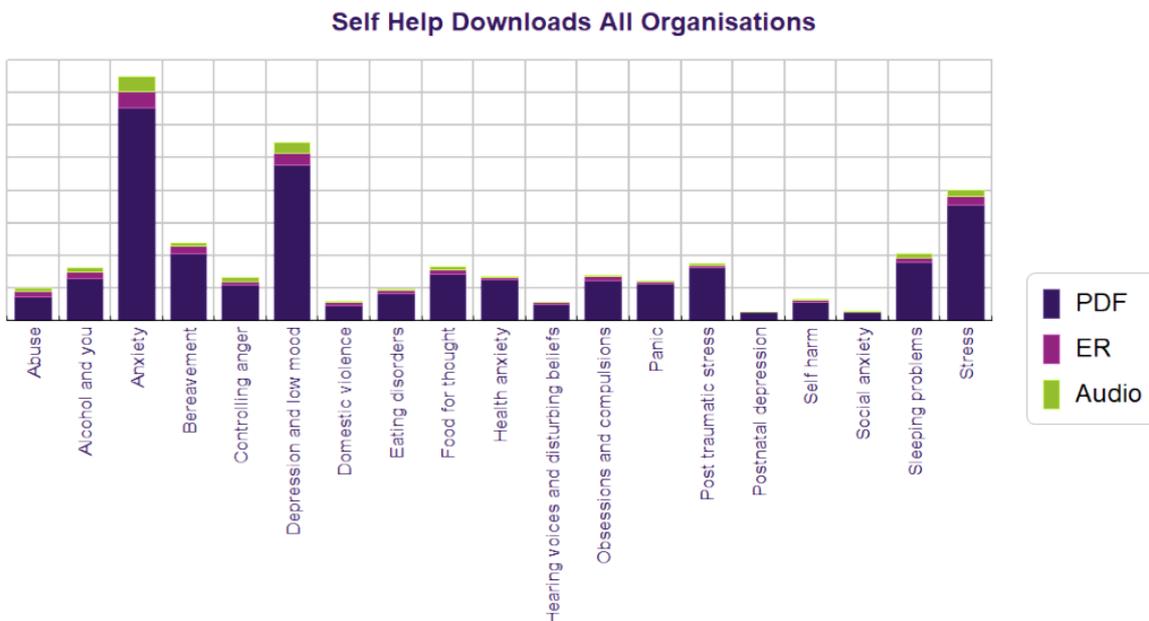


3.1.21 The majority of referrals among teachers were from female employees. This is in line with other referrals across the organisation and with our workforce demographic.

3.1.22 The majority of referrals coming in to the service are predominantly being made by managers, which is a shift from the last period where the majority of referrals were coming from employees accessing marketing materials. E.g. leaflets.

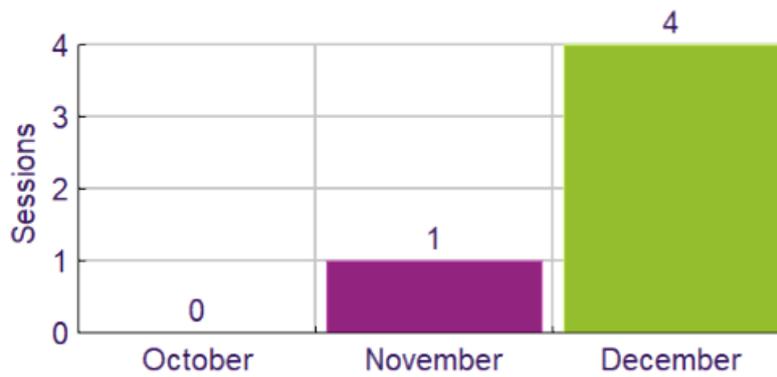


3.1.23 As can be seen from the table below, which details the downloads of self-help resources across all employers using the VIVUP EAP, the pattern of access by ACC employees largely mirrors that across all organisations.

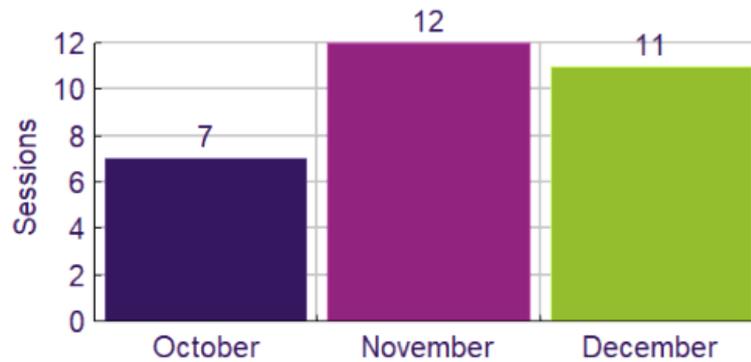


3.1.24 In total, 35 employees accessed telephone counselling support through the portal over the period October – December 2022, as detailed in the graphs below.

Telephone Counselling



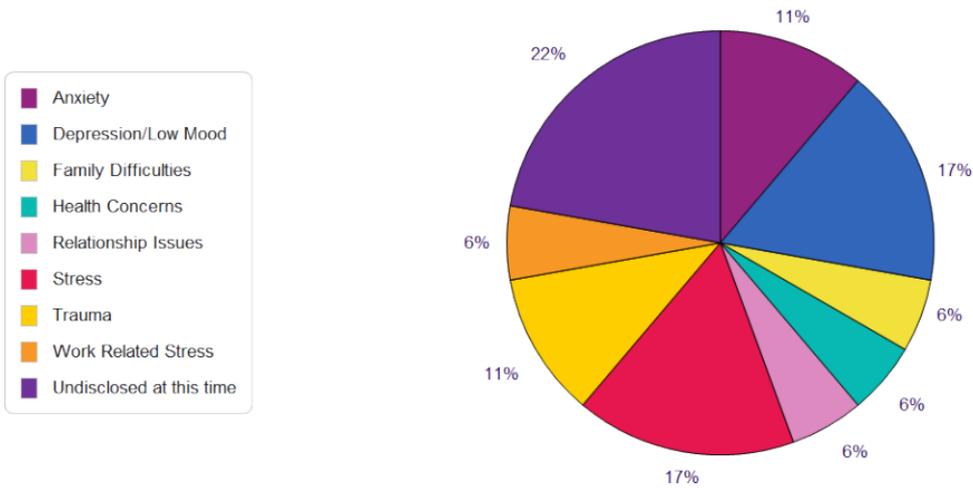
Enhanced Tel Counselling



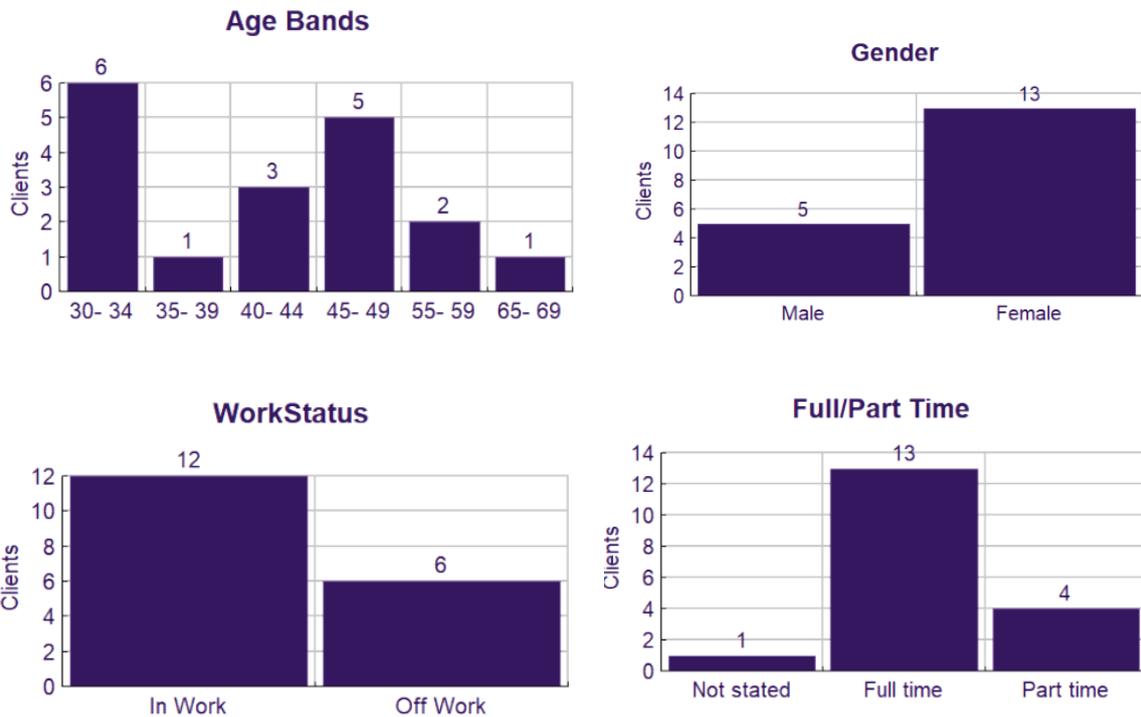
Enhanced telephone counselling relates to ongoing counselling that is extended beyond the initial triage counselling call.

- 3.1.25 The chart below illustrates the issues raised by employees contacting the EAP. The most prevalent issues (where the issue was identified by the employee) were depression and stress, which mirrors the pattern of those accessing the self-help resources.

Aberdeen City Council Presenting Issue



3.1.26 The demographics of those accessing the employee assistance programme are set out in the graphs below. These demographics concur with those accessing the Time for Talking service, with more female, full time and in work employees accessing the support. We have requested that, in future, reports featuring gender also include non-binary.

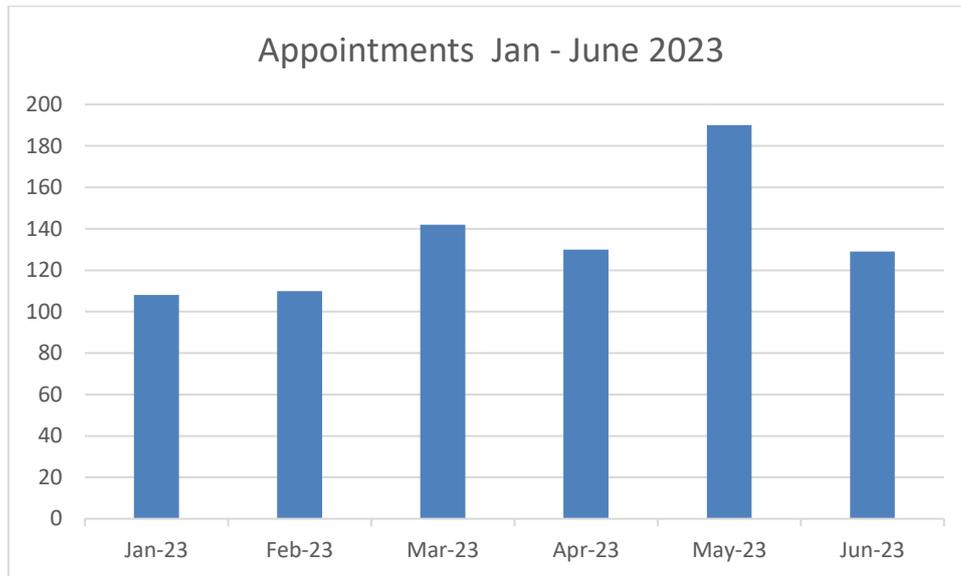


3.1.27 Feedback received to date from employees who have accessed the VIVUP employee assistance programme includes the following statements:



3.2 Occupational Health Service

- 3.2.1 The Occupational Health contract sits with TAC Healthcare, formerly International SOS (formerly trading as Iqarus).
- 3.2.2 The contract with TAC Healthcare has been extended until August 2024, as approved by Finance and Resources Committee in September 2023. [Workplan and business Cases F&R Committee Sept 2023](#)
- 3.2.3 The contract was extended due to issues with market availability of occupational health providers; providers have reported a shortage in suitably qualified staff, which impacts on the services they are able to offer, and reduces interest in tendering for new contracts.
- 3.2.4 In addition to the issue relating to staff shortage across providers, the merger of International SOS with TAC Healthcare offers a range of new options to maximise the value of the contract, including access to a new online portal for submitting referrals and a greater range of bespoke services.
- 3.2.5 The table below shows the volume of appointments made for the period January – June 2023.



3.2.6 These figures include all appointments, including health surveillance assessments and pre employment screening as well as management referrals.

3.2.7 The table below shows the level of attendance at appointments,

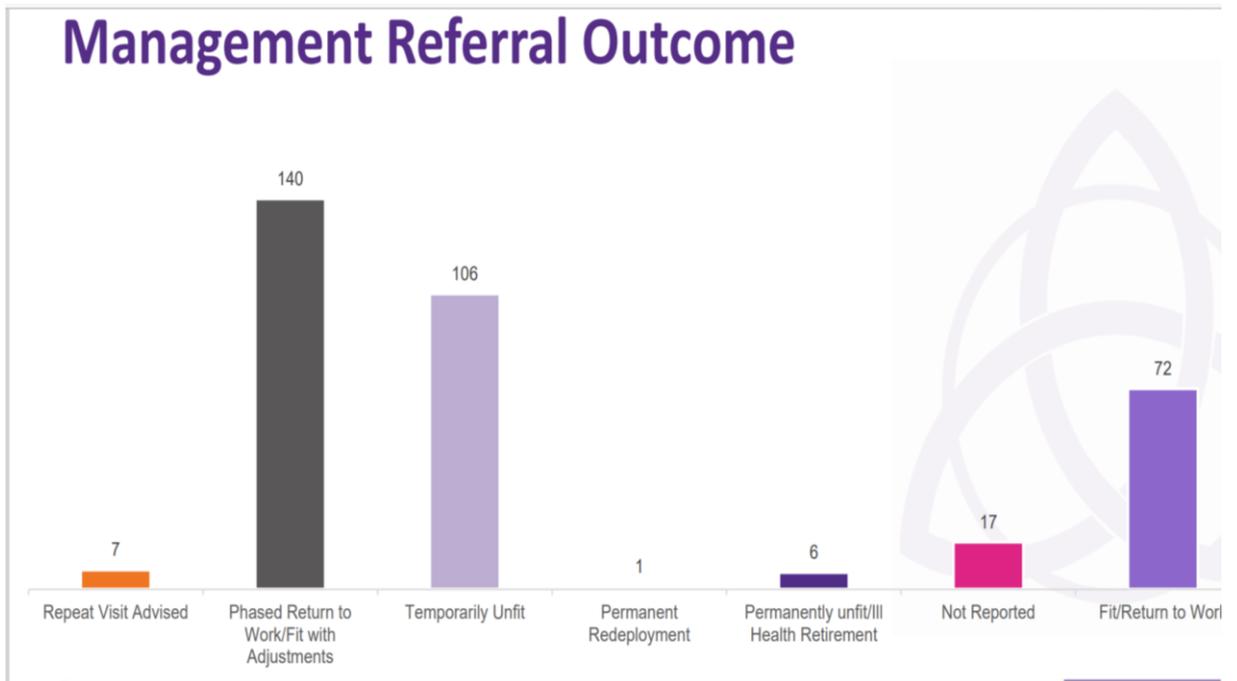
	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
Attended	93	99	121	126	161	116
Cancelled	4	6	13	0	20	7
Did Not Attend	11	5	8	4	9	6

3.2.8 The cancelled appointments were either re-booked for a time that was more suitable for the employee or were cancelled as the employee had returned to work.

3.2.9 An appointment is recorded as did not attend (dna) if the employee fails to answer the initial telephone call from the OH provider; all dna appointments are identified and followed up with the service. It had been identified towards the end of 2022 that in some cases phone calls were being made by the provider outwith the timeslot advised to the employee. Those which were unanswered were then being included as dna appointments. This was raised with the provider, and in the first six months of 2023 the average number of dna appointments has reduced to 7 per month, compared to 11 per month for the last 6 months of 2022. This improvement is largely due to better adherence to appointment times and improved communication to the employee from the provider. Work continues with services in which the employees failed to attend appointments for other reasons to identify these and reduce the number of dnas.

Management Referral Outcomes

3.2.10 The graph below shows the outcomes from management referrals made during the period January – June 2023.



3.2.11 A total of 212 appointments resulted in the employee returning to work, either fully or on a phased return with adjustments in place. This represents 60.7% of the management referrals made over the period.

3.2.12 137 appointments confirmed that the employee was currently unfit for work, however only 7 of these required a repeat appointment to be made.

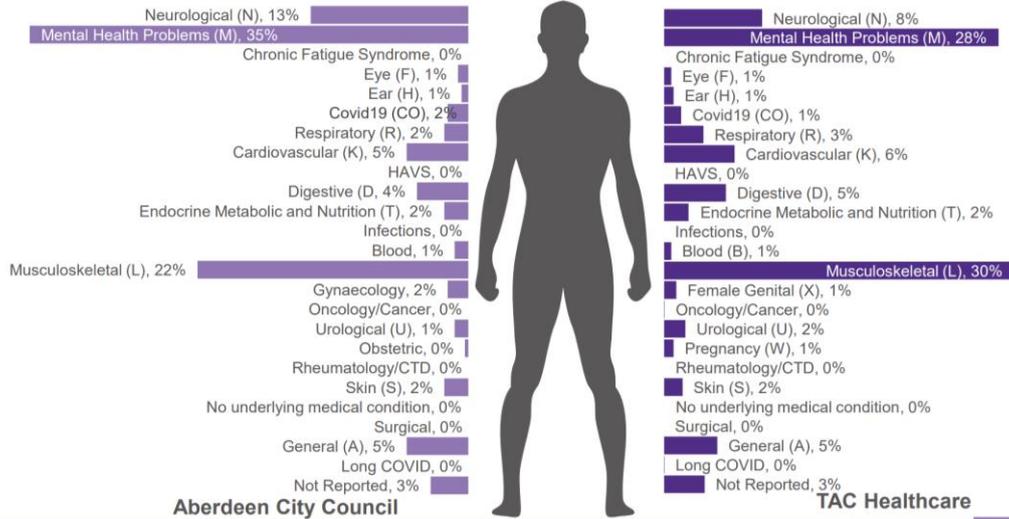
3.2.13 6 employees were identified as meeting the criteria for ill health retirement, and 1 employee was placed on the redeployment register as the OH advice was that they would not be able to return to their substantive roles.

3.2.14 In 17 cases no OH report was issued to the employer. As the Occupational Health report is classed as the employee's medical information, the employee can request that the report is withheld. In such circumstances, management continues to manage the employee's absence on the basis of the information that is available (for example the information contained on fit notes from the GP.) Work and communication will be undertaken with both managers and employees to promote the culture of mutual trust which will allow all employees to feel comfortable with sharing their reports. It should be noted, however, that the number of referrals for which no report was received is less than 5% of the total number of referrals made.

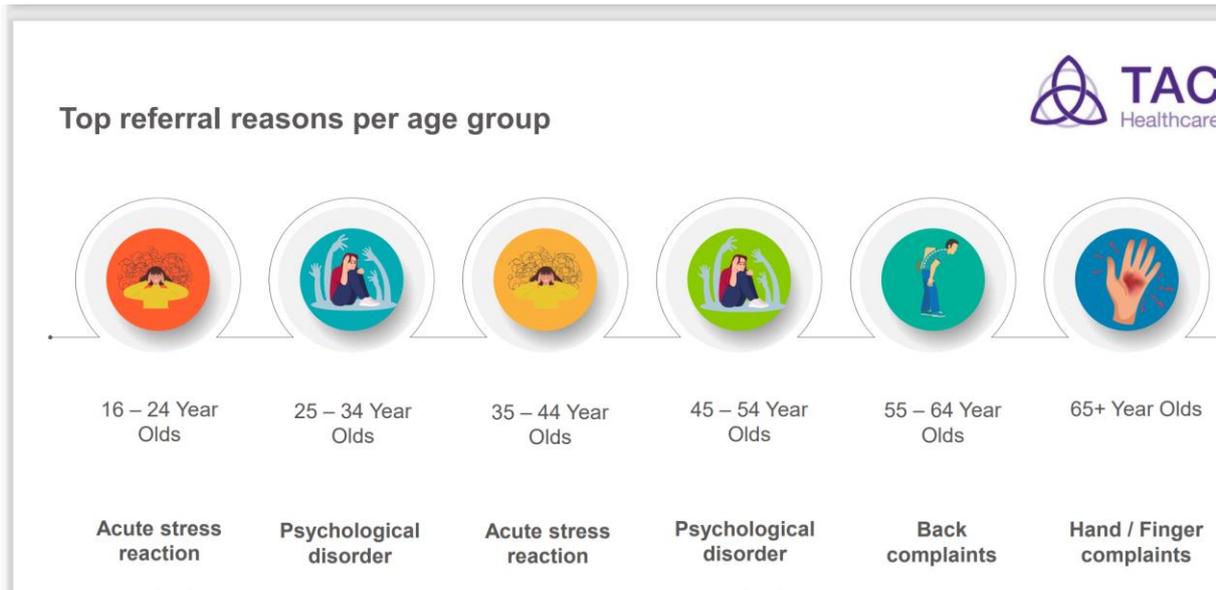
3.2.15 The pictogram below illustrates the medical reasons for the management referrals, and compares the ACC referral levels for each category (on the left of the diagram) with the overall number of referrals TAC are receiving (on the right). This demonstrates that the spread of absence reasons leading to referrals within the Council are very much in line with the reasons other organisations are making OH referrals.

3.2.16 The 2 most common reasons for referring to OH are mental health and musculoskeletal, which is consistent with the absence data.

Physical Diagnostic Outcome from OH Consult

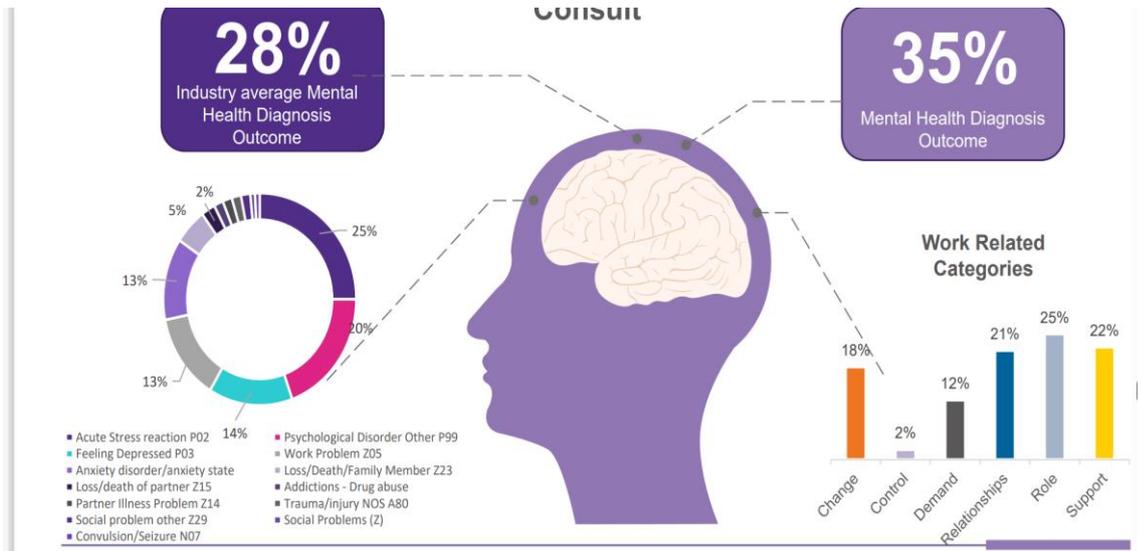


3.2.17 The pictogram below shows the top referral reasons by age group

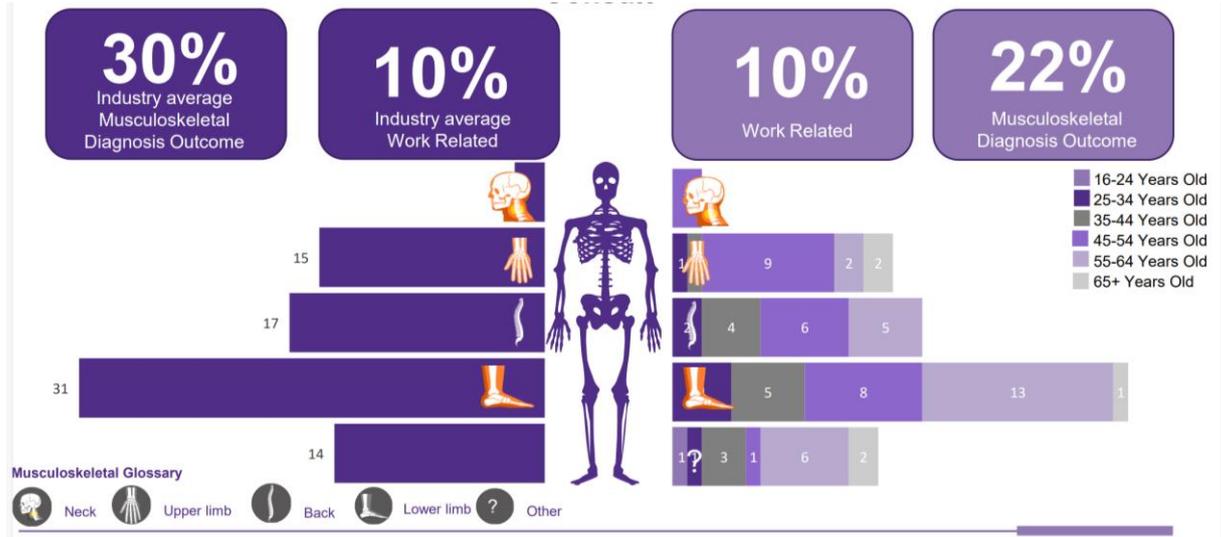


3.2.18 As shown, for employees under the age of 55 years old, the top reason for referral related to mental health, whilst for employees over the age of 55 years old the top reason for referral related to musculoskeletal conditions. This is consistent with the top 2 reasons for absence over the period.

3.2.19 A further analysis of the referrals relating to mental health issues shows that out of these referrals that are in relation to perceived work related issues, the most prevalent identified stressor relates to the role held by the employee. This is a change from the period up to December 2022, in which change was identified as the most prevalent identified stressor.



3.2.20 The most prevalent cause of musculoskeletal referrals related to lower limb injuries (39% of all musculoskeletal referrals) with back issues being the second highest (23% of all musculoskeletal referrals).

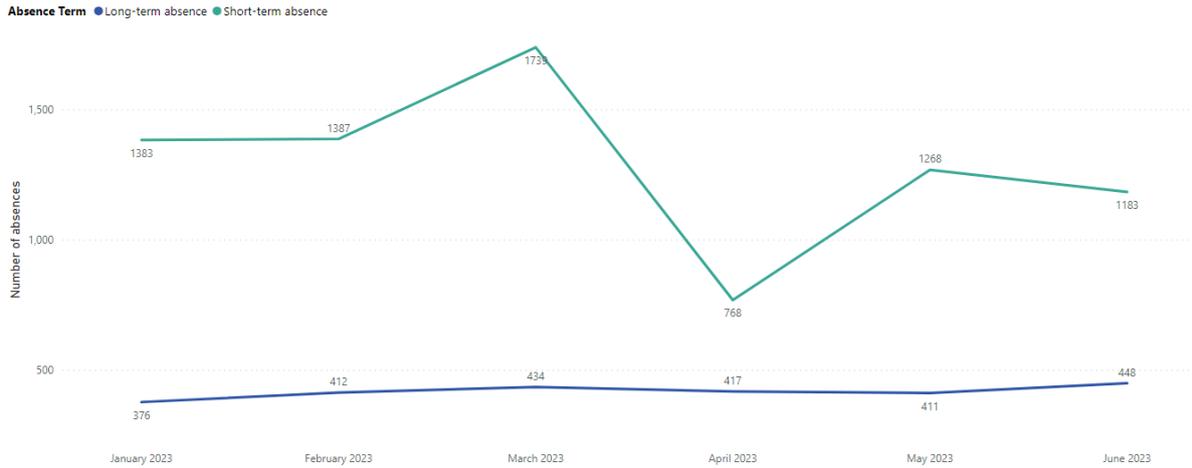


3.2.1 Sickness Absence

Data

3.3.1 The graph below shows the absence trend for short term and long term absences over the period January – June 2023. This shows a spike in short term absence in March 2023, and a reduction in April 2023. This reduction is not unusual at this time of year, as this includes a 2 week school holiday period.

Absence Monthly Trend, Number of Short-Term and Long-Term Absences



For purposes of comparison, the graph below shows the absence term trend information for the period January – June 2022

Absence Monthly Trend, Number of Short-Term and Long-Term Absences

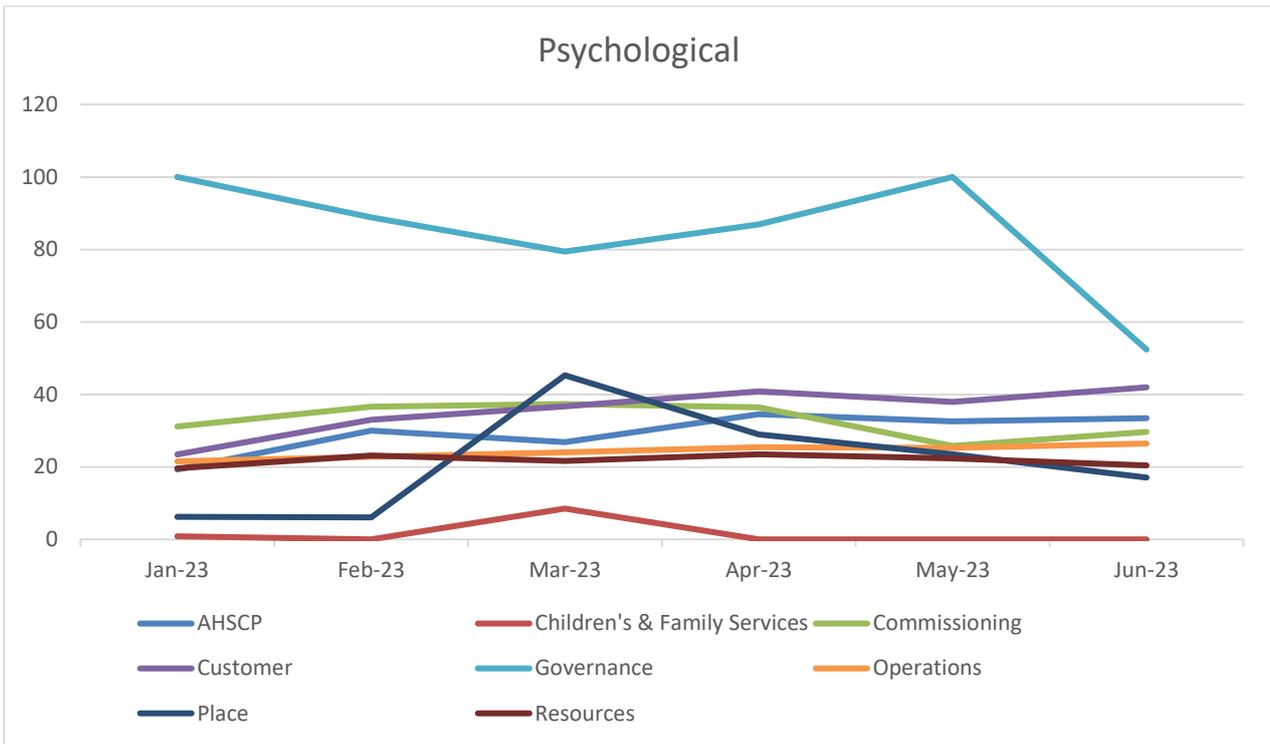


3.3.2 The table below sets out the breakdown of absence reasons for each month. Psychological and musculoskeletal continue to be the most prevalent reasons for absence, and this is reflected in the data received from the Occupational Health service.

Sickness Category Breakdown, Monthly

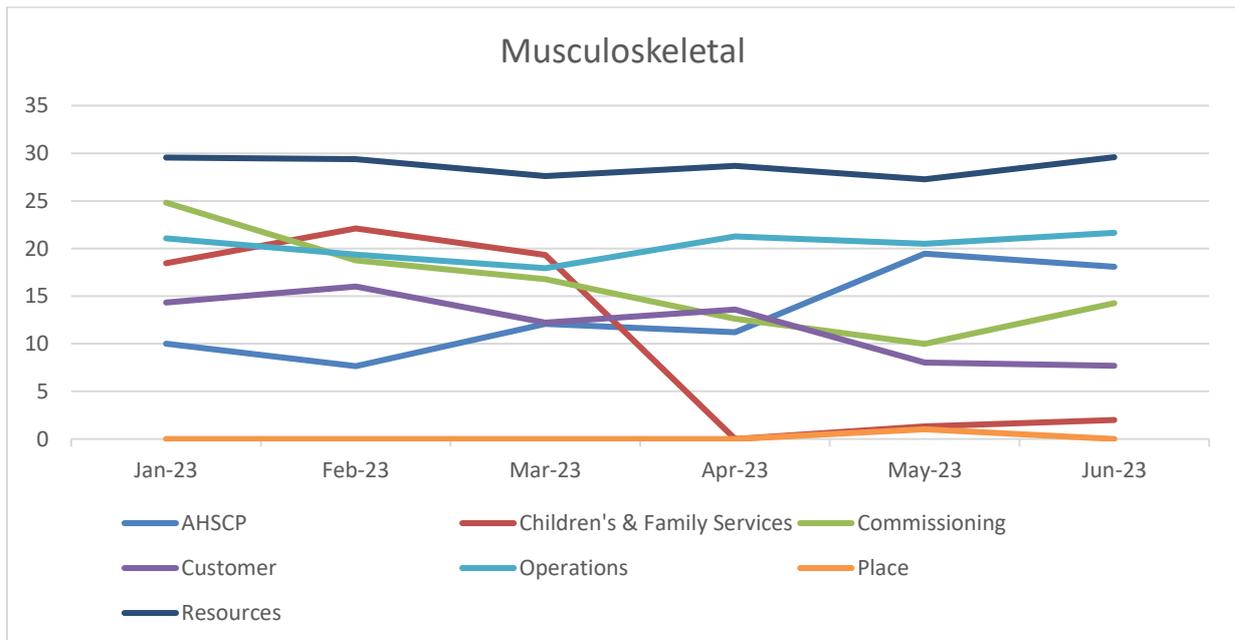
SICKNESS_CATEGORY	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023
☐	0.21%	0.19%	0.18%	0.23%	0.20%	0.20%
☐ Bacterial	0.95%	1.36%	0.76%	1.04%	1.26%	1.27%
☐ Cardiovascular	1.98%	1.83%	1.82%	2.77%	2.89%	2.85%
☐ Covid-19 Related	3.28%	3.86%	6.46%	3.76%	3.07%	2.18%
☐ Dermatological	0.43%	0.52%	0.82%	0.52%	0.75%	0.64%
☐ Endocrine	0.09%	0.11%	0.15%	0.32%	0.33%	0.27%
☐ Gastro-intestinal	6.05%	6.80%	7.49%	6.40%	6.87%	7.70%
☐ Gynaecological	1.50%	1.31%	1.30%	2.06%	1.42%	1.65%
☐ Hospitalisation	9.96%	9.28%	8.35%	9.75%	10.21%	9.14%
☐ Malignancy	3.94%	4.21%	3.44%	3.42%	3.42%	2.85%
☐ Musculoskeletal	19.30%	18.14%	16.73%	19.22%	19.06%	19.78%
☐ Neurological	5.94%	6.66%	5.76%	5.72%	6.10%	6.97%
☐ Ophthalmic	0.47%	0.60%	0.54%	0.54%	0.36%	0.71%
☐ Other	2.55%	3.54%	3.03%	3.22%	2.50%	2.12%
☐ Psychological	22.01%	24.46%	25.59%	27.75%	26.76%	28.73%
☐ Respiratory	18.17%	14.51%	14.21%	11.30%	11.70%	10.15%
☐ Urological	0.48%	0.29%	0.29%	0.24%	0.72%	0.64%
☐ Viral	2.69%	2.32%	3.08%	1.73%	2.38%	2.15%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- 3.3.3 As illustrated by the graph below, the Functions within which psychological absences were highest (as a percentage of total absence within the Function) were Governance, Commissioning, Customer and AHSCP.
- 3.3.4 The level of sickness absence attributable to psychological absence in Operations and Resources closely mirrored the level of psychological absence across ACC as a whole.
- 3.3.5 The Children's and Family Services Function showed a lower level of psychological absence as a percentage of total absences than the ACC level.
- 3.3.6 Both Place and Governance show dramatic spikes in psychological absence, however due to the fact that these are smaller clusters and the overall level of absence is much lower, these can be explained by a single absence/small numbers of absences.



3.3.7 The graph below breaks down the musculoskeletal absences by Function. There were no instances of musculoskeletal absence in Governance over the period and therefore this Function do not appear on the graph.

3.3.8 The highest levels of musculoskeletal absences are within the Resources Function, and these are in the main within the Operations and Protective Services Cluster, where the highest numbers of frontline manual workers are employed.



Absence Improvement Project

3.4.1 The aims of the Absence Improvement Project are:

- To reduce the number of absences extending beyond 6 months through supporting employees back into the workplace or progress through ill health retirement/capability.
- To reduce the number of employees hitting short term absence triggers (3 occasions or more in 12 months).
- To improve overall employee mental health and wellbeing in the workplace, creating a sense of belonging and inclusion, alongside fair work practices.

3.4.2 These aims are linked to the Local Outcome Improvement Plan through building the Council's capacity to deliver services. [Aberdeen City Local Outcome Improvement Plan 2016-26 - Community Planning Aberdeen](#)

3.4.3 The aims also link to the Workforce Delivery Plan, through ensuring that the right support is in place for employees. [Workforce Delivery Plan \(sharepoint.com\)](#)

3.4.4 The key project streams are around:

- Accurate and accessible real time data reporting
- Data informed support programmes targeted at early intervention
- Review of policy, guidance and training
- Implementation of quarterly absence data deep dives with SMTs, supported by People & Organisational Development Advisers

3.4.5 The project will also link to ongoing work around Equality, Diversity and Inclusion and Fair Work.

3.4.6 Progress will be reported through the Performance Board and future updates to Staff Governance Committee.

Workforce Health Research Project

3.5.1 The National Institute for Health and Care Research is undertaking a project into workforce health. [23/83 Workforce health | NIHR](#)

3.5.2 The research question for the project is "What are the most effective interventions that organisations can adopt to improve the physical and mental health of the UK workforce?"

3.5.3 Another aspect of the research is around organisational culture and how a culture that prioritises fairness, justice and diversity can help to foster environments that improve health and mitigate health inequalities and social exclusion.

3.6.4 Working collaboratively with the Aberdeen Health Determinants Research Centre, which is being led by Aberdeen City Council in collaboration with NHS

Grampian and Aberdeen University, it is hoped that one of the Research Fellows can undertake this research.

3.6.5 The application for funding requires to be lodged by 12th December 2023 and work is underway on an application for stage 1 funding.

3.6.6 The findings from this research will be helpful to inform not only improvements around absence management, but also in relation to the ongoing work around Equality, Diversity and Inclusion and corporate culture.

4. FINANCIAL IMPLICATIONS

4.1 The costs associated with the provisions of EAP and OH services are as set out below:

Service	Provider	Annual budgeted cost
Occupational Health	TAC Healthcare	£122,000
Employee Assistance Programme	VIVUP	£2,500*

* The service is provided free of charge as part of the overall employee benefits package, however we have elected to pay £2,500 per annum to allow family members and dependents to access the programme.

4.2 The direct financial costs associated with sickness absence relate to the payment of occupational sick pay and cover of essential services. The indirect costs relate to impact on service delivery.

4.3 There is also the potential for employment tribunal associated costs if an employee were to make an employment related claim against the Council.

5. LEGAL IMPLICATIONS

5.1 Failure to comply with legislation in ensuring a safe and healthy workplace has the potential to result in enforcement action by the Health and Safety Executive (HSE). Such intervention can result in potential prosecution (criminal) equally, employees (civil claims) are more likely to succeed following a successful HSE prosecution. Changes in the Sentencing and Fines Guidance for health and safety non-compliances are resulting in increased financial penalties. Fine starting points are based on an organisation's turnover. As Local Authorities do not have turnover; Annual Revenue Budget is deemed to be the equivalent. This amount is then altered depending on the culpability of the organisation and harm factors to employees and members of the public.

5.2 Under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 there is a legal requirement to ensure the health safety and welfare at work of our employees. This includes minimising the risk of stress-related illness or injury to employees.

5.3 The provision of an EAS is in line with guidance produced by the HSE as one of the measures to control that risk. One person in four in the UK will experience a mental health problem in their lives.

5.4 HSE potential prosecution (criminal) can attract fines, imprisonment and remedial orders. There is also the possibility of employee claims (civil). Provision of an EAS can be used as mitigation against potential claims from employees exposed to work related stress.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no environmental implications arising from the recommendations of this report.

7 RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) <small>*taking into account controls/control actions</small>	*Does Target Risk Level Match Appetite Set?
Compliance	Compliance with legal requirements ensures the health and safety of employees. Poor management of the risks and lack of support has the potential to attract enforcement action (criminal and civil)	Assessment of risk via stress and Quality of Working Life risk assessments with identification and implementation of safe working arrangements. Functions acting on utilisation, trend and root cause information to develop and implement controls to prevent a reoccurrence. Completion of Line Manager Competency Indicator Tool (HSE) by line managers acting on feedback. Provision of specialist support / advice.	M	Yes
Operational	Risk to service delivery if absence levels	Provision of information, instruction and	M	Yes

	are high and employees are not supported back to work timeously	training as identified in Job Profiles, skills and training matrices and in risk assessment. Open and clear two-way communication at all levels within the organisation. Non-judgmental and proactive support provided to employees who experience mental health problems. Good self-management of personal wellbeing and resilience.		
Financial	If no action is taken to support individuals and address trends, then the organisation will incur both direct and indirect costs	Implementation of the Mental Health and Wellbeing in the Workplace Policy and supporting Stress Procedure. Effective management and maintenance of a mentally healthy workplace and provision of appropriate support. Review and identification of EAS use and related absence to act on lessons learned. Corporate and individual awareness of mental health in the workplace. Active monitoring of workloads.	M	Yes
Reputational	Without ensuring suitable employee support there is a risk of the organisation not being seen	As above	L	Yes

	as an employer of choice and having recruitment and retention issues			
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8. OUTCOMES

<u>COUNCIL DELIVERY PLAN 2022-2023</u>	
	Impact of Report
Aberdeen City Council Policy Statement <u>Working in Partnership for Aberdeen</u>	<p>The provisions within this report support the delivery of the Policy Statement through ensuring that sufficient resources are available to deliver the Council services which will achieve the policy priorities.</p> <p>Recognise that the Council depends upon its staff to deliver the services it provides and believe the Council must properly reward, train and support its staff.</p>
<u>Aberdeen City Local Outcome Improvement Plan 2016-26</u>	
Prosperous People Stretch Outcomes	The Prosperous People theme in the LOIP indicates that all people in the City are entitled to feel safe, protected from harm and supported where necessary, which would include employees of the Council. Adopting the approach outlined in the report will support the workforce.
Workforce Plan	As set out in the Workforce Plan, the emphasis on developing internal capacity and the need for flexibility and efficiency in our reducing workforce, there is a need to focus on supporting employee health and wellbeing.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Stage 1 Assessment completed
Data Protection Impact Assessment	Not required

10. BACKGROUND PAPERS

None

11. Appendices

None

12. REPORT AUTHOR CONTACT DETAILS

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