

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

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| Proposal name | Sickness Absence Policy | | |
| Directorate | Resources and Transformation | | |
| Service | HR Strategy and Planning Team | | |
| Responsible Officer | Rebecca Lloyd | | |
| Proposal planning start | October 2020 | Proposal start date (due or actual date) | April/May 2021 Sickness Absence Policy launch (including OH reduced usage from April /May 2021 and cessation of Physio from October 2021) |

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| 1 | What is the purpose of the proposal? | Yes / No | New / revision |
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| | Policy | Yes | Revision |
| | Procedure | No | N/A |
| | Guidance | No | NA |
| | Is this a service to customers/staff/public? | Yes | Revision |
| | If yes, is it contracted or commissioned? | Yes | |
| | Other - give details | | |
| 2 | What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change? | | |
| | <p>The purpose of the Sickness Absence Policy is to set out acceptable standards of attendance and the process for monitoring and managing sickness absence in a fair, consistent, supportive and reasonable manner, in line with relevant employment legislation.</p> <p>The purpose of this review and consultation is as a result of the STP 21/22 budget proposals, where it was proposed to 'Redesign the Occupational Health contract' (P5) and 'Consider ceasing of the physio contract' (OP60).</p> <p>Occupational Health (Proposal P5) - The proposal recommends a reduction in the levels of usage of the Occupational Health service through a targeted HR approach, with only essential cases being referred. These essential cases include:</p> <ul style="list-style-type: none"> • Pre-employment form screening/assessments • Inoculations/Vaccinations • Complex cases | | |



- Immediately prior to sickness absence hearing
- Ill Health Retirement (IHR) cases

Physiotherapy (Proposal OP60)

Overview - Physiotherapy services are a source of specialist care that provides individual advice and physiotherapy to employees to promote and protect their health, safety and wellbeing, and to prevent further injury in relation to musculoskeletal conditions. Therapeutic interventions offered include assessment, diagnosis and subsequent treatment plans, self-care advice and home exercise plan. The proposal is to cease usage of the physio contract.

Revision of the Sickness Absence Policy

The above changes reflect a refocussing on the practical operation of the sickness absence policy on key support areas, such as supporting employees through stress-related illnesses and promoting positive mental health, whilst ensuring the limited resources the council have are directed in the most effective ways. This includes a refocusing of the use of some OH appointments and a reduction in the reliance of physiotherapy as an internal offered service.

The review is also an opportunity to update the current policy to ensure this is aligned with current practice. This is a revision of the current policy which was last revised in July 2019. The policy will be applicable to all employees and managers.

Reference to physiotherapy has been removed from the sickness absence policy, and timeframes for when Occupational Health referrals should be made has been revised. Instead of automatic referrals at certain points in the sickness absence process, now managers should consider whether an OH referral would be beneficial for the employee and/or expedite a return to work, potentially reducing the number of OH referrals that might not be required/advantageous.

3 Who is the proposal likely to affect?

| People in Walsall | Yes / No | Detail |
|-------------------|----------|--|
| All | | The services apply to all council employees, including those in schools, Assistant Directors, Executive Directors and the Chief Executive. |
| Specific group/s | | |
| Council employees | Yes | The policy applies to all council employees, excluding those in schools where the Governing Body has delegated authority, casual employees and agency workers. |
| Other (identify) | | |

4 Please provide service data relating to this proposal on your customer's protected characteristics.

As of 1st October 2020 the total number of Walsall Council employees was 6636 (3131 Corporate; 3505 Schools).

From the annual Employment Monitoring Report as 31 March 2020 the Council's Corporate workforce is made up of 67.7% females. 23.55% of the workforce are classified as Black and Asian and minority ethnic.

In total there were 151 employees (4.88% of the workforce) who declared they had a disability, as defined by the Equality Act 2010.

3.81% of the workforce are under 25 years of age, 28.16% of the workforce are 55 years

or older, 42.85% of the workforce are aged between 40-54 years old and 50-54 years old are the largest age group making up 17.69% of the workforce.

Usage figures for both OH and Physio detailed below:

OH Initial Referral data is as follows;

April 19 – March 20 – 438

April 20 – March 21 – 299 (level impacted due to Coronavirus Lockdowns)

Physiotherapy Initial Referrals is as follows:

April 19 – March 20 – 87

April 20 – March 21 – 33 (level impacted due to Coronavirus Lockdown)

We are looking to work with both providers to further improve the level of equalities data specifically in relation to referrals/usage moving forward.

5 Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).

Initial consultation to cease the Physio Service and reduce the use of non-essential OH referrals/appointments took place as part of the initial budget consultation process approved by full council 25th February.

Formal consultation on the proposed changes being incorporated in to the review of the Sickness Absence Policy also took place 4-19 February 2021. The policy was circulated initially to Senior Managers and Trade Union colleagues, consultation for TU's was extending until 26 February 2021. Feedback was also sought through attendance at DMTs, SLTs, conducting focus groups with targeted managers.

The consultation was opened up with Trade Unions at the Employee Relations Forum (ERF) on 2 February with a dedicated meeting held on 26 February 2021.

Consultation focused specifically upon the reduction of availability of OH as a service and the ceasing of the physiotherapy service as well as other minor changes.

The revised Sickness Absence Policy will be submitted to CMT on 1 April 2021, followed by Personnel Committee for approval on 19 April 2021.

Consultation Activity

Complete a copy of this table for each consultation activity you have undertaken.

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| Type of engagement/consultation | Consultation with wider council via meetings and email. | Date | 19/02/21 |
| Who attended/participated? | Senior Managers (tier 3 and 4), plus HR, Legal, Payroll and Finance | | |
| Protected characteristics of participants | A range of protected characteristics including, gender, race, age, disability. | | |
| Feedback Several managers commented on the use/role of Mental Health First Aiders (MHFA). It was felt that they should not be a substitute for OH/EAP as they are not trained counsellors and also employees may not wish to talk to other employees about their concerns, as they are not independent enough. However, others felt that they can be useful in supporting staff and should be mentioned. It was not intended that MHFA replace OH/EAP, but that they are there as an alternative support mechanism. It was agreed further guidance on MHFA and mental health would be included in the supporting guidance rather than refer to MHFA in the policy. Feedback was received on taking annual leave whilst off sick and the affect this has on the Bradford Factor Score. It was agreed that these will be picked up in the supporting guidance rather than the policy. There was no direct feedback related to the changes in OH referrals or the removal of physiotherapy. Other feedback was related to minor wording changes for clarification and to aid understanding. | | | |

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| Type of engagement/consultation | Consultation via email and a meeting | Date | 26/02/21 |
| Who attended/participated? | Trade Unions | | |
| Protected characteristics of participants | A range of protected characteristics including, gender, race, age, disability. | | |
| Feedback | | | |
| <p>Trade Unions commented on the withdrawal of the Physiotherapy Service. They felt that under the current circumstances of the Covid pandemic and with the impact of Long-Covid that physiotherapy is an important service, especially where NHS waiting times are extended. By not having the service staff may be off longer than needed, and end up with more staff in sickness hearings.</p> | | | |
| <p>Feedback was received about employees being made aware of other time off policies instead of using the absence policy. The intention wasn't for employees to used alternatives they were sick, but if it was a family member not them themselves then more appropriate to use other time off mechanisms – wording amended to aid</p> | | | |

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| | <p>understanding and clarity.</p> <p>Feedback was received on the use of Mental Health First Aiders. The MHFA service was not intended to replace OH referrals for stress, it was a reminder of the availability of the service – wording amended. It was noted that the trade unions were initially concerned with a reduction in the use of the OH service and the move away from immediate referrals, this was discussed and explained with the trade unions to clearly explain that where an OH referral would be either beneficial for the staff member, the organisation or would support or expedite a return to work then they should be used. The proposed reduction in use is to focus on the removal of non-essential / beneficial referrals, duplicate referrals and a reduction in referrals at too earlier stage to be of use they need to be subsequently redone. Trade Unions understood this change and in order to ensure consistency and due consideration, it was agreed a step be introduced in the policy that required managers to make comment on / note down OH referral decisions (both when they did happen but also when a decision was made not to refer at relevant points in the process).</p> <p>The changes in the policy are not to remove OH referrals where they are required. The intention was that it need not be automatic where it is not required or advantageous.</p> <p>Feedback was received on other areas of the policy, however these would be picked up in the supporting guidance, rather than the policy, this includes;</p> <ul style="list-style-type: none"> • Managing and supporting mental health and work related stress; • Occupational Health Referrals and the recording of the consideration decision relating to referrals or not (as the case may be); • Undertaking virtual meetings. | | |
| 6 | Concise overview of all evidence, engagement and consultation | | |
| | <p>Formal consultation with managers raised no concerns over protected characteristics.</p> <p>Feedback from consultation resulted in some minor amendments to clarify wording and aid understanding, and raised points or gave example which would be best suited to be included in the supporting guidance.</p> <p>The trade unions were opposed to the removal of the physiotherapy service, as they felt this was an erosion in terms of assisting and supporting staff to remain and/or return to work.</p> <p>Mitigation identified in the action plan below, as follows;</p> <p>Managers/HR to signpost to other physio services available, i.e. via GP etc. Production of a centralised document outlining these services (in conjunction with Public Health)</p> <p>Managers to also be reminded of the importance of H&S reviews e.g. risk assessments / DSE and actioning equipment requirements / use of access to work</p> | | |
| 7 | <p>How may the proposal affect each protected characteristic or group?</p> <p>The effect may be positive, negative, neutral or not known. Give reasons and if action is needed.</p> | | |
| | Characteristic | Affect | Action needed Yes / No |

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| | Age | Negative | OH - Potential for older employees to be adversely impacted by inability to access OH service (i.e. for conditions more likely to affect older employees). Or where seeking specialist advice on reasonable adjustments where these may relate to an age-related condition. | Yes |
| | | Mitigation | Discretion to refer to OH for complex cases, or those where a referral would be beneficial therefore removing any adverse effects on those requiring support who may have protected characteristics. Ability to refer to OH for Ill-health retirement. | |
| | | Negative | Physio - Potential for older employees to be adversely impacted by inability to access physio service (i.e. where there is an age-related condition which requires physio support. | Yes |
| | | Mitigation | Manager to signpost employee to alternative relevant support services (i.e. via GP etc) and ensure actions within council control are progressed accordingly i.e. updated DSE and equipment provisions / support form access to work where applicable. | |
| | Disability | Negative | OH - Potential impact on employees who require specialist support or advice regarding reasonable adjustments as a result of a disability-related condition, including mental health and stress related conditions. | Yes |
| | | Mitigation | Discretion to refer to OH for complex cases, or those | |

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| | | | <p>where a referral would be beneficial therefore removing any adverse effects on those requiring support who may have protected characteristics. Ability to refer to OH immediately prior to sickness absence hearing or for Ill-health retirement cases or those where disability adds complexity / requires additional support as a reasonable adjustment.</p> | Yes |
| | | Negative | Physio - Potential impact on employees who require specialist physio support or advice in relation to a disability-related condition, including mental health and stress related conditions. | |
| | | Mitigation | Manager to signpost employee to alternative relevant support services (i.e. via GP etc) and ensure actions within council control are progressed accordingly i.e. updated DSE and equipment provisions / support form access to work where applicable. | |
| | | Mitigation | The Policy: Potential impact on employees who require reasonable adjustments for communication who do not understand the policy e.g. employees with learning disabilities. | Yes |
| Gender reassignment | | Negative | OH - May require support from OH services in relation to mental health / stress related to their protected characteristic. | Yes |
| | | Mitigation | OH referrals where required will be available should there be any unforeseen issues | |

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| | | Negative | here. Physio – Potential impact on employees who may require bespoke physio during transition. | Yes |
| | | Mitigation | Manager to signpost employee to alternative relevant support services (i.e. via GP etc) and ensure actions within council control are progressed accordingly i.e. updated DSE and equipment provisions / support form access to work where applicable. Does this protected characteristic prevent people from accessing GP services and therefore referrals to physio? | |
| | Marriage and civil partnership | Neutral | OH / Physio - The amendment applies to all employees – no impact foreseen OH referrals where required will be available should there be any unforeseen issues here | No |
| | Pregnancy and maternity | Negative | OH - Potential impact on employees who are pregnant and who may require assessment of reasonable adjustments required as part of a pregnancy-related condition | Yes |
| | | Mitigation | Discretion to refer to OH for complex cases, or where there is a rationale / benefit to the referral. | |
| | | Negative | Physio - Potential impact on employees who are pregnant and who may require physio advice or support as part of a | Yes |

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| | | Mitigation | pregnancy-related condition. Manager to signpost employee to alternative relevant support services (i.e. via GP etc) and ensure actions within council control are progressed accordingly i.e. maternity risk assessment and updated DSE and equipment provisions / support form access to work where applicable. | |
| | Race | Negative | OH - Potential impact on employees where cultural sensitivities prevent them accessing such services outside of work and also any specific health issues relating to particular ethnicities | Yes |
| | | Mitigation | OH referrals where required will be available should there be any unforeseen issues here | |
| | | Negative | Physio - Potential impact on employees where cultural sensitivities prevent them accessing such services outside of work. | |
| | Religion or belief | Negative | OH - Potential impact on employees where cultural sensitivities prevent them accessing such services outside of work. | Yes |
| | | Mitigation | OH referrals where required will be available should there be any unforeseen issues here | |
| | | Negative | Potential impact on employees where cultural sensitivities prevent them accessing such services outside of work. | |

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| | Sex | Neutral | OH – Physio - The amendment applies to all employees – no impact foreseen OH referrals where required will be available should there be any unforeseen issues here | No |
| | Sexual orientation | Neutral | OH – Physio -The amendment applies to all employees – no impact foreseen OH referrals where required will be available should there be any unforeseen issues here Does this protected characteristic prevent people from accessing GP services and therefore referrals to physio? | No |
| | | | | |
| 8 | Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details. | | | (Delete one) Yes |
| | This links to the cessation of physio service and the reduction in OH referrals EQIA's | | | |
| 9 | Which justifiable action does the evidence, engagement and consultation feedback suggest you take? | | | |
| | A | No major change required | | |
| | B | Adjustments needed to remove barriers or to better promote equality | | |
| | C | Continue despite possible adverse impact | | |
| | D | Stop and rethink your proposal | | |

| Action and monitoring plan | | | | |
|------------------------------------|--|--|----------------------|---------|
| Action Date | Action | Responsibility | Outcome Date | Outcome |
| Pre-implementation / Day of launch | OH - The change of usage to be communicated to managers/HR Ops colleagues/OH provider – | Managers to ensure that they give full consideration as to whether the case warrants referral to OH and to discuss with Senior HR Advisor if any questions or concerns. Managers should also note down rationale for decisions related to referring or not referring introduced as an additional measure. | As and when required | |
| Pre-implementation / Day of launch | Physio - The ceasing of the service to be communicated to managers/HR Ops colleagues/Physio provider | Managers/HR to signpost to other physio services available, i.e. via GP etc. Production of a centralised document outlining these services (in conjunction with Public Health). Managers to also be reminded of the importance of H&S reviews e.g. risk assessments / DSE and actioning equipment requirements / use of access to work | As and when required | |
| Pre-implementation / Day of launch | To ensure employees understand the requirements of the policy and support them to achieve the desired outcome. | Employee's line manager should make themselves available to explain the policy to ensure understanding and offer support to allow individuals to achieve the requirements | As and when required | |
| Pre-implementation / Day of launch | To ensure employees who are on maternity leave / LTS to be made aware of the revised policy | Employee's Line Manager | As and when required | |



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| Pre-implementation / Day of launch | The comms regarding the changes to be made available in other languages on request for employees whose first language is not English. | Appropriate liaison as required with the council's Interpretation, Translation, Transcription and Easy Read service (ITTE) | As and when requested | |
| Pre-implementation / Day change takes effect | Alternative formats (audio and Easy Read) for disabled employees to be made available on request. | Liaison as required with the appropriate council procured services; audio formats from Walsall Society for the Blind and Easy Read from the Community, Equality and Cohesion team. | As and when requested | |
| Pre-implementation / Day change takes effect | Expand on support to managers regarding making referrals in the sickness absence guidance | S&P – relaunch guidance when revised policy is implemented | April/May 2021 | |
| Ongoing | Continue to review impact on an ongoing basis | Physio/OH - Seek staff views initially after 6 months following cessation of physio service and then consider subsequently in line with the regular policy review and consultation cycle (currently every 3 years) | March / April 2022 and then ongoing | |

| Update to EqIA | |
|----------------|--|
| Date | Detail |
| 11/03/2021 | Update on policy consultation February 2021. |

Contact us

Community, Equality and Cohesion

Resources and Transformation

Telephone 01922 655797

Textphone 01922 654000

Email equality@walsall.gov.uk

Inside Walsall: http://int.walsall.gov.uk/Service_information/Equality_and_diversity