

**Customer & Corporate Services Scrutiny
Management Committee**

11 November 2019

Report of the Director of Customer & Corporate Services

Attendance and Wellbeing

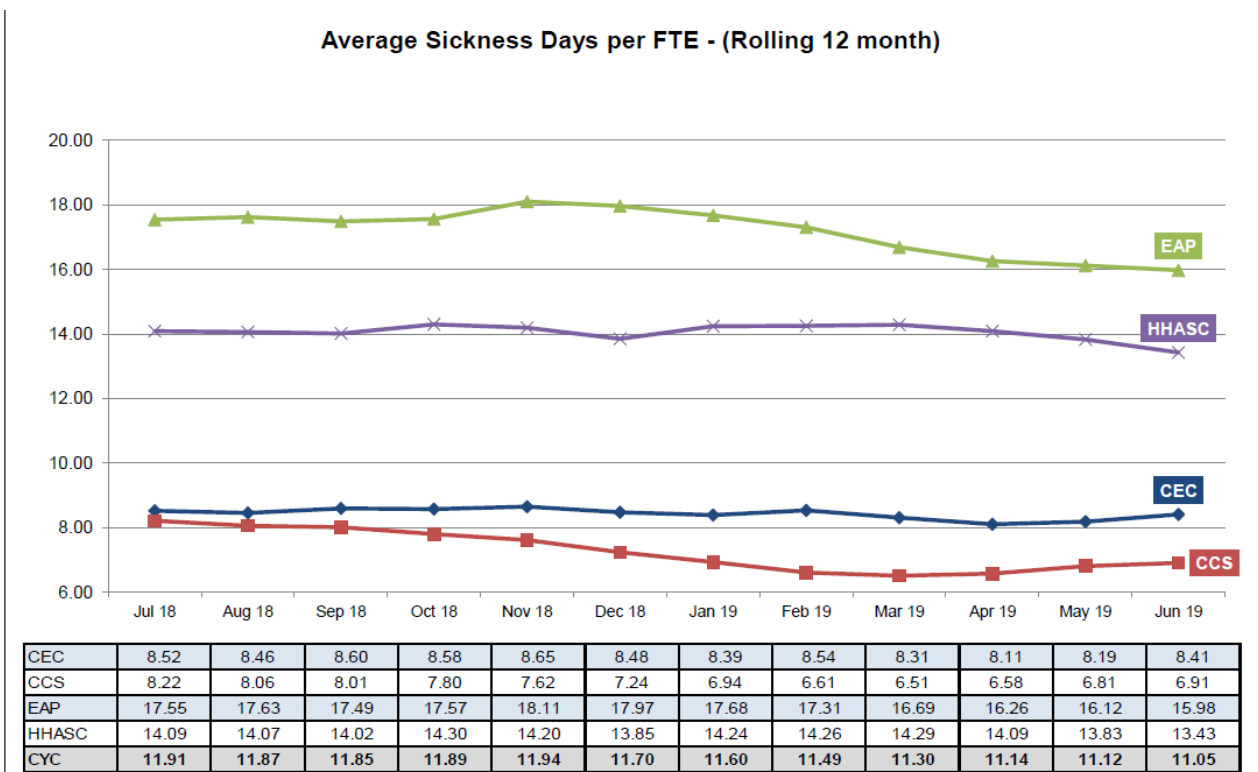
Summary

1. This report provides the committee with information on the wellbeing of staff, through updated management information, staff survey results and ongoing activities to support the wellbeing of staff and to reduce absence levels.
2. The report also suggests areas where the committee may wish to scrutinise further.

Background

3. Supporting staff in their wellbeing continues to be a key focus at CYC.
4. The Chartered Institute of Personnel and Development (CIPD) (April 2019) states that “Fostering employee well-being is good for people and the organisation. Promoting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive. Good health and wellbeing can be a core enabler of employee engagement and organisational performance.”
5. As you are aware it is complex and wellbeing is a multi-faceted approach where one size does not fit all.
6. At CYC we are working with Public Health colleagues to deliver a Workplace Health & Wellbeing Strategy and within HR the next 18 months our wellbeing approach is going to focus around stress and mental health in the workplace.
7. The impact of absence within the workplace has direct and indirect impact on the services we provide and is dependent upon the role the member of staff carries out and the length of time of the absence.

8. Some roles require a replacement immediately due to the service, such as a waste operative where without a replacement the waste collection will not be able to go ahead. Other roles can often manage for a day or so but where absence is extended, temporary replacement will be required, such as social workers.
9. At CYC levels of absence remain above an average of 10 working days per FTE. CIPD reports average sickness for public sector is around 8 days. CYC's aim is to reduce absence levels to around the 8 working days per FTE. However it appreciates that this will be an average and that in some areas this will be higher and in many much lower.
10. Finding comparative data across authorities is difficult as previously reported and not always comparing like for like services.
11. Focussing on the health and wellbeing of our staff is important both from an employers' perspective, but also as 80% of our staff are residents in York improved health and wellbeing will have a direct result on the population.
12. As you can see from the graph below the sickness rates over the last 12 months have seen a downward trend.



13. CYC has committed to a two year contract with a specialist provider to provide support to employees on their first day of absence and to support managers in their proactive management of staff wellbeing during periods of absence.
14. Scrutiny committee will receive a report in January on implementation and progress of that contract. To date though, the new process has been live for one month and we have received positive feedback from both managers and staff using the service.

Analysis and further areas for consideration

Absence – Hot Spot Areas

15. As discussed above there is a slight downward trend in absence levels across CYC over a 12 month period and it is expected to decrease further over the next 12 months as a result of the additional service provided through the day one service.
16. Economy & Place (E&P) and Health & Adult Social Care have the highest levels of sickness absence across CYC, in some areas such as waste, adult social care and provider services, absence is much higher than the average.
 - Waste, public realm, highways and fleet 24.1 days
 - Adult social care 14.3 days
 - Health and adult social care provider services 18.4 days
17. When looking at other management information such as overtime and the use of agency staff there is no consistent correlation. CMT cost control and DMT direct monitor these measures across the authority.

Absence – Long Term sickness

18. Long-term absence accounts for 32.6% of the percentage of FTE days lost, when compare to the same period last year there is a slight increase from 29.3% of 3.3%.
19. Stress and mental health accounts for 23.5% of all long term sick, but only 3% of short term sick.

20. CYC breakdown further the recording of stress related absences into stress, depression and mental health and work related stress. The table below shows the main cause being depression and mental health.

	Long Term %	Short Term %
Stress	4.5%	0.1%
Depression & mental health	15.2%	2.4%
Work related stress	3.8%	0.5%
Total	23.5%	3.0%

Stress and Mental Health

21. The figures we have relating to stress and mental health are from our absence data only and therefore just collected when staff go off sick. Whilst the staff survey looked at wellbeing, what we have not carried out is any work or analysis relating to stress and mental health of those still in work, and perhaps this is an area for further activity.
22. The Health and Safety Executive reported that in 2017/18 stress, depression or anxiety accounted for 44% of all work-related ill health cases and 57% of all working days lost due to ill health. Stress, depression or anxiety is more prevalent in public service industries, such as education; health and social care; and public administration and defence. The full document can be found in Annex 1.
23. In CYC absence as a result of Stress & Mental Health accounts for 30.6% of the percentage of FTE days lost, when compare to the same period last year there is a slight reduction from 31.2%.
24. Across the Directorates it is interesting to see the changes, however as you are aware there may be a couple of long term sickness cases that can skew the figures and further investigation would be needed to identify the individual cases.

31.2%	Of Employees claiming Sickness - % of FTE Days Lost in total due to Stress & Mental Health related absence	30.6%
40.0%	CEC	29.8%
17.2%	CCS	37.3%
26.1%	EAP	19.9%
39.4%	HHASC	36.3%

25. With regards to stress and mental health, any member of staff reporting absent on day one with this reason are referred to occupational health for their professional advice. Staff are sign posted to the Employee Assistance Programme who provide support direct to them, this includes counselling over the phone. Staff are positive about their experience of the EAP helpline.
26. CYC has seen 5.5% utilisation (web site and helpline calls) of the EAP service, taking into consideration the declared headcount of 5,597, for this period. The standard utilisation for the EAP is 5%. So CYC is just slightly above the standard usage.
27. The table below shows the work related issues that staff have contacted the EAP service on.

Work Issues

Issue	Jul 19 - Sep 19
External Pressures	3
Inappropriate work demands	1
Mental Health	0
Role Performance	1
Support from Management	2
Work Related trauma	1
Work Stress	5
Sickness Absence	1
Grievance/Disciplinary/Suspension	1
Total	15

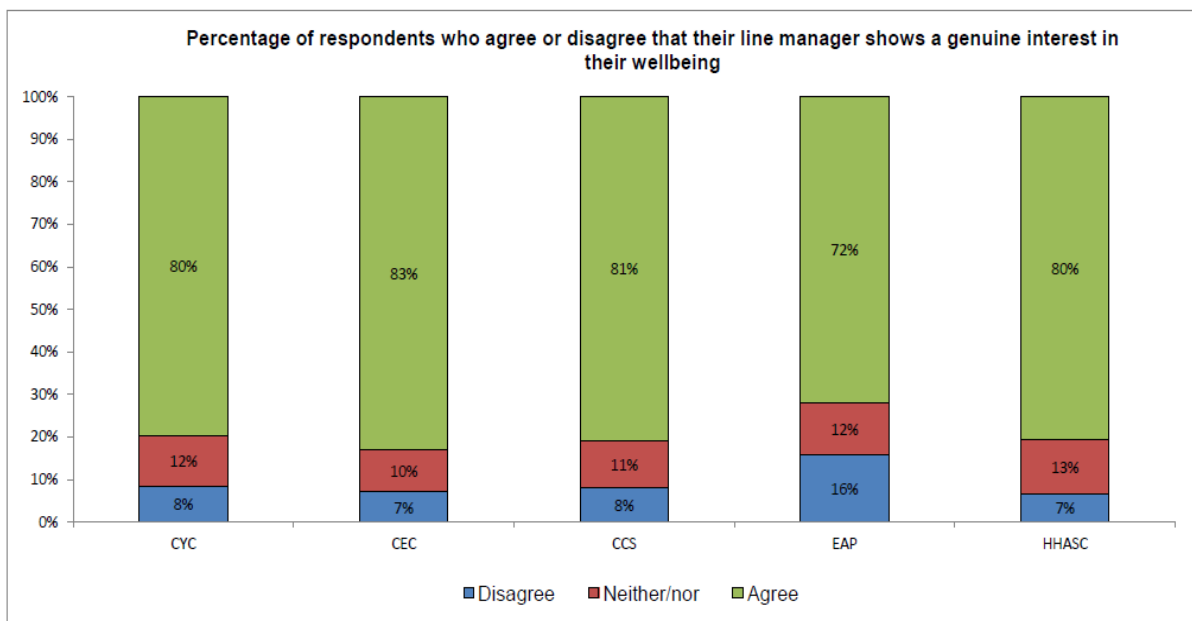
28. The Council have signed up to the Time to Change Employers pledge. This is a social movement led by MIND and funded through Department of Health. There are alternatives such as Mindful Employer that other organisations have signed up to, ultimately with the same objectives.
29. Time to Change is focussed on changing how we think and act about mental health and aims to reduce stigma and discrimination associated with mental health. Reducing stigma and discrimination has a positive impact on how we experience ourselves and our mental health problems, or how we might ask for help and support.
30. An action plan describing how CYC will achieve its pledge will be led through the Workplace Health Strategy Group.
31. This is an important step for CYC. We want to create a workplace environment which acknowledges that we're all human, we all have mental health, and that talking about it in a supportive environment makes a difference. Managers and leaders can help shape the

workplace environment to be supportive of staff facing mental health problems.

32. Time to Change champions will receive training enabling them to promote public health messages across the organisation and support mental wellbeing in our staff.
33. A network of champions have been recruited and are in the process of defining their role and what they will be able to offer to colleagues. Training will then commence to enable them to carry out their role.
34. This Committee may wish to request further information on the progress against that action plan across CYC.

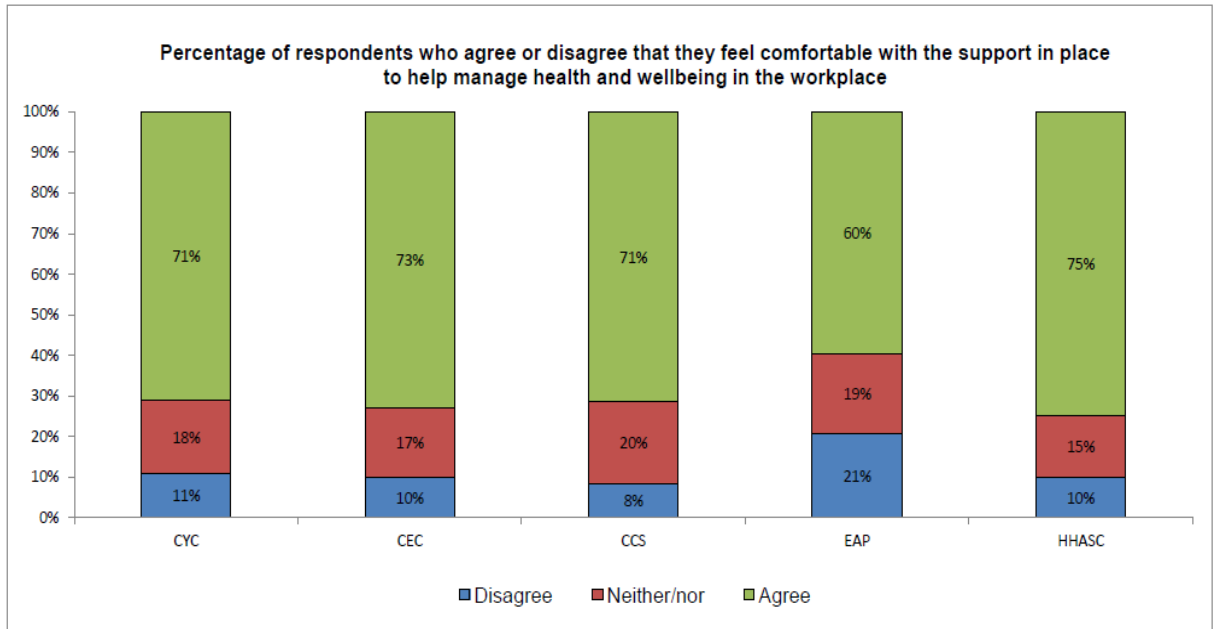
Staff Survey

35. Pulse survey three of the Staff Survey, focussed on Inclusion, wellbeing & behaviour at work. The results were positive and are shown below. Please note that only 38% of staff responded to the survey.

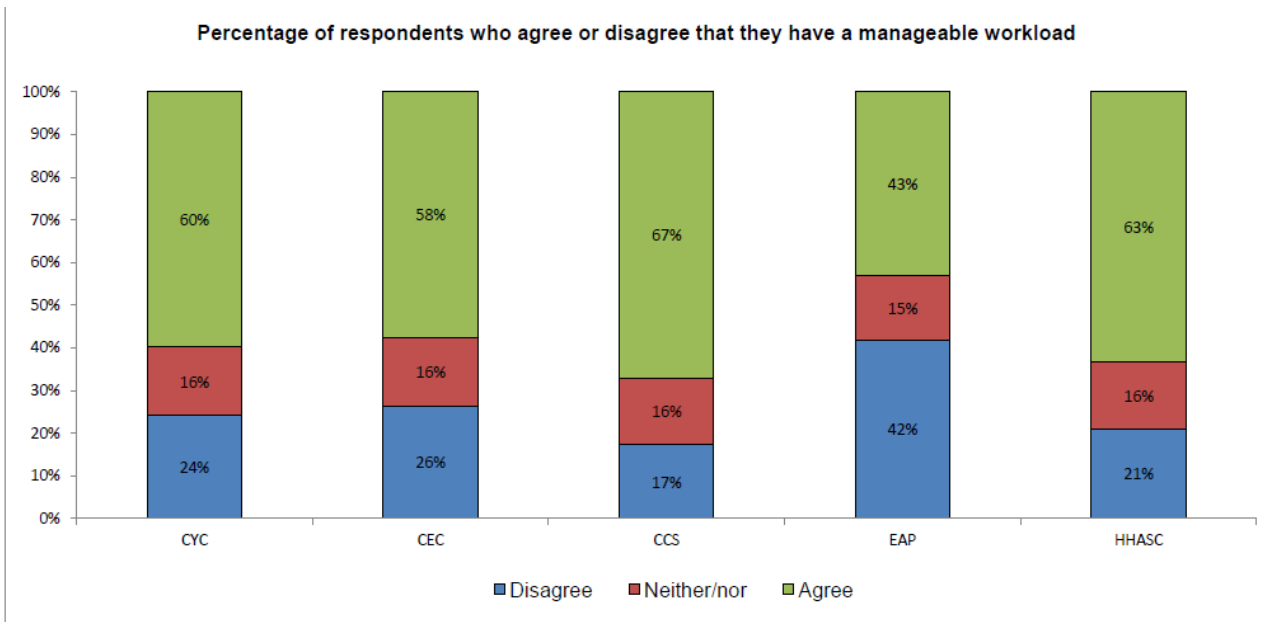


36. Overall 80% of respondents in CYC agreed that their line managers had a genuine interest in their wellbeing. It can be seen from the above that 16% in E&P of respondents disagreed.
37. Further focussed face to face sessions have been carried out within E&P to try and drill further into the responses, some findings reflected that managers themselves had limited capacity, lack of visibility of senior managers came (as it did in the whole survey) and that managers whilst

had very good technical skills and abilities that there were some skills lacking in people management.



- 38. Again another positive result overall and again reflects the same pattern within E&P.
- 39. Results from the focus group in E&P suggested that the open plan office environment is at odds with staff wellbeing; unhealthy, not confidential or supportive, can't always sit together as teams. And that it often it takes someone to have crisis or become ill before their wellbeing is looked at.



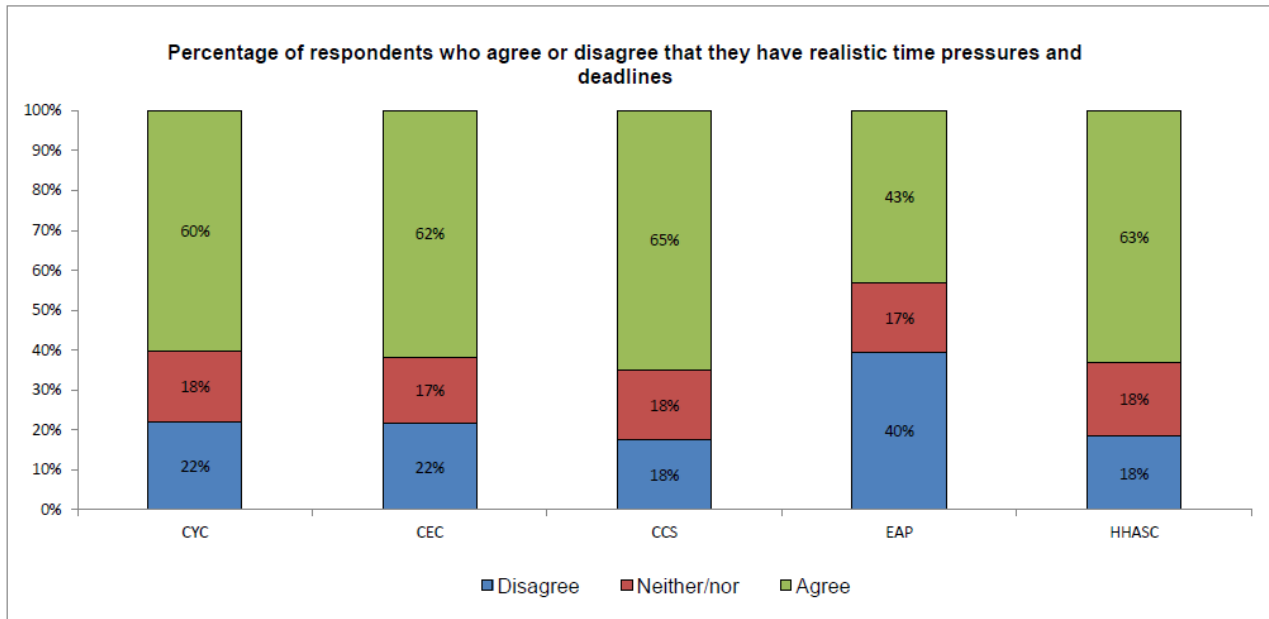
40. Workload is a concern and has been raised in previous scrutiny committees linked to absence. The table above shows that 24% of those responding did not feel that their workload was manageable, within E&P again this is much higher. Focus groups were held and the findings with regard workload are shown below.

The volume of work was felt, across all services, to be unmanageable and too high for the levels of staff.

It was felt that although staff were cut, workload wasn't reviewed in line with staffing resources, putting an unmanageable strain on those left.

There was also some discussion about processes and the type of work being done.

It was felt in some areas that some tasks and processes were unnecessary and burdensome and that some business process re-engineering work would be useful to review this.



41. Similar patterns in the responses above to workload and therefore time pressures.
42. Time pressures within the E&P areas were with regards to statutory timescales. Findings from the staff survey focus groups suggest that whilst there are statutory timescales, many timescales and parameters are set locally and put strain on certain services and there was a feeling that these could be adjusted in light of changes to staffing levels and workload over recent years.
43. Service areas constantly consider ways of working to ensure that work is being carried out in the most efficient manner.

Areas for further consideration

44. Throughout the report a number of areas have been suggested for the committee to consider if further exploration would be of benefit. These are listed below.
 - To consider stress and mental health of staff within the workplace and to identify if this is an issue and what can be done about it
 - To review progress on the Time to Change Action Plan

- To consider what other authorities do to support wellbeing in particular around Stress and Mental Health and to see what best practice can be shared.

Consultation

45. There was no consultation involved in the production of this report.

Council Plan

46. The information outlined in this report is in line with the Council Plan and the People Plan which has health and wellbeing as a priority.

Implications

47. There are direct financial cost associated with health and wellbeing, mainly through the cost of absence. Managing health & wellbeing effectively will reduce this strain on resource.
48. HR implications are throughout health & wellbeing and ensuring that practice and policy is being consistently applied is essential.
49. There are no known Legal, ICT or other implications associated with the recommendations in this report.

Risk Management

50. The main risks continue to relate to failure to record, track, monitor and put into place actions to monitor and manage wellbeing, which may cause sickness levels to rise.

Recommendations

51. To consider the information provided in the report.
52. To consider the areas for further investigation and decide a priority of activity. The recommended priority is shown below in order.
 - To consider stress and mental health of staff within the workplace and to identify if this is an issue and what can be done about it
 - To review progress on the Time to Change Action Plan

- To consider what other authorities do to support wellbeing in particular around Stress and Mental Health and to see what best practice can be shared.

Reason: To inform the Committee of the latest sickness absence figures and to ensure the organisation considers the impact of stress and mental health across all its workforce.

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Report Approved **Date** 28.10.19

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 – Health and Safety Executive depression or anxiety statistics