

People Select Committee

A meeting of People Select Committee was held on Monday, 19th June, 2017.

Present: Cllr Mrs Jean O'Donnell (Chairman), Cllr Eileen Johnson (Vice-Chairman), Cllr Sonia Bailey, Cllr Gillian Corr (for Cllr Kevin Faulks), Cllr Alan Mitchell (for Cllr Di Hewitt), Cllr Stefan Houghton

Officers: Beccy Brown, Jill Douglas, Michelle King (HR, L&C), Gary Woods, Annette Sotheby (DCE)

Also in attendance: Adam Jest, Julie Ellis (Insight Healthcare), Robert White (Body 2 Fit)

Apologies: Cllr Mrs Sylvia Walmsley, Cllr Kevin Faulks, Cllr Di Hewitt

PEO Evacuation procedure

11/17

The evacuation procedure was noted.

PEO Declarations of Interest

12/17

There were no declarations of interest.

PEO Monitoring the impact of previously agreed recommendations

13/17

Progress reports for the following reviews:-

CHILD POVERTY

Outstanding recommendations remain on track – a further update will be provided in December 2017.

AFFORDABLE WARMTH

The outstanding recommendation has now been completed.

WELLBEING

Two of the three outstanding recommendations remain on-track, though one has slipped – the latter will be scheduled to be discussed at the adult partnership to review progress and plan next steps. Further progress updates to be provided to Members in December 2017.

CHOICE BASED LETTINGS

Both the outstanding recommendations have now been achieved, though Members raised concerns following some feedback from older people that they were not getting website support.

FASD

Members were informed that both the outstanding recommendations have slipped due to changes in the workforce/personnel involved. A further progress update will be provided in December 2017.

AGREED - that the assessments of progress be agreed.

**PEO
14/17** **Scrutiny Review of Sickness Absence**

Additional absence data requested from the previous meeting in May was presented to Members. A breakdown of total days lost per FTE was shown and discussion took place around gender and age absence in SBC. An analysis had been carried out which showed a slightly higher level of absence in women (75%) compared to the Council's gender breakdown (of which 71% are women). Members asked if all recorded 'stress/depression/mental health' absence was due to employee sickness and whether it was recorded accurately. Officers reported that reasons included bereavement, depression, stress, anxiety, fatigue, family illness and mental health. It was therefore queried if these sub-categories should be reported on more specifically rather than as 'stress/depression/mental health'.

Sickness absence by location figures were presented and explained, showing a breakdown of absence in each building. Data on the top locations for each type of recorded absence were also included. It was noted that staffing levels vary across locations and it was explained that figures were recorded using primary place of work of employees.

A video entitled "We Are" was shown to Members - this was produced for a recent Social Worker recruitment drive, and emphasised some of the benefits of working for the Council.

Data was presented in relation to serious illness for 2016/17, although it is unsure if this gave a true picture as some absences marked 'hospital appointments' may also fall into the category of serious illness - as such, there may need to be some thought around the categories available for recording absence.

Members asked about recording of serious illness – if a person was diagnosed with a serious illness and returned to work after treatment, would any further absence be recorded under the same illness. It was noted that any subsequent absence would be recorded as a new absence, however records would trigger HR to look at this and see if there was a link with absences.

Members asked if hospital appointments were recorded as authorised absence or sickness. It was confirmed that some are authorised with paid leave and others as sickness absence, depending on the reason, however paid leave of absence could be arranged for routine appointments.

Members asked if data was available for sickness by department and Officers advised that detailed information could be provided. Adult Services had the highest sickness absence; Community Services front-line staff second highest with mainly muscular-skeletal type problems.

INSIGHT WELLBEING

A presentation was given from Insight Wellbeing, a non-profit organisation,

stressing the importance of taking care of mental health as well as physical health; key points as follows:

- Prevention is the best approach.
- Unlike physical health problems, mental health issues have to be dealt with differently.
- Awareness, warning signs, symptoms and a list of conditions were shown.
- A 24-hour helpline is available, with experienced non-judgemental counsellors, working on positive communication and effective coping strategies in complete confidence.
- Legal and financial advice and early support with debt is offered with PayPlan scheme available.
- A support service for management is available.
- A wellbeing portal can be accessed through the website.

Out of 3,241 eligible to use the service, 117 had accessed the programme, with more personal than work related issues. When questioned, 77% were at work, with 23% absent from work. 30% felt that without counselling they would have required time off work in the future, but with support they were able to continue with their workload.

100% of respondents to service feedback rated the service good, very good or excellent, and found the service useful.

Some feedback examples were then read out to Members who asked if there could be more outreach work or engagement with staff to make them aware of the service, particularly in light of the number of staff absent due to 'stress/depression/mental health'. Officers reported that there had been a higher take-up rate than initially predicted with many people accessing the information whilst at work. Early help through managers to alert staff to the service was considered important.

Positive outcomes with an improvement rate of 80% were reported – the industry average is 70%.

Members commented on the stigma surrounding mental health and how it was viewed compared with physical issues.

Members asked if there had been any dismissals around staff claiming long-term sickness fraudulently. Officers reported that cases are investigated or challenged if a manager suspected that someone was absent but not sick. There had been one dismissal in the past following investigation of regular short-term absences that were not legitimate.

Insight stated that if they were to receive an HR referral and felt it was not justified, they would report this.

BODY 2 FIT

Body 2 Fit operate the current Council physiotherapy service and gave a presentation to Members; key points as follows:-

- Two practices available – Total Fitness at Teesside Park and Wynyard Business Park
- A fully-equipped mobile physiotherapy and rehabilitation service is available.
- Electronic referral system in operation (from employee to line manager to HR). A report is sent to the line manager and HR after initial assessment which gives a record of diagnosis and recommendations.
- Patient receives 5 sessions initially – due to a budget reduction to the service, any further treatment has to be sought from NHS.
- Speedy access to the service is important.
- Average of 27 referrals each month – cancellations are few as an email appointment prompt is sent as a reminder, however these do have a cost implication.
- The most common cause of referral is lower back pain which can be caused by stress. This is also a common problem from sitting incorrectly for prolonged periods at work, particularly in the age category 46 to 55 years.
- Over 50% of people get back to 85% fitness after treatment, with a smaller percentage still experiencing problems.
- A Back to Fitness workshop was carried out at MBC to educate on lifestyle changes, increased activity and encourage self-management of back pain.
- Pilates, yoga, podiatry, massage and chiropody therapies also available.

Members asked for further detail on the cost of cancelled appointments, and this was provided.

OCCUPATIONAL HEALTH SERVICE

Occupational Health Advisor; key points as follows:

- In-house service understanding the pressures and priorities of the council.
- Team address health issues to improve attendance, building capacity and resilience, providing support and advice on health and wellbeing of employees.
- Pre-employment health screening and medical questionnaires are assessed by the Team to help reduce future sickness absence.
- Advice is given to managers regarding employee rehabilitation back into work and will advise on redeployment if unable to carry out their duties.
- Employee data by work area was explained showing high absence in Community Services where physically demanding duties can result in higher risk of absence due to muscular-skeletal issues. This is being addressed to identify improved ways of working, for example the use of equipment to reduce manual handling, resulting in less physical effort.
- Health surveillance may be required if risk assessment of a job role identifies this.
- Night workers are offered special protections including free and confidential health assessments which could identify any risk factors and ensure that employees do not become ill due to night working.
- Health promotion activities and lifestyle advice given. In 2016/17 flu vaccination was rolled-out aimed at reducing absence in hot-spot areas. Management feedback showed no absence from minor illnesses due to coughs and colds. This infection control pilot could be rolled-out in a wider capacity to

help reduce short-term sickness absence in other areas.

- Drop-in sessions for blood pressure monitoring were carried out.
- Occupational Health took part in Setting the Standards event to raise awareness of the service.
- Link in with Health & Safety to advise on health in the workplace including use of appropriate equipment.
- Better Health at Work Programme.

Members asked if there had been a greater uptake in the flu vaccination programme since it began. It was noted that a voucher system was operated historically – currently almost 200 employees took the voucher, but not all proceeded with the vaccination. A more effective method was being looked at to ensure more take-up of the vaccine.

Members asked what steps had been taken to promote infection control and were advised that hand washing and infection control programme would be refreshed, and information sheets had been produced where managers could discuss with employees the importance of good hygiene.

Members asked what promotions had been carried out to increase the take-up of Occupational Health assessments by night workers in general. Officers reported that health awareness information was available where managers could discuss this with employees during initial completion of the questionnaire.

Members were advised that a slot had been booked to submit a Hive question in the Council's weekly employee survey and were asked what question they would choose. Discussion took place on varying office temperatures and environments, and whether employees could take a break, walk around, or get some water. It was agreed to ask staff 'are there any factors within your workplace environment that may be increasing the risk of staff becoming absent due to sickness?'

**PEO
15/17** **Work Programme 2017-2018**

AGREED – that the Work Programme be noted.

**PEO
16/17** **Chair's Update**

The Chair had nothing further to report.