

MINUTES OF A MEETING OF THE CORPORATE OVERVIEW AND SCRUTINY COMMITTEE
HELD IN REMOTELY VIA MICROSOFT TEAMS ON WEDNESDAY, 14 APRIL 2021 AT 09:30

Present

Councillor CA Green – Chairperson

SE Baldwin	JPD Blundell	T Thomas	J Gebbie
T Giffard	M Jones	RL Penhale-Thomas	KL Rowlands
RMI Shaw	JC Spanswick		

Apologies for Absence

Cllr N Clarke

Officers:

Jackie Davies	Head of Adult Social Care
Lindsay Harvey	Corporate Director Education and Family Support
Meryl Lawrence	Senior Democratic Services Officer - Scrutiny
Gill Lewis	Interim Chief Officer – Finance, Performance and Change
Janine Nightingale	Corporate Director - Communities
Mark Shephard	Chief Executive
Tracy Watson	Scrutiny Officer
Kelly Watson	Chief Officer Legal, HR and Regulatory Services

10. DECLARATIONS OF INTEREST

None

11. APPROVAL OF MINUTES

RESOLVED:

That the Minutes of a meeting of the Corporate Overview and Scrutiny Committee dated 14 January 2021 be approved as a true and accurate record.

12. SICKNESS ABSENCE RELATED TO STRESS, ANXIETY, DEPRESSION AND MENTAL HEALTH

The Group Manager, Human Resources and Organisational Development presented the report on Sickness Absence related to Stress, Anxiety, Depression and Mental Health.

The Chairperson thanked the Group Manager for presenting the report and Members of the Committee asked the following:

A Member expressed caution at using the Covid-19 year for the setting of baselines as it could potentially provide false data. He recognised that the report had distinguished between mental illness and mental health and wellbeing, but expressed a need for a change to the HR absence recording system in order to ensure a further breakdown of mental illness and mental health and wellbeing categories, and further identify whether the absence was work related or personal.

The Group Manager, Human Resources and Organisational Development advised that there were challenges to changing the categorisation on the system, and that making changes to the categorisations could result in the potential for some comparative data to be lost. There were 16 categories but the number was not restricted and any change

would be dependent upon the user inputting the correct category. She explained that absences could sometimes start because of one issue but develop and fluctuate over time. Therefore, whilst a work related issue may exacerbate a situation and become a tipping point for an absence, it may not be the biggest issue. There were often multiple factors and it could be difficult to categorise into a work related or non-work related issue.

The Member acknowledged that although changing the categories may be challenging, if it created a more effective baseline, it could replace the previous baseline data. Where the introduction of additional baselines allowed for more effective targeted interventions then it was more worthwhile. Data ought to be changed if found to be ineffective in providing the information that was needed.

The Group Manager, Human Resources and Organisational Development confirmed that improvements were always being sought and movements were being made to explore Managers inputting the data. She added that there were a number of other authorities who used the same absence system and it could be useful to benchmark at what had worked successfully for them.

A Member referred to page 22 and raised a query with regard to the relatively high figures shown in graph 3 regarding absences within Schools and the Social Services and Wellbeing Directorate. He acknowledged that employees within the Directorate worked with elderly people and worked indoors throughout the pandemic, but that there had still been a problem prior to Covid-19. He felt this needed to be drilled down for this particular Directorate as to the reasons.

The Corporate Director, Education and Family Support confirmed that quarter 3 was always a challenging quarter; whether because it fell over the winter months or something else and within schools, quarter 3 had higher absence rates than other times. It had been a very difficult year for a number of front line services and for schools, it was a particularly difficult time with learners in and out of school, staff providing on-site provision, and staff providing education both physically and online. He would drill down into the data over the current and longer period in order to ensure there was no systemic or long-term trend. Within the Directorate, there were around 3,000 school-based staff and around 1,500 staff, working centrally predominantly in or with schools. He could return the further analysis to the Committee.

The Cabinet Member for Education and Regeneration confirmed that the past year had plenty of potential for stress and anxiety in the workplace and he was concerned with the effect on younger people in particular. This was not just an issue for Bridgend and his priorities were to work with colleagues in Central South Consortium (CSC) and Cabinet Member education colleagues in the Wales Local Government Association (WLGA). He referred to the Wales Online article regarding Penybont Primary School prioritising the wellbeing aspect and linking into the new curriculum in a positive way rather focussing ideas on catch up and studying for exams. This was an enlightened approach being taken that would have positive reflections on pupils, staff and other stakeholders, including parents.

The Corporate Director, Social Services and Wellbeing agreed that mental health related absences for the social care workforce was an area for concern. She advised that social care staff had been at the fore of the pandemic response with homeworking not possible for large parts of the social care workforce and particularly the direct care workforce. These employees had worked on the front line throughout the pandemic. While there had been an overall reduction in sickness absence across the Directorate, there had been an increase in mental health related absences, which was a very wide categorisation. The Director advised it was a top priority to support frontline workforce

across social work teams and the direct care workforce. Support was available via Care First, which was excellent but quite generic. The social care workforce development team had looked at the needs of the workforce, specifically in relation to the role they undertook and would run bespoke support. In care homes, the Directorate had worked with Cruse Bereavement Care to support frontline staff who had experienced loss in their personal and professional lives. The Directorate had developed training for with the Domiciliary Care Team Leaders in order to support difficult conversations during the pandemic and arranged reflective workshops across the workforce. Focus groups had been held to talk and continue to talk about the experience of working in social care during the pandemic. During March and April, workshops had been held with managers regarding the role of managers supporting front line staff. Focus groups were held every quarter and would be run for as long as needed and mindfulness sessions would also be available.

The Corporate Director, Social Services and Wellbeing acknowledged that for those working on the front line, the impact of a lot of what they had dealt with would not come out immediately. Therefore, the support of senior managers and managers supporting staff would continue to be very important.

The Cabinet Member for Social Services and Early Help advised that the topic confirmed her concern for front line workers, and acknowledged that although this had been more intense in the past year, these workers were always subject to this level of stress. The workforce was predominantly female and therefore also likely to have other caring roles. In addition, this workforce was low-paid and their stress levels and sickness levels were indicative of the lack of pay and conditions. Employees would take their own responsibilities above that of the employer and no more could be expected from them until their pay and conditions were improved drastically.

A Member queried the cost of the Care First service, the level of uptake in terms of the percentage of the workforce and what sort of feedback had been received, in order to understand whether the service gave good value for money.

The Group Manager, Human Resources and Organisational Development advised that as Care First was a confidential counselling service, the feedback and detail was therefore limited. It was sometimes received only if service was poor e.g., where someone had perhaps not been contacted when they expected, however informally feedback had been positive. There had been mixed views because the Authority moved from a more costly previous service where face to face counselling had been more universally available. Care First was a general service that could be accessed directly by telephone without the need to involve managers and offered more than just counselling with a range of other resources available. The cost was approximately £10,000 and all elected members and workforce were able to access that service. Even if Members only considered the numbers who had accessed the counselling element alone, it was unlikely that could be purchased for the price of the entire package available from Care First and the package was procured through the National Procurement Framework.

A Member queried how a non-office based staff member would access the support.

The Group Manager, Human Resources and Organisational Development confirmed that there was a telephone line, which could be used to access the service. In addition, following a point raised by trade union colleagues a flyer had been put together about the resource. When people were off with stress related absences, one of the first things to be done was to ensure that they had the information available regarding what resources could be accessed. Some might want to access in a private manner while some may want someone to make contact on their behalf.

A Member indicated that when considering the need to support schools to manage workloads in order to manage future sickness and absence, it was important to also consider all support staff including Teaching Assistants, Cleaning Staff and ICT staff.

The Corporate Director, Education and Family Support agreed. He confirmed that the non-teaching staff in schools were an integral part of the service and had done a remarkable job. He advised that pre-pandemic, a Wellbeing Charter had been put in place for all School staff which had been co-constructed with trade union colleagues and staff in schools. This Charter captured everyone who worked in schools and included non-teaching staff, learning support assistants, those such as music service, etc. A wellbeing group had been set up that received feedback from all sectors within the education workforce to ensure that the Charter was fine-tuned and listened to the voice of the workforce. Wellbeing was so pivotal that it had been built in as one of the three strategic priorities within the Directorate and had been tested recently by Estyn.

A Member asked whether when an absence was due significantly more to a work place stressor, HR undertook a corporate stress risk assessment. She queried how many assessments were available and how long they had been live for and indicated that this would help in identifying work place stressors.

The Group Manager, Human Resources and Organisational Development advised that she did not have the figures available but could report back to Members of the Committee with them. Compliance was not always achieved in completion of the risk assessment and that the work of the manager, HR partners and sometimes trade union representatives, was to work with the employee to try to help them get to a place where they could be assisted to help themselves in terms of identifying stressors.

The Member asked for confirmation that when talking about the lowest paid social care workforce, whether this would include all of the commissioned services. She sought clarification that although not having formed part of the statistics contained in the report, had Covid-19 statistics been discounted as part of the sickness absences.

The Group Manager, Human Resources and Organisational Development confirmed that absences for people who were Covid-19 symptomatic or self-isolating, etc. were not counted, but that if the absence continued then it would trip over into sickness absence. A new category had been added around Covid-19, which would show for the first time this year. The quarter 4 information was currently being run and a picture would start to be built up.

The Member asked for clarification whether the Authority was going to set up a wellbeing group (as had happened in schools) to include all the workforce and whether they were considering having wellbeing champions at all grades of the workforce.

The Group Manager, Human Resources and Organisational Development confirmed that in terms of wellbeing, she was pleased at the wellbeing approach that was being developed in schools. It was not quite the same position corporately, but a lot of things had been done around wellbeing including an external review from which part of the recommendations had been to set up a corporate wellbeing group where there would be employee representatives taking part.

A Member raised whether there had been any disaggregation via characteristic; in particular, on disability or race, to find out if there were any particular problems among certain population groups.

The Group Manager, Human Resources and Organisational Development confirmed that she did not have that information and to date data had not been analysed in that

way. It would be useful to have more data in terms of those characteristics from employees to make the data more meaningful and this was part of the Equalities Strategic Plan to try to get more responses to have a fuller picture and to have more reliable data on that front. This would then enable an analysis of those characteristic against absence levels.

A Member queried how the Authority's absence rates compared with other outside agencies.

The Group Manager, Human Resources and Organisational Development confirmed that in terms of comparison, the local authority only benchmarked across Wales with other Local Authorities on the end of year which compared the sickness level outturn per full-time equivalent across Wales, although they did sometimes informally share information per quarter.

In reference to the Authority's socio-economic duties, the Member also wanted to know how sickness recording could be disaggregated by grade to give a better understanding of the impact of the four major issues; stress, anxiety, depression and mental health, which should be disaggregated themselves to be able to drill down into the data.

The Group Manager, Human Resources and Organisational Development confirmed that these could be considered going forward as part of the work to be done around wellbeing and absence and confirmed that the information was not readily available. She advised that some caution would need to be taken to ensure that all information remained anonymised.

The Member acknowledged that there were data issues with disaggregation particularly when the lower numbers were looked at but he thought that it might be revealing to identify the hotspots. The direction of travel for full time equivalent days was in the right direction but identified that 12,500 was still over 34 years of full time equivalent days lost. The Authority provided huge amounts of support for people but the comparison could identify some other means of helping people through these issues.

A Member queried whether or not employees' voices could be enhanced by an invitation to members of the trade union movement, staff liaison groups or staff association to the Committee so that members of the scrutiny meeting could take an objective view of the situation. He wished to know whether employee representatives had been invited to the meeting, if they had not, whether consideration could be given to that in subsequent meetings. He acknowledged, that post-pandemic, the Committee would be confronted with difficult and uncertain times and that whilst it was good that external consultations were taking place, if a good relationship with employees was to continue, the three groups mentioned would be crucial.

The Group Manager, Human Resources and Organisational Development confirmed that she had shared the report with trade union colleagues and was sure that they would be forthcoming if there were any matters that they were unhappy about or they did not recognise. They would also be making a contribution to the work being undertaken moving forward around wellbeing.

A Member applauded the provision of counselling services and mindfulness sessions and asked whether provision or consideration had been given for improved access to sport and leisure as a counter-measure to reducing stress and anxiety.

The Corporate Director - Social Services and Wellbeing acknowledged that a lot of time had been spent talking about mental wellbeing and the link between mental wellbeing and physical activity was very well evidenced. The Halo at home scheme had been

promoted to the workforce throughout the pandemic and was free at the point of use. In addition, the Authority had the discounted scheme for the workforce as gyms were allowed to reopen. Looking forward, one of the things being informally encouraged was to have things like a walking supervision and other informal opportunities.

A Member asked whether levels of absences linked to different Directorates, could be attributed to ongoing austerity and whether there was a correlation between areas where there had been significant reductions in staffing and stress levels attributed to staff having to carry out additional work.

The Chief Executive advised that he did not think there was direct evidence to demonstrate this, but acknowledged this was an area where more work could be done. The headline was that overall sickness had reduced by around 15%, but the different ways in which working had taken place and the response needed to the scenario of the last year had clearly had an impact on the stress-related absences, particularly in the two Directorates identified in the report.

He reassured that this was one of his personal priorities and one of the organisational priorities to recognise the need to manage and to mitigate staff stress-related illness. He provided an example of the increased investment in programmes and training and additional counselling. He clarified that the investment referred to in Section 8 of the report of £115,000 to further support staff wellbeing was significant, but that if staff were supported to remain in work rather than reporting sick, the sum would effectively pay for itself. There were things that could be analysed and potentially reported back, but he did not think that evidence of a direct correlation existed at that point.

The Member responded that he felt that it was important to raise this as a flag as all staff were being expected to do more with less. He confirmed the need to ensure that appropriate support was put in place as while austerity continued, ongoing pressure would also continue.

A Member queried that the report had an Equality Impact Assessment at section 6 but the report did not reflect the socio-economic duties the Authority now had and that every report going forward needed to meet the related legislation and compliance.

The Chief Executive confirmed that the duty came in from 1 April 2021 and that all future reports would need to consider the socio-economic duty. He clarified that this was likely to be included within the equalities section of the report rather than having its own section but that there would need to be specific reference to the assessment that had been completed of the socio-economic impact. With regard to this particular report, he advised that it might have been drafted pre 31 March 2021 but did not condone its absence. He confirmed that a training session had already been arranged for the duty and that this should not be an issue in upcoming reports.

A Member raised concern that regard be given to Zoom/Teams fatigue moving forward and the effect that this could have on stress and anxiety as the remote working approach continued and asked whether any mitigation would need to be implemented.

The Chief Executive assured that the Authority had set up an Accommodation Board, which was looking at new ways of working and the operating model for the Council moving forward; recognising that there would likely be a hybrid model. There were some advantages for staff working from home and for that to endure for some of those staff, as there were clearly some advantages in terms of flexible working and recruitment and retention. However, he acknowledged that the balance was that while there were some advantages of working remotely, there were a number of consequences. One of those was fatigue and, more practically, the need to connect and catch up once or twice a

week with colleagues / teams in a different environment to a virtual one. He advised that some of the virtual meetings and working would continue, but acknowledged that a balance had to be struck so that no one was spending all day staring at a screen.

A member acknowledged that the rate of Covid-19 infection had come down due to the hard work of all employees, including teachers, social care workers, support staff, IT departments, etc., at the Local Authority, the NHS and across Wales. He wished to thank all of those people for their work in bringing the rate of infection down and increasing the rate of vaccination.

The Chairperson reiterated the Member's comments and commented that the pandemic had made all reflect on how vital some people's roles had been and that often these were not the top paid employees, particularly those who had worked on the front line.

A Member queried on pages 27 and 28, where in graphs there were new Care First Clients whose Directorates were unknown for 2020/21 and 2019/20. While she acknowledged the need for confidentiality, she felt that there was quite a number of staff to not know where they had originated from. She questioned whether this could have a skewing effect on how the Directorates were perceived.

The Group Manager, Human Resources and Organisational Development acknowledged that it was disappointing that people did not feel able to provide that information but clarified that it was unknown how the call had been handled. For example, had the call handler actually asked for the information or had it been a case of the person preferring not to give the information. She advised that there was little that could be done except to remind Care First that the information was welcomed and that the Authority would benefit from it, but within the confines of confidentiality around the support.

The Cabinet Member for Social Services and Early Help commented that many of the front line workers may not know which Directorate they were employed by and clarified the need to ask the right questions in order to obtain the information required.

The Cabinet Member for Communities and Mental Health Champion advised that he had listened to the contributions closely and was satisfied that the Authority was looking at this issue in the right way. He was pleased that the theme behind the report was that lessons had been learned and indicated that he would have been disappointed if that had not been the case. This had been a year where lessons could and should have been learned about how the Authority should support mental health problems and he expected those lessons to be taken forward. He was especially pleased to see the proactive view taken in how the Authority supported employees through the difficult times they experienced. Whilst the last 12 months had been very difficult, he confirmed that whatever happened within employees' lives that created stress itself; he reiterated that he was glad to see the proactive approach taken in supporting employees.

The Chairperson thanked invitees for their attendance and participation.

The Invitees left the meeting.

Recommendations:

Having considered the report on Sickness Absence related to Stress, Anxiety, Depression and Mental Health, and having heard Invitees' responses to Members' questions, the Committee made the following comments and recommendations:

The Committee expressed their thanks to all staff for their continued efforts throughout the pandemic.

The Committee requested that:

1. To enable more effective categorisation to identify the most appropriate interventions, the Sickness Absence category of Stress, Anxiety, Depression and Mental Health, is broken down into separate categories to differentiate between stress, mental health and mental illness, acknowledging that this would draw a line under previous baseline measures and recognising that despite difficulties it had been possible to introduce a new category in 2020/21.
2. The categories be further broken down for analysis by protected characteristic, to identify potential impacts upon these groups and provide mitigations, for example the level of stress for disabled employees and potential mitigations that could be put in place.
3. The categories be further broken down for analysis by grade of post to identify whether lower paid employees are disproportionately affected and potential mitigations.
4. That Stress Related Sickness Absence reports be added to the Forward Work Programme for the related Scrutiny Committees at the appropriate timescale to receive an update on the overall Corporate Wellbeing work and to monitor the ongoing position in Schools and Social Care.
5. The future report upon the Corporate Wellbeing Strategy should include information regarding the development of a Corporate Group with employee representatives, as Members were concerned that while there was a Schools' Wellbeing Charter in place with representatives contributing, this was not yet in place corporately.
6. Future reports to Scrutiny on this topic also provide Members of the Committee with more assurance that early intervention and prevention is being provided, that Staff feel comfortable to raise stress issues with managers and seek support before needing to report sick, thereby keeping staff healthy at work for longer.
7. Reassurance that there was a partnership approach to looking at preventative measures, with employees given every opportunity to contribute their voice in the partnership discussion, as this report had been very much centred on the employer and not the employee.
8. Future reports include the perspective on consultation with staff about what they would like to see in place to support mental health and wellbeing and where possible Staff representatives and / or Staff organisations and Trade Unions be invited to future meetings for this topic.
9. The Committee wished to flag the potential impact of staffing savings over the last 10 years upon pressures on remaining staff and that taking such decisions in future, could be actively increasing stress for employees and affecting their future mental health.

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10. The data for Quarter 4 for this Sickness Absence Category as broken down in the report submitted for Quarter 3, be circulated to Members of the Committee, for information.
11. That Members of the Committee be provided with the percentage and number of return to work interviews being completed and the uptake of Absence Management Training which should be mandatory training for Managers.
12. In order to see external comparative data, the annual benchmarking report with other Welsh Local Authorities be circulated to Members of the Committee when available and consideration be given to sharing external comparative data more frequently with Members of the Committee.
13. Members of the Committee be provided with the percentages and numbers of corporate stress risk assessments completed, which can assist employees to remain in work.

The Trade Unions' views on this report be circulated to Members of the Committee.

13. **URGENT ITEMS**

None