

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	04 May 2018
REPORT TITLE	EAS Annual report: April 2017 – March 2018
REPORT NUMBER	GOV/18/008
DIRECTOR	N/A
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Mary Agnew
TERMS OF REFERENCE	5.2

1. PURPOSE OF REPORT

- 1.1 This report updates the Committee on utilisation of the Employee Assistance Service (EAS) provided by Time for Talking during the last 12 month period April 2017 – March 2018.

2. RECOMMENDATION(S)

That Committee:

- 2.1 considers the contents of the report; and
- 2.2 instructs the Director of Resources to request evidence from Functions on the actions taken to support individuals and address trends (usage and root causes) as detailed in the report;

3. BACKGROUND

- 3.1 Following a joint tender evaluation process with Aberdeenshire Council, Therapeutic Counselling Services Ltd. (Time for Talking) were awarded the Employee Assistance Service contract. The new contract commenced on 01 January 2017 and is for duration of 3 years with the option of extending for a further period of up to 24 months.
- 3.2 This report contains utilisation information on the 12 month reporting period (April 2017 – March 2018). A copy of this information has been provided to Directorates for reference and potential action.

Utilisation (April 2017 – March 2018)

3.3 A total of 125 referrals were made during the 12 month period comprising: employees (122), Foster carers (1) and family members (2). There was almost three times the number of referrals relating to Personal Issues (94) compared to Work Related Issues (31). In the previous reporting period there was double the number of referrals relating to Personal Issues (88) compared to Work related Issues (48). The greatest number of referrals was from Education and Children's Services (44%) although the greatest % of staff usage was Adult Health and Social Care Partnership. This was also the case for the previous reporting period. Of the Personal issues (58 out of 94) relate to Personal stress/Depression/Anxiety/Anger. This accounts for 61% of such referrals, a reduction from 88% for the last reporting period. Of the work related issues (18 out of 31) relate to Demands (Workload/ Stress/Anxiety) and (6 out of 31) relates to Relationships (with colleagues). For the previous reporting period the two highest Work Related Issues were Demands (Workload/ Stress/Anxiety) (22 out of 48) and Role (understanding of) (20 out of 48).

Directorate	Number of Staff within Service	% of Staff usage	Number of referrals	Personal Issues	Health/Bereavment	Addiction/Abuse	Relationship/Family Issues	Personal Stress/Depression/Anxiety/Anger	Traumatic Incident	Work Related Issues	Change (Organisational/redundancy)	Demands (Workload/Stress/Anxiety)	Relationships (with colleagues)	Relationships with manager (Bullying Harassment)	Role (Understanding of)	Support (discipline & grievance)	Control
Adult Health and Social Care Partnership	533	2.81	15		3	0	1	8	0		0	1	0	0	1	0	1
Communities, Housing & Infrastructure	2516	1.59	40		6	2	4	20	0		0	5	2	0	0	1	0
Corporate Governance	711	1.55	11		2	0	3	6	0		0	0	0	0	0	0	0
Education and Children's Services	4253	1.29	55		7	0	6	23	0		0	11	4	1	2	0	1
Office of Chief Executive	71	1.41	1		0	0	0	1	0		0	0	0	0	0	0	0
Foster Carers	0	0.00	1		0	0	1	0	0		0	0	0	0	0	0	0
Elected Members	0	0.00	0		0	0	0	0	0		0	0	0	0	0	0	0
Family Member	0	0.00	2		0	0	1	0	0		0	1	0	0	0	0	0
Total Number of Referrals/C'ling	8084	1.55	125		18	2	16	58	0		0	18	6	1	3	1	2

3.4 The numbers of referrals for the same reporting period (April 2016 – March 2017) are detailed below:

- April 2015 – March 2016 114
- April 2016 – March 2017 136
- April 2017 – March 2018 125

3.5 Comparison of the industry averages for the reporting period with other similar sized local authorities are as follows:

Council A – Aberdeen City Council	1.55%
Council B	1.71%
Council C	1.41%
Council D	2.35%

3.7 Both full-time (102) and part-time (23) employees are using the service. There has been a decrease in fulltime (119) and an increase in part-time (17) from the last reporting period. The majority of employees have been at work (86) compared to those absent from work (39) when receiving support. This is a reduction in employees from the last reporting period who were absent from work (53).

	Demographics	Male	Female	Full Time	Part Time		Currently at work	Absent from work
Adult Health and Social Care Partnership		1	12	11	2		7	8
Communities, Housing & Infrastructure		16	25	29	12		26	14
Corporate Governance		5	5	9	1		10	1
Education and Children's Services		7	50	49	8		39	16
Office of Chief Executive		0	1	1	0		1	0
Foster Carers		0	1	1	0		1	0
Elected Members		0	0	0	0		0	0
Family Members		1	1	2	0		2	0
		30	95	102	23		86	39

3.8 All referrals made in this reporting period were self-referrals, there were no management referrals. The assistance provided was mainly via face to face counselling (84) along with telephone counselling (19) and use of instant messaging (1). Face to face counselling has reduced (98 compared to 84) and telephone counselling has increased (19 compared to 11) on the last reporting period. During the reporting period 10 employees were given additional sessions, a total of 31 additional sessions were provided. In the previous reporting period only 2 employees were given a total of 6 additional sessions. Employees were made aware of the service via a range of means as detailed in the table below the majority being via Managers (41).

3.9 Refreshed advertisement material has been circulated during this period to highlight the service. This has included a wallet card for all potential users of the service alongside the distribution of posters and leaflets for display and "posted" information on the internet to raise awareness of the available support.

	Assistance Provided	Helpline/Advice Only	No contact from client	Telephone Counselling	Face to face counselling	CBT Counselling Sessions	Live Zilla Counseling sessions	Type of Referral	Management Referral	Self Referral		How Employees heard about Service	Website/Posters/Leaflets	Managers	Colleagues	HR	Wallet Cards
Adult Health and Social Care Partnership		0	1	3	9	0	0		0	13		35	41	27	12	10	
Communities, Housing & Infrastructure		0	8	3	30	0	0		0	41							
Corporate Governance		0	3	1	6	0	0		0	10							
Education and Children's Services		0	8	11	36	1	1		0	57							
Office of Chief Executive		0	0	1	0	0	0		0	1							
Foster Carers		0	0	0	1	0	0		0	1							
Elected Members		0	0	0	0	0	0		0	0							
Family Members		0	0	0	2	0	0		0	2							
		0	20	19	84	1	1		0	125							

3.10 Service users are offered the opportunity to provide feedback on the service via a short questionnaire. A total of 10 such anonymous questionnaires have been completed by service users in the last reporting period.

3.11 In summary from the last reporting period there has been a decrease in usage overall with a significant increase in Personal related issues compared to the last reporting period. The greatest number of referrals and % of employee usage remains the same as the last reporting period. Of the work related issues Demands (Workload/ Stress/Anxiety) again was the highest figure as the previous reporting period followed by Relationships (with colleagues) replacing Role (understanding of). More part-time employees have accessed support and the majority of employees have been at work when making a referral. Face to face counselling has reduced and telephone counselling has increased. The number of employees to whom additional sessions have been provided has increased from the last reporting period.

Actions

3.12 It is critical that Functions ensure that suitable and sufficient action is being taken to support individuals and address trends (usage and root causes). This includes the application of the Mental Health and Wellbeing in the Workplace Policy and supporting Stress Procedure. More detailed actions have been provided in the quarterly report.

3.13 The organisation should continue to advertise the service but must not rely on the EAS to address the issues. If no action is taken to address the root causes of issues and related absence the referral utilisation figures will continue to remain the same. Employee absence from work related mental health is in many cases the forerunner of contacting the EAS. Through good management and a proactive approach the utilisation of the service from a work related perspective has the potential to be reduced and corresponding direct and indirect costs.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial consequences resulting from this report. The total contract sum over 5 years is £127,779.25. The award price has been calculated on the expected usage. Through improved management of root causes the level of support required would be less resulting in reduced future tender costs.
- 4.2 An effective EAS service supports individuals with difficulties in their lives; sometimes these problems can affect an individual's ability to function fully at work or at home. This in turn may impact on their health and wellbeing, which may also impact on their productivity, attendance and associated costs. Both direct and indirect costs require to be considered.
- 4.3 The longer an employee is off work the more challenging it becomes to manage their health problems and less likely that they will return to work. Long-term absence is costly. There is mutual benefit if we can proactively support employees in the workplace and help employees avoid long waiting times for, eg counselling or psychological therapy.
- 4.4 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 as 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.
- 4.5 There is also the potential for industrial tribunal associated costs.

5. LEGAL IMPLICATIONS

- 5.1 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.
- 5.2 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.
- 5.3 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. MANAGEMENT OF RISK

6.1 The risks with the potential to impact the decision being sought from the Committee are categorised as:

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	If no action is taken to support individuals and address trends then the organisation will incur both direct and indirect costs.	M	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 work-loads.
Legal	Non-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) fines and claims.	M	As above. Assessment of risk via stress and QWL's 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.
Employee	Not the right support during challenging times impacting on an employee's personal health and wellbeing. This has the potential to affect their	M	As above. Provision of information, instruction and training as identified in Job Profiles, skills and

	resilience and ability to function at work and with general life events. This can result in employee ill health and related absence. The longer an employee is absent the more likely it will impact on an employee's health and wellbeing and the less likely that they will return to the workplace.		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.
Customer	Reduced quality of service delivery owing to the lack of resource. No identification of trends and root causes will not address or prevent reoccurrence and not ensure a safe and healthy employee workplace.	M	As above.
Environment	No risk or impact was identified.	-	-
Technology	No risk or impact was identified.	-	-
Reputational	Without ensuring suitable employee support there is a risk of the organisation not being seen as an employer of choice and having recruitment and retention issues.	L	As above.

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	An EAS assists in having a workforce which is healthier, happier and better motivated, which is essential to the sustainability of high quality services. This in turn has a corporate social responsibility ripple effect impacting on the health of the wider community. By taking a proactive approach to health, safety and wellbeing the "public pound" will be used effectively reducing lost resource through direct and indirect costs.
Prosperous People	By reducing the impact of personal issues that an employee may encounter such as stress, bereavement or debt we can substantially reduce the negative impact of such issues on their

	<p>productivity, efficiency and overall behaviour at work. Through the provision of support, employees' resilience improves enabling them to deal with life and work challenges more positively. As well as impacting on productivity it also assists in maximising attendance. It is difficult to control outside stressors, but there is a need to take a holistic approach to employee wellbeing. To manage work related stress effectively, we need to recognise the importance and interaction of work and home problems.</p> <p>Employees do not have to be experiencing problems to use the service, as there are many positive benefits of regular engagement for lifestyle guidance. As an engagement tool the provision of the service and associated resources can assist the organisation's health and wellbeing strategies.</p>
Prosperous Place	With stronger resilience employees, elected members and foster carers would be able to provide better service delivery. There are only positive outcomes to be gained from support colleagues and seeking assurance from Functions that action is being taken to support individuals and address trends in the current changing environment.
Enabling Technology	The use of telephone counselling, instant messaging and website information increases the speed of accessing support.

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
Governance	The provision of annual EAS utilisation figures and trends provides an opportunity for the committee to scrutinise the provided management information. It enables what action has been taken by Function responsible line management to support individuals and address trends to be questioned, to ensure that it is suitable and sufficient. From the evidence the committee can determine if the level of assurance provided is acceptable in effectively managing health, safety and wellbeing.
Workforce	The report provides the opportunity for the committee to ensure that trends are addressed and the health and safety management system improved. This would reduce the risk of lost

	resource through for example absence, enforcement action and potential claims. Early address of issues has the potential to reduce impact on employees and the wider community reducing demands on other public sector organisations.
Process Design	This can allow the committee to identify where processes are failing to address health and safety risks and improve wellbeing.
Technology	No impact
Partnerships and Alliances	This allows Trade Unions, elected members and officers to collaborate

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Not required
Privacy Impact Assessment	Not required
Children's Rights Impact Assessment/Duty of Due Regard	Not Applicable

9. BACKGROUND PAPERS

Employee Assistance Service – Time for Talking Annual review 01 April 2017 – 31 March 2018.

10. APPENDICES (if applicable)

There are no appendices.

11. REPORT AUTHOR CONTACT DETAILS

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