

REPORT TO:		Management Review Committee	
DATE:		01 December 2015	
PORTFOLIO:		Cllr Gareth Molineux - Resources	
REPORT AUTHOR:		Kirsten Burnett, Head of HR	
TITLE OF REPORT:		Proposed replacement of Stress Management Policy	
EXEMPT REPORT (Local Government Act 1972, Schedule 12A)	No	Not applicable	
KEY DECISION:	No	If yes, date of publication:	

1. **Purpose of Report**

- 1.1 To present a draft Emotional Wellbeing Handbook, a Guide for Managers designed to support a reduction in stress / anxiety / depression related absence.

2. **Recommendations**

- 2.1 That the Committee considers and agrees the proposed document, to replace the Stress Management Policy.
- 2.2 That the Head of HR implements the changes and the proposed actions.

3. **Reasons for Recommendations and Background**

- 3.1 Our current Stress Management Policy (Appendix 1) was introduced in 2004. It meets the legal requirements and was based on best practice at the time, including the then new HSE Stress Management Standards. The Standards include a set of six areas (demands, control, support, relationships, role and change) that, if not appropriately managed, can have a negative impact on employee well-being across organisations of different sizes and sectors. These were used to form the basis of a Stress Risk Assessment form (starting on page 24 of the policy).
- 3.2 Nationally and across local government, stress / anxiety and depression is the highest cause of sickness absence. The 2013/4 Local Government Survey showed that 22.8% of absence was for this reason (18.2% for districts). At Hyndburn, it was our highest cause of lost days at 367.92 days, or 17.6% of total absence.
- 3.3 The WHAT team decided that this area should be a priority for the coming year and we asked for volunteers (outside the WHAT team) to be on a short-term working group. The group discussions and insights were invaluable in shaping the proposals. In

particular, the group noted that the current policy was long-winded (27 pages), not user-friendly, not a document most staff would read until at a “crisis point” and the risk assessment form was completely unfit for purpose. It mirrors the HSE standards and follows the format of most risk assessments, but given that often people will be in a state of distress when asked to complete it, it was really unhelpful and could in fact make people feel more anxious. The experience of HR officers is that nobody fills it out “properly” and any helpful information is gleaned from discussions, or sometimes other written accounts from the employee. The new version is a single page diagram designed to prompt areas of concern, contributing to a constructive discussion which leads to meaningful actions. Feedback from people who have previously been off with stress / anxiety / depression is that this version would have been far more helpful to them. It is still framed around the areas identified in the HSE Standards and the process surrounding it would still comply with our duty of care.

3.4 The new draft Handbook (Appendix 2) is very different from the current policy. Whilst it deals with stress-related cases, it represents a much more positive approach based on the latest research, showing that people can learn skills to enhance their own happiness, their inner resilience and ability to bounce back from life’s troubles. It includes some really practical tips and links. There are a number of new suggestions, some of which are included within the Handbook. It is designed to be read and followed by people who are well, not just those who perceive that they are stressed (in a bad way).

3.5 A Guide for Managers has been developed to support the Handbook (Appendix 3).

3.6 Planned Actions

- i. We are establishing a group of “Friendly Faces”, people around the council with some basic training in counselling, mental health awareness (so they recognised when someone might need professional psychological help) and some of the relevant HR policies or support mechanisms. We already have a small number of volunteers from within the working group and WHAT team.
- ii. We will roll out training to managers, including elearning on supporting the emotional wellbeing of staff as part of their management responsibilities. This would be accompanied by some management training around a revised performance review process which included feedback from the member of staff about how they feel about their job and workloads.
- iii. We have reviewed our Employee Assistance Programme which gives all staff access to 24/7 telephone support, and face to face counselling. It offers free, confidential and independent resources to help balance work, family and personal life on a variety of life events such as emotional wellbeing, bereavement and loss, managing change and debt and money management. We have established that this is more cost-effective than paying for counselling through our Occupational Health Service and that it has helped reduce days lost to stress / anxiety / depression.
- iv. We have delivered training on personal resilience and will continue to offer sessions as part of the annual training plan to support emotional wellbeing.

4. **Alternative Options considered and Reasons for Rejection**

4.1 We could retain the existing policy. However, the working group believe the proposed approach will contribute to a happier and healthier workplace, where people are more able and motivated to contribute to the objectives of the Council.

5. **Consultations**

5.1 A Unison representative was included on the working group and the branch officials were very supportive of the proposals. The JNCC meeting, to which all Trade Unions are invited, met on 29 September and approved this.

6. **Implications**

Financial implications (including any future financial commitments for the Council)	There would be some costs for training, but there is a small WHAT team budget, funded by savings from the cycle scheme, which would support any training provision.
Legal and human rights implications	The Council has a legal responsibility under the Health and Safety at Work Act (1974) of a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all its employees
Assessment of risk	
Equality and diversity implications <i>A Customer First Analysis should be completed in relation to policy decisions and should be attached as an appendix to the report.</i>	See CFA following this report. The EAP is a support mechanism which complements our Attendance Management Procedure. This was subject to a CFA and has been revised from 1 January 2014, following training for all managers. http://www.hyndburnbc.gov.uk/downloads/CFA_-_Attendance_Management_Framework.pdf

7. **Local Government (Access to Information) Act 1985: List of Background Papers**

7.1 None.

8. **Freedom of Information**

8.1 The report does not contain exempt information under the Local Government Act 1972, Schedule 12A and all information can be disclosed under the Freedom of Information Act 2000.

1. Purpose

- What are you trying to achieve with the policy / service / function?

A document outlining the support and preventative measures we offer or can signpost people to to prevent ill health through stress, anxiety and depression. Keeping sickness absence due to this cause to a minimum. Contributing to a supportive culture where employees are healthy, engaged and motivated to give their best efforts and work with colleagues in line with the Council's values.

- Who defines and manages it?

Managers and HR.

- Who do you intend to benefit from it and how?

All staff and by extension our customers.

- What could prevent people from getting the most out of the policy / service / function?

Lack of awareness.

- How will you get your customers involved in the analysis and how will you tell people about it?

Staff have been involved in the proposals and we would communicate through newsround, emails, posters and production of paper copies for distribution where appropriate.

2. Evidence

- How will you know if the policy delivers its intended outcome / benefits?

Reduction in stress-related absence. Feedback via employee surveys and from individual staff members who are supported by us.

We have sickness data broken down in detail, by department, gender, age, reason etc.

We will be conducting our next employee survey in 2016.

Employee data is broken down by all equality characteristics.

3. Impact

The data suggests that the provisions are available to all staff with no disadvantage to any particular group.

4. Actions

Agree and implement new Emotional Wellbeing Handbook.

Consider what training and other interventions will support the emotional wellbeing and resilience of employees.

Continue to monitor sickness absence, in particular that for stress / anxiety and depression.

Continue to promote the Employee Assistance Programme and access to counselling.

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Dated: 3 September 2015