

POLICY AND RESOURCES COMMITTEE

EMPLOYEES' JOINT CONSULTATIVE COMMITTEE

WOODHILL HOUSE, ABERDEEN, 5 MARCH, 2014

- Present:** Councillors J N Gifford (Chair), R Christie, R Cowling, A Evison (as substitute for Councillor K L Clark), F C P Hood, M C Kitts-Hayes and J J Strathdee.
- UNISON Representatives:** Mr W Edwards and Ms I Teece.
- LNCT Representative:** Mr P Flanagan.
- GMB Representatives:** Ms J Adams, Ms J Lynch and Mr T Masson.
- Unite Representative:** Mr T McGivern.
- Apologies** Councillors K L Clark, J B Cox, S W Pratt and N J Smith; Ms K Ramsden (UNISON); Mr J Barnett, Mr G West and Ms J Callander (LNCT).
- Officers:** Director of Corporate Services, Director of Education, Learning and Leisure, Director of Infrastructure Services, Head of Housing, Head of Human Resources and Organisational Development, Chief Officer (Health and Social Care Integration) and Principal Committee Officer.

1. MINUTE OF MEETING OF THE JOINT CONSULTATIVE COMMITTEE OF 8 OCTOBER, 2012

The Committee **noted** and **approved** the circulated Minute of Meeting of the Committee of 8 October, 2012.

2. BUSINESS TRANSFORMATION BOARD - OPTIONS 4 ADMIN AND EMPLOYEE RELATIONSHIP MANAGEMENT (ERM) PROJECT

The Director of Corporate Services gave a presentation on the work of the Business Transformation Board, which she chaired. The Board had met in its current format in January and would be meeting on a three monthly basis. Membership included all services and a representative from the trade unions. There were seven steering groups covering different workstreams which fed information to the Board and helped to shape the direction of the projects and teams they oversaw. These covered Supporting Employees, Customer Services, workSPACE, Options4Admin, Procurement, ICT and Corporate Improvement. Progress with the groups was variable depending on the size and complexity of their remit, and in some cases progress with one group was dependent on the work of another. It was acknowledged that there was a need to ensure that staff were well informed and a monthly newsletter would be issued electronically. A communications strategy and roadshows were also being considered.

The Committee heard from the Joint Secretaries that uncertainty was the big concern due to the unprecedented amount of change and that staff still needed to be convinced of the benefits of change. Not all staff had access to electronic communications and these were not always passed on. Centralisation was seen by some as involving a loss of control.

Thereafter, the Committee **noted** the presentation and looked forward to further updates being reported to future meetings.

3. HEALTH AND SOCIAL CARE INTEGRATION

The Chief Officer (Health and Social Care Integration) gave a presentation on the provisions of the Integration of Adult Health and Social Care Bill to create Health and Social Care Partnerships to replace Community Health Partnerships, which would be the joint and equal responsibility of Health Boards and local authorities. The spirit of the integration was focused on improving services for the person in the street. Health Boards and local authorities had different rules and regulations and the aim was to provide a joined-up service with staff working together. A Transitional Liaison Group had been established as a shadow form of Joint Integration Board, comprising five councillors and five Health Board members with voting rights, together with a number of advisers and third sector representatives. Four working groups had been set up, covering Pathways, Resources, Engagement and Governance, and these along with the Transitional Liaison Group all had places for trade union representation. There would be sessions arranged to consult staff to see if they agreed with the vision going forward and it was hoped that everyone would feel they had a chance to voice their opinion. A number of roadshows would be held in April and May and details would be publicised next week.

The Committee heard concerns from the Joint Secretaries that the processes followed by the two organisations were very different and that the trade union officials on the health side represented their members in different ways from the local authority side. There were also very different pay and grading models which could cause problems when staff from both organisations were working alongside each other.

Thereafter, the Committee **noted** the presentation and looked forward to further updates being reported to future meetings.

4. WORKFORCE FIT FOR THE FUTURE

The Head of Human Resources and Organisational Development gave a presentation on initiatives being undertaken to ensure that the Council had a workforce fit for the future in light of budget pressures, public sector reform and increased customer expectations. Various areas were being looked at to ensure that the Council had the necessary skills. There were challenges with recruitment and a requirement to be more creative. Wellbeing was important to protect the health of staff.

The Committee heard concerns from the Joint Secretaries that there was anecdotal evidence of stress among employees. There was perceived to be a lack of means of addressing issues and some staff were reluctant to use formal procedures.

Thereafter, the Committee **noted** the presentation and that HR&OD wanted to be made aware of any issues so that they could be addressed.

5. ABSENCE MANAGEMENT

The Head of Human Resources and Organisational Development gave a presentation on absence management which explained the financial and operational effects of sickness absence and detailed initiatives being taken to improve employee health and wellbeing. The age profile of employees and sickness absence rates were increasing. Procedures had been amended to ensure that employees had to give a reason for absence. There were issues about how some managers handled absences which HR&OD were aware of.

Matters raised during discussion were about whether the Council offered flu injections to staff, the need to strike the right balance of staff returning to work before being completely clear of infection, the need to be consistent in relation to employees being referred to the occupational health provider before returning to work, and whether longer term absences were being tracked and supported.

Thereafter, the Committee **noted** the presentation.

6. FUTURE MEETING DATE

After consideration of a circulated report dated 14 February, 2014, by the Director of Corporate Services, the Committee **agreed** that the next meeting would be held on 5 September, 2014, at 10.15 a.m.