Public Health England

UCL Institute of Health Equity

Local action on health inequalities:
Working with local employers to promote good quality work

About PHE

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

About the UCL Institute of Health Equity

The Institute is led by Professor Sir Michael Marmot and seeks to increase health equity through action on the social determinants of health, specifically in four areas: influencing global, national and local policies; advising on and learning from practice; building the evidence base; and capacity building. The Institute builds on previous work to tackle inequalities in health led by Professor Sir Michael Marmot and his team, including the 'Commission on Social Determinants of Health', 'Fair Society Healthy Lives' (The Marmot Review) and the 'Review of Social Determinants of Health and the Health Divide for the WHO European Region'. www.instituteofhealthequity.org

About this briefing

This briefing was commissioned by PHE and written by the Institute of Health Equity (IHE). It is a summary of a more detailed evidence review on the same topic and is intended primarily for directors of public health, public health teams and local authorities. This briefing and accompanying evidence reviews are part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

Ellen Bloomer wrote this briefing for IHE.

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339

Working with local employers to promote good quality work

Summary

1. There is a social gradient in working conditions. People in more disadvantaged socioeconomic positions are more likely to experience poor working conditions, which increases their risks of ill-health and contributes to health inequalities.

2. There is clear evidence that local authorities can work with employers to promote good quality work with many examples of good practice. Local authorities have a number of levers including provision of advice, enforcement of employer legal obligations, partnership working, incentivisation and accreditation.

3. Using contractual levers of procurement such as the Social Value Act 2012 also offer a means of promoting good quality work. Improving the working conditions and health of outsourced and contracted staff may help to reduce health inequalities.

4. Engaging organisations with high numbers of employees on more junior job grades, working long or irregular hours or on non-permanent contracts is likely to be the most fruitful way of securing positive working conditions for relatively large proportions of the most disadvantaged workers in local labour markets.

The links between working conditions and health inequalities

There is a social gradient in employment status and working conditions in England, with people in more disadvantaged socioeconomic groups at higher risk of unemployment and, if employed, of poor working conditions.[1] This will, in turn, contribute to a greater risk of poor physical and mental health for those in more disadvantaged social positions.[2]

The way work is organised and the work climate are contributing factors to the social gradient in health.[3] Workers with fewer skills and qualifications are more likely to experience poor working conditions, as well as worse health.[4-6]

Certain working conditions cause stress and poor health, particularly if the employee has no alternative choice in the labour market:

- high employer demands combined with low employee control over their work[1]
- employee effort is not matched by reward by the employer[1]
- decision-making processes and treatment of employees are perceived to be unfair[1]
- job insecurity, for example, among employees on temporary or other non-standard contracts[7]
- long or irregular working hours,[8-10] shift work[11-18] or working night shifts[19]

Focusing interventions around these issues and targeting less privileged groups within the workforce is therefore likely to be a priority for improving health.[20]

What works for promoting good quality work among local employers?

There is clear evidence that local authorities can work with local employers to promote good work with many examples of good practice. Local authorities can work with employers, to ensure the best possible standard of physical and psychological working conditions.

BOX A

Levers and approaches for promoting good quality work locally

1. Promoting available evidence and guidance.

2. Enforcing employers' legal obligations.

3. Incentivisation and accreditation.

4. Encouraging action through procurement.

Promoting available evidence and guidance. Local authorities can promote a considerable amount of guidance to local employers. Evidence-based sources of guidance include NICE guidance on promoting wellbeing at work and HSE guidelines on stress management and other aspects of work. Councils can also provide evidence on business benefits and the impact of interventions on sickness absence rates.

BOX B

Health and Safety Executive (HSE) stress management standards[21]

The HSE stress management standards are a preventive approach for reducing work-related stress by targeting six main working conditions that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence. The standards set out desirable actions to control and manage stress in the workplace. They are:

- **demands** – this includes issues such as workload, work patterns and the work environment

- **control** – how much say individuals have in the way they do their work

- **support** – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

- **relationships** – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

- **role** – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles

- **change** – how organisational change (large or small) is managed and communicated in the organisation

A report prepared by University of London for HSE in 2006 reviewed existing literature to determine the extent that effectively managing these stressors is associated with beneficial business outcomes. They found evidence that each of the six working conditions led to some improved business outcome(s), such as better performance, less absenteeism, less turnover intention and/or less withdrawal behaviours.[22]

HSE provides further guidance on safety and preventing physical injuries and accidents in the workplace.

Enforcing employers' legal obligations working in partnership. Local authorities can work in partnership with the Health and Safety Executive and others to ensure that local employers abide by their legal obligations, particularly around health and safety and non-discrimination.

The Health and Safety at Work etc. Act 1974 covers occupational safety in Great Britain, and it is the responsibility of the HSE and local authorities to enforce it and a number of other Acts and statutory instruments relating to occupational safety. There are examples of local authorities working in partnership with the HSE to enforce health and safety regulations in the workplace, to prevent accidents and injuries like that shown in box C.

BOX C

Local authority working in partnership with HSE to enforce health and safety legislation[23]

In anticipation of increased activity among aerial installers prior to the switchover of UK TV signal from analogue to digital, the six North Wales local councils and HSE worked together to target health and safety in the industry. In order to ensure that both HSE inspectors and council regulatory officers had appropriate knowledge of the safe systems of work for work at height during domestic aerial installations, they attended the industry training course on work at height and became familiar with the industry-developed code of practice. Council officers were given flexible warrants so that they could take enforcement action across the board on behalf of HSE. This meant that council officers were not limited to dealing with issues at retail shops but could also challenge and inspect installers during installation of aerials and satellite dishes in domestic premises. The initiative has led to a significant number of improvement notices requiring installers to undergo training in safe work at heights.

Incentivising action. There is evidence of programmes to support and incentivise employers to take action on workplace health and wellbeing at national, regional and local level. They are provided through one or more of the following mechanisms:

- support and advice around how to implement effective policies and interventions
- provision of funding
- a form of accreditation providing the organisation with reputational benefits, making them more attractive to potential employees, customers and other stakeholders

The North East Better Health at Work Award provides an example of a successful regional project supporting employers to improve workplace health (box D).

BOX D

North East Better Health at Work Award (BHWA)[24]

The North East Better Health at Work Award is a structured and evidence-based workplace health programme coordinated regionally by the Northern TUC, in partnership with the 12 local authorities in the region, the Association of North East Councils and the NHS and delivered locally through workplace health specialists.

Description. Each stage of the BHWA (bronze, silver, gold, continuous excellence) is usually completed within a year and is characterised by a set of outcomes and distinct assessment criteria. Participation in the BHWA is free of charge but requires workplaces to invest staff time,

training and resources. All organisations joining the BHWA sign up to the Better Health at Work Charter, in which they agree to work to improve the health of their employees.

Results. An evaluation found that:

- 232 businesses and organisations with 209,319 employees actively participated in the BHWA between 2009-12 and covered 21.4% of the working-age population in the North East

- 232 bronze, 116 silver, 56 gold and 19 continuous excellence awards were achieved; 86 withdrew without receiving an award

- there was a high level of organisational agreement (81%) that the BHWA improved staff health, while 66% agreed or strongly agreed that the scheme improved staff morale

- mean reductions in sickness absence were between 0.26 and 2.0 days per employee depending on the length and level of participation in the BHWA and sector of employment. Public service organisations seemed to benefit most

Generally it was felt that the programme and the award criteria for each level were appropriate for larger businesses and organisations, though there was no consensus about the minimum size of organisation that would benefit.

Cost-benefit. The cost of the regional coordination was £80,000 a year and the overall cost to the NHS was estimated at £615,000 a year. The estimated cost of the BHWA to the NHS (PCTs and public health) who funded the programme was £3 per sickness-absence day saved. Employers saw a reduction of 0.007-1.1 days of sickness-absence for every pound invested, depending on the level of the award (suggesting bronze offered best value for money).

The evaluation concludes that the BHWA is an efficient and cost-effective workplace health improvement programme.

Encouraging action through procurement. The Public Services (Social Value) Act 2012 requires local authorities to consider how goods and services being procured through contracts might improve the economic, social and environmental wellbeing of the local area. Good working practices and employment opportunities for local disadvantaged people might be considered to bring social value and improve wellbeing locally. Therefore, the Social Value Act could be a further way through which local authorities can encourage good quality work.

Conclusion

As poor working conditions are linked with worse health and wellbeing, interventions to improve the psychosocial working environment are likely to contribute to better employee health in the short-term and long-term. To have the biggest effect on health inequalities, it is important to influence organisations with high numbers of employees on more junior job grades, working long or irregular hours or on non-permanent contracts. Local authorities can do this by promoting available evidence and guidance on good quality work; enforcing employer's legal obligations; incentivising action through programmes that offer support, funding and/or accreditation; or through procurement using the Social Value Act 2012.

While there are a number of promising interventions, more robust evaluation evidence will help to identify what approaches are most effective for working with local employers. As action to improve poor psychosocial working conditions can help to reduce health inequalities, this should be prioritised as an area for further research and more widespread implementation.

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