

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD1495

Title: London Healthy Workplace Charter

Executive Summary:

The London Healthy Workplace Charter engages employers in supporting healthier workplaces improving productivity and a number of public health goals, including increasing levels of physical activity to better mental health.

This proposal is to upscale the Mayor's workplace health programme. It represents an important opportunity to galvanise activity on this area by building on existing partnerships with local authorities, the NHS and the private and voluntary sector. It is a leading Mayoral action in response to the London Health Commission report *Better Health for London (2014)*.

Decision:

That the Mayor:

1. Approves expenditure of up to £250,000 over two years from 2015-16 to 2016-17 to upscale the Mayor's workplace health programme as a leading Mayoral action in response to the London Health Commission report *Better Health for London (2014)* in order to support a healthier working age population.
2. Delegate authority to the Executive Director of Communities and Intelligence to approve receipt and expenditure of any additional external income raised.

Mayor of London

I confirm that I do not have any disclosable pecuniary interests in the proposed decision, and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:



Date:

30/04/15.

PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE MAYOR

Decision required – supporting report

1. Introduction and background

- 1.1 A healthy workforce has business benefit in terms of staff performance, productivity and staff turnover. With London's working population now standing at 4.5million there is great potential in continuing to show leadership and support to employers through promoting the health of their employees. The workplace environment can provide responsive support systems for employees experiencing periods of ill health in addition to influencing health behaviours, for example increasing physical activity rates or raising awareness of cancer screening programmes.
- 1.2 Upscaling the Mayor's workplace health programme is a leading Mayoral action in response to the London Health Commission report *Better Health for London* (2014), which sets out that the Mayor should encourage all employers to promote the health of Londoners through workplace health initiatives, citing the London Healthy Workplace Charter (LHWC) as a delivery tool.
- 1.3 The LHWC provides a structured framework to support business investment in staff health and well-being and an accreditation process to recognise and reward employers' activities in this area. The evidence for this type of public health intervention is very strong, both in terms of economic saving and improving population health. Evaluation of a similar intervention concluded that it is a cost effective model and has a number of benefits including improving employee productivity, reducing absenteeism rates, improving staff morale and promoting the outward-facing image of the business – with positive knock-on effects for staff retention and recruitment. A 2014 evidence review into best practice for promoting employee health and well-being highlighted the importance of systematic, coordinated and comprehensive approaches (such as set out by the LHWC) to investing in workplace health rather than one off initiatives.
- 1.4 Previous approvals for the LHWC total £54,170 (ADD 208 £35,000; ADD48 £8,000; as part of ADD125 (£4,000) and DD891 £7170) since it began as a Mayor of London delivery programme in July 2012. Since this time the LHWC has accredited fifty-two employers (by the end of March 2014) against the standards from across the public and private sector, covering approximately 150,000 employees. However the programme needs additional resource to help it expand its reach across London at an ambitious level.
- 1.5 The two year programme will enable the LHWC programme to be upscaled through:
 - GLA support to employers in using the LHWC framework through the following: share evidence and best practice; administer an award scheme and distributing awards sponsored by the Mayor through an annual event. This is supported by a full time programme manager and administrative support for the programme.
 - Developing a communication portal for employers that can broaden the reach of messages around the importance of investing in the health of employees, including rolling out a robust evaluation of the programme.
 - Ensuring that the programme of work is sustainable at the end of the two year funding period by adopting a predominantly self-sustaining delivery model.
- 1.6 The programme has the buy-in of thirty London boroughs to support delivery, bringing in considerable additional investment to the programme. In addition workplace health is a priority area for the NHS, cited in its *Five Year Forward View* (October 2014) with a commitment to support new workplace initiatives to promote employee health.
- 1.7 The Mayor's work is complemented by support from Public Health England- London (PHE-L) who have project support officer time (approximately £15,000 a year investment) and a funded NHS Band

7 post (approximately a £40,000 per year investment). In addition commercial sponsorship will be sought of approximately £40,000 over the two years in compliance with the GLA sponsorship policy. The above income will be brought in through existing partnership work with PHE-L, linking the work programme with ambitions of *Better Health for London: Next Steps* (NHS England, 2015) that sets out a response to the London Health Commission's *Better Health for London* report. In addition the project team will work with the GLA Commercial Team to identify suitable sponsorship partner(s).

- 1.8 Additional income will support engagement with borough partners thereby increasing the number of employer referrals, accrediting London NHS employers against the standards, and funding external facing elements of the programme, for example the awards ceremony and employer facing seminars.
- 1.9 The new launch of the programme will not take place until after the general election period (planned for mid-June 2015).

2. Objectives and expected outcomes

- 2.1 Delivery of a London Healthy Workplace programme to sign up 1000 employers, with the accreditation of 250 by March 2017. It is estimated this will reach half a million Londoners. This includes a high profile business engagement to promote the LHWC and the importance of the role of employers in the health of Londoners. This includes accrediting 88 public sector organisations, 70 small medium enterprises and 40 large private sector employers as part of the 250 accredited employers (taking account of the 52 accredited organisations to date).

A breakdown of the sign up and accreditation figures is provided below:

	To date	2015/16	2016/17	Total by end March 2017
Employers 'signed up'	92	300	700	1000
Employers accredited against the Charter standards	52	70	128	250

- 2.2 Develop a communication portal for employers that can broaden the reach of messages around the importance of investing in the health of employees. This includes the identification of four employer champions, two high level award ceremonies and eight seminars in partnership with other similar London campaigns and taking forward evaluation of the LHWC programme to quantitatively and qualitatively assess the importance of an accreditation framework workplace health initiative.
- 2.3 Ensure that the programme of work is sustainable at the end of the two year funding period by adopting a predominantly self-sustaining delivery model. This includes identification of a commercial partner to support parts of the delivery programme, designing a method that supports a predominantly self-sustaining delivery model, including learning from similar programmes and securing a delivery method for the programme to continue following the two year funding period.

3. Equality comments

- 3.1 The LHWC is an important tool in delivery of the Mayor's Health Inequalities Strategy, specifically Objective 4: Health, work and wellbeing, which commits the Mayor to:
 - "invest in health at work, promoting equalities and building both organisational and employee capacity for mental and physical well-being"

- “promote effective ways to improve retention and in-work support for carers and people living with illness or impairments”.

- 3.2 By definition, the LHWC is targeted at people in work. However, by promoting flexible, secure working conditions and good quality jobs, the Charter framework contributes to supporting more people to stay in, or return to, work (including carers and people with long-term health conditions).
- 3.3 A Health Inequalities Impact Assessment was carried out on the programme in 2013. This looked at the likely potential impacts on those with protected characteristics and concluded that the programme has beneficial impacts. However it recommended that a number of considerations need to be taken forward, including adequate resourcing of the programme in addition to putting monitoring and evaluation in place. This is being taken forward through this project proposal.

4. Other considerations

a) Key risks and issues

A table detailing key risks is set out below.

Risk description	Assessment	Mitigation / Risk response
Poor uptake of the programme by Small Medium Enterprises (SMEs)	Likelihood: Low to medium Impact: Medium	An SME sub group of the Advisory Group has been established (including the Federation of Small businesses) to ensure a scaled up programme structure effectively supports SME participation, for example online review option and use of testimony instead of evidence through policy documents. The communication campaign will tap into SME business networks.
Withdrawal of London borough workplace health lead support	Likelihood: Medium Impact: Low	Bi monthly Steering Group meetings with borough leads, supported by Public Health England; A delivery support partner in place in case of lack of borough workplace health lead; A director of public health champion is in place to support its profile and importance across London.
Little impact on health inequalities and health improvement through take up by the ‘already engaged’.	Likelihood: Low Impact: Low	Evaluation framework is in place which will be rolled out following two year programme funding so outcomes will be tracked and necessary adjustments on programme focus made; The programme’s focus will link with JSNAs and London borough health and well-being strategies; The importance of health inequalities is included in the revised verification guidance for the Charter.

b) Links to Mayoral strategies and priorities

This work will contribute to the delivery of:

- The Mayor’s statutory responsibility to have regard for health and health inequalities
- The Mayor’s response to the London Health Commission
- Priorities in the 2020 vision document around health, economic development and transport.
- Support a range of priorities in relation to sustainable employment, food, schools, sport, volunteering and air quality through the encouragement of active travel.

c) Impact assessments and consultations

As mentioned above, a Health Inequalities Impact Assessment was carried out on the programme in 2013.

The development of the LHWC has been based on extensive stakeholder consultation, involving boroughs' public health and environmental health teams; employers and employer representative networks, expert advisors, the GLA and Public Health England. This has shaped the delivery model and helped to establish the necessary delivery networks. This stakeholder engagement will continue as an integral part of the programme throughout delivery.

5. Financial comments

- 5.1 Approval is being sought to upscale the Mayor's Workplace health programme in response to the London Health Commission report 'Better Health for London' in order to support a healthier working age population. This includes allocating budget provision of up to £250,000 over two years from 2015-16 to 2016-17 (£125,000 per annum).
- 5.2 As part of the 2015-16 budget process, the Communities & Intelligence Directorate has been allocated a minor programme budget totalling £800,000 in 2015-16 and £500,000 in 2016-17 to fund programme expenditure that has not already been specifically earmarked in the GLA base budget. Given that this proposal has been agreed by the Investment Programme Board on the 15 January 2015, the £125,000 annual budget requirement for 2015-16 & 2016-17 will be earmarked from within this budget provision, with the allocation for 2016-17 still being subject to the GLA budget process.
- 5.3 With regards to the proposed programme expenditure; the allocated budget provision will be utilised on fixed term staffing resource to manage the programme, to develop a self-sustaining model from the 2017-18 financial year onwards and to procure contracts and /or delivery partner to run the programme, specifically the mechanics of the verification process, an annual awards evening, the development of a web presence and engagement with employers.
- 5.4 It should be noted that in addition to the proposed GLA contribution to this programme, officers will also seek commercial sponsorship income to support and supplement the programme. The receipt of any income secured and the associated expenditure, including the procurement of contracts for the implementation of the programme will be subject to further approval and delegated to the Executive Director of Communities & Intelligence for which approval is also being sought via this report.
- 5.5 Any changes to this proposal, including budgetary implications will be subject to further approval via the Authority's decision-making process. All appropriate budget adjustments will be made.
- 5.6 The Health Team within the Communities & Intelligence Directorate will be responsible for managing this programme of work and ensuring all activities and associated expenditure adheres to the Authority's Financial Regulations, Contracts & Funding Code and Expenses & Benefits Framework.

6. Legal comments

- 6.1 Under section 30 of the Greater London Authority Act 1999 (the 'Act') the Mayor, acting on behalf of the GLA, is entitled to do anything that he considers will further the promotion, within Greater London, of economic development and wealth creation, and social development.
- 6.2 In formulating the proposals in respect of which a decision is sought officers have complied with the GLA's related statutory duties to:
 - pay due regard to the principle that there should be equality of opportunity for all people (further details on equalities are set out in section 3 above) and to the duty under section 149 of the 2010 Act to have due regard to the need to eliminate unlawful discrimination, harassment and

victimisation as well as to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not¹;

- consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom; and
- consult with appropriate bodies.

Delegation

- 6.3 The mayor may, under section 38 of the Act, delegate the exercise of the GLA'S functions to the Executive Directors of Communities and Intelligence as proposed.
- 6.4 If any services are required these must be procured by Transport for London Procurement who will determine the detail of the procurement strategy to be adopted in accordance with the GLA'S Contracts and Funding Code.
- 6.5 Officers must ensure that appropriate contract documentation is put in place and executed by the successful bidder(s) and the GLA before the commencement of the services.
- 6.6 The GLA may seek sponsorship when exercising its section 30 general power under its power to charge third parties for discretionary services under section 93 of the Local Government Act 2003 provided that the charges levied do not exceed the costs of provision.

7. Investment & Performance Board

7.1 The proposed upscaling of the LHWC was discussed at the IPB on 15 January 2015.

7.2 The meeting agreed the upscaling of the Mayor's workplace health programme activities as detailed in the papers, including expenditure of up to £250,000 (up to £125,000 in 2015/16 and up to £125,000 in 2016/17) from the GLA's Communities and Intelligence programme budget on the activities set out in the report and the receipt and expenditure of any contributions secured towards the costs of the LHWC programme from commercial partners.

8. Planned delivery approach and next steps

	Activity	Timeline
1	Staff recruitment	March 2015
2	Delivery Start Date	1 April 2015
3	Procurement of delivery partner contract and evaluation partner	April 2015
4	High profile employer engagement event (programme official launch)	June 2015
5	Final evaluation start and finish (external)	June 2015 to December 2017
6	Small Medium Enterprises online tool launch	June 2015
7	Identification of four employer champions	June to September 2015
8	Employer engagement seminar series	September 2015 to September 2016
9	First employer award ceremony	November 2015
10	Identification of a commercial partner	November 2015
11	Finalising self-sustaining delivery model design	March 2016
13	Second employer award ceremony	November 2016
14	Securing self-sustaining delivery method	December 2016

¹ The protected characteristics and groups are: age, disability, gender reassignment, pregnancy and maternity, race, gender, religion or belief, sexual orientation and marriage/ civil partnership status.

15	Administration of award scheme	Ongoing
16	Facilitation of support networks for employers and borough leads	Ongoing
17	Promotional and media activity	Ongoing
18	Programme moves to a self-sustaining model	31 March 2017

Appendices and supporting papers:

None.

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOI Act) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will either be published within one working day after approval or on the defer date.

Part 1 Deferral:

Is the publication of Part 1 of this approval to be deferred? No

If YES, for what reason:

Until what date: (a date is required if deferring)

Part 2 Confidentiality: Only the facts or advice considered to be exempt from disclosure under the FOI Act should be in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form – No

ORIGINATING OFFICER DECLARATION:

Drafting officer to confirm the following (✓)

Drafting officer:

Laura Austin Croft has drafted this report in accordance with GLA procedures and confirms the following have been consulted on the final decision.

✓

Assistant Director/Head of Service:

Amanda Coyle has reviewed the documentation and is satisfied for it to be referred to the Sponsoring Director for approval.

✓

Sponsoring Director:

Jeff Jacobs has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.

✓

Mayoral Adviser:

Victoria Borwick has been consulted about the proposal and agrees the recommendations.

✓

Advice:

The Finance and Legal teams have commented on this proposal.

✓

EXECUTIVE DIRECTOR, RESOURCES:

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature *M. J. Allen*

Date *27.4.15*

CHIEF OF STAFF:

I am satisfied that this is an appropriate request to be submitted to the Mayor

Signature *Edward Hill*

Date *27.04.2015*