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**SIPHER CONSORTIUM WRITTEN
RESPONSE TO THE BEIS COMMITTEE
INQUIRY:
‘POST-PANDEMIC ECONOMIC
GROWTH: UK LABOUR MARKETS’**

Authors

**Jennifer Llewellyn, University of Sheffield
Duncan Chambers, University of Sheffield
Dr Ceri Hughes, University of Manchester
Professor Ruth Lupton, University of Manchester
David Innes, University of Glasgow**



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Introduction to SIPHER

SIPHER (Systems science in Public Health and Health Economics Research) is a significant investment by the UK Prevention Research Partnership (UKPRP), bringing together researchers and scientists across six universities, partners from government organisations at local, regional and national levels, and ten practice partner organisations. We are led by Prof Petra Meier (Professor of Public Health, University of Glasgow) with Co-Directors Julian Cox (Assistant Head of Research, Greater Manchester Combined Authority) and Dr Corinna Elsenbroich (Reader of Computational Modelling in Social and Public Health Science, University of Glasgow).

Our research is aiming to create a shift from health policy to healthy public policy by taking a systems approach to the complex relationships between economic policies and health outcomes and inequalities. During 2022, SIPHER has produced an [Evidence and Gap Map](#)¹ (EGM) reviewing evidence on employment and health which specifically speaks to some of the questions in the consultation.

SIPHER's response to outlined questions in this inquiry:

Employment status and modern working practices five years on from the [Taylor Review](#):

- “Are there particular types of work, for example, night time or shift work, which warrant further consideration in respect of the impact of that work on workers?”

SIPHER believes that the named areas of work night-time and shift-work warrant further consideration, alongside precarious employment, given the strength of evidence around the impact of these types of work on health and wellbeing from the literature.

The academic systematic-review level evidence in the EGM contains 37 reviews that explored the impact of ‘working patterns’ on health and social wellbeing, including night-time (9 reviews) and shift-work (17 reviews), although it should be noted that there is overlap between these two working patterns in the literature. The evidence within these reviews indicates that shift work, especially night shifts and shifts longer than 12 hours, is associated with both long- and short-term negative effects on physical and mental health. However, the relationships are often complex and the research is not strong enough to establish a definite causal relationship. This suggests a need for ongoing monitoring and the commissioning of new high-quality research.

Precarious employment (including temporary work and working for an agency or sub-contractor) is negatively associated with mental health and other health-related outcomes such as occupational accidents and injuries. Given that precarious employment disproportionately affects already

¹ <https://sipher.ac.uk/employment-health-egm/>



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disadvantaged groups, any increase in precarious employment is likely to exacerbate existing inequalities in health.

The impact of an ageing population on the labour market:

- “How can the Government help maintain the employability of older workers who wish to remain in work? What are the barriers facing older people in the workplace, including pension-aged workers and how should these be addressed?”

Analysis of the systematic review level evidence from the EGM allows identification of workplace characteristics that can act as barriers to older people in the workplace, though once again it should be noted that this was an exposure analysis so does not include reference to review level evidence around the evaluation of specific interventions.

That being said, one review that met the inclusion criteria² identified five organisational factors that support continued participation of older workers in the labour workforce: health, institutions, human resource management, human capital and technology tools, and contains suggestions around ways in which different policies can support older workers in the workplace. Summarised here:

- **Health:** reduced shift work, medical checks and flexible working arrangements
- **Institutions:** additional training; flexible working hours and job rotation; counselling; optimal work environment
- **HR:** recognising contribution of older workers and avoiding ‘age discrimination’
- **Human Capital:** investment in ICT (Information and Communication Technology), digital skills and knowledge development
- **Technology tools:** ergonomic workplace design; applications of artificial intelligence

Supporting older workers to remain in employment also needs to take account of socioeconomic and health inequalities. A recent systematic review of the impact of working beyond 64 years of age found that continuing to work may be beneficial when done by choice but have an adverse effect on those forced to continue working in demanding or unrewarding jobs³. The National Institute for Health and Care Research (NIHR) Public Health Research programme recently published a call for research to address the question ‘What are the impacts of workplace interventions on the health and health inequalities experienced by people who work beyond State Pension age?’⁴ Developing and implementing population-level interventions to improve health and reduce health inequalities in older workers will be crucial to developing their role in the labour market in the future.

² [Nagarajan et al, Defining organizational contributions to sustaining an ageing workforce: a bibliometric review, Eur J Ageing. 2019 Sep; 16\(3\): 337–361.](#)

³ Baxter et al. Is working in later life good for you? A systematic review of health outcomes resulting from extended working lives. BMC Public Health (2021) 21:1356 <https://doi.org/10.1186/s12889-021-11423-2>

⁴ <https://www.nihr.ac.uk/documents/2281-healthy-extended-working-lives/30851>



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SIPHER's Inclusive Economies research

The evidence referred to above illustrates the importance of thinking systematically about the economy and its links to health. Skills and recruitment are highlighted within this consultation. Post-pandemic growth will also rely on retention, skill utilisation and productivity growth. In each of these areas, better population health and reduced health inequalities enable stronger growth while employment conditions and employer practices promote better health. SIPHER therefore uses the concept of an inclusive economy: one which enables the broadest possible labour market participation and ensures that the benefits of economic growth are widely shared.

SIPHER researchers Dr Ceri Hughes, Professor Anthony Rafferty and Professor Ruth Lupton have contributed to the publication of a number of policy briefings⁵ in this developing field of work covering a range of issues including employment charters and responsible business practices which we would encourage the committee to review in connection with this consultation. These can be found on the website of the [Inclusive Growth Analysis Unit](#) at the University of Manchester.

SIPHER's work to date on inclusive economies includes:

- An Evidence and Gap Map⁶ of published systematic-review level evidence of the relationship between employment-related exposures and health-related outcomes
- A set of Inclusive Economy indicators. The final set will be published on our website later this month, the process that underpinned their development is outlined in [our blog](#)
- A seven-indicator outcome measure to capture wellbeing for economic evaluation (SIPHER-7)⁷ and a set of health indicators⁸ to provide a shared understanding of how we conceptualise and measure health as an outcome for application in complex modelling
- A synthetic micro dataset for individuals in Great Britain who have detailed attributes which can be used to model a wide range of health and other outcomes to support policy decision making.⁹

For more information, please contact SIPHER Consortium Manager: David.Innes@glasgow.ac.uk

⁵ <https://www.mui.manchester.ac.uk/igau/research/policy-briefings/>

⁶ https://eppi.ioe.ac.uk/cms/Portals/35/Maps/SIPHER_EMPLOYMENT_HEALTH.html

⁷ <https://sipher.ac.uk/wp-content/uploads/2021/10/Sipher-7-report.pdf>

⁸ <https://sipher.ac.uk/wp-content/uploads/2022/01/SIPHER-Health-Indicators-Report-V1.3.pdf>

⁹ <https://www.nature.com/articles/s41597-022-01124-9>