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INTRODUCTION

This is the third of three briefings analysing the key challenges facing the wider public health workforce (WPHW) over the coming years, building on engagement with those working across public health which we set out in our report 'The Unusual Suspects'. Throughout this engagement, several major external challenges were identified, each of which has the potential to significantly change how we deliver public health services in the future.

As well as looking at the public policy changes needed, we will be setting out how RSPH and the sector itself can meet these challenges. The Wider Public Health Workforce (WPHW) faces several challenges over the coming years. A lack of recognition, scarcity of resources and the consequent difficulties to recruit, retrain and upskill staff all threaten the public health of the UK.

Ageing demographics bring new challenges to the public health sector, which will affect the workforce's ability to deliver effective preventative public health services and interventions for the population. This includes the ability and capacity of the wider public health workforce to plan for supporting a population with changing health needs. In recognition of this, the WPHW must have the support and guidance to continue to protect the public and mitigate the impact of future threats.

The demographics of the UK population have changed considerably over recent years. The nation is getting older, which will alter the ability of the WPHW to plan and deliver their services as the population's health needs change.

THE NUMBER OF PEOPLE AGED 80 AND OVER - THE FASTEST GROWING SECTION OF THE POPULATION - WILL MORE THAN DOUBLE TO OVER 6 MILLION IN THE NEXT 40 YEARS

In England over the last 40 years, the number of people aged 50 and over has increased by over 6.8 million (a 47% increase), and the number aged 65 and over has increased by over 3.5 million (a 52% increase). (1) Over 10 million people are currently aged 65 and over, making up 18% of the population. The number of people aged 65-79 is predicted to increase by nearly a third (30%) to over 10 million in the next 40 years, while the number of people aged 80 and over (the fastest growing section of the population) will more than double to over 6 million.

Over recent months, we have engaged with representatives across public health comprising those working in pest control, environmental health, water treatment, housing, workplace health, planning and emergency preparedness to understand the challenges they face, including the support which they need to ensure that the impact of ageing demographics on the health of the nation is minimised as far as possible. Ageing demographics also impact the personnel of the WPHW. The public health sector has concerns about their own ageing workforce which restricts (and will continue to restrict) the work they have the ability and capacity to do.

We also identified concerns that a younger workforce across certain sections of the WPHW poses alternative challenges. This is expected to impact the ability of public health sectors to maintain the necessary expertise and experience needed to address often-unpredictable issues. These will regularly impact their ability to support the diverse health needs of the population.

The WPHW are well positioned to examine the makeup of their workforce to ensure that they best reflect the needs of the general population, and have the knowledge to advise the public and promote their health. They know where they need further support to have the resources, capacity and training to provide this advice.



An ageing population driving workforce exit

It has become clear through our engagements that some parts of the public health sector will face significant problems with an older workforce. With an ageing workforce comes more workers who require support with long term health conditions, and potentially reduced levels of mobility. (2) Organisations will need to invest more in workplace health, such as supplying occupational health support so individuals can continue doing their work. (3)

However, this poses its own challenges in a resource-limited sector. If employers are given the support to manage their employees' health conditions, this can lead to better retention and improved business productivity, which is often negatively impacted by sickness absence. (4) We should ensure that organisations are supported by the government to provide their workforce with provisions such as guaranteed occupational sick pay. This will reduce sick days, preventing worsening health and increase productivity. (5)

EARLY ACCESS TO PREVENTATIVE AND TARGETED OCCUPATIONAL HEALTH SERVICES, ADJUSTMENTS TO THE WORKPLACE AND WORKING PATTERNS ARE CRUCIAL TO ENABLING PEOPLE TO MANAGE THEIR HEALTH AND REMAIN IN EMPLOYMENT.

An ageing workforce raises the prospects that more health support (including occupational health provisions) will be more needed. Over half of workers have a long-term health condition by the time they reach 60. (6) Evidence shows that one quarter of people aged 55 and over with a health condition who are still in work are considering leaving because of their health. (7) This highlights the importance of supporting the health of workers throughout their working lives, to maximise their chances of them enjoying a healthy life as they age.

Early access to preventative and targeted occupational health services, adjustments to the workplace and working patterns are crucial to enabling people to manage their health and remain in employment.

This concern is expected to grow, as 40% of the working age population are expected have a long-term health condition by 2030. (8) According to the Department for Work and Pensions, 44% of people aged between 50 and state pension age have at least one long-term health condition. (9) Older workers are more likely to have long-term health conditions such as musculoskeletal disorders, heart problems or chronic breathing difficulties. While 25% of 25–49-year-olds have a long-term health condition, this figure rises to 44% of those aged 50-64. They are more likely to have multiple conditions as 23% of 50–64-year-olds report that they are managing two or more long-term health conditions. Furthermore, older workers frequently have health conditions and caring responsibilities, which can cause them to exit the workforce earlier than they want to.

The early exit of older workers from the workplace has significant implications for employers struggling to recruit and retain skilled workers. Therefore, more action is needed to prevent long-term health conditions to ensure that people remain healthy and productive at work for longer. This will include a greater focus on limiting the impact of negative determinants of health, which raises the likelihood of developing long-term and multiple health conditions, such as reducing obesity and smoking rates. (10)

An ageing population means that more workers may need to take on caring responsibilities in the future. (11) People from older age groups provide the highest hours of unpaid care – 19% of carers aged 65 years and over and 23% of carers aged 75 years and over provided 50 hours or more of care, compared to 15% on average across carers of all ages. (12) As our population ages, there will be increased need for unpaid care; (13) this cannot come at the expense of older workers being forced into unwanted early retirement. (14)



Many sectors across public health fear that an ageing workforce will eventually result in a major loss of expertise once they retire. This is a wider problem beyond public health. Evidence shows that large organisations have previously indicated that the retiring workforce will cause a knowledge/skill gap and currently less than 30% of organisations say they had a knowledge retention plan in place. There will be enormous costs to mitigate against this mass exodus of expertise. (15)

If the ageing workforce is not given the support they need to care for their families and themselves, then we not only risk the health of these individuals (thereby increasing the costs associated with their care) but we also risk significant wider economic consequences. (16) They will not be able to sustain these added pressures, and issues such as retaining workforce skills and talent will become more crucial factors to consider for employers and the economy. (17)

However, the WPHW have acknowledged that there are worries that some aspects of the public health sector are overly represented by a younger workforce. For example, those working in physical fitness tend to employ younger people who are more able to engage in their work.

While younger workers generally often have greater abilities to complete more physically demanding tasks, as well as bringing new approaches to long standing issues, employers are also concerned that they often lack the skills and experience needed to access good quality employment. (18) We must ensure that young people who enter public health have clear career paths where they can learn and develop, both at the start of their careers and as they look to change roles later in life. (19) Older and younger members of the WPHW need support – whether that is training, resources, or capacity - to build and share their expertise across public health.



Workplaces need to adapt to an older workforce

Adaptations in the workplace are a key tool we should use to make sure that the ageing workforce can continue to remain in work. We know that poor health and caring responsibilities in the workplace will likely force older workers out of the job market. This will have major ramifications for the quality of public health services delivered in the UK, particularly as knowledge and experience across public health shrinks because of this. Employers have a big role to play in making sure our workplaces encourage health. This includes creating workplaces that promote physical and mental wellbeing throughout our working lives. (20)

In an ageing society, we will be more likely to have multiple periods in our lives in which we are caring for a loved one. We may well need more phased approaches to retirement. Flexible working conditions enable people with caring responsibilities to continue working in some capacity.

Flexibility in the workplace can benefit the health of employees in the UK, particularly for older workers, which can lead to greater productivity and lower employee turnover. (21) Some older workers will likely place greater value on flexibility at work, adjustments or part-time working hours to accommodate health needs or caring. (22) This means that Occupational Health provisions will become more important and necessary in the future, especially as the workforce continues to age.

FLEXIBILITY IN THE WORKPLACE CAN BENEFIT THE HEALTH OF EMPLOYEES IN THE UK, PARTICULARLY FOR OLDER WORKERS, WHICH CAN LEAD TO GREATER PRODUCTIVITY AND LOWER EMPLOYEE TURNOVER.

Older workers have spent years honing their leadership skills over in the workplace. They've developed strong decision-making skills through this experience. (23) In order to secure economic growth, we need them to stay in employment as they can share their valuable expertise and unique experience with the next generation of employees. We know that by staying in work longer, people in later life are less likely to fall into poverty and suffer from social isolation. (24)

Both of these issues impact on their health as well as quality of life and they will continue to contribute to the economy. Research suggests that halving the employment gap between people aged 50-65 and those in their 40s could boost GDP by 1% (around £20 billion per year). (25) As a result of these changes, we're more likely to have different periods of learning and retraining throughout our working lives which may require further adjustments to work environments and working patterns. (26)

RECOMMENDATIONS

Our ageing society, along with the ageing workforce, may cause a range of new consequences for the WPHW to deliver public health services to the population. A key part of this concern is that the changing health needs of the ageing population will pose new challenges for the WPHW to effectively plan and prepare for these problems. In addition to this, the workforce itself requires more assistance to ensure that they are healthy and capable of meeting these needs. This creates the risk that the ageing workforce will not have the capacity to continue working in their roles.

If this happens, then the public health sector faces an exodus of expertise and experience. This will mean that highly motivated and knowledgeable employees being forced to leave the workforce. This can cause economic ramifications through high unemployment and increasing training costs for new recruits. Experienced members of the workforce will not be able to share their expertise with the next generation of public health professionals.

Therefore, the Government must create a joined-up approach to ensure that those with caring responsibilities are able to continue working in a way that suits them. Employees must access and utilise the occupational health support they will increasingly require remaining healthy and productive. This cannot be done solely by government. Businesses need to recognise the value older workers bring to them and adapt workplaces and work patterns to ensure that older workers are supported to remain in work as long as they choose. This allows them to focus on promoting positive health outcomes for an ageing population.

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ENDNOTES

- 1) Our Ageing Population | The State of Ageing 2023-24
- 2) Ageing and the workplace: A report from the BMA occupational medicine committee
- 3) Occupational Health: The Value Proposition
- 4) New plans to boost health in the workplace to keep people in work
- 5) How the next government can support businesses to improve workers health
- 6) <u>Understanding older workers</u>
- 7) <u>Health warning for employers: Supporting older workers with health conditions</u>
- 8) Health warning for employers: Supporting older workers with health conditions
- 9) Older workers need flexible working and employers need to provide it
- 10) Possible lessons from the tobacco experience for obesity control
- 11) Living longer: caring in later working life
- 12) What are unpaid carers, who are they and how often do they provide care?
- 13) Living longer: how our population is changing and why it matters
- 14) Living longer: Fitting it all in working, caring and health in later life
- 15) Succession Planning and the Aging Workforce
- 16) <u>Inclusive labour force participation can reverse the economic consequences of population ageing</u>
- 17) Supporting carers to stay healthy and connected at work
- 18) Bridging the Gap: Making young people a vital part of every workforce
- 19) Wider Public Health Education Pathways
- 20) How do we adapt the workplace of the future to an ageing workforce?
- 21) Help and support for older workers
- 22) What do older workers value about work and why?
- 23) The future is experienced: how to adapt to the ageing workforce
- 24) Older workers need flexible working and employers need to provide it
- 25) <u>Health warning for employers: 1 in 4 older workers with health problems considering</u> quitting
- 26) How do we adapt to an ageing workforce?