



Llywodraeth Cymru
Welsh Government

Pa bolisiau sydd angen i gadw pobl hŷn yn y gweithlu? What policies do we need to maintain older people in the workforce?

Dr Brendan Collins

Pennaeth Economeg Iechyd, Uwch Ddadansoddiadau a Modelu Polisi
Head of Health Economics, Advanced Analytics and Policy Modelling
Cyngor Tystiolaeth Gwyddoniaeth Llywodraeth Cymru
Welsh Government Science Evidence Advice

Cwestiynau presennol

1. Faint o bobl sy'n gadael y llafurlu a faint o rain sy'n deillio o afiechyd a faint sy'n ganlyniad o ffactorau eraill?
2. Ydy hyn yn duedd newydd ers y pandemig neu duedd mwy hirdymor?
3. A yw'r materion iechyd hyn yn debygol o fod yn uniongyrchol neu'n anuniongyrchol oherwydd haint covid, neu ddiffyg capasiti'r GIG (e.e. rhestrau aros am lawdriniaeth)?
4. Beth ydy ymateb y polisi?

Current questions

1. How many people are leaving the labour force and how much of this is due to ill health and how much is due to other factors?
2. Is this a new trend since the pandemic or a longer term trend?
3. Are these health issues likely to be directly or indirectly due to covid infection, or lack of NHS capacity (e.g. waiting lists for surgery)?
4. What is the policy response?

Beth sy'n digwydd i wneud i bobl adael y gweithlu?

What is happening to make people leave the workforce?

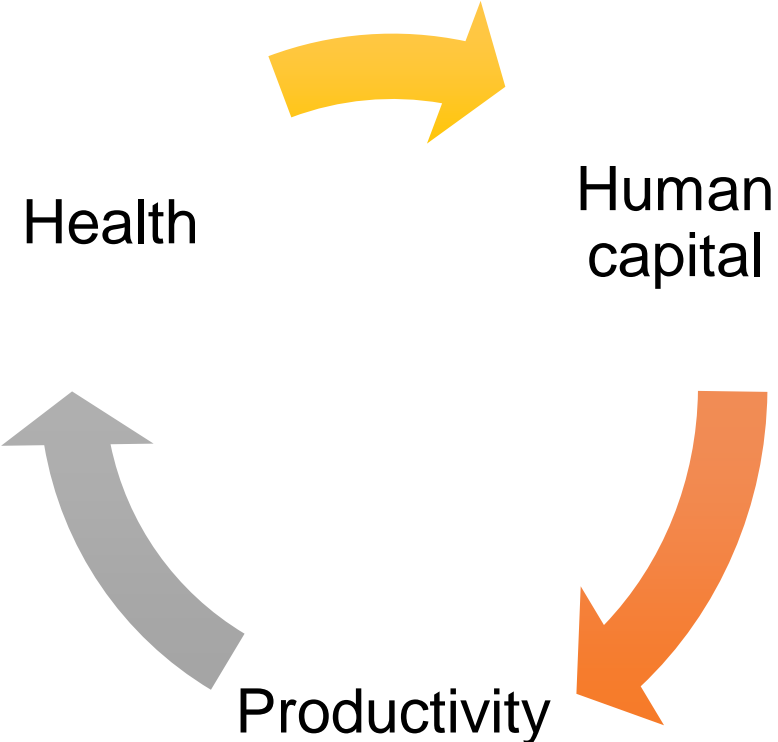
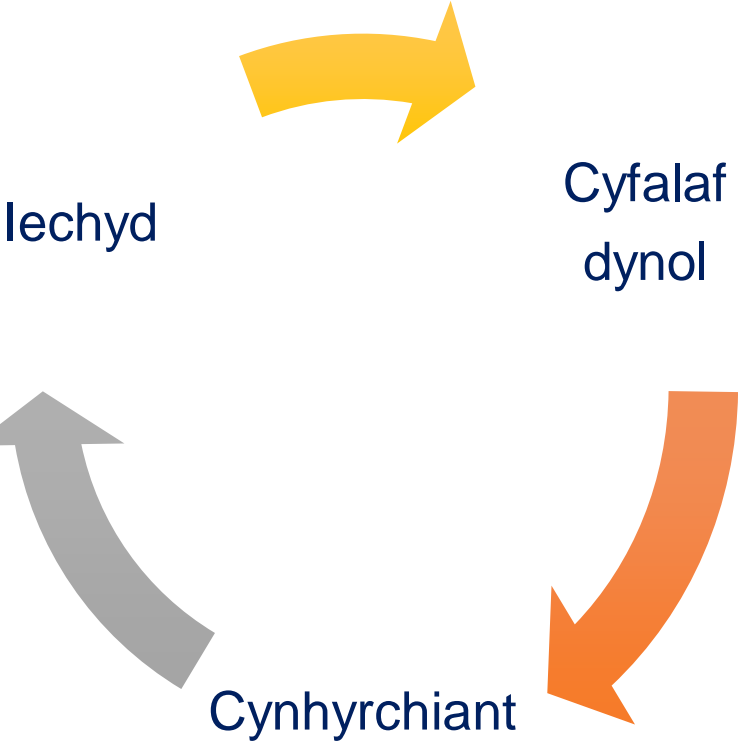
The puzzle of UK's half a million missing workers

🕒 4 days ago



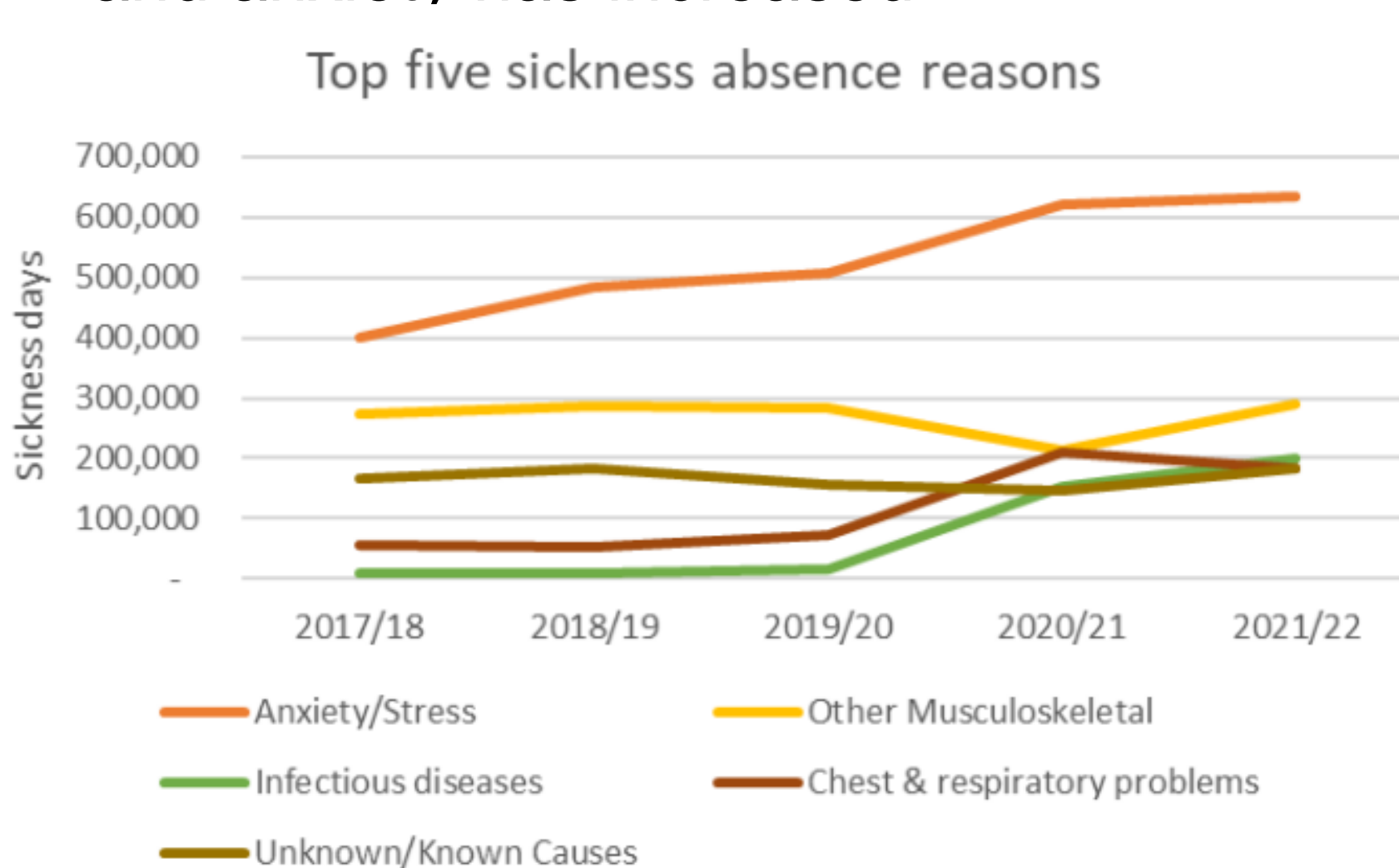


By Jim Reed and Elena Bailey
BBC health and wellbeing team



Mae absenoldebau o achos anhwylder o achos straen a gorbryder wedi cynyddu ymysg gweithwyr iechyd

Sickness absence in healthcare workers due to stress and anxiety has increased



Ydyn ni'n gweld argyfwng o ran salwch cronig sy'n achosi anweithgarwch economaidd?

Are we seeing a crisis in terms of chronic illness causing economic inactivity?

Rates of chronic illness in the UK shot up during the pandemic, and continue to climb, with millions of working-age people now suffering from multiple health conditions

Share of all people aged 16-64 with selected long-term health conditions (%)



*Includes depression, anxiety, learning disabilities, other mental illnesses

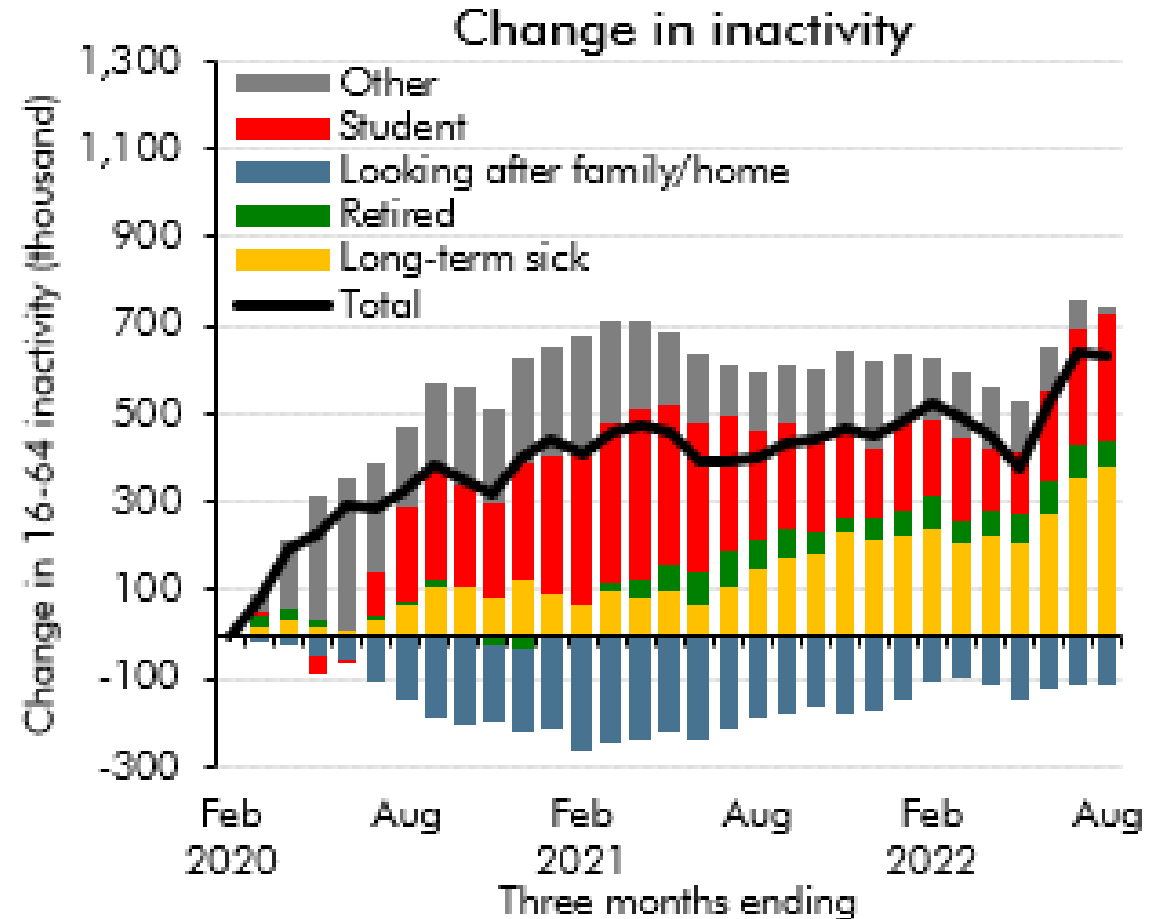
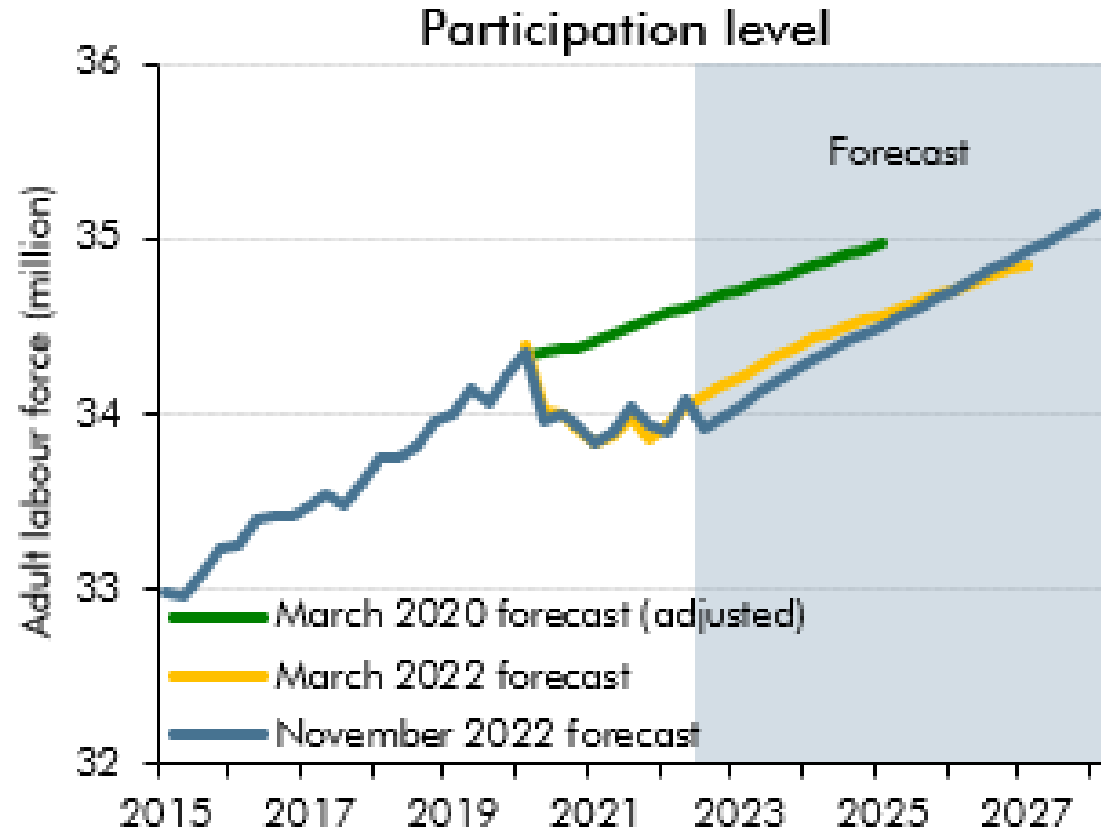
Source: FT analysis of quarterly Labour Force Survey

FT graphic: John Burn-Murdoch / @jburnmurdoch

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Newid mewn gweithgaredd yn y DU y Swyddfa Cyfrifoldeb Cyllidebol – salwch hirdymor yn cynyddu

OBR change in activity in UK – long term sick increasing

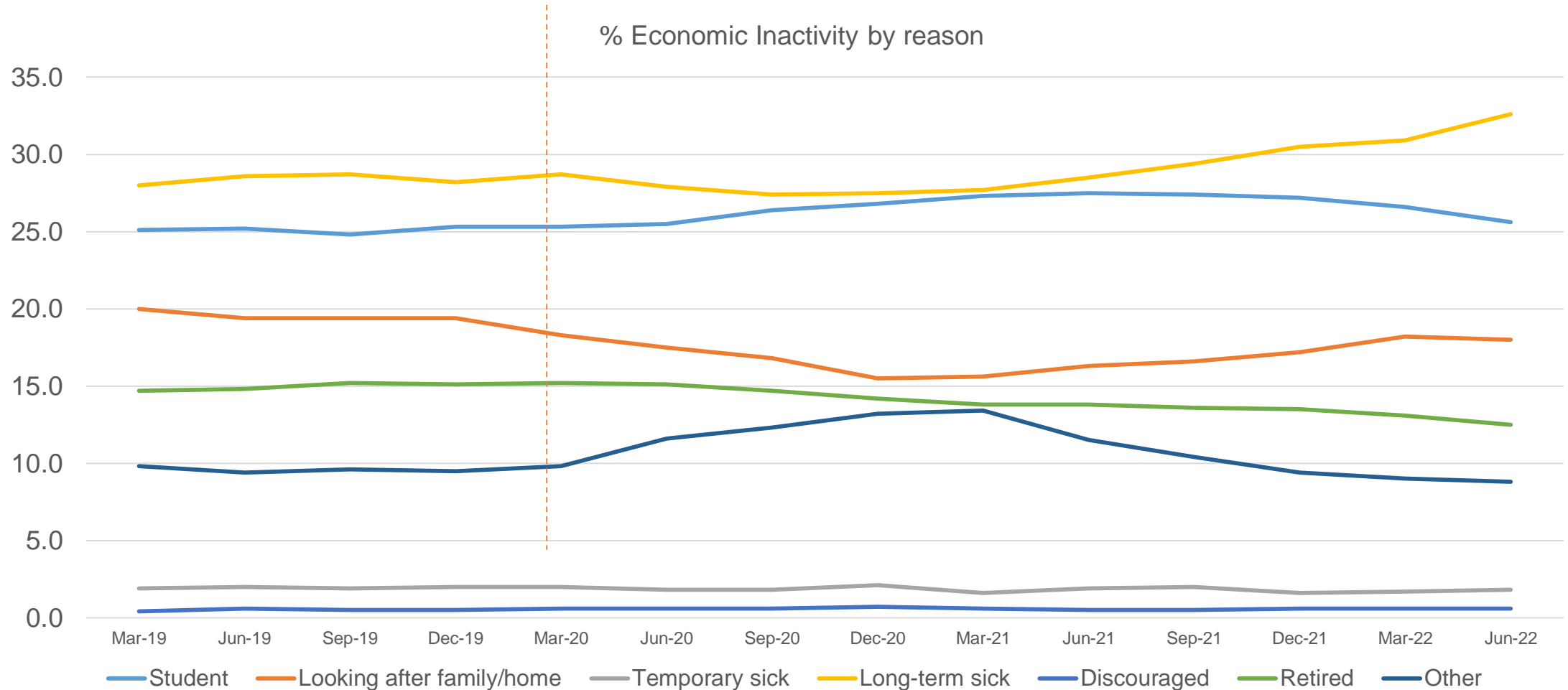


Note: We adjusted our March 2020 participation forecast up by around 0.2 per cent to take into account the unexpected strength in participation before the pandemic hit.

Source: ONS, OBR

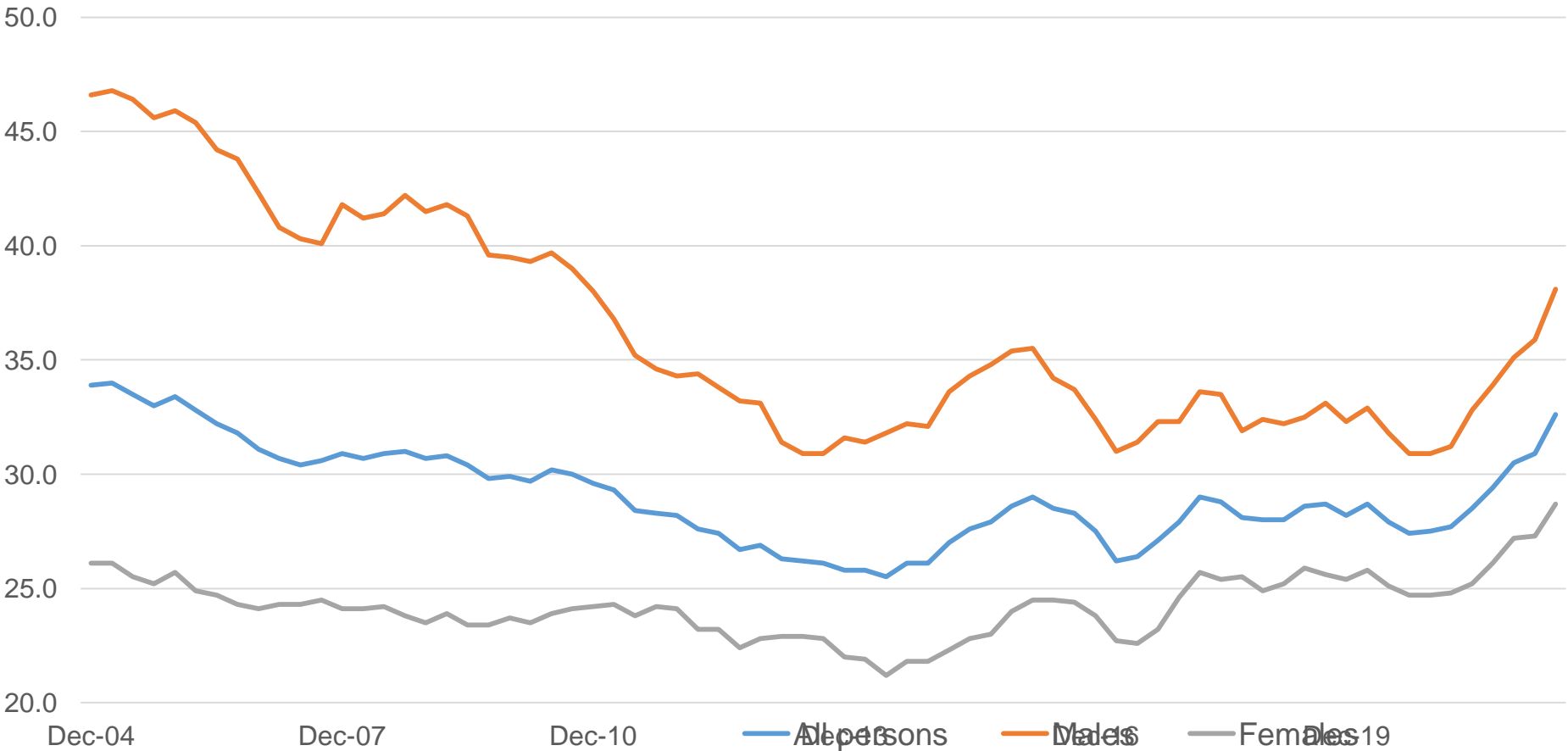
Salwch hirdymor yw'r prif reswm dros anweithgarwch economaidd yng Nghymru, ac mae'n cynyddu

Long term sick is the biggest reason for economic inactivity in Wales and increasing



Nid yw anweithgarwch economaidd oherwydd salwch hirdymor ers y pandemig yng Nghymru mor uchel â chyfraddau hanesyddol

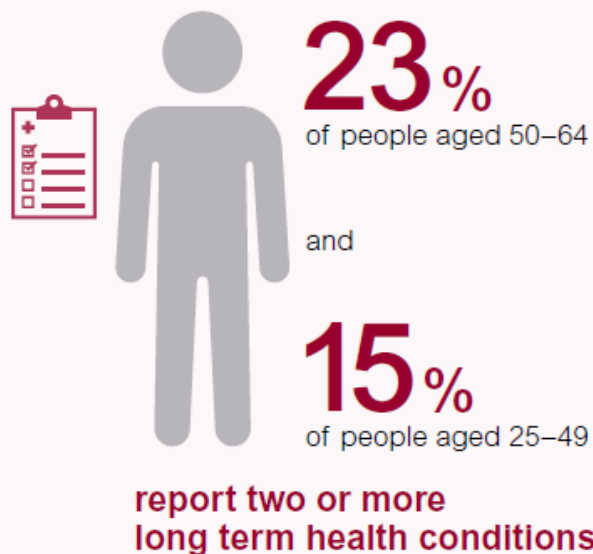
Economic inactivity due to long term illness in Wales since the pandemic is still not as high as historical rates overall





Supporting Older Workers with Health Conditions at Work

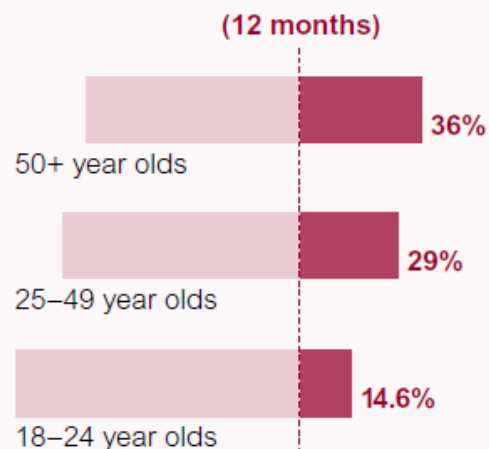
In the United Kingdom,



52%
of economically inactive
people aged 50–64 say
that they are not looking
for work because they are
long term sick or disabled



Jobseekers aged 50 and over
experience longer periods
of unemployment

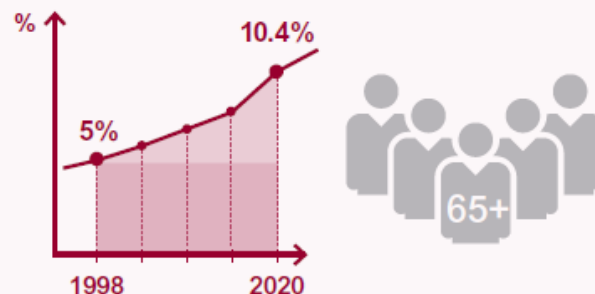


Workers over the
age of 50 years are
most likely to say that



working part-time and flexible
working hours would help them
delay retirement

The percentage of people aged
65 or older who are in employment
has doubled since 1998



Workers aged 50–64 are more
likely than any other age group to
be juggling caring responsibilities
and working

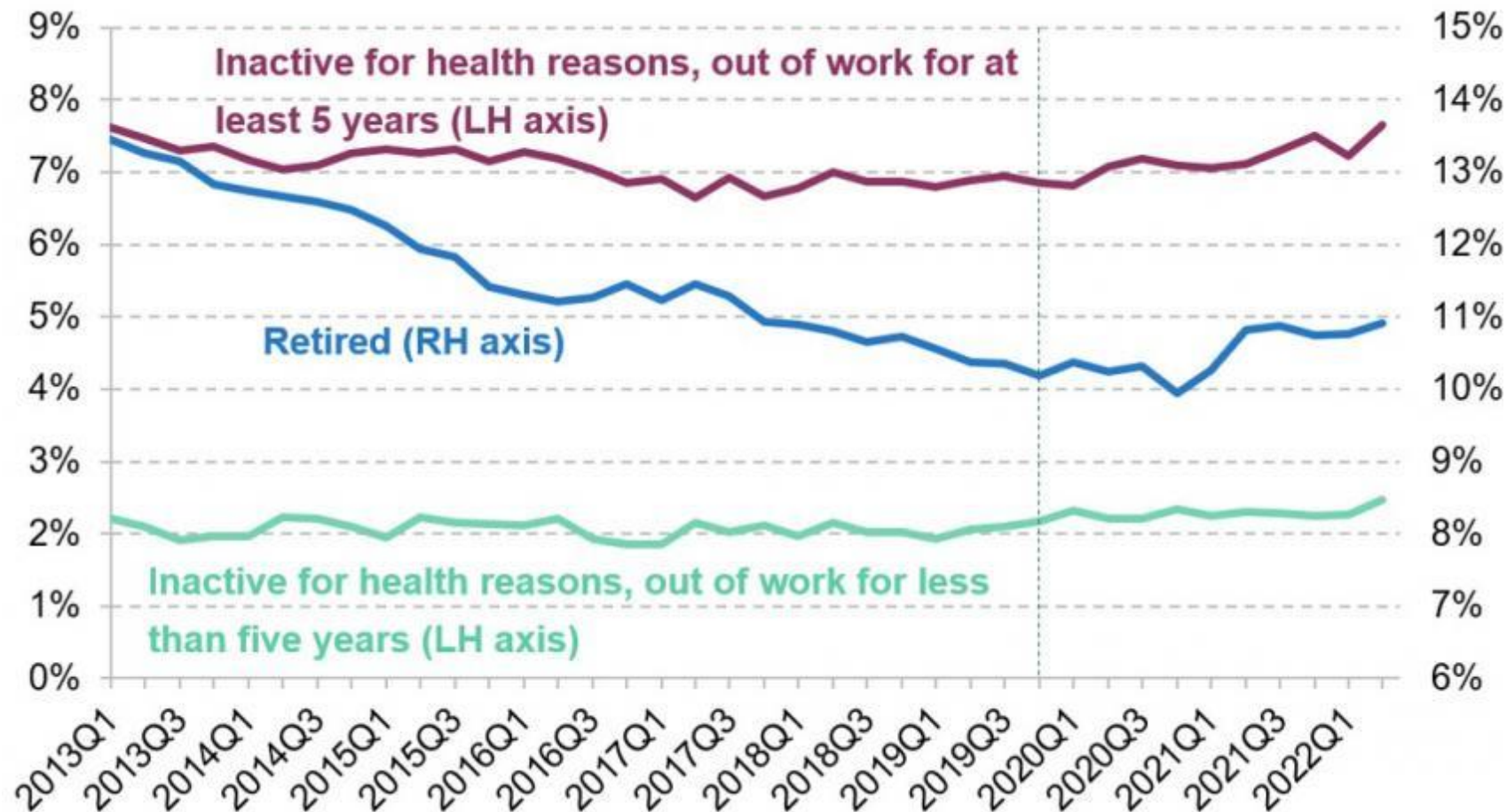
In 2016 to 2017,

60% & **65%**
of women & of men

aged 50–64 who were
carers were also in work

O ddadansoddiad y Sefydliad Astudiaethau Cyllid: mae'r rhan fwyaf o bobl sy'n sâl tymor hir wedi bod allan o waith am o leiaf 5 mlynedd

From IFS analysis: most people who are long term sick have been out of work for at least 5 years

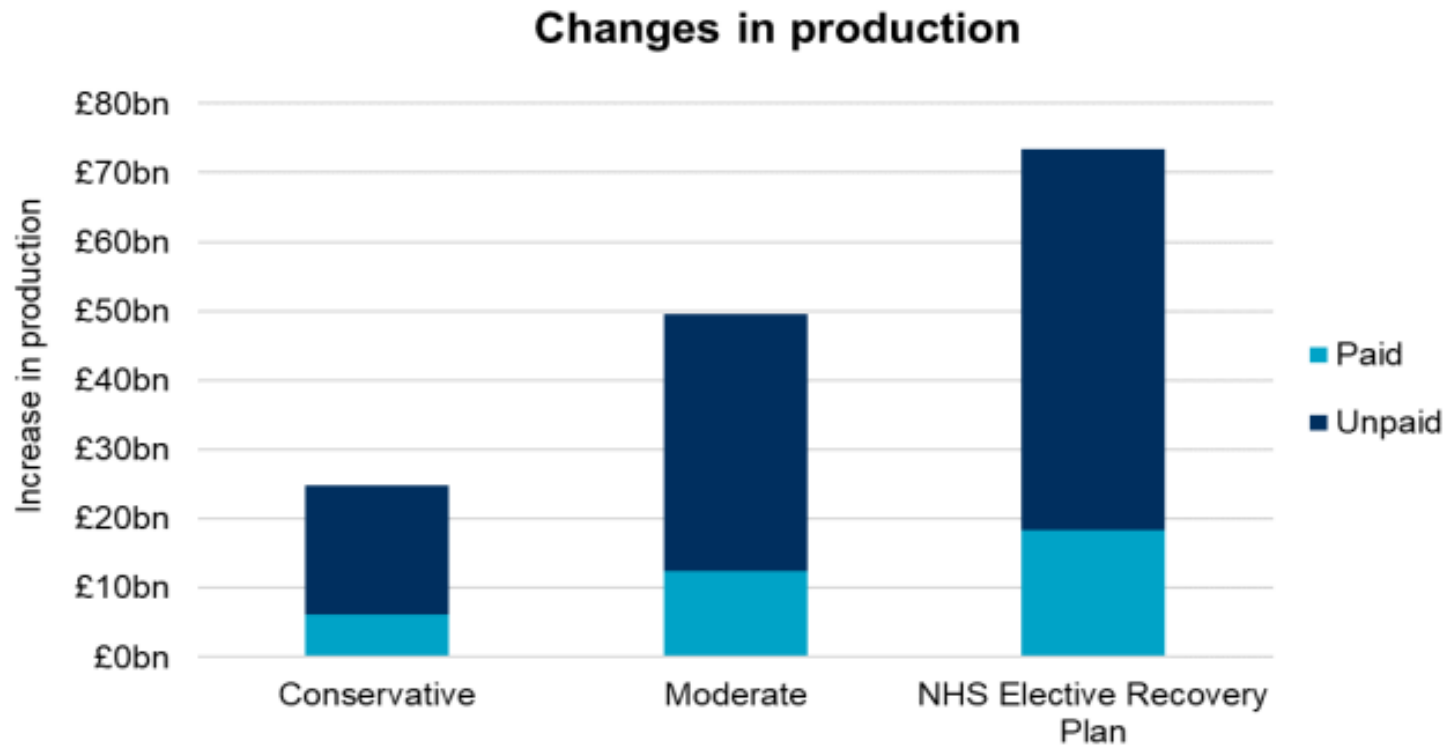


Gallai hyn fod yn rhannol oherwydd bod ymatebwyr ond yn rhoi un prif reswm dros anweithgarwch yn Arolwg o'r Llafurlu

This might be partly because respondents only give one main reason for inactivity in LFS

Rhestrau aros yn Lloegr: amcangyfrifiadau o fuddiannau i weithgarwch o leihau rhestrau aros

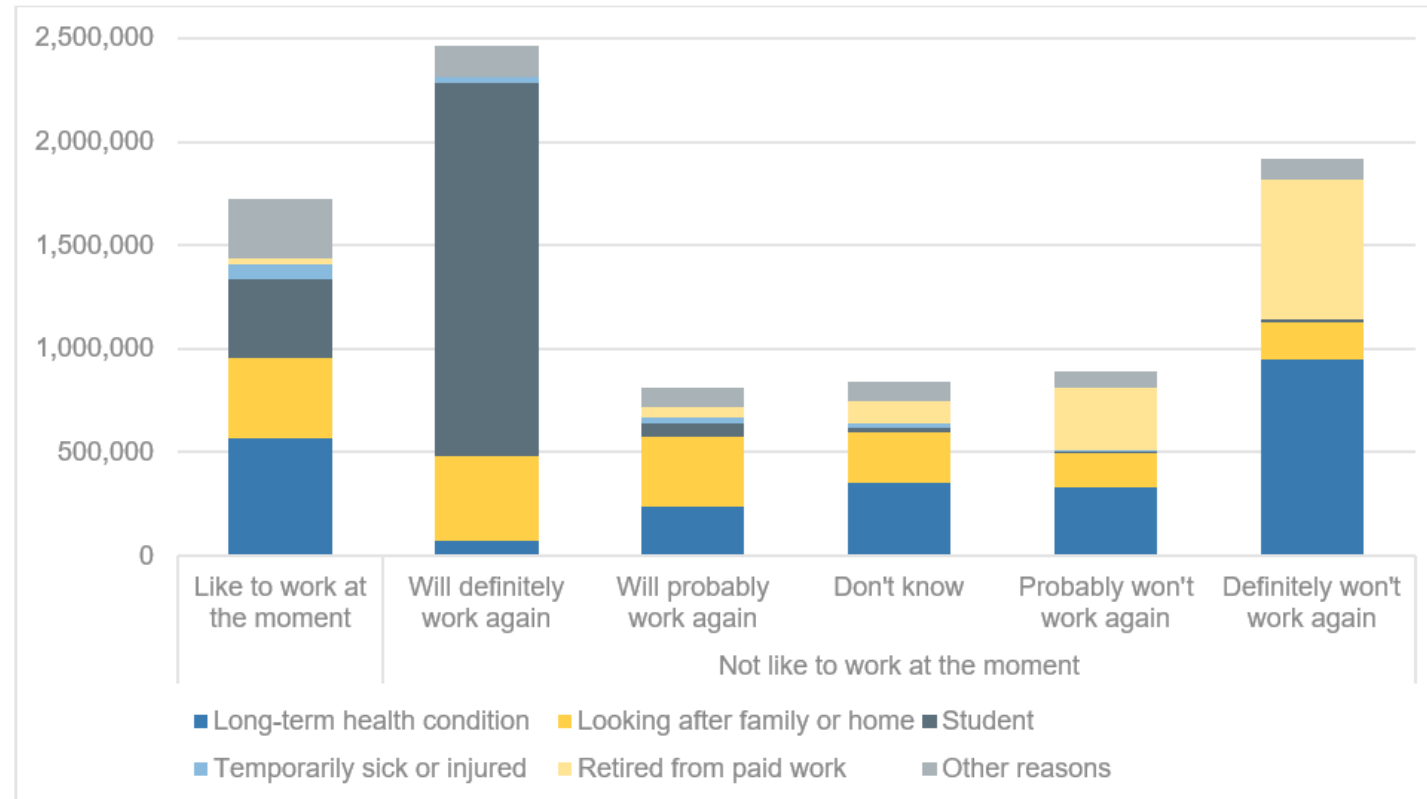
Waiting lists in England: estimated productivity benefits of reducing waiting lists



Mae llawer o bobl sy'n economaidd anweithgar ac sydd eisiau gweithio

There are lots of economically inactive people who want to work

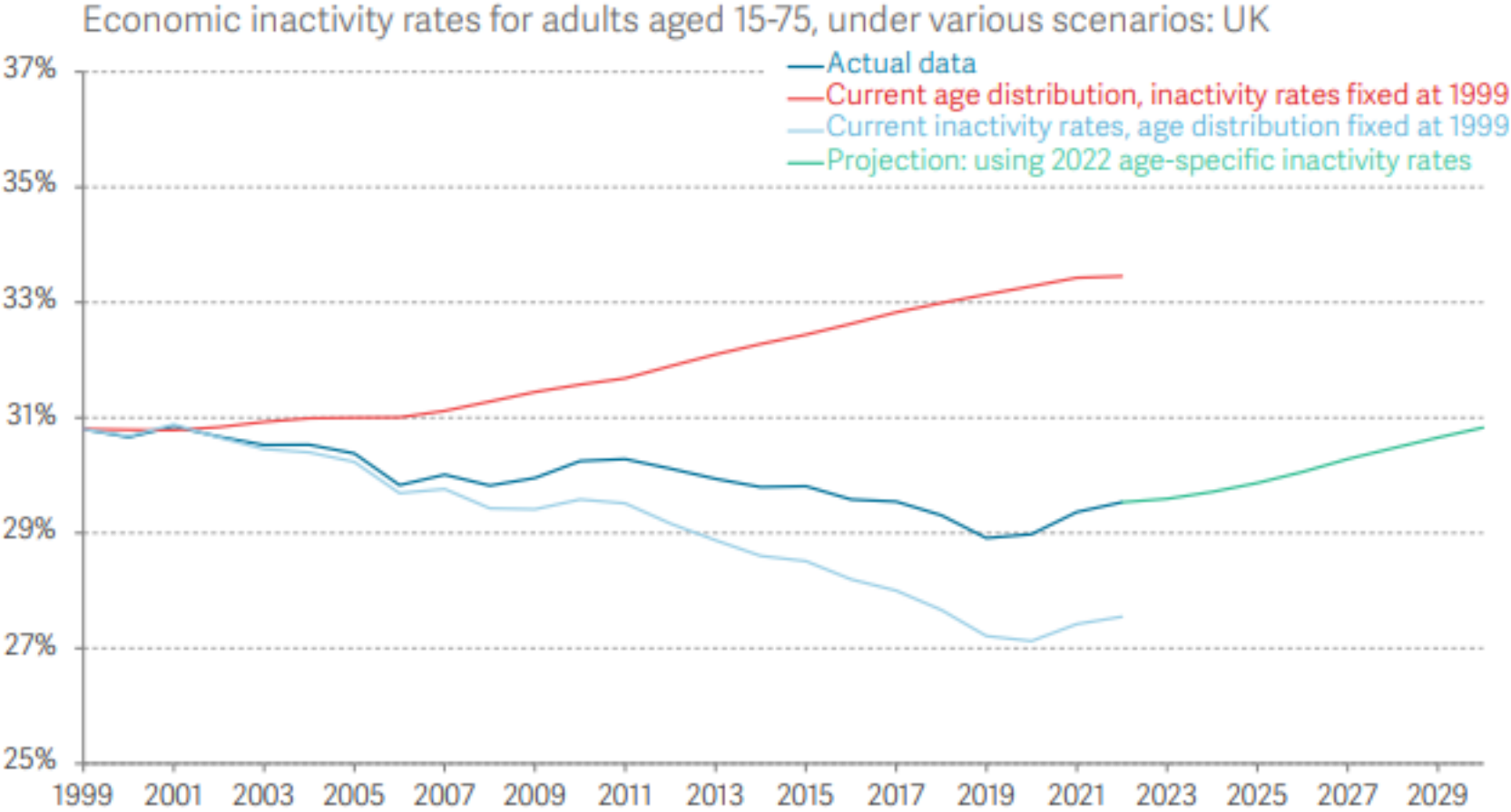
Figure 8: Economically inactive by whether would like to work at the moment, expect that they will work in future and main reason for being outside of the labour market



Source: IES analysis of Labour Force Survey

Dros yr 20 mlynedd diwethaf, mae'r DU mewn gwirionedd wedi gweld llai o bobl yn gadael y gweithlu nag a ddisgwylid, o ystyried heneiddio'r boblogaeth

Over last 20 years, UK has actually seen fewer people leave labour force than would be expected, given population ageing



Ffynhonnell:
Resolution
Foundation

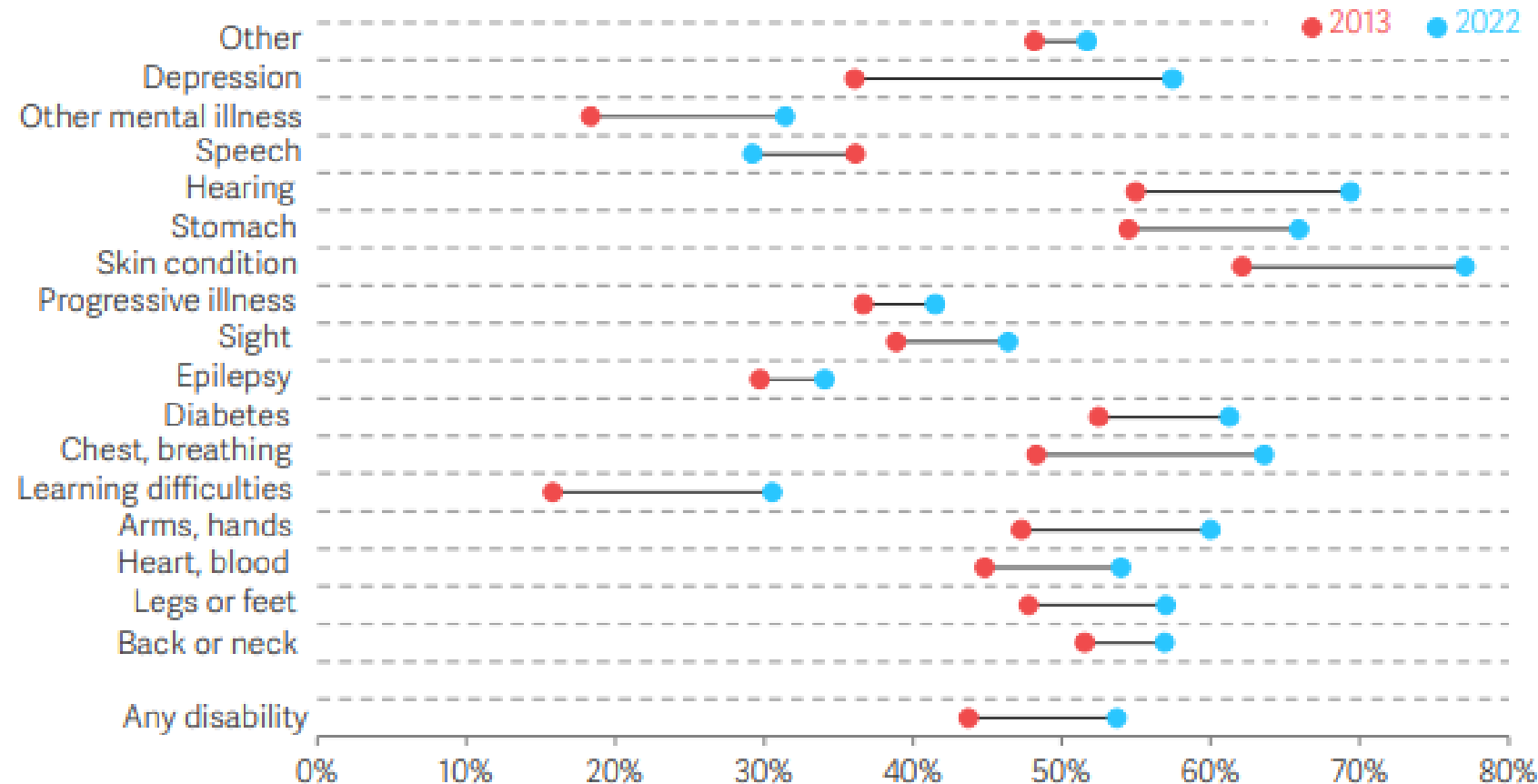
Source:
Resolution
Foundation

SOURCE: RF analysis of ONS, Labour Force Survey; ONS, population data.

Mae cyflogaeth wedi cynyddu ymysg pobl gyda phroblemau iechyd ac anableddau

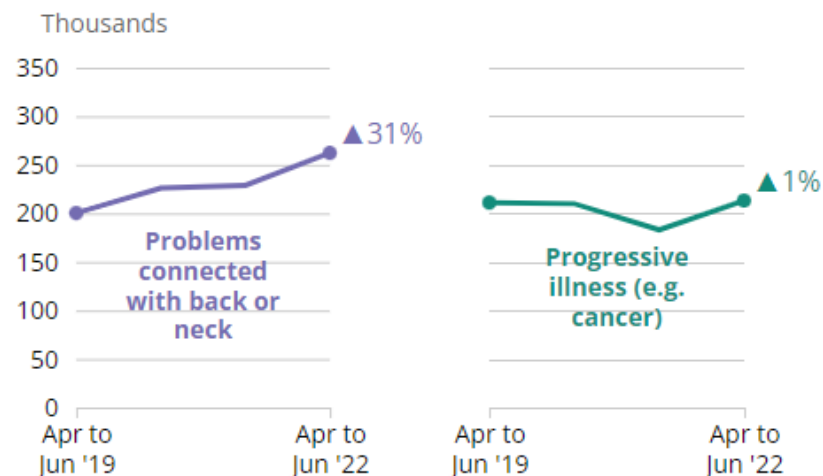
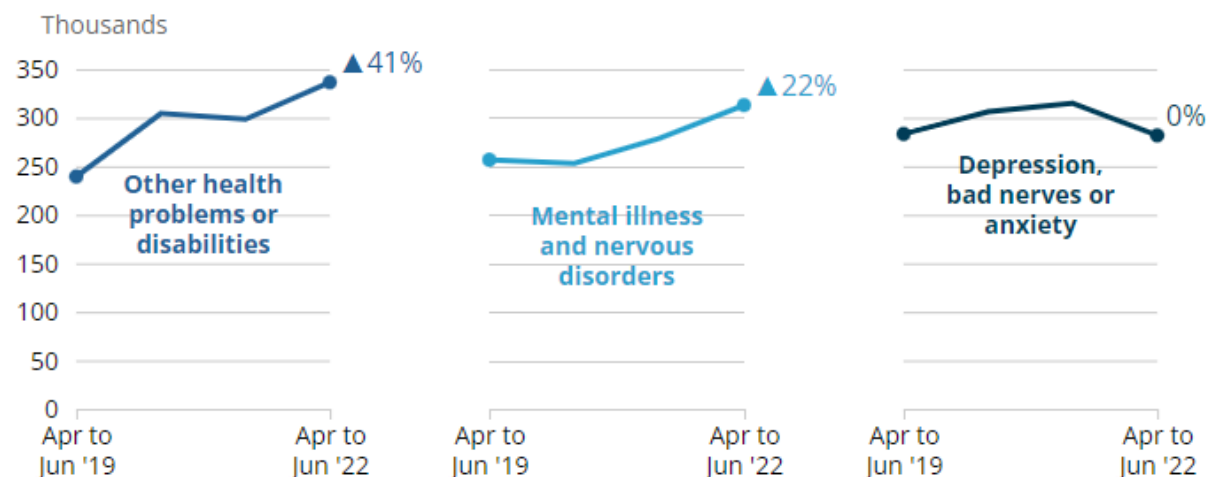
Employment has increased for people with health problems and disabilities

Employment rate by health problems among 16-64-year-olds with disabilities: UK, 2013-2022



"Other" health problems rose 41% between 2019 and 2022

Percentage change in economic inactivity owing to long-term sickness, by most common primary condition, people aged 16 to 64 years, UK, 2019 to 2022



Source: Office for National Statistics – Labour Force Survey

[Embed code](#)

Mae data arolwg o'r llafurlu y DU yn awgrymu y gallai cynnydd mewn problemau iechyd 'eraill' - fod yn rhannol oherwydd covid hir, ond roedd y cynnydd mwyaf o 2019-20

UK labour force survey data suggests increase in 'other' health problems – could be partly long covid, but biggest increase was from 2019-20

Crynodeb

- Mae pobl sy'n gadael y gweithlu oherwydd salwch hir dymor ar gynnydd yn y DU ac yng Nghymru
- Dydyn ni ddim yn gwybod faint sy'n deillio o'r risg cynyddol o broblemau iechyd ar ôl cael covid, covid hir, neu'n aros am ofal y GIG

Summary

- People leaving the workforce due to long term sick is increasing in the UK and in Wales
- We don't know how much is due to increased risk of health problems after covid, long covid, or waiting for NHS care

Ymateb polisi

- Ffocysu ar gadw pobl mewn gwaith
- Gwaith teg, da
- Canolbwyntio ar Fentrau Bach a Chanolig
- Iechyd meddwl a phroblemau cyhyrsgerbydol
- Iechyd yn Gyntaf – dulliau bioseicolegol
- Proffesiynau Perthynol i Iechyd a Nodynau Ffitrwydd
- Mae gan NIHR alwad am ymchwil sy'n ymwneud â hyn: beth yw'r ymyrriaethau gall sefydliadau eu defnyddio i wella iechyd corfforol a meddyliol y gweithlu yn y DU

Policy response

- Focus on keeping people in work
- Good fair work
- Focus on SMEs
- Mental health and musculoskeletal problems
- Health First – biopsychosocial approach
- Allied Health Professionals and fit notes
- NIHR have a research call around this: what are the most effective interventions that organisations can adopt to improve the physical and mental health of the UK workforce

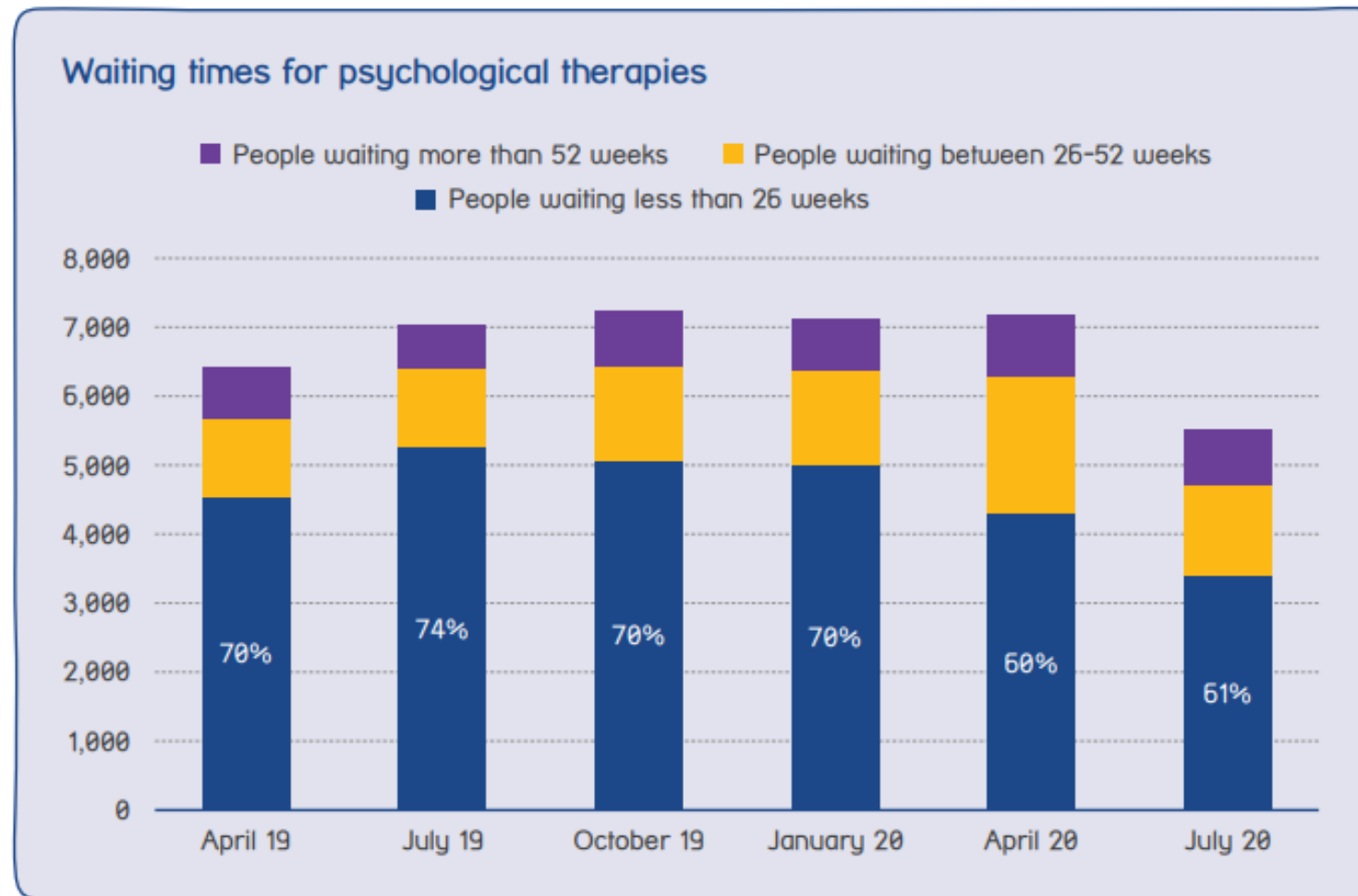
Beth yw'r polisiau gorau o ystyried gwerth am arian?

What are best buys in terms of policies?

- Canolfan Dystiolaeth Ymchwil Iechyd a Gofal Cymru Health and Care Research Wales Evidence Centre yn cynnal adolygiad ar hyn
- Mwyhau'r defnydd o Silver Cloud – CBT ar-lein, sydd eisioes yn cael ei ariannu gan Lywodraeth Cymru – hyrwyddo ymysg cyflogwyr, a gofyn iddynt roi amser i weithwyr ei ddefnyddio
- Ymchwil gan Deloitte/Mind yn awgrymu bod adenillion cyfalaf rhaglenni iechyd meddwl cyflogwyr yn cyfateb l £5 am bob £1 a gaiff ei wario
- Mwyhau effaith cytundebau cefnogaeth o fewn y gwaith – gwerthuso beth sy'n gweithio – os dros capasiti, ystyried buddsoddi mwy
- Gweithgarwch corfforol yn y gwaith – atal ymddygiad eisteddog e.e. desgiau sefyll ac eistedd, perimedrau, clustffonau diwifr, cynlluniau cerdded neu campfaoedd mewn gweithleoedd, Tai Chi
- Health and Care Research Wales Evidence Centre carrying out a review on this
- Maximise use of Silver Cloud – online CBT, already funded by WG – promote with employers, ask them to give employees time to use it
- Research from Deloitte/Mind suggests return on investment for employer mental health programmes of £5 per £1 spent
- Maximise impact of in-work support contract – evaluate what works – if it is over-capacity then consider investing more
- Physical activity at work – preventing sedentary behaviour e.g. sit/stand desks, pedometers, wireless headsets, workplace walking programmes /gyms, Tai Chi

Oes angen mynediad cyflymach at ThGY a chwnsela?

Do we need faster access to CBT and counselling?

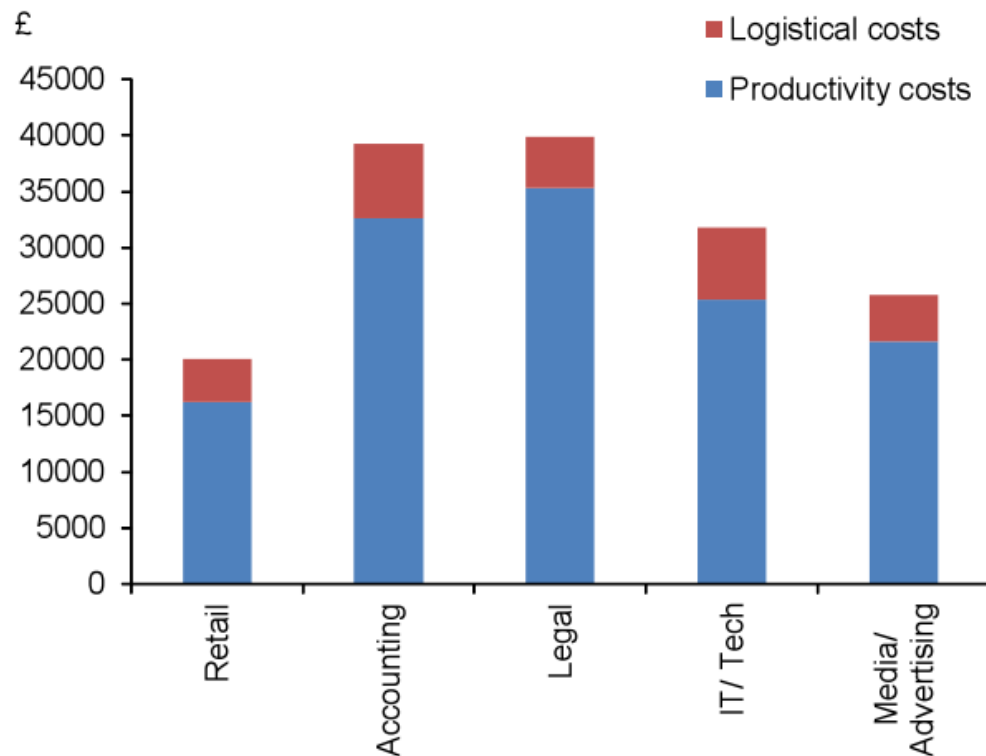


Source: Mind Cymru analysis of freedom of information requests on waiting times for psychological therapies, April 2019 - July 2020. Percentages show the number of people waiting less than 26 week target.

Atgyfnerthu i gyflogwyr y gost o droslant llafur fesul person sy'n gadael, ac felly gwerth cadw gweithwyr yn iach

Reinforce to employers the cost of labour turnover per person leaving, and therefore the value of keeping employees healthy

Figure 1 - The cost of labour turnover



Source : Oxford Economics/Haver Analytics

Ffynhonnell / Source:
Oxford Economics, 2014.
Understanding the Financial Impact
of Staff Turnover

Diolch | Thank you

- Brendan Collins

Brendan.collins001@gov.wales

Spare slides

Broad principles of policies

- Focus on keeping people in work
- Focus on mental health and musculoskeletal problems
- Support for people on NHS waiting lists
- Focus on supporting managers in SMEs who struggle to provide occupational health support
- Advocate with SMEs for value of retaining or returning staff – friction costs and lost organisational capital when people leave
- Use social prescribing to help people back into work
- ‘Health First’ approaches to getting people into work
- Biopsychosocial approaches
- Possibly consider greater roll out of NHS Health Checks which have productivity benefits through preventing heart attacks etc
- Find balance of retraining / flexibility for older people

Possible policy responses -1

- Focus on older people staying in work, disabled people able to work. Bringing back people from retirement might be unlikely
- Look at evaluations for current programmes in DWP, local authorities, PHW etc
- Focus on employers and good, fair work – for instance social care real living wage
- Consider impacts of cost of living crisis on health and work choices
- Focus on musculoskeletal conditions and mental health conditions
- NHS waiting lists
- Methods like distributional cost effectiveness analysis to balance value for money and equity impacts of interventions
- Need to think about how the public sector promote health among staff.

Possible policy responses -2

- Promote healthy behaviours at stress points in people's lives – being made redundant, relationship breakdown, bereavement etc
- Social wage – early years education, free school meals, free prescriptions, council tax benefit, etc
- Focus on foundational economy and sustainability
- How do get people to work together – AHPs like physios, occupational therapists are able to sign fit notes – how do we use fit notes better e.g. to inform employer adaptations
- Have health first approach with person at the centre of it – biopsychosocial approach - have work coaches in primary care
- NIHR have a research call around this: what are the most effective interventions that organisations can adopt to improve the physical and mental health of the UK workforce