

Health and place

How levelling up health can keep older workers working

Policy brief



The issue

Despite overall improvements in disability-free life expectancy from 1991 to 2011, significant geographical health inequalities, and as a result wealth inequalities, widened across the UK.

Unfortunately, over a decade later, the conversation hasn't moved on much further. [*Health Equity in England: The Marmot Review 10 Years On*](#), the 2020 follow-up to Sir Michael Marmot's landmark study, found that the gap in healthy life expectancy between wealthy and deprived areas has continued to grow.

As part of its levelling up agenda, the UK Government set itself an ambitious target to add five additional healthy years to the average UK lifespan by 2035. It has also set a target of narrowing the gap in Healthy Life Expectancy between the 'healthiest' and 'unhealthiest' local authority areas by 2030.

Yet it's unclear how the Government intends to achieve these two goals, especially given the recent decision to abandon the promised white paper on health disparities. In addition, the fallout from the COVID-19 pandemic and the current cost-of-living crisis are likely to widen existing inequalities.

What we found

The prevalent narrative is often that individual health is an *individual* problem rather than a societal one but investing to reduce health inequalities yields benefits across a community.

In 2011, there was an 11.3 year gap in between the healthiest and unhealthiest areas of the England and Wales.



Older workers from the unhealthiest areas are 60% more likely to be out of work than those from the healthiest areas.



In places where a higher proportion of older people are in poor health, fewer people (of all ages) are in paid work:

- Women aged 50-74 from the 'healthiest' areas of England and Wales were 5.6% more likely to be in paid work than from the 'unhealthiest' areas (**47.8% vs 42.2%**).
 - Men aged 50-74 from the 'healthiest' areas of England and Wales were 7.1% more likely to be in paid work than those living in the 'unhealthiest' (**59.0% vs 51.9%**).
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There's a correlation between health in a place and younger people being in paid employment:



Woman aged 16 to 49 were

33.7% less likely to be in paid work in the 'unhealthiest' areas
26.3% in the 'healthiest' areas.



People in **manual occupations** are particularly affected: they can expect **four fewer years of healthy life beyond age 50, compared with workers in administrative or professional roles.**

Those working in professional occupations were more likely to be in work 10 years later than those working in elementary occupations or doing repetitive manual labour.



This gap in employment outcomes was most marked for people living in 'unhealthy' areas.

Historically disadvantaged areas continue to struggle: areas where people left paid work at a younger age due to poor health in 1991 were also much more likely to experience this trend in 2011. And there remains an entrenched gap between how long people can expect to live without a disability between the North and the South of England.

Year	DFLE: men aged 55	DFLE: women aged 55	DFLE: men in the south	DFLE: men in the north	DFLE: women in the south	DFLE: women in the north
1991	8.52	10.97	9.47	7.61	11.95	10.04
2011	11.55	12.70	12.55	10.59	13.78	11.65

Better health can support local economies and economic growth:

If the UK had achieved the levelling up agenda goal of increasing healthy life expectancy, for all, between 2001 and 2011, older people's participation in the labour market would have increased by 3.7% in this time - this is equivalent to 250,000 additional older people in paid employment.



What needs to happen next

The Government's 'Levelling Up' agenda comes after decades of health inequalities. Yet it is more important now than ever, and it's vital it is not side-lined by the Government.



The Government should:

- 1. Increase spending on preventative health programmes** (which are delivered by local authorities) to at least 6% of the national health budget. Funds should be directed towards the strengthening local prevention programmes.
- 2. Earmark part of the £4.8 billion levelling up infrastructure fund** for projects that will create jobs suitable for older workers in the 'unhealthiest' local authority areas, especially in those where a high proportion of employment is in manual work.
- 3. Confirm that there will be another census in 2031 and monitor and publish annual data on health in a place for people aged over 50. Both should measure health (including self-rated health) and labour market participation.**



Local authorities should:

- 1. Develop a five-year strategy to increase employment rates for people aged over 50** in the 'unhealthiest' communities, in partnership with business. This strategy should recognise that women of all ages might face barriers to employment (discrimination and/or relatively low(er) pay). Men too might have caring responsibilities etc to employment apart from health barriers.
- 2. Include local targets to improve population health in line with the national average for people aged 50 to 74** as part of their annual planning exercise.
- 3. Increase support, including career training and advice for older workers in manual occupations to stay in employment or transition to less physically demanding roles. This includes offering support** either through the benefits system or apprenticeship schemes, that help older workers transition to less physically demanding jobs.

About the project

The Health of Older People in Places (HOPE) project was led by researchers at UCL in collaboration with ILC-UK and Leeds University, and funded by the Health Foundation under the Social and Economic Value of Place programme (grant number R-000002350). The funders of the HOPE project had no role in the writing of the report.

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You can read the full report and acknowledgements [here](#).

About ILC

The International Longevity Centre UK (ILC) is the UK's specialist think tank on the impact of longevity on society. The ILC was established in 1997, as one of the founder members of the International Longevity Centre Global Alliance, an international network on longevity. We have unrivalled expertise in demographic change, ageing and longevity. We use this expertise to highlight the impact of ageing on society, working with experts, policy makers and practitioners to provoke conversations and pioneer solutions for a society where everyone can thrive, regardless of age.



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