





# Improving our nation's health

A whole-of-government approach to tackling the causes of long-term sickness and economic inactivity

Summary September 2024

The UK faces a series of complex cross-cutting health challenges. Addressing these interrelated issues – from access to services to health and work – requires a fresh approach. Often, no single part of government can tackle these sorts of issues alone and too often the public sector is set up to treat the symptoms of a problem rather than an underlying cause. We must go further and think of the problem more dynamically through a whole-of-government approach (WGA).

A perfect example of this is the recent sharp rise in the number of people out of the workforce due to long-term sickness. This has significant impacts on individuals' wellbeing, as well as large fiscal and economic costs. It requires concerted cross-government action to reverse these impacts. This is why the NHS Confederation and Boston Consulting Group partnered on a project to identify a set of practical actions the government can take to make progress.

Our report explores these actions and will be of interest to government and policymakers, as well as the NHS, local delivery partners, funding organisations and stakeholders involved in work addressing the wider social determinants of health.

# The case for change

Since 2020, economic inactivity in the UK has risen by 900,000 people, with 85 per cent of this increase due to those who are long-term sick. The UK has been an outlier among its peers over this period – on average EU countries have seen economic inactivity fall by 2.3 percentage points, while the UK's has risen by 1.1 percentage point. Around 375 million workdays were lost in this period due to people being out of the workforce due to long-term sickness.

We estimate that reintegrating between half and three-quarters of those who have dropped out of the workforce for reasons of ill health since 2020 could deliver a £109-177 billion boost to the UK's GDP (2-3 per cent in 2029) and unlock £35-57 billion in fiscal revenue over the next five years.

Achieving this requires looking beyond just clinical care. Our new quantitative analysis of the wider social and environmental determinants of health shows that:

- Social and environmental determinants are often more important to health outcomes than clinical or behavioural factors, such as diet and exercise. For example, economic and working conditions explain more of the variance in health outcomes across England than behavioural choices.
- For some counties depending on their performance compared to the rest of England – investing in tackling wider determinants could have more impact on health outcomes than investment in behavioural factors.
- Over the past seven years, changes in living conditions and crime are the factors that have driven most significant changes in health outcomes.

## Tackling the barriers to cross-government working

Given this and the fact those who are economically inactive due to ill health interact with many different parts of the healthcare system, reinforces the need for a whole-of-government approach. There are three key barriers which often prevent or hamper such cross-government working and which any whole-of-government approach to health must address:

- A common purpose: drive buy-in across all levels of the system for action on major complex challenges such as long-term sickness driving inactivity.
- **2. Collaboration and place-based decision-making**: with accountability structures that incentive collaboration and local-based decision-making.
- 3. Joined-up funding and resources: that facilitates longer-term funding horizons where government has a shared view on how to maximise economic and social benefits from health investment and health is a cross-cutting Treasury priority.

Tackling these barriers also requires a change in how the government approaches cross-cutting challenges. Typically, the government takes the inputs it is working with as set, then strives to achieve outcomes on top of this rigid framework. This needs to be reversed. Outcomes should be targeted first, with inputs and outputs (policies) flexed to best suit these cross-cutting outcomes.

# Taking action

With that in mind we recommend a series of actions that can help to institute a WGA to health, with a specific initial focus on addressing the challenge of economic inactivity driven by long-term sickness. Our framework could equally apply to other health issues or any broader WGA.

#### The government should set the following outcomes targets:

- Return ~0.5 million people to the workforce, who had become economically inactive due to ill health post COVID-19.
- Return to 0 per cent growth in the number of people economically inactive due to ill health.

To achieve these outcomes, the government could target several policy outputs which can be better facilitated by a WGA. These require action from both the public and private sector to be truly effective:

- Integrated employment and health support: supporting people to find and stay in work
- Employment conditions: supporting people to remain in work
- Benefit provisions and in-work grants: supporting people to return to work.

Finally, the government must reorganise the underlying inputs when it comes to setting up and delivering a WGA, organising inputs to break down the key barriers to tackling cross-cutting issues which cause ill health and long-term economic inactivity. We believe these comprise a series of immediate and longer-term actions that apply to the wide range of the social and environmental determinants of health:

### Common purpose

- **Short term**: Define a bold and ambitious goal to drive common purpose across government.
- Long term: Leverage the new Health Mission Board to establish a
   Health Improvement Strategy and to proactively review policies for
   health considerations, enabling faster more joined-up action across
   government.

<sup>4 -</sup> Summary | Improving our nation's health: a whole-of-government approach to tackling the causes of long-term sickness and economic inactivity

## Collaboration and place-based decision-making

- Short term: Institute new structures to change the way crossgovernment collaboration happens, including a novel approach to mission boards.
- Long term: Increase local collaboration with joined-up priorities across integrated care boards and local authorities and embed best practice sharing across departments and governmental levels.

# Joined-up funding and resources

- **Short term**: Drive development of a new evidence base to underpin joined-up funding and resources.
- Long term: Leverage this evidence base to address siloed and shortterm funding approach and design incentives to encourage data sharing across all levels of government.

It is vital that the rise in economic inactivity and ill health is a top priority for government if the UK is to improve health outcomes and boost economic growth, enabling the government to address the wider social determinants of health with capacity for increased investment in turn.

To read the full report please visit www.nhsconfed.org/ publications/improving-our-nations-health-whole-governmenteconomic-inactivity The NHS Confederation is the only membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure.

We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

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