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Economic policy makers need to take health seriously

Report emphasises better health means greater wealth for individuals, populations, and the country

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Evidence shows clearly that much of today's NHS workload was created by yesterday's economic policy.¹ *Healthy People, Prosperous Lives*, the first report from the commission on health and prosperity of the Institute for Public Policy Research (IPPR) aims to persuade economic policy makers to take health more seriously by emphasising that health is a key input to the economy as well as a key output from it.² The report describes a UK that is becoming both sicker and poorer, with rising rates of chronic illness and millions of people struggling with the costs of living.³ The authors argue for the creation of four new institutions to support a long term mission to improve our population's health and wealth together.

The emphasis on the economic effect of poor health is supported by the report's main research finding. Analysis of longitudinal data from thousands of working age people both before (2014-19) and during the covid-19 pandemic (2020-21) finds that the onset of a chronic physical or mental illness often precedes a steep drop in earnings as affected people reduce their working hours, leave their jobs, or—for unemployed people—become less able to find work.

This loss totalled £43bn (€50bn; \$53bn, 2% of gross domestic product) across the UK population in 2021, not including additional economic costs to businesses or to healthcare. The overall figure also masks important variations: poor health and economic inactivity are more common outside London and the south east and in certain ethnic groups. Because of the deep connections between economic and health inequalities, the authors find that achieving an equal improvement in health nationwide would also help to reduce pay gaps based on region, gender, and ethnicity.

Many previous reports have made recommendations to reduce health and economic inequalities, including the government's white paper on levelling up.⁴ *Healthy People, Prosperous Lives* refrains from repeating familiar recommendations, instead proposing a substantial modification to the “health in all policies” approach. Even when this principle has had strong political support, in practice health is not considered in all policies and seems particularly neglected in economic policy.⁵

Proposed solution

The proposed solution is modelled on the UK Climate Change Act of 2008, which created the independent Climate Change Commission to support targets for reducing emissions until 2050. The IPPR report says a similar Health and Prosperity Act could establish a 30 year “mission” to improve national and regional healthy life expectancies.⁶ The mission would be supported by four new health institutions: an

independent committee on health and prosperity, a national institute for excellence in health creation (a non-clinical NICE), and, to ensure adequate funding, a health creation fund and a health investment bank.

Framing health as foundational for a strong economy, as well as for the lives we live, may be a pragmatic route to long term political consensus. Explanatory notes accompanying the Climate Change Act, for example, credited the 2006 Stern review on the economics of climate change rather than mounting evidence of the human, social, and ecological harms of a heating world for establishing “the cost of inaction.” An overwhelming majority of MPs voted for the Climate Change Act, and it remains in effect. In contrast, New Labour's health inequalities strategy, which evidence now shows was effective,⁷ was quickly abandoned by the coalition government in 2010.

Lack of political will

The IPPR report's diagnosis of why we have not done better—a lack of will, not of evidence—is persuasive. Reasons given for that lack of will include difficulties establishing health as a priority across government, and the short termism caused by five year electoral cycles. Climate policy has been faced with similar problems, and an analysis of the Climate Change Act concludes that it “increased the salience and embeddedness of climate action as a priority across all governmental bodies” and “helped insulate climate policy from the instability of political cycles.”⁸ This very recent analysis is not cited in the IPPR report, but it strongly supports its reasoning.

Healthy People, Prosperous Lives also misses Scotland's Child Poverty Act (2017), which similarly legislated for long term targets with institutional support to provide a cross departmental, long term focus. Although progress has been made, the latest reports by the Climate Change Commission and Scotland's Poverty and Inequality Commission found that both agendas need to accelerate action to meet their long term targets.^{9 10}

So, while independent committees can be valuable for policy processes, they do not ensure difficult political decisions are actually made¹¹: child poverty and carbon emissions remain too high, and our health and wealth deteriorate together. If we are ever to bridge the prevention policy gap between short term ends and long term needs, we must find a way to increase the salience of health for economic and social policy makers. The IPPR's four institution solution would certainly do that.

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