

What should be at the top of the political agenda for health and care?

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- Dr Jennifer Dixon DBE

Since summer 2022, polls show Labour ahead on favourability with the public relative to the other political parties. Last August [Ipsos reported](#) that Labour scored 38% relative to 23% for the Conservatives and interestingly 27% for the Green Party. Topping the list of issues concerning the public were first inflation/prices, second the economy, equal third place pollution and climate change and the NHS, and fourth immigration.

Polls change of course but these domestic priorities are likely to be those the next general election will be fought over. With fiscal debt at a record high, a limp economy, and taxes higher than they have been for 70 years (although lower than many other Western European countries) there will be understandable reluctance to increase public spending. And yet the country clearly needs significant and long-term investment in infrastructure and public services weakened by a decade of austerity. So what can the parties offer?

This autumn's party conferences may give some clues. The NHS presents a very significant challenge for any party – not least the cost. It is taking an increasing share of public spending over time – currently around a fifth of all government expenditure – which means less money available for everything else.

[Our recent analysis of trends in illness to 2040](#) shows an alarming rise in morbidity in the population, mainly because of a big increase in the over 65's as the baby boomers age. In fact, the share of the population living with major illness (37%) will grow nine times faster than the working-age population (4%) in this period. There will be no alternative but to foot an increasing bill. As [the IFS recently argued](#), this sort of spending cannot be met by marginal changes to the current tax system.

We are not alone, most of Europe and North America is facing similar pressures for government to spend, and all trying to figure out who will pay for it. But if far more health spending must be on the cards, the question (apart from how to raise the funds) is what would be the most effective way to use it?

There is no shortage of candidates for funding including primary care, mental health and community services, diagnostic kit, more staff and so on. But, alongside capital investment in creaking NHS infrastructure, it is surely technology – where it is labour-saving and quality-enhancing – that offers the best hope for the future. Harnessing the benefits of technology will need a far bolder, more intelligent and large-scale approach, and should be at the top of the political agenda for health care.

All parties are pretty quiet on reform ideas, perhaps because they know the biggest underlying issue is the need for proper long-term investment, [in particular to attract and retain staff](#).

Anyway, [public polls show that the public don't want a different model to the NHS](#), just that it is funded properly (four out of five people support additional funding for the NHS [according to our latest polling with Ipsos](#)).

There is no evidence that changing to another model like [social insurance](#) would result in better outcomes. The huge cost, complexity and distraction this would create precludes this as a feasible option, even if the public were supportive. And while there is a current uptick in the use of private health insurance and self-payment for private health care, as I argue in our next podcast (with the FT's Sarah Neville, and The Guardian's Hettie O'Brien) this is likely to be transient and linked to longer NHS waiting times than something more permanent. The area to watch the most I think will be health care provided outside hospitals. We shall see.

So don't expect much in the way of ideas for reforming the NHS before the election. Instead, the focus will be on tackling immediate issues such as waiting lists and improving access to a GP.

On health, even if parties don't want to face long-term trends in obesity or inequalities, they can't ignore the uncomfortable fact that 2.6m working age people are economically inactive due to ill health. The Foundation is commissioning deeper analysis on causes and potential solutions (watch this space). Much has been written about the over 50's leaving the workforce early, but especially worrying are the significant numbers of young people at the start of their working lives who are not in work due to ill health. We understand the Chancellor will focus on this in his Autumn Statement. In this newsletter we report [follow-on work from our Young People's Future Health Inquiry](#) outlining the policies that could help.

But more fundamentally we need to get far more serious about health 'capital' if only because of its impact on the economy, as former Bank of England economist Andy Haldane argued so clearly in our [REAL Annual Challenge lecture last November](#). This means not just short-term action to help working age people back into work, but a long-term plan to address the wider determinants of health and risk factors more strongly. In other words, a robust cross-government strategy for health, which despite promises has not been forthcoming.

Finally, climate change. While this may well be considered separately to health in the manifestos, it is a huge threat to global health. The NHS produces roughly the same level of greenhouse gas emissions as Denmark, and while some progress is being made to achieving a net zero carbon footprint by 2040, as the climate emergency becomes more serious, quicker and more decisive action will be needed.

Among other activities, the Foundation has just published analysis on [what it will take to achieve net zero health care](#). We are also supporting the UK Health Alliance on Climate Change's green surgery project, and an evidence-based guide on delivering low carbon surgical care will be published shortly.

So let's look for clues on all this in the party conferences. I will report back...

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