Lateral Thinkers

UK-LED GLOBAL EVIDENCE

Health shapes work, life and possibility.

A visual evidence briefing on health, absence, presenteeism and productivity, with the UK first and the USA in focus.

Independent health support matters before illness becomes crisis, absence or permanent exclusion from work.

Evidence reviewed to September 2026

UK HEALTH IN ONE VIEW

The burden is already visible in daily life.

The strongest case is not one dramatic statistic. It is the accumulation of chronic disease, reduced healthy years and impaired capacity.

148.9m

working days lost

UK, 2024. Equivalent to 4.4 days per worker.

2.5–2.8m

economically inactive

Recent range for people aged 16–64 inactive mainly due to long-term sickness.

~61 years

healthy life expectancy

UK males 60.7 and females 60.9 in 2022–24.

£51bn

poor mental-health cost

Annual UK employer model, including absence, presenteeism and turnover.

The pattern

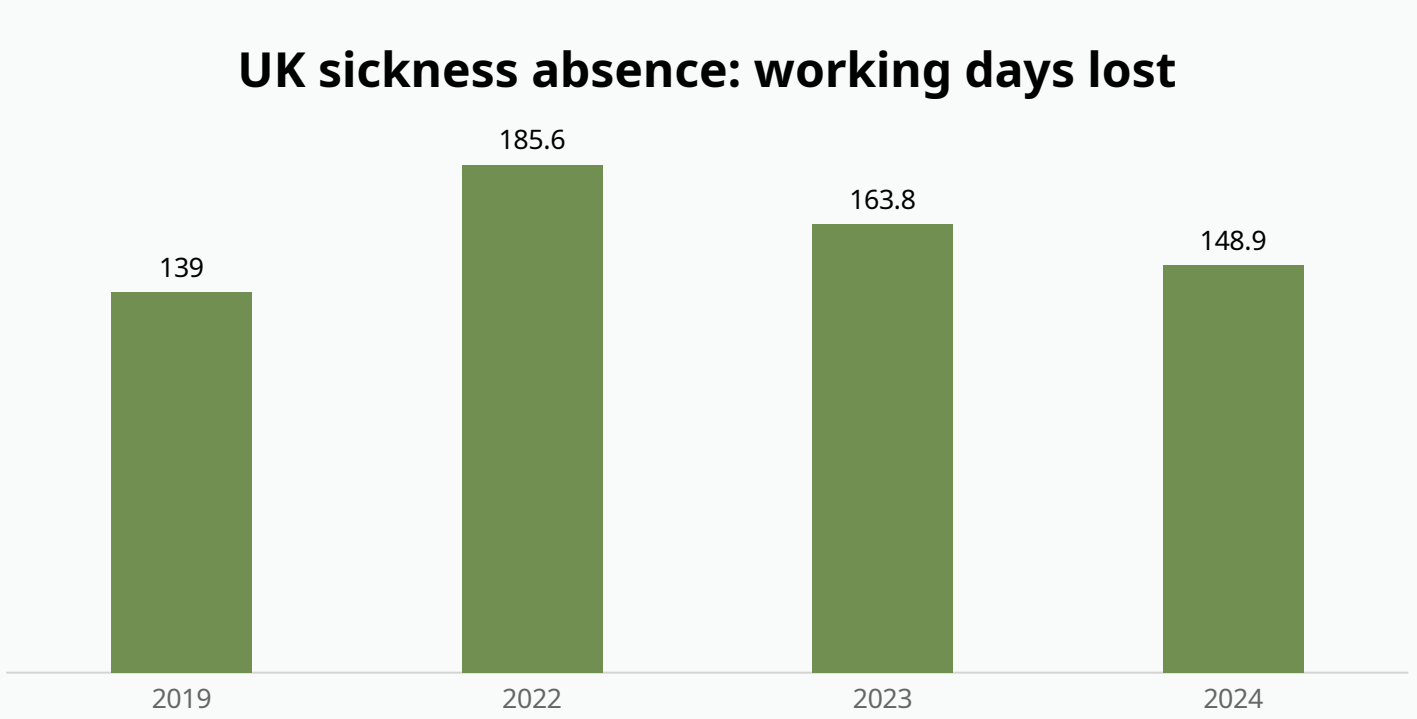
People are living longer than their healthy-life expectancy. Employers see the consequence as absence, presenteeism, turnover and reduced participation. Communities see it as lost independence and widening inequality.

Sources: ONS sickness absence and healthy life expectancy; ONS labour-force estimates; Deloitte UK 2024.

WORK AND CAPACITY

Absence has eased from its 2022 peak, not returned to the old baseline.

Selected ONS years. Working days lost because of sickness or injury, millions.



+9.9m

more days lost in 2024 than 2019

Read this correctly

The 2024 rate was 2.0% of working hours, down from 2.6% in 2022. Long-term sickness inactivity remains much higher than before the pandemic.

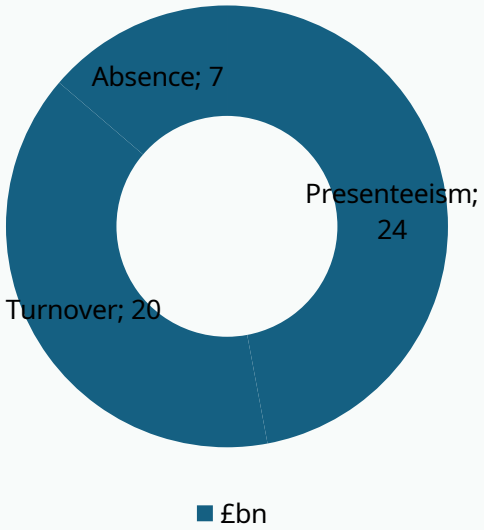
Source: Office for National Statistics, Sickness absence in the UK labour market: 2023 and 2024.

THE HIDDEN LOSS

Presenteeism can cost more than visible absence.

Working while unwell is common, but national estimates use different survey and modelling methods.

£51bn annual employer cost of poor mental health



87%

of organisations

observed presenteeism in the CIPD 2023 survey. This is not 87% of workers.

63%

of organisations

observed leaveism, including working through leave or using leave when unwell.

Why it matters

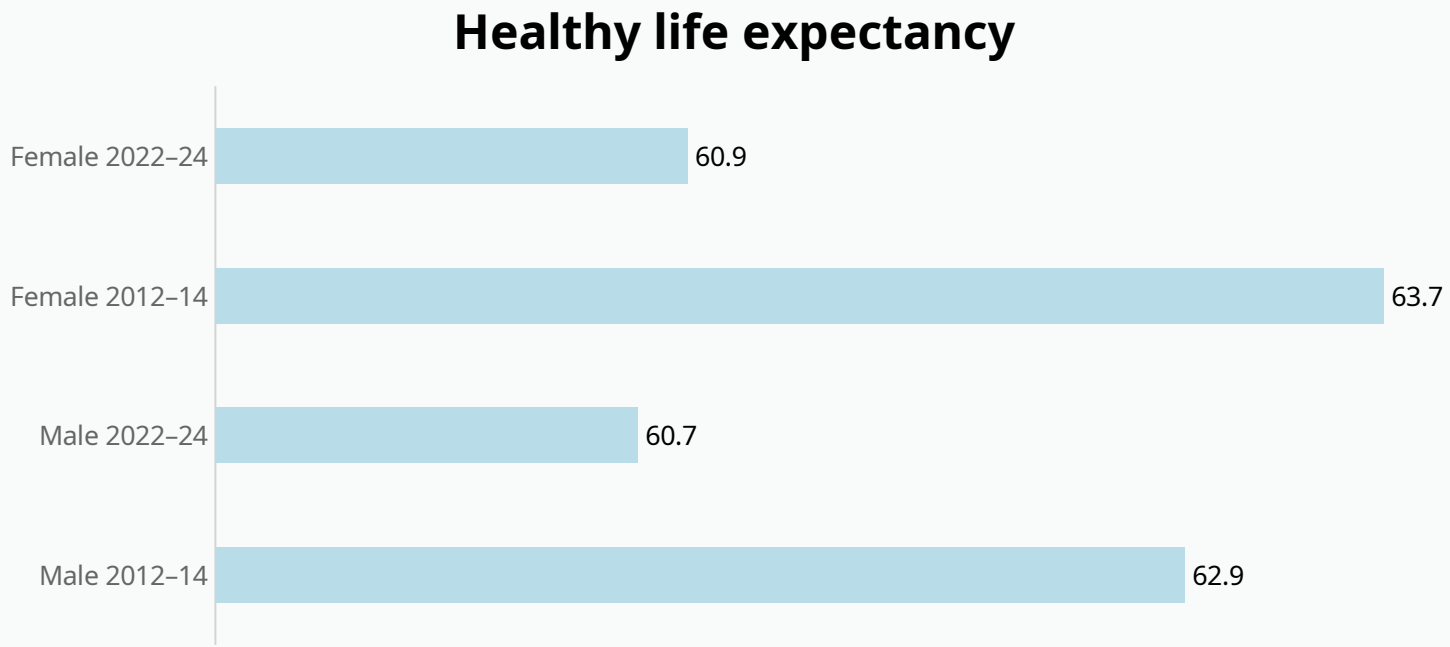
Absence records the people who stop. Presenteeism records the people who continue with less capacity. A serious health strategy needs to see both.

Sources: Deloitte UK, 2024 employer-cost model; CIPD Health and wellbeing at work survey, 2023.

HEALTHY YEARS

UK healthy life expectancy has fallen by more than two years in a decade.

Healthy life expectancy at birth. Years. Estimates include self-reported health and methodology changes.



Place matters

In the most deprived areas, healthy life expectancy is around 48–50 years. In the least deprived areas it is around 69 years.

That gap changes who can keep working, caring and living independently.

Source: Office for National Statistics, Healthy life expectancy in the UK, 2022 to 2024.

MAJOR CONDITIONS

Millions live with conditions that affect energy, mobility, cognition and confidence.

Counts are rounded and come from different datasets. They should not be added together because many people have more than one condition.

43–45%

Cancer lifetime risk

Women 43%, men 45% for the 1961 birth cohort

7.6m+

Heart and circulatory disease

About one in nine residents, not one in two currently

5.8m

Diabetes estimate

Includes diagnosed and estimated undiagnosed cases

7.2m

Chronic kidney disease

Roughly half estimated to be undiagnosed

982k

Dementia, 2024

Projected above 1.4m by 2040

20m+

Musculoskeletal conditions

Broad arthritis, back-pain and MSK category

Sources: Cancer Research UK; British Heart Foundation; Diabetes UK; Kidney Research UK; Alzheimer's Society; Arthritis UK.

WHAT CHANGED AFTER 2020

COVID was a major shock. It is not a universal explanation.

A defensible account separates direct effects, disrupted care, changed behaviour and older trends already under way.

DIRECT

More than 200,000 UK deaths involving COVID were recorded across the pandemic period. Long COVID created durable impairment for many.

SYSTEM

Screening, diagnosis and treatment were disrupted. Backlogs and delayed care can affect later morbidity and mortality.

BEHAVIOUR

Alcohol-specific deaths reached a record 10,473 in 2023. Patterns changed most among heavier drinkers.

WORK

Absence peaked in 2022 and then fell, while remaining above 2019 in total days lost.

SPORT DEATHS

Current comparative evidence does not show the claimed massive post-COVID surge in sudden cardiac death among athletes. Individual events require clinical investigation, not viral-count inference.

Sources: ONS; BMA pandemic mortality synthesis; UK Parliament sport evidence; peer-reviewed athlete studies cited in the full report.

WHY CURRENT SUPPORT MISSES PEOPLE

Most systems meet illness late or treat only one fragment.

The gap is between a clinical appointment and the hundreds of daily decisions that shape health and capacity.

01 **Fragmented**

Fitness, sleep, food and mindset are often delivered as separate products.

02 **Reactive**

Support often starts after symptoms, absence or crisis have escalated.

03 **Hard to sustain**

Information alone rarely becomes a routine without structure and accountability.

04 **Unequal**

Cost, access, confidence, neurodiversity and digital design can exclude people.

Interpretive synthesis based on the evidence in this deck. Independent support should complement regulated healthcare, not replace diagnosis or treatment.

THE USA IN FOCUS

High chronic-disease burden sits beside lower longevity than peer countries.

Definitions and reference years differ. Figures below describe scale, not individual risk.

6 in 10

adults

live with at least one chronic disease in widely used CDC messaging.

40.3%

adult obesity

Measured prevalence, August 2021 to August 2023.

38.4m

people with diabetes

11.6% of the population in CDC estimates.

79.0

life expectancy

Years at birth in the 2024 US mortality release.

THE HUMAN AND ECONOMIC SIGNAL

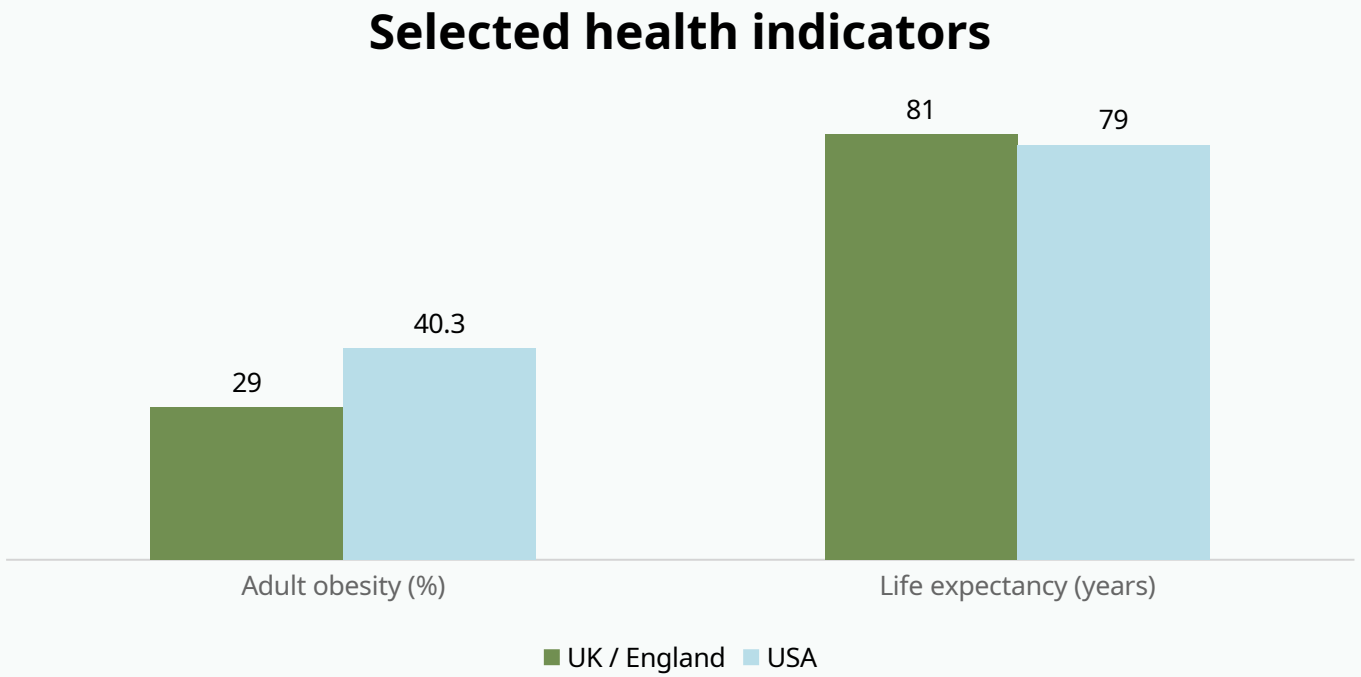
Heart disease and cancer remain the leading causes of death. Nearly seven million people aged 65 or older live with Alzheimer’s dementia, and mental-health, overdose and suicide burdens remain substantial.

Sources: US CDC and National Center for Health Statistics; American Heart Association; Alzheimer’s Association.

TWO MARKETS, ONE CAPACITY PROBLEM

The USA has higher measured adult obesity. Both countries face large chronic-disease and workforce burdens.

Illustrative comparable indicators. UK obesity is England data; life expectancy years are rounded recent estimates.



Do not turn this into a league table

Obesity definitions, survey methods, age structures and health systems differ. The useful question is where support can improve daily capability and reduce avoidable progression.

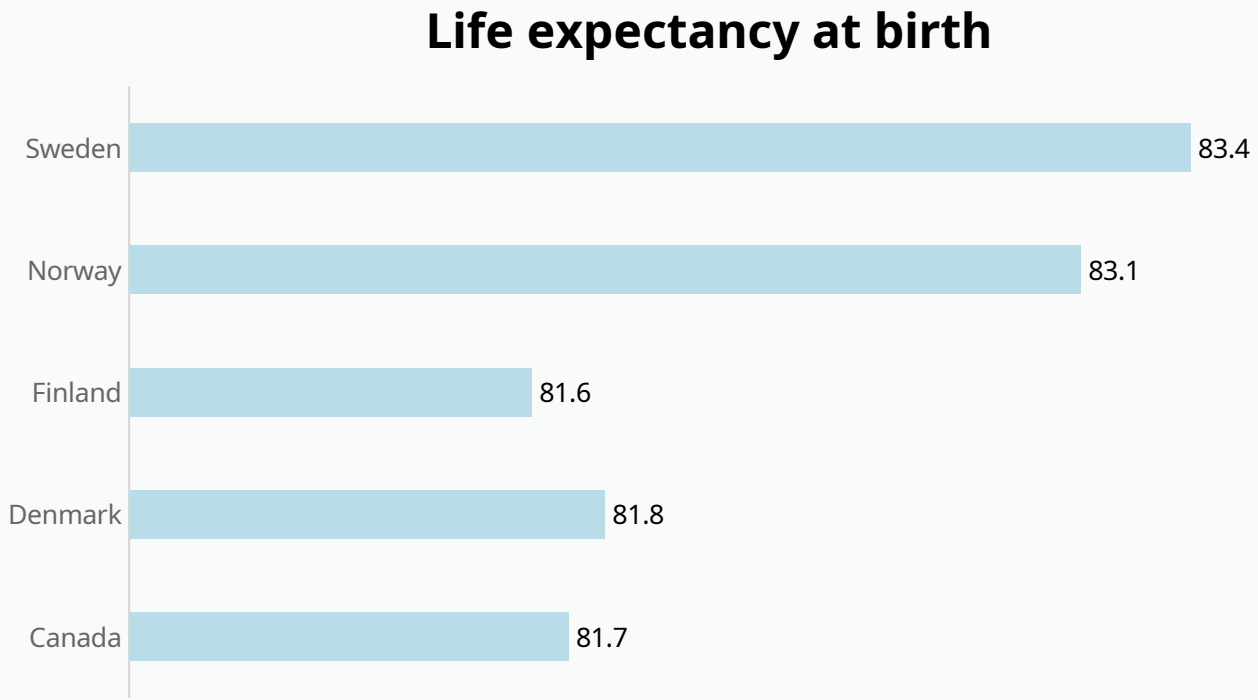
Comparable does not mean identical.

Sources: NHS Digital Health Survey for England; CDC/NCHS obesity and mortality releases; ONS longevity series.

CANADA AND THE NORDICS

Longer lives do not remove pressure from chronic disease, mental health or work absence.

Life expectancy at birth, recent OECD or national estimates. Rounded for comparison.



Canada

33.4% measured adult obesity in 2022–24. About 44% of adults have at least one chronic disease in a broad public-health synthesis.

Nordic signal

Longevity is comparatively strong, yet sickness absence and mental-health pressure remain material. National systems and definitions vary sharply.

Sources: Statistics Canada; OECD health statistics; national statistical agencies. See full evidence report for definitions.

A FAST-GROWING NON-COMMUNICABLE BURDEN

South Africa faces chronic disease alongside HIV, tuberculosis, injury and deep inequality.

This dual burden requires locally appropriate prevention, access and continuity.

+58.7%

major NCD deaths

Increase from 1997 to 2018 in Statistics South Africa analysis.

~51%

of deaths

Attributed to non-communicable diseases in a 2022 WHO-monitor synthesis.

4.2m → 7.4m

adults with diabetes

IDF estimate around 2021 and projection to 2045.

The implication

Independent health models can widen practical support, but only when they respect local realities, affordability, language, connectivity and clinical referral pathways.

Sources: Statistics South Africa; WHO NCD Progress Monitor synthesis; International Diabetes Federation.

WHERE INDEPENDENT HEALTH CAN ACT

Earlier, practical support can protect capability without pretending to replace medicine.

The role is to help people act on the foundations they control and navigate onward when clinical help is needed.

01

NOTICE

Sleep, energy, mood, pain, movement and routine

02

UNDERSTAND

Patterns, barriers, risks and personal context

03

ACT

Small routines, coaching and accountability

04

ESCALATE

Clear boundaries and timely clinical referral

05

SUSTAIN

Tracking, community and recovery

Safe scope

Education, routines, navigation and early support. Not diagnosis, emergency care or a substitute for regulated clinicians.

Strategic model. Clinical governance, safeguarding, data privacy and referral protocols are essential.

FOUNDATIONS FOR A BRIGHTER YOU

Health capacity is built through connected foundations, not isolated apps.

A guided system can make the whole picture visible while keeping the next action simple.

01 Water

02 Oxygen

03 Food quality

04 Movement

05 Sleep

06 Mindset

07 Purpose

08 Daily structure

09 Habit formation

10 Accountability

11 Focus

12 Productivity

13 Recovery

One view. Personal pacing. Repeatable action. Measurable progress.

WHAT BETTER SUPPORT CAN CHANGE

For people, employers and communities, the outcome is usable capacity.

Measure progress honestly across wellbeing, participation, retention and performance.

PEOPLE

More confidence, structure and ownership of daily health

EMPLOYERS

Earlier support, better visibility and less hidden impairment

COMMUNITIES

Accessible help that can reach beyond the workplace

SYSTEMS

Prevention and navigation that complement clinical care

UP TO 21%

higher productivity in LateralThinkers case-study workplaces

Treat as an internal case-study result, not a national benchmark. Publish sample, design and measurement method alongside any external use.

Source for 21% claim: LateralThinkers supplied marketing material. Independent verification not available in the public evidence reviewed.

A HEALTHIER WORLD WORKS BETTER.

Health is not separate from productivity, participation or community strength.

The evidence is strong enough without exaggeration.

Healthy years have fallen. Long-term sickness limits participation. Chronic disease affects millions. Presenteeism hides a large share of the cost.

Start earlier

Build foundations before crisis.

See the whole person

Connect health, habits and context.

Measure what matters

Track capability as well as absence.

lateralthinkers.co.uk

Full citations and definitions accompany this deck.

Research cut-off: September 2026. Use the accompanying evidence report for full source notes, caveats and international definitions.