Royal College of Physicians

#EverythingAffectsHealth

RCP view on health inequalities:

the continued case for a cross-government strategy

October 2022

Summary

The Inequalities in Health Alliance (IHA), convened by the Royal College of Physicians (RCP), first made the call for **a cross-government strategy to reduce health inequalities** in October 2020. Since then, the link between poor health and factors such as housing, education, discrimination and employment – including how much money you have – has become clearer than ever. The recent rise in the cost of living provides yet more evidence that our health is in large part a product of our environment. Over half of British adults polled in May 2022 said that they felt their health had been negatively impacted by the cost of living, citing the rising costs of heating, food and travel as the top drivers.

Without bold, ambitious action, the health inequalities that were exacerbated by the pandemic will be further engrained. It will take coordinated and collective efforts from all parts of government to make a dent in this issue. That is why the RCP and the over 200 members of the IHA are calling for **a cross-government strategy to reduce health inequalities**.

A healthy population and a healthy economy are two sides of the same coin. Tackling health inequalities – unfair and avoidable differences in health and access to healthcare across the population, and between different groups within society – will mean more people are able to live longer, more productive lives. In the long term, tackling inequalities will also reduce the need for costly health service intervention by improving the health of the population. The RCP continues to believe that the best way to improve health is to focus on the factors that shape it.

To ensure that the recovery from COVID-19 is a turning point for the health of the nation, the RCP is calling for:

- **a cross-government strategy to reduce health inequalities, underpinned by the necessary funding settlement, with clear measurable goals that considers the role of every department and every available policy lever in tackling health disparities**
- **the government to maintain the Levelling Up white paper commitment to narrow the gap in healthy life expectancy (HLE) between local areas where it is highest and lowest by 2030 and increase HLE by 5 years by 2035**
- **the government to maintain the commitment to publishing a Health Disparities white paper by the end of 2022, with clear cross-government action including a cross-government strategy to reduce health inequalities.**

Health inequalities in the UK are continuing to widen

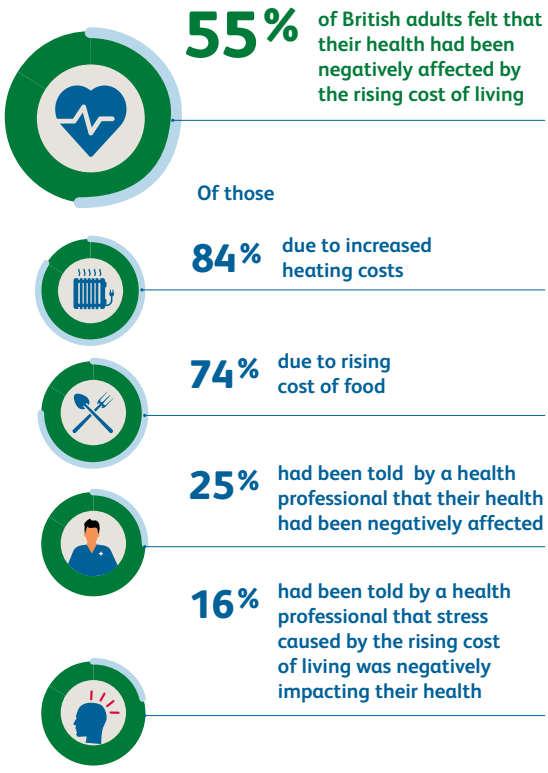
We came into the pandemic with unequal levels of health across the country. Before the pandemic, those from the least deprived communities in England could expect to live almost 20 years longer in good health than those from the most deprived. COVID-19 demonstrated the real impact of these unequal levels of health in the form of excess mortality in some population groups, with working age adults in England's poorest areas estimated to be almost four times more likely to die from COVID-19 than those in the wealthiest areas. Many deaths could have been prevented if there had been better levels of general health before the pandemic.

The gap between the richest and poorest continues to widen. Data published in November 2021 showed that while COVID-19 led to a decrease in life expectancies between 2019 and 2020, the UK was one of only two Organisation for Economic Co-operation and Development (OECD) countries with worse life expectancy than in 2010. The other country was the United States. Analysis from the Health Foundation published in August 2022 showed that, on average, a 60-year-old woman in the poorest area of England has the same level of illness as a 76-year-old woman in the richest area.

Health inequalities take a toll on individuals, regions and the country as a whole: more than one-third of 25-to-64-year-olds in places with the lowest healthy life expectancy in England are economically inactive due to long-term sickness or disability.

The government committed in the Levelling Up white paper to narrow the gap in healthy life expectancy (HLE) between local areas where it is highest and lowest by 2030 and increase HLE by 5 years by 2035. This is an important ambition in our efforts to tackle health inequalities, but it will simply not be possible without bold action and leadership to tackle the social factors that shape our health.

As the *Black Report* set out over 40 years ago: 'The influences at work in explaining the relative health experience of different parts of our society are many and interrelated'. The recent cost of living crisis is yet another reminder of this. YouGov polling, commissioned by the RCP and published in May 2022, showed that 55% of British adults felt that their health had been negatively affected by the rising cost of living. A quarter of those who felt their health had been negatively affected had also been told this by a doctor or other health professional.

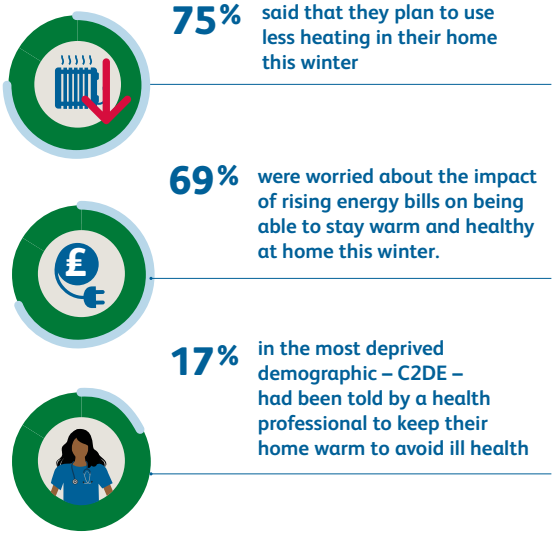


In the past year, 16% of those impacted by the rising cost of living had been told by a doctor or health professional that stress caused by rising living costs had worsened their health. 12% had been told by a healthcare professional that their health had been made worse by the amount of money they were having to spend on their heating and cooking. Research from the Food Foundation found that than 2 million adults in the UK went without food for a whole day over the month of May because they could not afford to eat.

The recent rise in energy prices gives cause for concern for the health of the population this winter. New YouGov polling commissioned by the RCP in August 2022 found that 69% of British adults were worried about the impact of rising energy bills on being able to stay warm and healthy at home this winter compared to last winter. Three quarters (75%) said they planned to use less heating this winter.

When asked what they would do if a member of their household needed to use more heating than usual this winter to avoid ill health, only 22% said they would heat their home as necessary because they could afford the cost. 14% said they would not heat the home as needed due to the extra cost, rising to 21% of parents/guardians with a child aged 12-16.

9% of ACB1 respondents had been told by a health professional to keep their home warm to avoid ill health, but it was double that (17%) among the C2DE demographic. 15% of over 55s had previously been advised by a health professional to keep their home warm in order to reduce the likelihood of becoming unwell or making an existing health condition worse.



In August 2022, the chief executive and chair of NHS Confederation wrote to then-chancellor Nadhim Zahawi on behalf of health leaders, warning that the energy crisis would 'inevitably lead to more illness up and down the country' and that failure to act would lead to 'a public health emergency'. In 2019 it was estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to cold, damp and dangerous homes.

While it may seem that health inequality is a matter for the Department of Health and Social Care (DHSC) or the NHS, there is only so much health and social care services can do to treat the ailments created by the environments in which people live. Action on the social determinants of health (which sit largely outside the responsibility of the DHSC and NHS) through a comprehensive cross-government strategy is crucial to truly shift the dial on reducing health inequalities and improving general levels of health. If we are to prevent ill health in the first place, we need to take action on issues such as poor housing, lack of educational opportunity, child poverty, the commercial determinants of health (such as the availability of tobacco and marketing of alcohol), communities and place, employment (including how much money you have), racism and discrimination, transport and air pollution.

A cross-government strategy that considers the role of every department and makes use of all the policy levers available to reduce health inequalities will enable more people to live longer, healthier and more productive lives. It will also reduce the cost to the public purse. Before the pandemic, health inequalities were estimated to cost the UK £31–33 billion each year in lost productivity and £20–32 billion in lost tax revenue and higher benefit payments. Improved levels of general physical and mental health across the population will reduce avoidable illnesses that require costly clinical interventions and which can prevent people

being able to participate in education and the labour market. The areas with highest need should be prioritised for action and funding, but a nationwide cross-government approach will identify the policy changes required on national issues that will be relevant for all communities.

The continued case for a cross-government strategy to reduce health inequalities

Since the IHA's first letter in October 2020 to then-prime minister Boris Johnson, there have been several encouraging commitments that signal a welcome recognition that a joined-up approach is required to reduce health inequality.

The Office for Health Improvement and Disparities (OHID) formally launched on 1 October 2021, promising to 'coordinate with government departments to address the wider drivers of good health'. The RCP was pleased to see specific mention of employment, housing, education and the environment in that announcement. The government also said in March 2021 that it would establish a cross-government ministerial board on prevention to work with the OHID. However, there has been little information on what the Health Promotion Taskforce, as it is now known, or OHID will do to reduce health inequalities.

RCP members and members of the IHA – which includes patients, communities, doctors, nurses, public health and social care professionals, dentists, pharmacists, local authorities and others – have seen first-hand the impact of non-clinical factors on the health of people across the country. The RCP's 2021 paper on the case for cross-government action on health inequalities included stories from clinicians who had seen patients whose diabetes worsened because they did not have the kitchen facilities to cook healthier food, as well as a patient hospitalised because their landlord refused to fix the mould inside their flat that aggravated their asthma. More recently, RCP members have shared further experiences of asthma being made worse by pollution and exposure to mould due to the location and quality of housing, a patient whose ulcers on their fingertips were made worse by her house being cold and a patient unable to afford to travel to hospital for lung cancer investigation and treatment.

Recommendation

The government must develop a cross-government strategy to reduce health inequalities.

This should:

- **be led by, and have accountability to, the prime minister**
- **consider the role of every department and policy lever in reducing health inequalities**
- **be underpinned by the necessary funding settlement**
- **include targets and metrics to measure progress.**

The Health and Care Act came into force in July 2022 and included a 'triple aim' requiring NHS England, integrated care boards and other NHS organisations to consider the impact of their decision-making on health inequalities. Alongside another new duty for NHS England to publish a statement on the powers NHS bodies have to collect, analyse and publish information on inequalities in access and outcomes and how those powers should be exercised, the Act provides a strong basis for the NHS to take action on health inequalities. But there is only so much the health and social care services can do.

One clinician saw an extremely malnourished and dehydrated patient who had been regularly missing meals so she could feed her teenage son instead. She did not call the GP when she was first unwell because she was unable to afford childcare, and was frightened that he would be 'taken into care' if she went into hospital. She was eventually admitted to hospital with sepsis.

The issues that contribute to ill health must be tackled in a considered, joined-up way at a national level. The RCP and the 200+ member organisations of the IHA believe that a comprehensive cross-government strategy to reduce health inequalities is the only way to truly address the underlying causes of avoidable inequalities in ill health and health outcomes between different groups of people.

The commitment to a Health Disparities white paper in the Levelling Up white paper is a significant opportunity for change. The new secretary of state must restate her and the government's commitment to delivering this white paper and reducing health disparities. The Levelling Up white paper said that DHSC would work with the 'whole of government to consider health disparities at each stage at which they arise, from the wider determinants of health, to the behavioural factors that influence health, to the health services that people access and receive.' It must deliver on all three of those fronts.

The *Our plan for patients* document from secretary of state Dr Thérèse Coffey states that 'a lot of poor health is preventable'. Cross-government action on the drivers of ill health is vital to reduce avoidable illness. While a crucial part of the picture, focusing on individual behaviours and access to services alone will not be enough to achieve the ambitions of the Levelling Up white paper to narrow the gap in HLE between local areas where it is highest and lowest by 2030 and increase HLE by 5 years by 2035. **The white paper must commit to clear cross-government action, including a cross-government strategy to reduce health inequalities with clear measurable goals, and that considers the role of every department and every available policy lever in tackling health disparities.**

The DHSC and the NHS are being put in an ultimately unsustainable position of treating illnesses created by the environments in which people live. We need to end this cycle and tackle the social determinants of health that present a barrier to good health for so many to improve our health and economy. We need an explicit health inequalities strategy, with clear measurable goals, that considers the role of every department and every available policy lever in tackling health disparities.

Recommendations

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What now?

The IHA wrote publicly to the new secretary of state for health and social care to ask for the government to maintain the commitment to a health disparities white paper, with clear cross-government action including an explicit cross-government strategy to reduce health inequalities. The RCP will continue to make this call working with IHA members.

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