



## House of Commons debate – health inequalities

This briefing has been produced for the House of Commons debate on health inequalities taking place on Wednesday 4 March 2020.

### Summary

The Royal College of Physicians (RCP) supports preventative health measures and are strongly advocates that prevention is better than cure. At a time of increasing demand on the NHS and growing health and economic inequalities we believe it is vital that the government acts to reduce these inequalities.

Physicians and medical professionals have a key role to play not only in managing ill-health, but also in supporting people to live healthier lives.

In order **to support and enable the medical profession to promote healthier lifestyles, it is crucial that the government act to tackle the significant and growing health inequalities existing in our society.** We are increasingly concerned that large swathes of the UK population are being left behind in terms of their health. That life expectancy has stopped improving for the first time since 1982 is a worry, but the fact it has decreased in some areas is highly concerning.

### Letter to the Prime Minister – Marmot Review

Last week, the RCP and 20 other leading health organisations, including the Royal College of General Practitioners and the Royal College of Nursing, which represent tens of thousands of NHS staff, [sent a joint letter to the Prime Minister](#), urging him to **accept all recommendations** of the [Health Equity in England: the Marmot review 10 years on](#) report.

The ten-year review focuses on the fact that health is affected by the environment in which we live and the more deprived the area, the shorter the life expectancy and the poorer the health within these shorter lives. It highlights evidence showing that over the last decade, efforts from local authorities to reduce inequalities have significantly grown but **the government must do more to support this.**

The report's recommendations include:

1. **Developing a national strategy** for action on the social determinants of health (this includes commercial determinants), with the aim of reducing inequalities in health.
2. **Early intervention to prevent health inequalities** which work towards lowering child poverty to 10% (same as lowest in Europe)



3. **Creating fair employment** and good work for all, and ensuring that the National Living Wage and welfare benefits are sufficient for everyone to afford a healthy lifestyle.

**In our letter, we call on the government to go further by:**

*‘urgently consider increasing both the ‘national minimum wage’ and the ‘national living wage’ to be at least in line with the real living wage, as calculated by the Resolution Foundation. We know this would be a significant decision, but if not now then when?’*

**Media quote:**

Professor Andrew Goddard, President of the Royal College of Physicians [said](#):

‘This is a wake-up call for the government to act quickly and strategically to improve the health of people in deprived areas.’

‘We think we are at a time of opportunity. This is a government that has a strong majority. It seems to have an appetite and a rhetoric that they want to do something about the challenges in parts of the country they haven’t previously had to think about.’

‘They have constituencies that have a wide difference in healthy life expectancy in the north and the south of the country. I would hope they are looking at that and thinking what can we do to improve the lives of our population?’

### **Key public health calls**

The RCP has a proud history of leading the debate on vital public health areas including alcohol, obesity, air quality and smoking.

#### **Obesity:**

As members of the Obesity Health Alliance (OHA), we work to prevent obesity-related ill-health by addressing the influences that lead to excess bodyweight throughout life.

Almost two thirds of adults and children in the UK are obese or overweight, most particularly in the most deprived areas of the country and the rate continues to rise. We believe that only when individuals and the wider health system work together will the prevalence be reduced, allowing people to live healthier lives.



**Recommendation:** Obesity must **urgently be recognised as a disease by government** and the broader health sector.

## Air quality:

The damage caused by air pollution affects people at all stages of life, from a baby's first weeks in the womb to the later years of older age. The annual mortality burden in the UK from exposure to outdoor air pollution is equivalent to around 40,000 deaths. These are the findings of our 2016 [\*Every breath we take: the lifelong impact of air pollution\*](#).

**Recommendation:** The government must commit (in the Environment Bill) to legally enforceable targets for fine particulate matter (PM2.5) in line with the World Health Organization's (WHO) guidelines, which will improve the air that we all breathe.

## Alcohol:

Office for National Statistics figures show that those living in the most deprived areas have significantly higher alcohol-specific death rates than those in the least deprived areas.<sup>[5]</sup> One study found lower socio-economic status groups to have a 1.5 – 2 fold higher alcohol-related mortality.<sup>[6]</sup> Public Health England data highlight significant regional differences within England on alcohol-related mortality and hospital admissions with the best alcohol health outcomes mainly in the south of England and the worst outcomes predominantly within the North East and North West.<sup>[7]</sup>

**Recommendation:** The government must introduce a minimum price per unit (MUP) of alcohol in England and higher taxation for the strongest and cheapest products.

## Tobacco:

Smoking is the largest avoidable cause of death and inequality in life expectancy in the UK. Smoking continues to be most prevalent in the most deprived socio-economic groups and a major cause of ill health in those groups.

**Recommendation:** To achieve the government's ambition for England to be smokefree by 2030, they must commit without delay to provide universal access to support for smokers to quit, in healthcare but also through community services, using effective evidence-based methods.

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<sup>[5]</sup> Office for National Statistics (2017) [Alcohol-specific deaths in the UK: registered in 2016](#)

<sup>[6]</sup> Probst, C. et al (2014) [Socioeconomic differences in alcohol-attributable mortality compared with all-cause mortality: a systematic review and meta-analysis](#). Int. J. Epidemiology

<sup>[7]</sup> Public Health England (2018) [Local Alcohol Profiles for England](#)