RCP briefing for House of Lords debate on the ‘Impact of the cost of living on the public wellbeing’ | 20 October 2022

The cost of living is yet another reminder that our health is a product of our environment. The health inequalities that were exacerbated by the pandemic now risk being further engrained unless bold action is taken which is why the Royal College of Physicians (RCP) is urging the government to maintain the commitment to publish the Health Disparities White Paper (HDWP).

The price of energy remains a concern for many people across the country. YouGov polling commissioned by the RCP in August 2022 found that over two thirds of people (69%) feel more worried about their ability to stay warm and healthy at home this winter compared to last winter. Earlier polling commissioned and published by the RCP in May of this year found that 55% of people felt their health had been negatively affected by the rising cost of living – of those who reported their health had worsened, 84% said it was due to increased heating costs.

We need coordinated cross-government action that uses every policy lever to tackle the factors that make people ill in the first place. That is why the over 200 member organisations of the Inequalities in Health Alliance (IHA), convened by the RCP, are calling for a cross-government strategy to reduce health inequalities. Without this, the Department of Health and Social Care (DHSC) and NHS will continue to be in the ultimately unsustainable position of trying to treat illnesses created by the environments people live in.

Reports that the HDWP could be scrapped are concerning. Over 155 IHA member organisations recently signed a letter to secretary of state for health and social care Dr Therese Coffey calling for her to maintain the commitment to publish the HDWP. The best way to improve health is to focus on the factors that shape it – the white paper is a chance to do just that.

The rising cost of living and health inequalities

The rising cost of living crisis made the link between poor health and factors such as housing, education, discrimination and employment (including how much money you have) clearer than ever. Polling published by the Royal College of Physicians in May 2022 found that 55% of people felt their health had been negatively affected by the rising cost of living, with the increasing costs of heating (84%), food (78%) and transport (46%) reported as the top three factors. 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, happier lives.

Before COVID-19, health inequalities were estimated to cost £31-33bn p/a in lost productivity and £20-£30bn in lost tax revenue and higher benefit payments. The gap in healthy life expectancy between the richest and poorest areas was around 19 years. Recent findings from the ONS show that since early 2020, almost 400,000 people exited the jobs market with long-term health problems. While it may seem that health inequalities are a matter for the DHSC or the NHS, there is only so much health and social care services can do to treat the illnesses created by the environments
people live in. 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. A healthy population and a healthy economy are two sides of the same coin.

The government must restate its Levelling Up commitments to narrow the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest by 2030 and to increase HLE by 5 years by 2035. These commitments require coordinated cross-government action that looks at every policy lever across government to tackle the factors that make people ill in the first place. Without this, the DHSC and NHS will continue to be in the ultimately unsustainable position of trying to treat illnesses created by the environments people live in.

The DHSC’s Our plan for patients states that ‘a lot of poor health is preventable’. But while a crucial part of the picture, focussing on individual behaviours and access to services alone will not be enough. Action needs to be taken on the social determinants of health. Over 155 members of the IHA signed a letter to Dr Coffey urging her to maintain the commitment to publishing the HDWP by the end of 2022, and to commit to a cross-government strategy to reduce health inequalities. The white paper, announced by the government only this year, is a vital opportunity to address the factors that cause ill health.

The impact of cold and keeping warm on health

New findings from a YouGov poll commissioned by the RCP in August 2022 show that over two thirds of people (69%) feel more worried about their ability 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. The cold can have a wide ranging and serious impact on health, including causing or worsening respiratory conditions and cardiovascular diseases to poor mental health and hypothermia. 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.

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. 17% of people in social grade C2DE had been told by a health professional to keep their home warm in order to avoid ill health – almost double that of those in ABC1, 9%.

The ‘RCP view on health inequalities: the continued case for a cross-government strategy’ includes first-hand examples from RCP members about patients whose health has worsened as a result of the environments they live in. These include 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.

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