



Queen's speech 2022 | Tackling short-term and long-term cost of living increases, 17 May 2022

According to a new YouGov poll commissioned by the Royal College of Physicians (RCP), **over half of the British public (55%) feel that their health has been negatively affected by the rising cost of living.**

Of those who reported their health getting worse, 84% said it was due to increased heating costs, over three quarters (78%) a result of the rising cost of food and almost half (46%) down to transport costs rising. **One in four (25%) people who said that their health had been negatively affected by the rising cost of living, had also been told that by a doctor or other medical professional.**

16% of those impacted by the rising cost of living had been told by a doctor or health professional in the last year that stress caused by rising living costs had worsened their health. 12% had been told by a healthcare professional that the amount of money they were having to spend on energy for heating and cooking was making their health worse. Recent research from the Food Foundation found that [more than 2 million adults in the UK went without food for a whole day](#) over the past month because they could not afford to eat.

The cost of living crisis has simply worsened health inequalities that were exacerbated by the pandemic and existed long before COVID-19. **It is another reminder that health is a product of our environment.** The links between poor health and social factors such as housing, employment and discrimination – including how much money you have – are well known. 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'.

It may seem that health inequality is a matter for the Department of Health and Social Care (DHSC) and the NHS, but health and social care services can only try and cure the ailments created by the environments people live in. **That is why [the Inequalities in Health Alliance \(IHA\)](#), a group of over 200 organisations convened by the RCP, is calling for a cross-government strategy to reduce health inequalities.** If we are to prevent physical and mental ill health in the first place, we need to act on issues such as poor housing, food quality, communities, employment, racism and discrimination, transport and air pollution.

The Health Disparities White Paper, due later this year, is a vital opportunity for government to commit to action on the social determinants of health which sit largely outside the responsibility of the Department of Health and Social Care (DHSC) and the NHS. The RCP believes the best way to improve health is to focus on the factors which shape it.

Health inequalities in England

Before COVID-19, the gap in healthy life expectancy between the richest and poorest areas was around 19 years. For women in the most deprived areas of England, life expectancy fell between 2010 and 2019. The pandemic exposed and exacerbated these inequalities. **The Health Foundation has estimated that working age adults in England's poorest areas were almost four times more likely to die from COVID-19 than those in the wealthiest areas.**

The government was elected on a platform of ‘levelling up’, but since December 2019, things have gone backwards. Data published in November 2021 showed that while COVID-19 led to a decrease in life expectancies between 2019 and 2020, **the UK is 1 of only 2 Organisation for Economic Co-operation and Development (OECD) countries with worse life expectancy now than 2010.** The other country was the United States.

In September 2021, the RCP [published a paper on the case for cross-government action on health inequalities](#). That paper included evidence from a clinician who saw an extremely malnourished and dehydrated patient in hospital. The patient had been regularly missing meals herself so she could feed her teenage son. She did not call the GP when she was first unwell because she was unable to afford to pay someone to look after her son, and she was frightened that he would be ‘taken into care’ if she had to go to hospital for a long period of time. She was eventually admitted to hospital with sepsis. More recently, RCP members have shared experiences including treating a woman whose ulcers on their fingertips were made worse by her house being cold and a patient not being able to afford to travel to hospital for lung cancer investigation and treatment. Another reported respiratory conditions such as asthma being made worse by pollution and exposure to mould due to the location and quality of council housing.

Health Disparities White Paper

Over the past year, there have been several encouraging government commitments signalling a long overdue move towards a more joined-up approach to reducing health inequality. The creation of Office for Health Improvement and Disparities (OHID) and its commitment to a ‘new cross-government agenda’ holds potential, given the factors which present a barrier to good health for so many are often beyond the control of the individual. The government has also established a Health Promotion Taskforce (HPT) ‘to drive a cross-government effort to improve the nation’s health, supporting economic recovery and levelling up’. But there has been little information on what OHID or the HPT will do to deliver those stated aims.

The Levelling Up White Paper also committed to narrow the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest by 2030, and re-stated the commitment to increase HLE by 5 years by 2035. **None of these ambitions will be realised unless OHID or the HPT have a remit to act beyond the DHSC and make policy recommendations in other departments.**

The Levelling Up White Paper also committed to a Health Disparities White Paper (HDWP). It is a vital opportunity to take action on the social determinants which shape health. **The HDWP, which will be published later this year, must commit to action on the factors which shape health but are largely beyond the responsibility of the DHSC and the NHS.**

Questions for the Minister

- Can the Minister confirm if the government is concerned that NHS waiting lists will grow as a result of the cost of living crisis, given that 55% of people feel the cost of living has affected their health, with a quarter of those having that confirmed by a doctor or other health professional?
- Does the Minister agree that the Health Disparities White Paper must commit to action on the factors that shape our health and are often not a responsibility for DHSC?
- Will government commit to developing a cross-government strategy to reduce health inequalities?

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