



Royal College
of Physicians

RCP view on health inequalities

A call to action for a
cross-government strategy



October 2023

Summary

The Royal College of Physicians (RCP) brought together the Inequalities in Health Alliance (IHA) and launched its campaign for a cross-government strategy to reduce health inequalities in October 2020. Three years on, there is an even greater need for bold action to tackle the unfair and avoidable differences in health across the population.

At the time of the IHA's launch, the pandemic had called attention to the stark reality of the disparities in health that our communities are experiencing. Working age adults in England's most deprived areas were almost four times more likely to die from COVID-19 than those in the least deprived areas. The impacts of ill health have become increasingly visible since then. The number of people unable to work due to long-term sickness is growing and the rising cost of living continues to have significant health impacts, particularly on people living in more deprived areas.

Bold action is needed across government to tackle health inequalities and reduce the avoidable demand on our health and care services. With NHS waiting lists still at record highs, reducing health inequalities – and avoidable illness overall – is key to creating more sustainable demand for healthcare.

Good health is an economic asset. Along with reducing the demand for NHS services, a healthier nation is central to reducing labour market inactivity and improving productivity.

The public consider health and the state of the NHS to be two of the most important issues facing the country. But creating a healthy population cannot be the responsibility of the health system or

the Department of Health and Social Care (DHSC) alone. Coordinated work across all government departments is needed to tackle the root causes that make people ill in the first place, such as poor housing, lack of educational opportunity, employment opportunities (including how much money you have), transport and air quality.

That is why the RCP and over 250 other members of the IHA are calling for a cross-government strategy to reduce health inequalities.

The RCP is calling for:

- > a cross-government strategy to reduce health inequalities that:
 - considers the role of every government department and every available policy lever in tackling health disparities and the wider determinants of health
 - has clear measurable goals and metrics to measure progress
 - is led by, and has accountability to, the prime minister
 - is underpinned by the necessary funding settlement
- > the government to maintain a commitment to publishing the full report of the Major Conditions Strategy in 2024 and for that strategy to include a cross-government strategy to reduce health inequalities
- > political parties to prioritise tackling health inequalities and to commit to a cross-government strategy for tackling health inequalities at the next general election.

Health inequalities in the UK

Health and health outcomes are not experienced equally. Before the pandemic, the gap in healthy life expectancy between people living in the most and least deprived areas of England was estimated to be almost two decades. Between March 2021 and January 2023, deaths from all causes and most individual conditions were highest among people in the most deprived areas and those who were long-term unemployed or had never worked.

Death and inequality are linked across most major health conditions. Over the course of a year, the ONS found that people living in the most deprived areas were almost twice as likely to die from all conditions compared with those living in the least deprived areas. When looking at individual conditions, these disparities widen further: people with diabetes in the most deprived areas were almost three times more likely to die than people with diabetes living in the least deprived areas.

According to analysis by the Institute for Public Policy Research (IPPR) in September 2023, the number of deaths that could have been avoided with timely healthcare or public health interventions is much higher in the UK than in all other comparable European nations. That report estimated that around a quarter of a million lives could have been saved between 2010 and 2020 if the rates at which people died from avoidable illness were similar to the lower rates found in comparable European countries.

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Health inequalities and poor health have a significant impact on the economy. Before the pandemic, it was estimated that health inequalities cost the UK £31bn to £33bn each year in lost productivity, £20bn to £32bn in lost tax revenue and higher benefits payments combined, and almost a fifth (£4.8bn) of the NHS budget. In total, these costs were equal to around 2.8% of the UK’s GDP in 2019.

In the last year, the general levels of ill health in the population have become increasingly visible in the labour market. Between May – July 2023, over 2.6 million people were out of work due to long-term health reasons – 6.1 % of the total working age population. Before the pandemic, this stood at just over 2 million. As of July 2023, over 491,000 people had left the job market since the start of the pandemic due to long-term health problems and in 2023, the number of people economically inactive due to long-term sickness reached an all-time high since records began in 1993. According to the Office for Budget Responsibility’s (OBR) July 2023 fiscal risks and sustainability report, the increase in inactivity in the labour market over the past 3 years, coupled with the increase of ill health among people in work, means that the government spent £6.8 billion more on welfare payments in 2023–4, while the total annual tax loss is estimated to have risen to £8.9bn.

Again, the OBR’s analysis in its fiscal risks and sustainability report shows that the increase in health-related inactivity has been concentrated among several groups, including people who previously worked in lower-paid jobs in sectors such as care, leisure and services, as well as machinery occupations. These roles often require more physical labour, have higher levels of contact with the public and are less able to be done from home. People with either no qualifications or qualifications at A-level and below have also been disproportionately affected. They represent 75 % of the total long-term sick inactive population, despite making up only half of the working-age population.

Our health is a product of our environment. The work we do, the food we eat, the places we live and the activities we engage in all have an impact on our health. In May 2022,

YouGov polling commissioned by the RCP found that 55 % of British adults felt that their health had been negatively affected by the rising cost of living. Over the past year, these financial pressures have continued to rise. ONS data from October 2023 found that just over half (52 %) of people said their cost of living had increased compared with the previous month, with 44 % finding it very or somewhat difficult to afford their energy bills and 43 % finding it very or somewhat difficult to afford their rent or mortgage payments. According to analysis from the Joseph Rowntree Foundation, almost 9 in 10 (87 %) low-income households receiving Universal Credit are going without at least one essential such as food, a warm home or toiletries.

We welcome the government’s ambition to narrow the gap in healthy life expectancy between the most and least deprived areas by 2030. But to achieve it, we need a wider, more ambitious approach across government, with strong leadership from the prime minister.

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Illness is projected to grow

Without bold action, ill health in the population is likely to grow. In the medium term, the cost of living will continue to have an impact on health and quality of life. [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 in the winter of 2022 compared with the previous winter. The [ONS winter survey](#) found that one in five adults were occasionally, hardly ever, or never able to keep comfortably warm in their house in February 2023, rising to one in four for people living in the most deprived areas, and almost one in three for those with moderate to severe depression. The situation will not improve for many this year: the [Resolution Foundation has calculated](#) that almost a quarter of the most deprived households will face energy bills rising by more than £100 this winter.

Beyond the cost of living, the number of people reporting that they have no long-term health conditions has been declining since 2016. [Between 2019 and 2023](#), there has been a 42 % increase in the number of people who are inactive because of long-term sickness reporting that they have five or more health conditions. [Analysis by the Health Foundation](#) projects that the number of people living with major illness in England – such as more severe cases of cancer, diabetes and kidney disease – will increase by 2.5 million by 2040. This is a projected 37 % increase in the number of people living with a major condition – almost 1 in 5 adults. At the same time, the size of the working population is only expected to grow by 4 %.

The NHS and social care systems are already in the unsustainable position of treating avoidable illnesses caused or worsened by people's environments. A [survey of RCP members published in January 2023](#) found that just

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under a third (31 %) of physicians had seen more people with illness as a result of their living conditions in the 3 months prior. Our members told us about seeing increases in asthma, pneumonia and respiratory conditions because of damp, cold and mould in housing, as well as patients unable to afford to take transport or time off work to attend appointments.

Health and prevention of ill health must be placed at the heart of government. With waiting lists in England at their highest point since records began, a clear plan to reduce future avoidable illness, and therefore avoidable demand for the NHS, is needed. Indeed, the [Covenant for health report](#) launched by Lord Filkin, with support from The King's Fund and leading health experts, has put forward the need for a 'resilient cross-party commitment to build a healthier nation'. Only a cross-government strategy to reduce health inequalities will lead to the coordinated action across all government departments that is needed to help to improve general levels of health, and reduce avoidable illness and health-related work inactivity.

The case for cross-government action

Focusing on individual behaviours and access to services alone will not be enough to close the almost 20-year gap in healthy life expectancy between the most and least deprived areas in England. [The OBR estimates that](#) halving the NHS waiting list over 5 years would only reduce working-age inactivity by around 25,000.

Health inequality cannot only be a matter for the DHSC or the NHS because so many of the factors that cause people to become ill sit beyond their remit. For example, we have little control over the air we breathe, yet air quality and air pollution can have a major effect on health outcomes and contribute to many health conditions, including established links to cancer, asthma, stroke and heart disease, and diabetes. It will take coordinated and collective efforts from all parts of government to tackle this issue. As the chief medical officer said in his oral evidence to the Health and Social Care Committee's inquiry on prevention, 'these problems are whole-of-Government problems. They should not be seen as just a Department of Health problem'.

The best way to improve health is to focus on the factors that shape it. To truly reduce health inequalities, we need to tackle the factors that make people ill in the first place – from poor housing, air quality, and the marketing of food and alcohol or the availability of tobacco, to employment (including how much money you have), racism and discrimination, and transport. That is why the RCP is calling for a comprehensive cross-government strategy to reduce health inequalities. This should:

- > consider the role of every government department and every available policy lever in tackling health disparities and the wider determinants of health
- > have clear measurable goals and metrics to measure progress

- > be led by, and have accountability to, the prime minister
- > be underpinned by the necessary funding settlement.

The prime minister should bring together all government departments to agree a cohesive cross-government plan to tackle the wider determinants of health. 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.

Addressing health inequalities, which so often start in childhood, will take concerted, long-term efforts across government. But it will reduce avoidable demand on the health service, improve productivity and enable more people to live happier lives as gaps in life expectancy and healthy life expectancy are narrowed.

‘At the end of the day, only the Treasury and No. 10 can say, “This is a whole-of-Government problem, and we need to bring that together.’

- **Chief medical officer for England, oral evidence to the Health and Social Care Committee's inquiry on prevention**

Why we still need a cross-government strategy

The government had committed to a health disparities white paper, saying that DHSC would ‘work with the whole of government to consider how to tackle health disparities at each stage they arise’. We welcomed this as a sign that there would be a plan to tackle inequalities and the building blocks of good health in a joined-up way by departments across government. We were disappointed when the government confirmed earlier this year that it would no longer be published.

It is concerning that the government has no plans for a dedicated strategy to address health inequalities when it is so desperately needed. We hope that all political parties will commit to reducing health inequalities at the next general election, with a specific pledge in their election manifestos to develop a cross-government strategy to reduce health inequalities and tackle the wider determinants of health.

In January 2023, the government announced its intention to produce a Major Conditions Strategy. It focuses on six health conditions that account for over 60% of disability-adjusted life years in England. The interim report, a [strategic framework which was published](#) in August 2023, acknowledged the impact of inequalities and deprivation in contributing to or exacerbating many health conditions.

The framework recognises the importance of the wider determinants of health in contributing to serious health conditions and identifies prevention as one way to improve the health of the nation. However, to prevent and delay the development of major conditions, we must look beyond the NHS. The final Major Conditions Strategy, expected in early 2024, is a significant opportunity to tackle the unfair and avoidable differences in health across the population, as well as reducing avoidable illness overall. We need to see a clear commitment to

‘The wider determinants of health such as income, education, work, housing, relationships, families, access to nature and our physical environments can have enormous impacts on our health and our behaviours, and impact people throughout their lives and across generations. Research suggests these wider determinants are more important than healthcare in determining health outcomes.’

– Major conditions strategy: case for change and our strategic framework

a cross-government strategy to reduce health inequalities. While the NHS can try to help someone manage or improve their condition(s), it cannot tackle the reasons why many people become ill in the first place.

Earlier this year, the Labour Party launched its [mission for health](#), which included a commitment to establish a 'mission delivery board' to 'bring together all departments with an influence over the social determinants of health'. In September 2023, the Liberal Democrats [passed a motion](#) which included the creation of a 'health creation' unit in the Cabinet Office to 'ensure that all legislation maximises opportunities for improving the nation's health'. These commitments provide an opportunity to develop a coordinated cross-government strategy.

Work is ongoing in the health service to reduce health inequalities. A year ago, the Health and Care Act 2022 gave integrated care systems (ICSs) legal responsibilities to proactively reduce health inequalities. While ICSs have been working on their strategic plans, in which [health inequalities have been well recognised](#), the prioritisation of short-term operational goals risks the aim of tackling inequalities being sidelined. NHS Confederation has launched a '[systems for change](#)' toolkit to aid ICSs in working together to support social and economic development, which is a step in the right direction. Adequate support needs to be in place for all systems, particularly those that are newer or less developed, to deliver on their health inequalities duties; [34% of ICSs are 'not very confident'](#) or '[not confident at all](#)' that they can support broader social and economic development.

The long-awaited [NHS Long Term Workforce Plan](#) published earlier this year recognises that people in more deprived communities are more likely to develop long-term conditions sooner. It says that training, recruitment, and retention plans need to take into account the need for people living in deprived or understaffed communities to have improved and equitable access to healthcare, in recognition of the variation in life expectancy between the most and least deprived areas of England.

NHS England's [Core20PLUS5](#) programme is also ongoing, aiming to tackle health inequalities at a national and system level by targeting population groups in need and focusing on five clinical areas which need improvement. However, the focus is on access to and outcomes from healthcare, rather than prevention. The onus cannot be on the healthcare system alone. As NHS England's '[NHS England at 75: priorities for the future](#)' report said, 'Many of the factors that affect health are not within the NHS's direct control...the Government has a central role to play, through an integrated cross government strategy'. We need a cross-government strategy to bring departments together to tackle ill health and inequalities across the whole system.

Improving the health of the nation is a key part of putting the NHS back on a sustainable footing. Prevention is vital to ensuring that people live longer, healthier lives. Addressing the social determinants of health through a dedicated cross-government health inequalities strategy with clear measurable goals will not only save lives but will be cost-saving in the long term, as avoidable illness and health-related inactivity are reduced. It is key to ensuring that people can live healthier, more equitable lives.

Recommendations

The RCP is calling for:

- > a cross-government strategy to reduce health inequalities that:
 - considers the role of every government department and every available policy lever in tackling health disparities and the wider determinants of health
 - has clear measurable goals and metrics to measure progress
 - is led by, and has accountability to, the prime minister
 - is underpinned by the necessary funding settlement
- > the government to maintain a commitment to publishing the full report of the Major Conditions Strategy in 2024, which includes clear cross-government action, with a cross-government strategy to reduce health inequalities
- > political parties to prioritise tackling health inequalities and to commit to a cross-government strategy for tackling health inequalities at the next general election.

What next?

The RCP is marking the third anniversary of the Inequalities in Health Alliance (IHA) with the publication of this position paper. Since its launch in October 2020, the IHA has grown to over 250 member organisations. The RCP will continue to work with IHA members to make the call for a cross-government strategy to reduce health inequalities as we approach a general election.

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