

## Written evidence submitted by the Royal College of Physicians (PHS0365)

1. The Royal College of Physicians (RCP) is the membership body for hospital doctors. We support physicians to deliver the best healthcare possible for patients and improve standards of care. We represent 41,000 members and fellows in the UK and internationally from over 30 medical specialties. We also convene [the Inequalities in Health Alliance](#) - comprised of over 230 member organisations campaigning for a cross-government strategy to reduce health inequalities.
2. We welcome the committee's focus on prevention in health and social care. **We support the inquiry looking at smoking, obesity and alcohol.** Preventative healthcare by 2030 should have a firm focus on these modifiable risk factors.
3. **We strongly urge the committee to explore health inequalities and the social determinants of health.** Reducing health inequalities, and avoidable illness overall, is key to reducing NHS demand. Before COVID-19, [health inequalities were estimated to annually cost the UK](#) £31bn-£33bn in lost productivity and £20bn-£32bn in lost tax revenue and higher benefits payments, and almost a fifth of the NHS budget. Good health is an economic asset. It is central to improving productivity and reducing health-related labour market inactivity.
4. **The Department of Health and Social Care (DHSC) and NHS are currently in the unsustainable position of treating illnesses created by the environments people live in.** [In a December RCP member survey](#), 31% said they had seen more people with illness due to their living conditions in the last three months. **We need to end this cycle and tackle the social determinants of health.**
5. Health inequality is the result of many and varied factors which often sit beyond the remit of the NHS and DHSC. Preventative healthcare in 2030 should have a clear cross-government approach that considers the role of every department and policy lever to reduce health inequality and prevent avoidable ill-health. To prevent ill-health in the first place, we have to tackle issues 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. Public health funding is vital. **The inquiry should consider these determinants and government's plans to tackle them.**
6. [We are disappointed](#) government will no longer publish the Health Disparities White Paper (HDWP), [which gave assurance that](#) DHSC would work with the *'whole of government to consider health disparities at each stage...they arise...[including]...the wider determinants of health'*. This follows [the disbanding](#) of the Health Promotion Taskforce which [was established](#) to *'inform a new cross-government agenda...and implement policies in other departments where appropriate'*. Government says the Major Conditions Strategy will cover ['many of the same areas as the HDWP'](#) – we hope that is not only NHS treatment and early diagnosis, but also the wider determinants that government had previously identified as important and that are key to delivering government commitments on healthy life expectancy.
7. Air quality is a significant and growing public health challenge. The joint [RCP and Royal College of Paediatrics and Child Health 2016 report](#) estimated that 40,000 deaths are attributable to outdoor air pollution annually. And [as the Chief Medical Officer's report said](#), 'indoor air pollution is becoming an increasing proportion of the problem'. [We were disappointed that](#) the target under the Environment Act for fine particulate matter (PM2.5)

is 10µg/m<sup>3</sup> by 2040, rather than 2030 [as many health organisations recommended](#). The inquiry should explore the government's plans improve indoor and outdoor air quality given the health impacts.

8. A third of the population does not have [access to specialist weight management services](#). Where they do, waiting times are unacceptable. Funding is needed to increase existing capacity and develop services in underserved areas, prioritising socioeconomically deprived places with high obesity rates. Weight-related stigma is a common barrier to people seeking help and accessing treatment – steps must be taken to tackle this. As a member of the Obesity Health Alliance, we'd also welcome scrutiny of the government's obesity strategy, including the delay to planned measures to reduce and address obesity.
  
9. Smoking accounts for around half the difference in life expectancy between the most and least deprived. We strongly supported NHS Long-Term Plan commitments on smoking, such as offering every smoker admitted to hospital help to quit. Funding is key to realise the ambitions of that plan and wider smoking cessation measures. The [Khan Review recommended](#) an additional £125m annually for tobacco control measures. [The APPG on Smoking and Health recommended](#) a 'polluter pays' funding mechanism. [A radical programme of tobacco control measures](#) is needed. Government must publish its response to the Khan Review.

*February 2023*