

Written evidence submitted by Health Equals (PHS0465)

Health Equals' response to the call for proposals by the House of Commons Health and Social Care Committee.

Up to 60% of our health is shaped by the systems and environments in which we live, work, play and grow, and not by our genes, our access to healthcare or the choices we make.¹ These building blocks of health are outside of our control and have material and significant impacts on our health.

Examples of these building blocks include our homes, which may be poor quality or mould-ridden, or our jobs, which may cause stress through insecurity, or fail to provide us with sufficient money to thrive.

Because these wider determinants are outside our control, they result in health inequalities, across geographies, age groups and ethnic groups. For example, there is a life expectancy gap for men of 13.7 years between the most and least affluent areas of the UK.² This gap shows us that poor health is not inevitable, and that many people live in areas where social, environmental, and economic factors support and improve their health and enable them to stay healthy. It is vital that we give everyone those opportunities wherever they live or whatever their circumstances.

Poor health prevents people from being able to fulfil their potential, puts undue strain on the NHS and harms the economy. Preventing ill health through providing health promoting systems and environments will provide significant benefits to the NHS, given that 10% of the UK population is currently on an NHS waiting list for ill health,³ and for the economy, given that ill health costs the UK economy £150bn per year.⁴ This is a problem that is only getting worse - 500,000 more people are now economically inactive due to poor health than in 2019.⁵

While the link between these systemic factors and health is well known, there remain significant research gaps into the most effective policy interventions to rectify them. This is partly because they are caused by complex, systemic issues spanning multiple government departments at the national, regional and local level. While some departments have taken steps towards tackling health inequalities within their own purviews, such as introducing requirements around housing repairs and committing £150m for mental health services, the urgency needed to tackle poor health and health inequalities in the UK requires a joined-up policy approach across government – something that is currently lacking, but could be encouraged by a select committee inquiry.

Across the building blocks of health, there are several that are well evidenced in causing acute health issues at a large scale in the UK today:

¹ King's Fund *Broader determinants of health: Future trends* <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health>

² National Records of Scotland (2022) *Life Expectancy in Scotland, 2019-2021* <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scotland/2019-2021>

³ British Medical Association (2022) *NHS backlog data analysis* <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-backlog-data-analysis>

⁴ Times Health Commission (2023) *Rising levels of ill health costing economy £150bn a year* <https://www.thetimes.co.uk/article/rising-levels-of-ill-health-costing-economy-150bn-a-year-x5dkcn5jg>

⁵ Office for National Statistics (2022) *Half a million more people are out of the labour force because of long-term sickness* <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/halfamillionmorepeopleareoutofthelabourforcebecauseoflongtermsickness/2022-11-10>

- The first of these is **work and income**. Lacking financial security or living in poverty are powerful risk factors for ill health through denying people the opportunity to make healthy decisions, or by forcing them to take unhealthy ones such as choosing between ‘heating and eating’.⁶
- The second of these is **housing**. The UK has some of the oldest housing stock in Europe, and millions of people are living in homes that are detracting from their health.⁷ These include homes which are cold, damp, or mouldy, which harm everyone who resides in them but are particularly dangerous for people with asthma, leading to many preventable deaths each year.⁸
- Finally, poor **air quality** affects us all and is implicated in approximately 30,000 deaths in the UK annually.⁹ The issue is so pressing that the Chief Medical Officer’s 2022 report examined the issue.¹⁰

Areas in particular need of policy interventions but requiring more research include the prevention of mental ill health, especially in childhood and adolescence. Our childhood health and experiences are strong determinants of our future health and wellbeing.¹¹ The recent announcement that both the Health Disparities White Paper and the cross-government 10-year plan for mental health for England were being combined into the new Major Conditions Strategy, which focuses largely on physical health conditions that affect adults, risks the deprioritisation of prevention, childhood health, and mental health.

We therefore recommend the Committee:

- Examines research and solutions in the building blocks of health and how they exacerbate, or can mitigate, health inequalities.
- Identifies policy and evidence gaps and works with cross-sector organisations to collect data to drive improvements in the building blocks of health.
- Pays particular scrutiny to work and income, housing and air quality within the building blocks of health.
- Puts mental health on equal parity when considering research gaps, health impacts and policy solutions.
- Prioritises childhood health, which predetermines many of a child’s future prospects for health, wellbeing and livelihood.
- Examines the role of cross-departmental working and policy in tackling both national and local level systemic inequalities.

February 2023

⁶ Office for Improving Health and Disparities (2022) *Wider determinants of health* <https://fingertips.phe.org.uk/profile/wider-determinants>

⁷ BRE Group (2020) *The Housing Stock of the United Kingdom* https://files.bregroup.com/bretrust/The-Housing-Stock-of-the-United-Kingdom_Report_BRE-Trust.pdf

⁸ Royal College of Physicians (2014) *National Review of Asthma Deaths (NRAD) 2014* <https://www.asthma.org.uk/293597ee/globalassets/campaigns/nrad-full-report.pdf>

⁹ Public Health England (2009) *COMEAP: long-term exposure to air pollution: effect on mortality* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/304667/COMEAP_long_term_exposure_to_air_pollution.pdf

¹⁰ Department of Health and Social Care (2022) *Chief Medical Officer’s Annual Report 2022: Air pollution* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1124738/chief-medical-officers-annual-report-air-pollution-dec-2022.pdf

¹¹ House of Commons Health and Social Care Committee (2019) *First 1000 days of life* <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

Appendix

About Health Equals

Health Equals is the UK's campaign for improving health opportunities. Funded by the Health Foundation for £12m over 5 years, we are a new coalition bringing together the UK's leading voices from across the business, non-profit, think tank and health sectors. Our 30 strong membership has come together in recognition that the varied work they do is fundamentally linked to health.

We're committed to shaping a society that values everyone's health, where each of us has our best chance of a healthy life. For that everyone should have access to the basic building blocks of good health: a warm home, a good job, and neighbourhoods with clean air and green space.

Our campaign

We will be launching a major public awareness-raising campaign focused on drawing attention to the stark health inequalities in the UK from March 2023.

At the same time, we have commissioned research from three of our partners – Crisis, the Learning and Work Institute, and Global Action Plan – focused on developing specific policy recommendations to address health inequalities in three initial priority areas: housing; work and income; and air quality. This research will be ready in the latter half of this year. Further research pieces focused on additional building blocks will be commissioned next year.

Throughout the five-year campaign, we will be seeking to engage with national, devolved and local political stakeholders to highlight the issue of health inequalities and champion policies that promote good health.

We would be delighted to support any Health and Social Care Select Committee inquiry into this issue – and directly, and through our membership, would look to provide you with any additional information you may need.

Our membership

- British Red Cross
- Centre for Mental Health
- Citizens Advice
- Confederation of British Industry
- Crisis
- Fairness Foundation
- Food Foundation
- Global Action Plan
- Institute for Public Policy Research
- Institute for Employment Studies
- Institute of Health Equity
- Joseph Rowntree Foundation
- Learning and Work Institute
- Legal & General
- Lloyds Bank Foundation
- Local Government Association
- Mind
- New Philanthropy Capital
- People's Health Trust
- Race Equality Foundation
- Royal College of Paediatrics and Child Health
- Royal National Institute of Blind People
- Royal Society for Public Health
- ShareAction
- Shelter
- The Health Foundation
- The Wildlife Trusts
- Trades Union Congress
- What Works Centre for Wellbeing