A healthy economy needs healthy people

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Since the Royal College of Physicians (RCP) launched the Inequalities in Health Alliance in October 2020, we have been pleased to see an increase in calls for a cross-government strategy to reduce health inequalities. As the Health Foundation explains in a recent briefing, improving health requires action to be taken by the whole of government, not just the Department of Health and Social Care and the NHS.

We brought together these almost 200 organisations because we very much agree with the Health Foundation that improving health and health equity must be placed at the heart of government's agenda. Only the government can create the conditions for every part of society to take action that improves health. That's why we welcomed the creation of the Office for Health Improvement and Disparities, and we look forward to more details about the 'new cross-government agenda which will look to track the wider determinants of health and reduce disparities'.

Recent research from the University of York is one example of why it is government that needs to take the lead. The study linked austerity measures with the deaths of almost 60,000 more people than would be expected in the 4 years following their introduction. It also found that the slowdown in the gradual improvement to life expectancy coincided with the cuts to health and social care spending.

These findings are upsetting, but unfortunately not surprising. The RCP adopted reducing health inequality as one of its priorities for influencing in 2018. Our members were well aware of the growing gap in healthy life expectancy – around 20 years between the poorest and richest areas – and its connection to spending on health and care.

Indeed, we've known since at least 1980 (when the Black Report was published by one of my predecessors) that we need to spend more if we want the gap to close. More on health services, yes, but – more importantly – more on public health measures that prevent ill health, on social care that helps older people stay at home and younger people continue working, on housing that doesn't make people ill, and much more.

As we said when the NHS Long Term Plan was published, every doctor commits to protecting and promoting the health of patients and the public, to making the care of our patients our first concern, and to take prompt action if we think that patient safety, dignity or comfort is being compromised. That is why we can't stand aside and just watch health inequalities widen

Over the past year the RCP, along with a host of other organisations that exist to improve all our health, have been asking the government to do two things:

1. Plan and resource the NHS and social care workforce properly. Like any good business would, assess how many staff the NHS and social care actually need and compare that to how many we currently have.
2. Make reducing health inequality central to the government's agenda by producing a cross-government strategy to reduce health inequalities. Accept that we have a growing problem with long-term ill health, that the poorer you are the unhealthier you are likely to be, and that this is bad for individual people and for the country as a whole.

The argument made against these investments is that the country can't afford it. But I remain convinced that, on the contrary, we can't afford not to spend more on health, social care and public health. As a doctor, and a human being, I put people before profit. Because what's the point of economic growth if people are too ill, tired or poor to enjoy it?

Indeed, because of inequality, some people may never even live to contribute to that growth, as the MBRRACE-UK perinatal mortality surveillance report for births in 2019 shows. It found that the rate of stillbirth among black and black British babies is more than twice that of white babies, and neonatal mortality is 43% higher.

Many factors will have contributed to this gaping disparity, and we have to remember that for some conditions outcomes are better among ethnic minorities. But it is an undeniable example

of structural inequality. What I mean by that is that there is something about the way our society is constituted that benefits some people and deprives others. We must redress that balance by investing more in health and care so we can improve access and outcomes for the least privileged.

What I really want to see is fewer people needing health care in the first place, which means looking at what causes ill health and taking steps to prevent it. People need healthier and safer housing, better quality food, stable employment, access to transport and more. Recent findings from Shelter found poor housing is harming the health of a fifth of renters.

And, of course, it is about income – the money people have in their pockets is directly related to the choices they are able to make about their health. That money means more and better food. It means being able to afford the bus to get to a doctor to look at your cough or lump 'that's probably nothing'.

As we said when we wrote to the prime minister in February 2020 about the Marmot review, we need a real living wage, which the Resolution Foundation calculate to be £9.50 an hour for the UK and £10.85 an hour in London. And we should look seriously at a guaranteed minimum income for everyone, as other countries are doing. The rise in the National Living Wage to £9.50, announced in the Budget, was a welcome start.

It may seem to some that I'm talking outside of the remit of the president of the Royal College of Physicians. But evidence is piling on top of evidence that poverty and poor health go hand in hand. And if people are ill, they are less productive, they cannot thrive.

If we really want to level up the extent to which we all share in the country's economic success, if we want to build back better – and fairer – we need to be honest about what causes economic growth. It is people. If the prime minister wants the UK to flourish, and I believe he does, then he needs to free people from poverty.

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https://www.health.org.uk/news-and-comment/blogs/a-healthy-economy-needs-healthy-people