



Professor Sir Sam Everington, Barrister, MBBS, MRCGP, OBE

5th May 2022

Dear Colleagues,

I look forward to meeting you all on the 19th May. I enclose several articles and the [manifesto for the college of Health](#) (I am Vice-Chair) which give the background to some of the issues and some of the solutions.

There are several points I will draw out:

Mental, Physical and Social health are inextricably linked.

Prior to Covid, anti-depressant prescribing had doubled in the last 10 years. We need great biomedicine but not to medicalise every problem and ensure as clinicians in the NHS we recognise that our traditional medicine only tackles 20% of health care issues, the other 80% is social prescribing.

Mental health has also deteriorated significantly during covid and is causing enormous pressure on all parts of the NHS. At least 30% of GP consultations are pure mental health issues. One could argue that every consultation relates to mental health.

Social prescribing has a major positive impact on the health of the elderly and adults but there is little available for children.

We are piloting social prescribing in three schools across the country and believe it should be in every school.

The Bromley by Bow centre, where I work, is a pioneering charity and general practice with over 40 different services and activities and a community research project under its roof.

Social prescribing ensures holistic health care, with better outcomes and reduced pressure on the NHS.

Best wishes,

Sam

Professor Sir Sam Everington, MBBS, MRCP, OBE
Chair Tower Hamlets CCG and Deputy Chair North-East London CCG
Vice Chair College of Medicine
GP, Bromley by Bow Partnership
NED East London Foundation Trust
Associate Director NHS Resolution

Obesity

Last autumn the chief exec of John Lewis said that 10 years of digital sales growth had happened in one year. Well, it seems that the growth of digital sales wasn't the only long term trend to have accelerated under lock down. So too has the inexorable increase in prevalence in child obesity. This would usually rise at the rate of about 1% a year but in one year, between 2019/20 and 2020/21, it rose by approximately 5%. 5 years growth in the prevalence of child obesity in one year.

Given that the rise is greatest has been in the areas that already had highest levels of child obesity*, driven by factors of children a) growing up in poverty, b) of racially minoritised communities and c) those living in urban settings, and that 5% is the average across England, the increase in prevalence of obesity in Tower Hamlet's children is likely to be considerably higher than 5%.

*Tower Hamlets has the 6th highest levels of child obesity in England.

This represents a considerable challenge to the future health of the population of Network 6, and to its health and care providers.

- Those who were obese as children or adolescents are 5x more likely to be obese as adults.
- There is a strong correlation between childhood obesity and diabetes, hypertension and certain types of cancer. Network 6 already has high rates of diabetes, which are set to increase by 33% in the next eight years.
- The current cohort of children are likely to have a higher prevalence of diabetes, and to develop it earlier in life, than the current adult population.

Life expectancy: Parts of England and Wales see “shocking” fall

BMJ 2022; 377 doi: <https://doi.org/10.1136/bmj.o1056> (Published 26 April 2022)

Cite this as: BMJ 2022;377:o1056

Article

Related content

Metrics

Responses

Jacqui Wise

Author affiliations

Data showing greater falls in life expectancy in the poorest areas of England than in the wealthiest have led to questions over whether the government's levelling-up agenda is achievable without a fundamental shift in approach.

The latest data from the Office for National Statistics show that men born in the poorest areas of the country are now expected to live almost 10 years less (73.5 years in the period 2018 to 2020) than those in the richest areas (83.2 years), and women eight years less (78.3 versus 86.3).

There were "statistically significant" decreases in male and female life expectancy in the most deprived areas when compared with the period 2015 to 2017, said the ONS.

The figures also show that in the most deprived areas people are living more of their life in ill health. Girls born in the poorest areas of England live 19 years less in good health than those born in the wealthiest areas.¹

In 2018 to 2020 healthy life expectancy at birth for girls and women was 51.9 years in the most deprived areas and 70.7 years in the least deprived areas. The figures for boys and men were 52.3 and 70.5 years, respectively.

David Finch, assistant director of healthy lives at the Health Foundation, said the data showed the uneven effects of the covid pandemic and a "staggering difference in life chances."

Michael Marmot, director of the Institute of Health Equity at University College London, described the figures as shocking, saying that they showed a continuing trend of worsening health inequalities. "They are telling us a great deal about how well society is functioning. If health is getting worse, then society's needs are not being met," he told The BMJ.

In February the government published its white paper on levelling up, which reiterated the ambition to improve healthy life expectancy by five years by 2035, while narrowing the gap between the experience of the richest and poorest people.² However, a recent analysis by the Health Foundation showed that on current trends it would take 192 years to reach this target.³

Finch said, "Reducing these stark inequalities requires a fundamental shift towards a whole-government approach that actively improves the conditions needed to create good health, such as adequate incomes to cope with the rising cost of living, secure jobs, and decent housing.

"The upcoming disparities white paper presents a clear opportunity to move beyond the rhetoric and into action."

The new figures on life expectancy include the first year of the pandemic, when the country's most deprived areas experienced the highest rates of death involving covid-19. The data included covid deaths in 2020, but the ONS noted that these cannot show the full impact of covid deaths on inequalities.

Women living in the most deprived areas were expected to live two thirds (66.3%) of their lives in good general health, while those in the least deprived areas would live more than four fifths (82%), the data show.

Separate figures published by the ONS for Wales showed similar trends in life expectancy.⁴ Female life expectancy at birth in the most deprived areas of Wales fell "significantly" from 79.1 in 2015-17 to 78.4 in 2018-20. However, the equivalent drop for boys and men, from 74.3 to 74.1, was not statistically significant.

In Wales, boys and men in the most deprived areas were expected to spend 54.2 years on average in good general health, which compared with 67.6 in the least deprived areas. For girls and women the respective figures were 53.3 and 70.2 years. Deprivation is measured differently in Wales, with local areas assigned one of five levels, while in England there are 10 levels.

Alison Garnham, chief executive of the Child Poverty Action Group, commented, "This is really worrying data and the message is stark: poverty kills. The picture on child poverty is likely to worsen in the year ahead as costs soar and families face a real terms cut in universal credit. The sticking plaster responses we've seen so far from government are hopelessly inadequate. Ministers must respond to the scale of the problem by bringing benefits in line with inflation. That's the minimum protection needed for children in low income families."

The picture is likely to get worse in the coming year. A separate analysis released by the ONS shows that in March 2022 around nine in 10 adults reported an increase in the cost of living over the previous month, whereas in November 2021 the proportion was six in 10 adults.⁵ Nearly a quarter of adults reported that it was very difficult or difficult to pay their usual household bills in the previous month, up from 17% in November.

References

- ↪ Health state life expectancies by national deprivation deciles, England: 2018 to 2020. Apr 2022. Office for National Statistics. Apr 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2018to2020>.
- ↪ Department for Levelling Up, Housing and Communities. Levelling up the United Kingdom. Feb 2022. <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom>.
- ↪ Tinson A. Healthy life expectancy target: the scale of the challenge. Health Foundation. Mar 2022. <https://www.health.org.uk/news-and-comment/charts-and-infographics/healthy-life-expectancy-target-the-scale-of-the-challenge>.
- ↪ Health state life expectancies by national deprivation quintiles, Wales: 2018-2020. Office for National Statistics. Apr 2022.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbynationaldeprivationdecileswales/2018to2020>
←The rising cost of living and its impact on individuals in Great Britain: November 2021 to March 2022. Office for National Statistics. Apr 2022.

<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/articles/therisingcostoflivinganditsimpactonindividualsingreatbritain/november2021tomarch2022>.