

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

CC60: Ymateb gan: | Response from: Royal Society for Public health (RSPH)



Royal Society for Public Health response to: Supporting people with chronic conditions

Royal Society for Public Health (RSPH) is an independent health education and campaigning charity, committed to improving and protecting the public's health and wellbeing. We are the world's longest-established public health body with over 5000 members committed to supporting the public's health. Activities include providing qualifications and public health programmes, alongside campaigning on issues to support better health and wellbeing for the public.

Introduction

Public Health is pivotal in supporting the wellbeing and growth of the country, and creates the foundation to support all members of our society to thrive, thereby creating a fairer society. However, people from more disadvantaged backgrounds, who belong to different groups or communities, or who live in different regions may experience more inequalities in relation to their conditions or barriers to their access to services. As rising housing, energy and food costs continue to put more people in the position of making difficult choices about heating or eating, we can expect to see more people pushed into poverty and its health consequences.

A report from IPPR highlighted that, within the UK, among those diagnosed with a long-term illness since the pandemic, two in five lost 10 per cent or more of their earnings. Chronic physical conditions are estimated to have driven 700,000 people to leave employment in the same period, forgoing all their earned income.¹ Furthermore, people with lower incomes are likely to be worse affected by becoming ill and following the onset of a chronic illness, around one in six of those already in the lowest income bracket left employment during the pandemic, compared to around one in 20 of those in the highest bracket. This unequal impact is compounded by the fact that people on low incomes are more likely to experience sickness, and less likely to get the best possible care.

Impact of additional factors

The impact of factors such as poverty and the rapidly rising cost of living only leads to further obstacles for people suffering from these conditions to break down socio-economic barriers and receive the level of care they require. Lower income families are most at risk from a higher cost of living because they have less money to spend in the first place, and increases in costs from energy, food and fuel represent a greater share of those existing levels of spend. The poorest fifth of families spend almost two-fifths (37%) of their income on essentials (food, housing, fuel and power).²

As more people continue to constantly worry about having enough money to pay bills or buy food this can also lead to other health detriments which also harm those with long term conditions with issues such as stress, anxiety and depression. It should also be remembered that stretched finances and the concerns that stem from them are far from limited to only low-income families. This impacts

¹ Revealed: The hidden personal cost of UK long-term sickness that cries out for a new National Health Mission (2023) IPPR. Available at: <https://www.ippr.org/news-and-media/press-releases/revealed-the-hidden-personal-cost-of-uk-long-term-sickness-that-cries-out-for-a-new-national-health-mission> (Accessed: 25 May 2023).

² (No date) <https://www.health.org.uk/news-and-comment/blogs/the-cost-of-living-crisis-is-a-health-emergency>
too#:~:text=There%20are%20several%20ways%20that,vulnerable%2C%20at%20risk%20of%20death.

on people's health both in the short and long term, where stresses can contribute to the build-up of psychosocial problems over time.³ In turn this puts a strain on people's bodies, resulting in increased stress and weakened immune systems which only makes these people more vulnerable to the effects of long term and chronic conditions.⁴

It's understandable that there is a link between deprivation and public health, and the long-term impact of inequality on people's mental and physical wellbeing. Long-term conditions including diabetes, heart disease and certain cancers exist at higher rates among the most deprived members of the population and are exacerbated by the living conditions experienced by the poorest communities.⁵ Therefore, those growing up in poverty are more likely to suffer poor mental and physical health into adulthood, risking life-limiting, severe, long-term illnesses and the prevalence of long-term conditions is greater in adults from lower socio-economic backgrounds. In England, for example, 40% of adults between the ages of 45 to 64 living with below-average income have long-term illnesses and this is double the rate of adults of the same age with above-average incomes.⁶

RSPH's recent report, 'Our health: the price we will pay for the cost of living crisis' described the current cost of living crisis as "a public health crisis".⁷ The report also made four key recommendations which we would urge the Health and Social Care Committee to adopt as part of a wider approach to supporting people with chronic conditions: 1. Financial support for families and public health services, 2. Champion policy innovation to maximise available supports, 3. Monitoring the long-term impacts of the cost of living crisis, and 4. Support the public health workforce so they can support us.

Prevention and lifestyle

A preventative approach to health is vital to ensure population-level wellbeing, sustainable public services, and the financial prosperity of the country.⁸ These issues all mean that one of the most significant priorities to support those with long term conditions, is to immediately prioritise the value of prevention. We must ensure that all people have the right access to the support and guidance to tackle factors such as obesity and smoking to address some of the barriers faced by different people in our society as inequalities in health are often linked to gender, ethnicity, geography, and disability. Evidence has shown that prior to COVID-19, inequalities that impact health were estimated to cost the NHS an extra £4.8 billion a year, with an additional loss of £31 billion in productivity, and £20 - £32 billion a year in tax revenue and benefit payments across the

³ *Living in poverty was bad for your health long before COVID-19* (no date) *The Health Foundation*. Available at: <https://www.health.org.uk/publications/long-reads/living-in-poverty-was-bad-for-your-health-long-before-COVID-19> (Accessed: 25 May 2023).

⁴ *Allostatic load* (no date) *The Health Foundation*. Available at: <https://www.health.org.uk/publications/allostatic-load> (Accessed: 25 May 2023).

⁵ *Long-term conditions and multi-morbidity* (2012) *The King's Fund*. Available at: <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity> (Accessed: 25 May 2023).

⁶ Aliouche, H. (2021) *What are the health effects of poverty?*, *News*. Available at: <https://www.news-medical.net/health/What-are-the-Health-Effects-of-Poverty.aspx> (Accessed: 25 May 2023).

⁷ RSPH (no date) *Our health: The price we will pay for the cost-of-living crisis*, *RSPH*. Available at: <https://www.rsph.org.uk/our-work/campaigns/our-health-the-price-we-will-pay-for-the-cost-of-living-crisis.html> (Accessed: 25 May 2023).

⁸ Masters et al., *Return on investment of public health interventions: a systematic review*, *BMJ*, 2017

UK.⁹ Furthermore, for every £1 invested in diabetes prevention, returns £1.28 and increases healthy life expectancy.¹⁰

Each additional year of good health achieved through public health interventions are 3.5 times cheaper than NHS interventions, costing £3,800 compared to £13,500.¹¹ Inequality not only inflates the costs of healthcare, but also contributes to much poorer health outcomes for millions of people across the country. There are tangible life expectancy gaps (of up to 9 years) and healthy life expectancy gaps (of up to 18 years) across the country between the most and least deprived neighbourhoods and between different socio-economic groups.¹²

Overall, inequalities are not only a moral detriment to our society, but they are also a major driving force in reducing life expectancy and piling unnecessary pressure on our public services, especially the NHS. Ensuring we have strong public services and a clear strategy to address the growing impact of inequalities on public health and support a preventative approach whilst breaking through the social and economic barriers to support those with long term conditions, is fundamental to the health of the nation.

⁹ *Health Disparities and health inequalities: Applying all our health* (11 October 2022) GOV.UK. Available at: <https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health> (Accessed: March 16, 2023).

¹⁰ Thomas et al. Assessing the potential return on investment of the proposed UK NHS diabetes prevention programme in different population subgroups: an economic evaluation, *BMJ Open* 2017

¹¹ The Health Foundation, Public health grant: *What it is and why greater investment is needed*, 2022 <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed>

¹² *Health inequalities theme* (no date) NIHR School for Public Health Research. Available at: <https://sphr.nihr.ac.uk/category/research/inequalities/> (Accessed: March 16, 2023).