Reducing health inequality

Backbench Business debate, House of Commons
Thursday 24 November 2016

About the BMA
The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership in the region of 170,000, which has been growing year on year.

Overview
The BMA welcomes the debate, put forward by members of the Health Select Committee, as an opportunity to discuss and address some of the key drivers and solutions related to health inequalities in the UK. Doctors are often witness to the results and impact of health inequalities ranging from childhood obesity to availability of health provision for prisoners and this briefing seeks to provide an overview of their views and experiences. It also encapsulates the findings of our reports on growing up in the UK, growing older in the UK and austerity, all of which found that socio-economic circumstances were a key factor in health inequalities across the population.

Despite continuous improvements in overall mortality rates and life expectancy at birth, the UK faces substantial health challenges. Considerable inequalities exist across a range of health outcomes across the UK, including premature mortality, morbidity, mental health, and death and injury from accidents and violence.

The BMA believes that health inequalities arise as a result of the social and economic inequalities that shape the environment in which individuals are born, grow, live, work, and age, known as the ‘social determinants of health’. These social determinants do not just affect individuals at the lower end of the socio-economic spectrum but rather impact through a social gradient where the lower a person’s social position, the worse his or her health. Although overall life-expectancy, and disability-free life-expectancy are set to rise, the social gradient is also widening, meaning that there is an increasing health gap between the economically better and worse off.

A life course approach
To address the gap between those of differing socio-economic backgrounds the BMA supports a life course approach to tackling health inequality, which promotes action to improve health starting before birth and continued throughout an individual’s life.

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We are concerned by the findings of our 2016 report on the state of child health in the UK, which highlights the health and wellbeing of a child born in the UK remains dependent on their social position. To address this, the report sets out measures to tackle poverty, reduce inequalities and prevent adversity before birth. These recommendations included:

- Developing, evaluating and implementing preventative early interventions to reduce the short-term and lifelong impact of early life adversities, such as bereavement and poverty.
- Conducting continuing research into the state of child health across the UK to ensure that government, and health and social care providers have suitable information to monitor the health of children on an ongoing basis.
- Establishing accountability at Ministerial level for children’s health and wellbeing including a framework reflecting UK commitments to the Convention on the Rights of the Child.
- Providing culturally and age-sensitive training programmes for healthcare teams to address the needs of vulnerable groups of children and young people including child refugees and asylum seekers, children with disabilities, and children with mental health conditions.
- Involving children, young people and families in the design and delivery of services in order to make them more accessible and effective.

**Austerity and health inequalities**

Doctors are concerned about the impact of austerity and welfare reform on health and wellbeing, particularly on the most vulnerable and disadvantaged in society.

The BMA’s Board of Science report; *Health in all policies: health, austerity and welfare reform* sets out the potential harms to health of austerity and the action needed to prevent them occurring. This includes an analysis of the impact of recent austerity and welfare reform on progress in reducing inequality and poverty. It also specifically highlights the following factors as impacting negatively on health and wellbeing in the absence of strong social support systems:

- poorer job prospects (particularly for younger people);
- a decrease in the number of households achieving a minimum income for healthy living;
- increases in relative child poverty;
- and increasing levels of material deprivation.

We believe that to ensure physical and mental health is accounted for in decision making, government must introduce a mandatory requirement for all departments and public bodies to adopt a ‘health in all policies’ approach to policy development and undertake a health impact assessment of all new policies.

The impact of this current period of austerity has been more detrimental to children than many other groups. Children born into poverty suffer an increased risk of mortality in the first year of life and in adulthood, and they face more health problems later in life. In addition 36% of the most deprived children are predicted to be overweight or obese by 2020 compared to just 19% of the most affluent. The Obesity Health Alliance (OHA), of which the BMA is a member, believes that a comprehensive package of measures, including implementation of the soft drinks industry...
levy, closing existing loopholes on marketing of unhealthy food and drink to children, and a comprehensive food and drink reformulation programme, will reduce rates of childhood obesity and address the social inequality in overweight and obesity prevalence.

Another vulnerable group affected by health inequalities are older people. The BMA’s recent report on Growing older in the UK\(^8\) found that older people from lower socio economic groups will likely experience worse health than those from higher socio economic groups and poor health will begin earlier in life. The latest IHE (Institute of Health Equity) Marmot indicators (IHE 2015) demonstrates men living in the most deprived areas in the UK can expect to live 16.5 years less than men living in the least deprived local authorities. For women in the UK the difference is 11.6 years. This is largely due to social, economic, and environmental inequalities across the life course.

Mental health problems are also more common in areas of deprivation, and poor mental health has been consistently associated with low income and debt\(^9\). It is therefore crucial that the government urgently address the imbalance between provision for physical and mental health and deliver true parity of esteem for mental health provision as well as addressing the underlying factors which lead to vulnerable people living in poverty in the UK.

The BMA recognises that poor health and health inequalities create significant economic costs. In 2009 these were estimated to be between £31-33 billion in lost productivity, £20-32 billion in lost taxes and higher welfare payments, and £5.5 billion in direct NHS healthcare costs annually.

To address this we believe that it is crucial to improve access to good quality environments, employment, housing, and social connectedness. Such improvements will result in health benefits throughout the life course including in later life and are also likely to ease demand on health services. There is therefore a real need to maintain sufficient levels of public spending on social welfare and health as these are the key mechanisms for improving outcomes and narrowing health inequalities, while also supporting economic growth.\(^10\)

**Prison health inequalities**

People in prisons are particularly susceptible to health inequalities, with a lack of hospital escorts often meaning that are less likely than their contemporaries in the community to receive necessary hospital treatment in a timely manner. To address this the BMA recommends embedding a fundamental principle of reducing health inequalities, and as far as possible providing equivalence of care within the secure estate. There is also a need to ensure that prisoners who are admitted to NHS hospitals are not released earlier than those patients admitted from the community would be, and that when they do return to the secure estate that they receive the necessary follow up care as would be available to patients in the community.

For further information, please contact:
Gemma Hopkins, Senior Public Affairs Officer
T: 020 7383 6287 | E ghopkins@bma.org.uk

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\(^9\) Royal College of Psychiatrists, Mental health and debt leaflet [http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/debtandmentalhealth.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/debtandmentalhealth.aspx)