Dear Prime Minister

We are writing as senior representatives of the Inequalities in Health Alliance (IHA) to ask you to take bold action to level up health as we move into the next phase of pandemic recovery.

Since our first letter in October 2020, we have been encouraged by the commitments your government has made that signal a welcome move towards a more joined-up approach to reducing health inequality. The Office for Health Improvement and Disparities and reference to ‘a new cross-government agenda which will look to track the wider determinants of health and reduce disparities’, the cross-government ministerial board on prevention and the Levelling Up white paper all hold great potential to be the catalyst we need to tackle health inequalities.

We now hope that you will take the next step: strengthen and underpin this work with an explicit cross-government strategy to reduce health inequalities, involving all government departments, led by and accountable to you.

The IHA membership represents patients, communities, doctors, nurses, public health and social care professionals, dentists, pharmacists, local authorities and others. Through this broad membership we have seen how the physical and mental health of people of all ages is affected by issues that are often beyond the control of the individual, and beyond the remit of the Department of Health and Social Care and the NHS.

It is children whose asthma is aggravated by the mould in their home or the traffic outside it. It is people who miss their hospital appointment because they can’t afford public transport or poor infrastructure make the journey a struggle. It is people who do not have the kitchen facilities to cook healthier food – and would not have the money or access to knowledge to do so even if they did.

Many deaths could have been prevented if there had been better levels of general health before the pandemic. The recovery from COVID-19 must be a turning point for the health of the nation.
Before the pandemic, the gap in healthy life expectancy between the richest and poorest in England was almost two decades. And that has a toll on individuals, regions and the country as a whole: in the areas of England with the lowest healthy life expectancy, more than a third of those aged 25 to 64 are economically inactive due to long-term sickness or disability. If we want to level up and build back better, we need an explicit health inequalities strategy, with clear measurable goals, that considers the role of every department and every available policy lever in tackling health disparities.

While it may seem that health inequality is a matter for the Department of Health and Social Care and the NHS, health and social care services can only try and cure the ailments created by the environments people live in. If we are to prevent ill health in the first place, we need to take action on issues such as poor housing, food quality, communities and place, employment, racism and discrimination, transport and air pollution.

A comprehensive cross-government strategy will reduce the cost to the public purse – health inequalities were estimated to cost the UK £31bn to £33bn each year before COVID-19. But a strategy will also, in the long-term, reduce pressure on and provide savings to the NHS. If we can improve levels of general physical and mental health, we will reduce the need for costly clinical interventions as people live healthier, more productive lives.

The areas with highest need should be prioritised for action and funding, but a nationwide cross-government approach will identify the policy changes required on national issues that will be relevant for all communities. Most, if not all, will improve our country’s economic health at the same time: as the Confederation of British Industry has said, better infrastructure will benefit businesses as well as the wider communities of which they are a part.

The Royal College of Physicians, as convenors of the IHA, has today published a short policy briefing setting out the case for a cross-government strategy to reduce health inequalities, which is enclosed. We would welcome the opportunity to meet to discuss this and how we can work with you and your government on this agenda.

Kind regards,

The undersigned representatives of organisations in the IHA

> Professor Helen Stokes-Lampard, chair, Academy of Medical Royal Colleges
> Deborah Arnott, chief executive, Action on Smoking and Health
> Professor Ian Gilmore, chair, Alcohol Health Alliance
> Carla Jones, chief executive officer, Allergy UK
> Kerry Leeson-Beeveres, national development manager, Alström Syndrome UK
> Sarah Baker, campaign manager, Anaphylaxis Campaign
> Dr Amy Proffitt, president, Association for Palliative Medicine
> Rachael McKeown, inequalities policy fellow, Association for Young People’s Health
> Mr John Pitchers, chair, Association of Anatomical Pathology Technology
> Professor David Cunningham, chair, Association of Cancer Physicians
> Professor Jim McManus, vice president, Association of Directors of Public Health
> Alison Cook, chair of the Taskforce for Lung Health, Asthma UK and the British Lung Foundation
> Dr Trevor Smith, president, British Association for Parenteral and Enteral Nutrition
> Paula Grayson, chair, Bedfordshire and Luton Fair Play
> Ayala Ochert, director, Better Breastfeeding
> Hadyn Williams, chief executive, British Association for Counselling and Psychotherapy
> Dr Anthony Maddox, chair, British Association for Cytopathology
Carol Stonham, executive chair, Primary Care Respiratory Society

Enver Solomon, chief executive, Refugee Council

Dr Fiona Donald, president, Royal College of Anaesthetists

Professor Martin Marshall, chair of UK Council, Royal College of General Practitioners

Susan Aitkenhead, UK director of nursing and deputy general secretary/chief executive officer, Royal College of Nursing

Steve Ford, chief executive, Royal College of Occupational Therapists

Professor Bernie Chang, president, Royal College of Ophthalmologists

Dr Camilla Kingdon, president, Royal College of Paediatrics and Child Health

Dr Michael Osborn, president, Royal College of Pathologists

Dr Andrew Goddard, president, Royal College of Physicians

Prof Andrew Elder, president, Royal College of Physicians of Edinburgh

Dr Adrian James, president, Royal College of Psychiatrists

Professor Mike Griffin, president, Royal College of Surgeons of Edinburgh

Professor Neil Mortensen, president, Royal College of Surgeons of England

Mr Edward Morris, president, Royal College of Obstetricians and Gynaecologists

Thorrun Govind, chair of the English Pharmacy Board, Royal Pharmaceutical Society

Carey Lunan, chair, Scottish Deep End project

James Watson-O’Neill, chief executive, SignHealth

Fiona Ellwood, president, Society of British Dental Nurses

Nik Hartley, chief executive officer, Spinal Injuries Association

Hallam Walker-Smart, head of service and director, Stronger People CIC

Chaitra Dinesh, national director, Students for Global Health

Christopher Gilham, chief financial officer, TalkGen Gambling Education Network

Nicola Close, chief executive, UK Public Health Network Executive Group

Andy Ratcliffe, executive director of programmes, Urban Health

Ellen Miller, chief executive officer, Versus Arthritis