

Parliamentary briefing from the Inequalities in Health Alliance

Reducing health inequalities – the avoidable differences in health across the population – is a vital part of reducing avoidable demand on the NHS and improving the nation’s health and productivity. The link between poor health and the social, physical and economic environments people live in is clearer than ever. Without bold action, we risk further entrenching existing health inequalities and placing further avoidable demand on our health and care services.

The over 230 member organisations of the [Inequalities in Health Alliance](#) (IHA), convened by the Royal College of Physicians (RCP), are calling for a cross-government strategy to reduce health inequalities.

It may seem that health inequality is a matter for the Department of Health and Social Care (DHSC) and NHS, but there is only so much that health and social care services can do to treat illnesses created by the environments people live in. **The IHA’s members have seen first-hand how the physical or mental ill health of people of all ages is shaped by issues that often sit beyond health.** Patients might miss hospital appointments because they can’t afford public transport, or because poor infrastructure makes the journey a struggle. Asthma and a range of other health conditions are aggravated by unhealthy homes with mould, or near busy roads where the air quality is poor. Rates of smoking and obesity are highest in the most deprived areas. According to an observational study, 22% of all dementia deaths in 2017 were attributable to deprivation. Many families are struggling to afford to heat their homes or buy nutritional food. The Office for National Statistics (ONS) reported in January 2023 that [over a third \(34%\) of people agreed that increases in the cost of living had negatively affected their mental health.](#)

The DHSC and the NHS are in the unsustainable position of treating illnesses caused by ‘non-health’ factors. **In a December 2022 RCP member survey, [just under a third \(31%\) of those surveyed said they had seen more people with illness due to their living conditions in the previous three months.](#)** We need to end this cycle and tackle the social determinants of health that present a barrier to good health for so many to improve our health and economy.

The IHA is calling for a cross-government strategy to reduce health inequalities that considers the role of every government department and every available policy lever to tackle the factors that make people ill in the first place.

The case for a cross-government strategy

There are many things the NHS can do to play the fullest role possible in tackling inequality, but to truly reduce health inequality we need to address the wider determinants of health that individuals, the NHS and the DHSC have little to no control over. If we are to prevent physical and mental ill health in the first place, we need to take action on issues such as poor housing, food quality, communities and place, gambling, the availability of tobacco and marketing of alcohol, employment (including how much money you have), racism and discrimination, transport and air quality. It will take coordinated and collective efforts from all parts of government to make a dent in this issue. [As the Chief Medical Officer recently said](#), ‘*these problems are whole-of-Government problems. They should not be seen as just a Department of Health problem.*’

The government had committed to a Health Disparities White Paper (HDWP) in the Levelling Up White Paper (LUWP) with assurance that the DHSC would work with the ‘whole of government’ to consider the ‘*wider determinants of health and behavioural factors that influence health [as well as] the health services that people access and receive.*’

We are dismayed that the government [has confirmed that the HDWP will no longer be published](#). It is disappointing that government will not meet its commitment to publish a dedicated strategy on health inequality.

Government has confirmed that the DHSC will now publish a Major Conditions Strategy (MCS), and that the material for the MCS [will cover many of the same areas as the HDWP](#). We welcome that government has restated its commitments to narrow the gap in HLE by 2030 and increase it by five years by 2035. **But focusing on individual behaviours and access to services alone will not be enough to close the HLE gap between the most and least deprived communities.** It is vital that the MCS does not only consider NHS treatment and diagnosis, but the wider determinants that government had previously identified as key to tackling health inequality.

Health inequalities in England

Before COVID-19, the gap in healthy life expectancy (HLE) between the most and least deprived areas [was around 19 years](#). The pandemic demonstrated the impact of these unequal levels of health in the form of excess mortality in some population groups, with working age adults in England's most deprived areas estimated to be [almost four times more likely to die from COVID-19 than those in the least deprived](#).

For men, the [life expectancy gap between the most and least deprived areas increased](#) from 9 years between 2011–13 to 9.7 years between 2018–20. For women, the gap grew from 6.9 years to 8 years. Across the UK, the HLE gap between the most deprived and least deprived ranges from a 14.5 to 23 years. Women in the most deprived areas are [more than twice as likely to die during pregnancy](#) or up to one year afterwards than women living in least deprived areas. Research also suggests that [young people in the most deprived areas are twice as more likely to die](#) in adolescence than those from the least deprived regions. More than [one-third of 25-to-64-year-olds in places with the lowest HLE in England are economically inactive](#) due to long-term sickness or disability.

The rising cost of living risks worsening health. [Polling published by the RCP in May 2022](#) found that 55% of people felt their health had been negatively affected by the rising cost of living, with the increasing costs of heating (84%), food (78%) and transport (46%) reported as the top three factors.

The cost of health inequalities to the economy

A healthy population and a healthy economy are two sides of the same coin. Before the pandemic, [it was estimated](#) that health inequalities cost the UK £31-33bn each year in lost productivity, £20-32bn in lost tax revenue and higher benefits payments and almost a fifth (£4.8bn) of the NHS budget. Ill health and long-term sickness are increasing in the general population. ONS figures show [500,000 people left the jobs market since 2019 due to long-term health problems](#), meaning **economic inactivity due to long-term ill health now affects over 2.5m people**. Tackling health inequalities, which so often start in childhood and span the life course, will support greater productivity and provide long-term savings to the NHS and wider economy by reducing avoidable illness.

The Inequalities in Health Alliance

Alongside a cross-government strategy to reduce health inequalities, the IHA is also asking the government to:

- commence the socio-economic duty, section 1 of the Equality Act 2010
- adopt a 'child health in all policies' approach.

The socio-economic duty is key to ensure that the impact of policies on the most vulnerable in society are weighed up before final decisions are made. The importance of early years for adult outcomes is also well known - we need to ensure all public policy gives every child the best chance of good health throughout their life.

How can you help?

We would welcome you making the case for a cross-government strategy in parliament. We would also welcome a meeting to discuss the state of health inequalities in the UK. Please email policy@rcp.ac.uk for further information or parliamentary questions.

Find out more: [Inequalities in Health Alliance | RCP London](#)