

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. [As Lord Darzi concluded in his recent review of NHS performance](#) ‘many of the social determinants of health – such as poor quality housing, low income, insecure employment – have moved in the wrong direction over the past 15 years with the result that the NHS has faced rising demand for healthcare from a society in distress.’

It is welcome that government has committed to a prevention-first approach. We strongly welcome the government’s commitment to halve the gap in healthy life expectancy. To deliver on that commitment, and move from sickness to prevention, action must be taken on what makes us ill in the first place – such as poor housing, lack of educational opportunity, employment (including how much money someone has), racism and discrimination, food quality and ability to make healthy choices, transport and air quality. Without bold action, we risk further entrenching existing health inequalities and placing further avoidable demand on our health and care services.

The over 250 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 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 and contexts 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. [The 2023 RCP UK consultant physician census](#) revealed that almost a quarter (24%) of physicians said more than half or almost all of their workload is due to illnesses or conditions related to the wider determinants of health.

Patients might miss hospital appointments because they can’t afford public transport, or because poor infrastructure makes the journey a struggle. We know many families are struggling to afford to heat their homes or buy nutritional food. 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 the British Heart Foundation, individuals living in the most deprived area of England are three times more likely to die prematurely from heart and circulatory disease than the least deprived areas.

The DHSC and the NHS are in the unsustainable position of treating illnesses caused by ‘non-health’ factors. We need to end this cycle and tackle the social determinants of health that present a barrier to good health for so many.

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 health mission delivery board and a cross-government strategy to reduce health inequalities](#)

There are many things the NHS can do to play the fullest role possible in tackling inequality, but to truly reduce health inequality and improve health we need to address the wider determinants of health that individuals, the NHS and the DHSC have little to no control over.

We were encouraged by the commitment to establish a health mission delivery board to bring together all government departments with an influence over the social determinants of health. **Government must set out more detail on the mission delivery board's scope and structure.** The mission delivery board is well placed to coordinate the collective effort from all parts of government to effect real change - it provides a vehicle to develop and implement a cross-government strategy to reduce health inequalities. A cross-government strategy will ensure that departments are clear on their responsibility to deliver policy that actively considers the impact on health.

Health inequalities in England

There exists an almost 20- year gap in healthy life expectancy between the most and least deprived areas of England, with over 2.5 million more people projected to be living with a major illness by 2040. 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.

The cost of health inequalities to the economy

A healthy population and a healthy economy are two sides of the same coin. The second biggest cause of cancer, obesity costs the NHS around £6.5 million a year and the estimated cost of obesity to the UK economy could be as high as £98 billion. Ill health and long-term sickness are increasing in the general population. [2024 has seen the highest numbers of people out of work due to long-term health reasons, standing at over 2.8 million 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 government committed to enacting the duty in its 2024 election manifesto.

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 to reduce health inequalities in parliament and asking the government to set out more detail on the health mission delivery board. Please email policy@rcp.ac.uk to arrange a meeting, for parliamentary questions or any other further information.