**Now is the time to tackle health inequalities, says major new alliance**

A new coalition of nearly 80 organisations, brought together by the Royal College of Physicians, has been launched to press for urgent action to address health inequalities.

The Inequalities in Health Alliance (IHA) is demanding a cross-government strategy to reduce health inequalities: unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities, which may involve differences in access to health care or the standards of care available, can damage quality of life and even shorten life expectancy.

Research commissioned by the Royal College of Physicians for the launch of the IHA shows widespread concern over health inequalities and overwhelming support for action.

Almost two thirds (65%) of those surveyed by Yonder felt that governments across the UK should be doing to more to address the issue and 81% agreed (52% strongly) that there should be a UK government strategy to reduce inequalities in health.

There are many causes of health inequalities but deprivation is a key factor. Of those surveyed, 78% agreed (50% strongly) that all parts of Government in each part of the UK should have to consider the impact of their policies on people who are less well off. Three quarters (75%) were concerned – 35% very concerned - that the health gap between wealthy and deprived areas is growing (*Health Equity in England: the Marmot review 10 years on, January 2020)*.

Nearly a quarter (24%) selected access to healthcare as the health inequality they were most concerned about, with 17% opting for poor mental health and 16% long term health conditions.

The Royal College of Physicians has written to the Prime Minister on behalf of the IHA, acknowledging that the government has been focused on responding to the pandemic but pointing out that, with its impact felt differently by different communities, COVID-19 has exposed how health inequalities can have an impact not just over a lifetime, but a matter of weeks. Now, the second wave of COVID-19 is hitting those already most disadvantaged in our society.

As well as calling on Boris Johnson to develop a cross-government strategy to reduce health inequalities, the IHA wants the government to use the socio-economic duty, section 1 of the Equality Act 2010, to address health inequalities and to adopt a ‘child health in all policies’ approach.

RCP president Professor Andrew Goddard said: “Health inequalities are not an issue to be addressed once the pandemic is behind us; a focus on them is one way in which we can tackle COVID-19 in the short term, and help to reduce its impact upon the health and prosperity of the UK in the longer term.

“That such a large number and wide range of organisations should come together to form the Health Inequalities Alliance is a powerful statement that now is the perfect time to reduce the gap in healthy life expectancy by taking the right steps to reset the NHS, make social care sustainable, and reinvigorate our approach to public health.”

Professor Michael Marmot, Director of the UCL Institute of Health Equity and author of several key reviews looking at health inequalities, said: “The pandemic has exposed and amplified underlying inequalities in society. Health inequalities are the result. Tackling the social causes of health inequalities is even more urgent now. It is so important that these health care organisations have taken a leadership role in improving the health of the whole of society.”

**Notes**

A copy of the RCP’s letter to the Prime Minister and a full list of IHA members can be found below.

Yonder conducted an online sample of 2,129 UK adults 16+ between 5 and 6 October 2020. Data is weighted to be representative of the population of United Kingdom. Targets for quotas and weights are taken from the National Readership Survey, a random probability F2F survey conducted annually with 34,000 adults. Yonder is a founder member of the British Polling Council and abides by it rules. For further information see <http://www.britishpollingcouncil.org/>

To: Prime Minister   
Cc: Cabinet ministers

21 October 2020

Dear Prime Minister

I am writing to you on behalf of the Inequalities in Health Alliance (IHA), a new coalition of almost **80** **organisations** with an interest in improving the health of the UK. We will launch the IHA publicly on 26 October. In February, following the publication of *Health equity in England: the Marmot review 10 years on*, I wrote to you along with other medical royal colleges and the Royal Colleges of Midwifery and Nursing urging you to adopt its recommendations and go further.

 While we have since been concentrating on responding to the pandemic, health inequality has remained a strong focus. Indeed, with its impact felt differently by different communities, COVID-19 has exposed how health inequalities can have an impact not just over a lifetime, but a matter of weeks.

 We have come together around three things we think the government needs to do as quickly as possible:

 develop a cross-government strategy to reduce health inequalities

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

 As you can see from the membership list of the IHA, these calls have broad support across the health and care sector.

 A cross-government strategy is required because health inequality is the result of many and varied factors. As the secretary of state for social services said in his foreword to the 1980 Black Report, written by one of my predecessors, “the influences at work in explaining the relative health experience of different parts of our society are many and interrelated.”

 Mr Jenkin went on to say it was “disappointing that the Group were unable to make greater progress in disentangling the various causes of inequalities in health” but he recognised that “the difficulties they experienced are perhaps no surprise given current measurement techniques.” We now have a wealth of data and ways of analysing, and I have no doubt your chief adviser and his team will be able to do that disentangling.

 The socio-economic duty is key to ensure that the needs of vulnerable people, who can all too often be forgotten, are considered in every decision. It is vital that the impact of policies made at the highest level of government on the poorest in society are weighed up before final decisions are made. This gives us the best chance at avoiding unintended consequences falling disproportionately on the most disadvantaged.

Finally, the importance of early years for adult outcomes is also well known. The pandemic has again reminded us of the importance of high levels of general good health. We welcome your recent focus on obesity, because we have seen all too clearly that by allowing more and more children to become obese in the past, we increased their risk of dying from COVID-19 in the present. We need to be prepared for future pandemics, and make sure all public policy is focused on making sure every child has the best chance of good health throughout their life.

 Doing these things should be a key part of getting the UK back on track. And the public agrees. In a recent poll by Populus commissioned by the RCP, we found that

 81% agreed that there should be a UK government strategy to reduce health inequality

* 78% agreed that all parts of government in each part of the UK should have to consider the impact of their policies on the less well off.

 When asked which one aspect of health inequality concerned them the most, 24% said access to healthcare, followed by the prevalence of poor mental health at 17% and long-term health conditions at 16%. Problems with access to healthcare have of course been exacerbated by the pandemic, and we are pleased to be supporting the ‘Help Us, Help You – NHS Access’ campaign.

 There are many things to do as a country in order to take control of the pandemic now and recover from it in the near future. A focus on health inequalities is one way in which we can tackle COVID-19 in the short term and help to reduce its impact upon the health and prosperity of the UK in the longer term. Chief among our tasks are resetting the NHS, making social care sustainable, and reinvigorating our approach to public health. We have the perfect opportunity to make sure that how we do these things reduces the gap in healthy life expectancy, that at its widest is 20 years between the richest and poorest areas of the UK.

 As I said in February, the goal of 5 years of extra healthy, independent years of life by 2035 set out in the industrial strategy is a significant challenge, but one we must meet. Given life expectancy for the most deprived women fell by 6 months between 2012–14 and again in 2015–17, improvements will need to be seen by the next general election at the latest.

 On behalf of the IHA, I urge you to give serious consideration to what we are calling for. We are not writing to criticise government efforts. Rather, we are stating the worrying facts of where we are as a nation and sharing our growing concerns about health in its broadest sense. We want to help people live longer and healthier lives so they can contribute socially, economically and creatively to the future  of the UK – an ambition I know we both share.

 I look forward to meeting with you to discuss this in detail, and my office will be in touch with yours within the week to arrange that.

 Kind regards

**Professor Andrew Goddard MD, PRCP**

**President, Royal College of Physicians**

**on behalf of the members of the Inequalities in Health Alliance**

**Members of the Inequalities in Health Alliance (updated 20/10/20)**

1. Academy of Medical Royal Colleges

2. Alcohol Health Alliance

3. Association for Palliative Medicine of Great Britain

& Ireland

4. Association of British Neurologists

5. Association of Directors of Public Health

6. Asthma UK

7. British Association for Sexual Health & HIV

8. British Association for the Study of the Liver

9. British Association of Audiovestibular Physicians

10. British Association of Dermatologists

11. British Association of Physicians of Indian Origin

12. British Cardiovascular Society

13. British Dietetic Association

14. British Geriatrics Society

15. British Heart Foundation

16. British HIV Association

17. British Lung Foundation

18. British Pharmacological Society

19. British Psychological Society

20. British Society for Allergy and Clinical Immunology

21. British Society for Genetic Medicine

22. British Society for Haematology

23. British Society for Immunology

24. British Society of Gastroenterology

25. British Society of Rehabilitation Medicine

26. British Society for Rheumatology

27. British Thoracic Society

28. Clinical Genetics Society

29. Doctors of the World

30. Equality Trust

31. Faculty for Homeless and Inclusion Health

32. Faculty of Forensic and Legal Medicine

33. Faculty of Intensive Care Medicine

34. Faculty of Occupational Medicine

35. Faculty of Pharmaceutical Medicine

36. Faculty of Public Health

37. Faculty of Sexual and Reproductive Health

38. Faculty of Sports and Exercise Medicine

39. Guys' and St Thomas' Charity

40. Health Foundation

41. Institute of Health Equity

42. Intensive Care Society 43. Joint Royal Colleges Ambulance Liaison Committee

44. Local Government Association

45. Medact

46. National Voices

47. NHS Clinical Commissioners

48. NHS Confederation

49. NHS Providers

50. People’s Health Trust

51. Pharmacist Cooperative

52. Royal College of Anaesthetists

53. Royal College of Emergency Medicine

54. Royal College of General Practitioners

55. Royal College of Midwives

56. Royal College of Nurses

57. Royal College of Ophthalmologists

58. Royal College of Paediatrics and Child Health

59. Royal College of Pathologists

60. Royal College of Physicians

61. Royal College of Physicians and Surgeons of

Glasgow

62. Royal College of Physicians Edinburgh

63. Royal College of Psychiatrists

64. Royal College of Radiologists

65. Royal College of Surgeons Edinburgh

66. Royal College of Surgeons Faculty of Dental

Surgery

67. Royal College of Surgeons

68. Royal Colleges of Obstetricians and Gynaecologists

69. Royal Pharmaceutical Society

70. Royal Society for Public Health

71. Scottish Deep End Project

72. Social Work Scotland

73. Society for Endocrinology

74. Society of Acute Medicine

75. Strategy Unit

76. Town and Country Planning Association

77. UK Health Alliance on Climate Change