

Office for Health Improvement and Disparities and health inequalities Westminster hall debate | 26 January 2022, 2:30pm

The [Inequalities in Health Alliance](#) (IHA) is pleased to support the debate today on the *Office for Health Improvement and Disparities (OHID) and health inequalities*. The IHA, convened by the Royal College of Physicians, [has over 200 members](#) representing patients and service users, communities, doctors, nurses, public health and social care professionals, dentists, pharmacists, local authorities and others.

Together, the member organisations of the IHA are [calling for a cross-government strategy to reduce health inequalities](#).

While it may seem that health inequality is a matter for the DHSC 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 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, employment, racism and discrimination, transport and air pollution.**

Since its launch in 2020, the IHA has been encouraged by several government commitments signalling a long overdue 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’ – alongside the Health Promotion Taskforce and the Levelling Up white paper – hold the potential to be the catalyst we need to tackle health inequalities.

We now need to know whether government will develop an explicit cross-government strategy to reduce health inequalities, involving all government departments, led by and accountable to the prime minister. 92 senior leaders from the IHA wrote to the prime minister about this in September 2021. We are yet to receive a response.

Health inequalities in England

Before COVID-19, the gap in healthy life expectancy between the richest and poorest areas was around 19 years. For women in the most deprived areas of England, life expectancy fell between 2010 and 2019. The pandemic exposed and exacerbated these inequalities. **The Health Foundation has estimated that working age adults in England’s poorest areas were almost four times more likely to die from COVID-19 than those in the wealthiest areas.**

The government was elected on a platform of ‘levelling up’ – although it has yet to publish detail on how it will do that, including the white paper that was due to be published in 2021 - but since December 2019, things have gone backwards. Data published in November 2021 showed that while COVID-19 led to a decrease in life expectancies between 2019 and 2020, **the UK is 1 of only 2 Organisation for Economic Co-operation and Development (OECD) countries with worse life expectancy now than 2010.** The other country was the United States. **It is crucial that the levelling up agenda improves life expectancy and healthy life expectancy.**

The Marmot *Build Back Fairer* report found that mortality rates from COVID-19 mirrored mortality rates from other causes, suggesting the underlying drivers of COVID-19 deaths are similar to the causes of health inequalities more widely. The links between poor health and social factors such as discrimination, housing and employment, including how much money you have, are well known. **We need a cross-government strategy to reduce health inequalities to tackle the impact of these many and varied factors on health.** The pandemic has demonstrated the cost of not doing this – excess mortality and a significantly widened gap between the most and least privileged in society.

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.

For more information, please contact policy@rcp.ac.uk.

Office for Health Improvement and Disparities

In March 2021 the government announced that it would create the Office for Health Promotion (OHP) and a cross-government ministerial board on prevention. In September 2021, the OHP was renamed the [Office for Health Improvement and Disparities \(OHID\)](#). OHID launched on October 1 2021.

The announcement of the OHID referred to *‘a new cross-government agenda which will look to track the wider determinants of health and reduce disparities’*.

The factors which present a barrier to good health for so many are often beyond the control of the individual, so the creation of OHID and its commitment to a ‘new cross-government agenda’ holds potential. But since its creation in October 2021 there has been little information on what OHID will do to make good on that commitment. **We now need to know how OHID will track the wider determinants of health and reduce health inequalities.** We want government to lay out how all policy will be assessed against the need to reduce inequalities and improve population health.

The government has also established a Health Promotion Taskforce. Chaired by the Secretary of State for Health and Social Care, the Taskforce has a remit ‘to drive a cross-government effort to improve the nation’s health, supporting economic recovery and levelling up’. The Taskforce’s membership also includes senior Cabinet Ministers from a range of other government departments, meaning it has the potential to drive action across Whitehall.

The IHA is asking government to underpin and strengthen this work with an explicit cross-government strategy to reduce health inequalities, involving all government departments, led by and accountable to the prime minister.

OHID, and the Health Promotion Taskforce, will only be successful in tackling health inequalities if they are given a remit to act beyond the DHSC and make policy recommendations in other departments, such as on housing or welfare. We therefore need to know what engagement OHID has had with other departments to date and, crucially, how it intends to take this forward to ensure we develop a genuinely cross-government approach.

With Integrated Care Systems set to be placed on a statutory footing once the Health and Care Bill receives Royal Assent, it is also important to understand how OHID plans to work with these new bodies and support them to address health inequalities locally.

The Inequalities in Health Alliance

Alongside **its key ask for 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 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.

The importance of early years for adult outcomes is also well known. The pandemic has reminded us of the importance of high levels of general good health – we have seen all too clearly that by allowing the obesity crisis to affect more children in the past their risk of dying from COVID-19 has increased today. We need to be prepared for future public health crises, and ensure all public policy gives every child the best chance of good health throughout their life.

Questions for the Minister

- Will the government commit to developing a cross-government strategy to reduce health inequalities?
- Can the Minister set out how the Office of Health Improvement and Disparities will reduce health inequalities?
- Will the Minister confirm that OHID and the Health Promotion Taskforce will be given a remit to act outside the Department of Health and Social Care?
- Will the Minister provide further information about the work of the Health Promotion Taskforce, including details of how regularly it meets?

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- Can the Minister set out what engagement that OHID has had with other government departments to date, since it was formally established on 1 October 2021?
- Can the Minister set out how the OHID will work with new Integrated Care Systems, and how it will support them to address health inequalities in their area?