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Office for Health Improvement and Disparities and health inequalities

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1 Background

A Westminster Hall debate on the Office of Health Improvement and Disparities (OHID) and health inequalities will take place on Wednesday 26 January 2022 at 2.30pm. The debate will be led by Peter Dowd MP.

The debate can be watched live on parliament.tv.

1.1 Summary

The Office of Health Improvement and Disparities (OHID) officially launched on 1 October 2021 as part of a wider Government restructure of national public health bodies in England.

The UK Health Security Agency (UKHSA) took on the role of Public Health England (PHE), NHS Test and Trace, and the Joint Biosecurity Centre (JBC) in planning for and responding to infectious diseases. Its chief executive is the former Deputy Chief Medical Officer Jenny Harries. The UKHSA was previously known as the National Institute for Health Protection (NIHP).

On 1 October the health improvement responsibilities of PHE formally moved to OHID.

OHID, which was previously known as the Office for Health Promotion, will co-ordinate central and local government, the NHS and wider society to promote improvements in the public's health.

OHID is a part of the Department of Health and Social Care (DHSC), under the professional leadership of the Chief Medical Officer, Professor Chris Whitty. As the new Deputy Chief Medical Officer (DCMO), Dr Jeanelle de Gruchy will advise government on clinical and public health matters as the co-lead for OHID, alongside the DHSC Director General for Public Health, Jonathan Marron. Dr de Gruchy was previously the President of the Association of Directors of Public Health (ADPH).

Some other public health functions of PHE will transfer to other new homes within the health system, at DHSC and NHS England.

Providing a rationale for the changes, the Government referred to the challenges and lessons learned in responding to the pandemic, and particularly the extent to which Covid-19 exposed long-standing health inequalities. In a policy paper on its public health reforms published in March 2021, the Government explained its rationale for the creation of the two new bodies:

> Since 2013, national responsibilities for health security and health improvement have sat together within a single body, Public Health England (PHE). To ensure we have a public health system fit for the future, we are ensuring that going forward both health security and health improvement have their own clear, dedicated focus at national level. By giving each the focus it deserves, and carefully managing the important interdependencies between these elements of our overall public health system, we can do both better.[1]

In a speech on 16 September 2021 the Health Secretary Sajid Javid said there were three priorities he wanted OHID to work on; preventing poor mental and physical health, addressing health inequalities and improving access to health services, and working with partners within and outside of government to respond to wider health determinants.[2]

This briefing is primarily concerned with the reform of national public health bodies in England, although the UKHSA's role does extend to the whole of the UK. There are separate organisations with responsibility for public health in the rest of the UK: Health Protection Scotland, Public Health Wales, and the Public Health Agency in Northern Ireland.

1 DHSC, Transforming the Public Health System: Reforming the Public Health System for the challenges of our times, 29 March 2021

2 GOV.UK, Speech by the Secretary of State for Health and Social Care, Sajid Javid, at The Grange Community Centre in Blackpool, The hidden costs of COVID-19: the social backlog, 16 September 2021

2 Public health services in England

2.1 Local authority responsibilities

The Health and Social Care Act 2012 transferred responsibility for a range of public health services from the NHS to local authorities. From 1 April 2013 the duty to improve the health of their populations transferred to all upper tier and unitary authorities in England, backed by a ring-fenced grant.

Local authorities commission or provide public health and social care services, including those for children and young people up to 19 years old, some sexual health services, public mental health services, physical activity, anti-obesity provision, drug and alcohol misuse services and nutrition programmes. Local authorities' public health duties are carried out by local Directors of Public Health.

Directors of Public Health, and the wider public health workforce, have played a key role in responding to the Covid-19 pandemic. Further information on the role of local government public health teams during the pandemic can be found in the Local Government Association's Public health annual report 2021: rising to the challenges of COVID-19 (March 2021), and the King's Fund report, Directors of public health and the Covid-19 pandemic: 'A year like no other' (September 2021).

2.2 Public Health England

Alongside the transfer of local health improvement functions from the NHS to local authorities, PHE was established as an Executive Agency of the Department of Health in April 2013. PHE brought together public health specialists from more than 70 organisations into a single public health service. In particular, the Health Protection Agency, an independent UK organisation set up in 2003 to protect the public from threats to their health from infectious diseases and environmental hazards, became part of PHE on 1 April 2013.

PHE was given responsibility for overseeing the local delivery of public health services and for dealing with national issues. Some public health services continued to be commissioned by NHS England directly, including national immunisation and screening programmes.

As an Executive Agency of the Department of Health and Social Care, PHE was expected to act with operational autonomy as set out in a Framework Agreement, which set out strategic priorities.

PHE's responsibilities were:

- making the public healthier and reducing differences between the health of different groups by promoting healthier lifestyles, advising government, and supporting action by local government, the NHS, and the public
- protecting the nation from public health hazards
- preparing for and responding to public health emergencies
- improving the health of the whole population by sharing our information and expertise, and identifying and preparing for future public health challenges
- supporting local authorities and the NHS to plan and provide health and social care services such as immunisation and screening programmes, and to develop the public health system and its specialist workforce
- researching, collecting, and analysing data to improve our understanding of public health challenges, and coming up with answers to public health problems[3]

As noted elsewhere in this briefing, on 1 October 2021 the health improvement responsibilities of PHE formally moved to OHID, while the UKHSA took on the role of PHE, NHS Test and Trace, and the Joint Biosecurity Centre (JBC) in planning for and responding to infectious diseases. A Letter (dated 27 September 2021) from Michael Brodie, PHE Interim Chief Executive and Jonathan Marron, DHSC Director General for Public Health, set out the new location of PHE functions.[4]

2.3 Public health strategy in England

The Government's September 2021 Build Back Better plan for health and social care includes the long standing policy ambition to shift the NHS' focus towards prevention.

Chapter 2 of the NHS Long Term Plan (January 2019) sets out action the NHS will take to strengthen its contribution to prevention and to tackling health inequalities, with a specific focus on:

· cutting smoking

· reducing obesity

3 PHE, About us [withdrawn], accessed 21 January 2022

4 Gov.uk, Public health system reforms: location of Public Health England functions from 1 October; see also Gov.uk, Office for Health Improvement and Disparities

• combating Type 2 diabetes

• limiting alcohol-related A&E admissions

The Plan (para 2.4) noted the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses. However, the Government subsequently confirmed current arrangements, whereby local authorities' are responsible for commissioning these services, would continue.[5]

In November 2018 the Government launched its 'Prevention is better than cure' vision for how it plans to transform the approach to prevention. On 22 July 2019 the Government published its Prevention Green Paper, Advancing our health: prevention in the 2020s. This included Chapter 3 of the Childhood Obesity Strategy and driving forward policies in Chapter 2, such as ending the sale of energy drinks to children.

To mark the 10-year anniversary of the publication of the Marmot Review (Fair Society, Healthy Lives, 2010), the Health Foundation commissioned Professor Sir Michael Marmot and his team at the UCL Institute of Health Equity to examine progress in addressing health inequalities in England, and to propose recommendations for future action. The report, Health Equity in England: The Marmot Review 10 Years On (25 February 2020), found while there had been progress in some areas since 2010 there was also evidence of widening health inequalities.[6] Further background on policy in this area can be found in a Commons Library debate pack prepared ahead of an Opposition day debate on health inequalities in March 2020.

Following publication of the PHE report COVID-19: review of disparities in risks and outcomes in June 2020, the Prime Minister and the Secretary of State for Health and Social Care asked the Minister for Equalities, Kemi Badenoch MP, with support from the Cabinet Office Race Disparity Unit (RDU), to lead cross-government work to address the report's findings. On 3 December 2021 the Government published the fourth and final report summarising work undertaken by the Minister for Equalities and government departments on Covid-19 disparities.

In a Written Statement announcing the publication of the report, the Minister for Equalities noted there are several public health lessons must be learned from the pandemic.[7] She said work on addressing Covid-19 disparities will now be taken forward by the Secretary of State for Health and Social Care and the new Office for Health Improvement and Disparities as part of the longer-term strategy to tackle health disparities.

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5 GOV.UK, Government review confirms local authorities will continue to commission public health services, 7 June 2019

6 UCL, Health Equity in England: The Marmot Review 10 Years On, 25 February 2020

7 HC Written Statement 441 [on Final report on progress to address COVID-19 health disparities], 3 December 2021

The report made a number of recommendations, which the Prime Minister has accepted in full, including measures to boost confidence in the Covid vaccination programme. The report also recommended Government departments, their agencies, and the NHS "must continue to build trust in health services within ethnic minority groups through optimising and building on the local partnerships and networks established under the vaccination programme." The report further said the Government should continue to monitor the impacts of Covid-19 by ethnicity as the virus evolves.[8]

The Government say the report should be read alongside the Government's forthcoming response to the report of the Commission on Race and Ethnic Disparities, which will include actions to address longer-term health inequalities which are likely to have been a contributory factor to the disproportionate impact Covid-19 has had on ethnic minority groups.

Further background on this area can be found in the Commons Library debate pack on Covid-19 and Black, Asian and minority ethnic communities (June 2020). Background on health inequalities policy can be found in the Commons Library briefing prepared ahead of an Opposition day debate on health inequalities in March 2020.

[8] GOV.UK, Final report on progress to address COVID-19 health inequalities, 3 December 2021

3 Government reform of public health bodies

3.1 Health protection, pandemic response, and other health threats

The National Institute for Health Protection

In a speech on 18 August 2020, then Health Secretary Matt Hancock announced the health protection and resilience functions of PHE, the Joint Biosecurity Centre (JBC), and NHS Test and Trace would be brought together under the newly formed National Institute for Health Protection (latterly renamed the UK Health Security Agency).[9]

A press notice accompanying the speech stated the NIHP's primary focus would be to ensure the UK had the best capability to control infectious disease and deal with pandemics or health protection crises.[10]

In his speech, at the Policy Exchange, the then Health Secretary acknowledged the UK had entered the Covid-19 pandemic without "the capacity for a response to a once-in-a-century scale event."[11] He cited deficiencies in accessibility to the UK's diagnostic capabilities, and the subsequent need to build a testing and contact tracing structure at speed. The Government's decision to form a new organisation to focus on health protection, he said, was:

> ...to give ourselves the best chance of beating this virus – and of spotting and tackling other external health threats, now and in the future, we need to bring together the science and scale into one coherent whole.[12]

In response to questions in the Commons on 2 September 2020, Mr Hancock explained the NIHP, like PHE, would be an executive agency of the DHSC, so did not require legislation to set up or transfer functions. [13] He said in addition to its UK-wide responsibilities it would also take on some responsibilities for England only.

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9 DHSC, The future of public health, Speech delivered by Matt Hancock at the Policy Exchange, 18 August 2020

10 DHSC (press release), Government creates new National Institute for Health Protection, 18 August 2020

11 DHSC, The future of public health, Speech delivered by Matt Hancock at the Policy Exchange, 18 August 2020

12 Ibid.

13 HC Deb 679 [on Covid-19], 1 September 2020, c39

As part of its responsibilities, the NIHP was set to use its own local health protection teams to respond to infections and other threats, provide support and resources for local authorities to manage local outbreaks and coordinate the emergency response and preparedness to respond to the most severe incidents at national and local level. In England, the NIHP was set to take ownership of the Covid-19 testing programme and contact tracing.

The DHSC said the NIHP would start work immediately to work on the Covid-19 response, but the organisation was to be formalised and operating from spring 2021.[14] In a statement to the Commons on 1 September 2020, Matt Hancock said the NIHP would be an Executive Agency of the DHSC.[15]

The DHSC published a policy paper 'The future of public health: the National Institute for Health Protection and other public health functions' on 15 September 2020. The paper set out the responsibilities of the NIHP, and noted that "as a first step" a 'Population Health Improvement Stakeholder Advisory Group' had been established". The September 2020 policy paper said the NIHP would:

> bring together the existing health protection responsibilities discharged by PHE with the new capabilities of NHS Test and Trace, including the JBC [Joint Biosecurity Centre], creating a single agency with a razor-sharp focus on COVID-19 and the challenges posed by domestic and global threats to health. This builds on the existing close working between PHE and NHS Test and Trace which includes a series of joint appointments and joint teams.[16]

The September 2020 policy paper also outlined how the NIHP would be led and held accountable, under the interim leadership of Baroness Dido Harding:

> Baroness Harding will lead the NIHP initially and we have commenced the search for a permanent CEO, who will be appointed in due course. Supporting Baroness Harding in her role will be Michael Brodie, who has been appointed Interim Chief Executive Officer of PHE. Michael is currently CEO of the NHS Business Services Authority and previously Director of Finance for PHE.
>
> The Chief Executive of the NIHP will be accountable to the Secretary of State for Health and Social Care through the DHSC Permanent Secretary. The NIHP will be a 'single voice of truth' on health protection advice and guidance, accountable to the CMO for England and supporting all of the UK CMOs in this role. The exact future accountabilities and relationships will be determined through the transition process.[17]

The September 2020 policy paper said the Government would be engaging with partners across the system in the coming months on how to achieve a greater focus on prevention in the delivery of local health services, "...by

14 DHSC, Government creates new National Institute for Health Protection, 18 August 2020

15 HC Deb [on Covid-19], 1 September 2020, c39

16 DHSC, The future of public health: the National Institute for Health Protection and other public health functions, 15 September 2020

17 ibid.

supporting local authorities and integrated care systems to maximise their impact on prevention and population health improvement." .[18] During Oral Health Questions in the Commons on 1 September 2020 the then Secretary of State also said the Department would be 'consulting widely' on the right organisational structure to deal with the remaining health improvement functions of PHE:

> ... part of the purpose of having a dedicated national institute for health protection is also to ensure that the ill health prevention agenda—the health improvement agenda—is embedded in the health system, including the NHS. ... Embedding the anti-obesity drive right across the health system, including the NHS, is a critical part of its future, and we are consulting widely on making sure we have the right and best organisational structure to deliver that.[19]

Further information about the restructure and function of the NIHP is available in a House of Commons Library Insight, Establishing the National Institute for Health Protection (17 February 2021).

The UK Health Security Agency

A Written Ministerial Statement on 24 March 2021, announced the formal establishment of the UKHSA (the new name of the NIHP) from 1 April 2021.[20] This noted the remit of the UKHSA is to prepare for, prevent and respond to major threats to health, such as infectious disease pandemics. The UKHSA is also expected to lead the UK's contribution to global health protection research and hold responsibility for health security scientific capabilities including those at Porton Down and Colindale. The Government said the transition of health protection responsibilities and capabilities from PHE and NHS Test and Trace (including the Joint Biosecurity Centre (JBC)), into the new Agency would take place over the coming months, with the UKHSA fully operational from October 2021.

The Government said UKHSA, formally established on 1 April 2021, would be responsible for planning, preventing, and responding to external health threats.[21] These include infectious disease, chemical, biological, radiological, and nuclear incidents.[22]

The former Secretary of State, Matt Hancock also gave a speech about reforming health security, given at the Local Government Association Annual Public Health Conference on 24 March 2021. Matt Hancock was reported as

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18 DHSC policy paper, The future of public health: the National Institute for Health Protection and other public health functions, 15 September 2020

19 HC Deb 679 [on Oral Answers to Questions], 1 September 2020, c7

20 HC Written Statement 884 [on DHSC Update], 24 March 2021; See also DHSC press release, New UK Health Security Agency to lead response to future health threats, 24 March 2021

21 DHSC and UKHSA, New UK Health Security Agency to lead response to future health threats, 24 March 2021

22 UKHSA, About us, accessed 20 January 2022

saying the new name UKHSA 'would better reflect the UK-wide focus of the organisation'.[23]

On 29 March 2021 the DHSC published Transforming the Public Health System: Reforming the Public Health System for the challenges of our times. This policy paper set out reforms to the public health system in England and invited feedback on its proposals. The report focused on structural reforms in England, which it noted is "just one aspect of public health reform", but chapter two highlighted the interaction with important UK-wide elements of the system for health protection response. In this section, the policy paper said the UKHSA would undertake functions in 5 core areas:

- Prevent: anticipating and taking action to mitigate infectious diseases and other hazards to health before they materialise, for example through vaccination and influencing behaviour
- Detect: detecting and monitoring infectious diseases and other hazards to health, including novel diseases, new environmental hazards, and other threats though world class health surveillance, joined-up data, horizon scanning and early warning systems
- Analyse: analysing infectious disease and other hazards to health to determine how best to control and respond to them, through coordinated and intelligent data analysis, modelling, and evaluation of interventions based on robust evidence and developing the knowledge base
- Respond: taking action to mitigate and resolve infectious diseases and hazards to health when they occur, through direct delivery, supporting health protection system partners with tools and advice, engaging with citizens, and flexibly deploying resources, including scaling operations at pace
- Lead: providing health protection system leadership, working in partnership with wider central government, the devolved administrations and public health agencies for Scotland, Wales and Northern Ireland, local authorities, the NHS, academia, and industry to provide effective preparation and response to the full range of threats to health and strengthening the health protection system and workforce[24]

The March 2021 policy paper said UKHSA would co-ordinate responses across the UK, pooling expertise with public health agencies for Scotland, Wales, and Northern Ireland. UKHSA will also operate internationally for the UK in understanding, preventing, and responding to global threats to health. The UKHSA will encompass existing UK-wide activities, including operational agreements supporting pandemic management, and the whole-UK role of the Joint Biosecurity Centre as a shared intelligence resource.[25]

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23 The Independent, Covid: Matt Hancock announces new health agency focusing on preventing future pandemics, 25 March 2021

24 DHSC, Transforming the Public Health System: Reforming the Public Health System for the challenges of our times, 29 March 2021

25 Ibid.

The DHSC said UKHSA would utilise capabilities in data analytics and genomic surveillance with scale testing and contact tracing capability, combining key elements of PHE, the JBC and NHS Test and Trace.[26]

A Written Ministerial Statement on 24 March 2021 set out UKHSA would work with the national public health bodies for Scotland, Wales and Northern Ireland.[27]

Dr Jenny Harries OBE, formerly Deputy Chief Medical Officer for England, serves as the Agency's Chief Executive, whilst Ian Peters, Chair of Barts Health NHS Trust, serves as Chair.

3.2 Health promotion and improvement

The Office for Health Promotion

In March 2021, the DHSC announced the formation of the new Office for Health Promotion (OHP) which would "lead national efforts to improve and level up the public's health".[28] The DHSC press release said the Office's remit was to:

> systematically tackle the top preventable risk factors causing death and ill health in the UK, by designing, implementing and tracking delivery policy across government. It will bring together a range of skills to lead a new era of public health polices, leveraging modern digital tools, data and actuarial science and delivery experts.[29]

This would include work on obesity and nutrition, mental health, physical activity, sexual health, alcohol, and tobacco. The OHP would also lead work across government to promote good health and prevent life-limiting illness, building on the work of PHE. The DHSC said the Office would help to inform a new cross-government agenda which would seek to track the wider determinants of health and implement policies in other departments, where appropriate.

On 29 March 2021 the Government published Transforming the Public Health System: Reforming the Public Health System for the challenges of our times. The policy paper provided more detail on plans to establish the OHP. The Government proposed this new Office would move most of the remaining PHE functions that directly support development and delivery of national health improvement policy. The report said the new OHP would sit within the DHSC, alongside existing Departmental capability on prevention and health improvement. An expert lead would report jointly to the Health Secretary and

26 DHSC and UKHSA, New UK Health Security Agency to lead response to future health threats, 24 March 2021

27 HC Written Statement 884 [on DHSC Update], 24 March 2021

28 DHSC, New Office for Health Promotion to drive improvement of nation's health, 29 March 2021

29 Ibid.

the Chief Medical Officer (CMO), with professional oversight from the CMO. The March 2021 policy paper set out the following on how the OHP would operate alongside wider work on prevention, including a new cross-government ministerial board on prevention:

> The current health improvement, prevention and healthcare public health functions of PHE will transfer to new homes within the health system, aligned to achieve clarity of purpose, accountability and impact. A new Office for Health Promotion will be created in the Department of Health and Social Care, under the professional leadership of the Chief Medical Officer. The Office for Health Promotion will help the whole health family focus on delivering greater action on prevention; and – working with a new cross-government ministerial board on prevention – it will drive and support the whole of government to go further in improving health. Alongside this, we are strengthening NHS England's focus on prevention and population health, transferring to it important national capabilities that will help drive and support improved health as a priority for the whole NHS. And important national disease registries functions will move to NHS Digital.[30]

The March 2021 report said the Government would present more detail on its plans for the OHP "in due course" and said it would also present more detail on plans and ambitions for improving the public's health later in 2021.

The Office for Health Improvement and Disparities (OHID)

On 3 September 2021 the Government announced the OHP would be formally established from 1 October 2021, under the new name 'Office for Health Improvement and Disparities' (OHID). It said the OHID would tackle the top preventable risk factors, improve the public's health, and narrow health disparities.[31] Referring to the decision to change the name of the Office for Health Promotion to the Office for Health Improvements and Disparities, the Secretary of State for Health and Social Care, Sajid Javid, said this was not just a name change "…but a statement of intent – a driving mission to 'level up' health and ensure everyone has the chance to live happy and healthy lives."[32]

In his 16 September 2021 speech, Sajid Javid said there were three priorities he wanted OHID to work on; preventing poor mental and physical health, addressing health inequalities and improving access to health services, and

30 Ibid.

31 DHSC press release, New body to tackle health disparities will launch 1 October, co-headed by new Deputy Chief Medical Officer, 3 September 2021

32 DHSC, The hidden costs of Covid-19: the social backlog: Speech by Rt Hon Sajid Javid at The Grange Community Centre in Blackpool, 16 September 2021

working with partners within and outside of government to respond to wider health determinants.[33]

The OHID is co-led by the newly appointed Deputy Chief Medical Officer Dr Jeanelle de Gruchy and Jonathan Marron, Director General for Public Health at DHSC, in close association with the Health Secretary and England's Chief Medical Officer, Professor Sir Chris Whitty. As of November 2021, approximately 930 staff had moved to OHID from PHE in addition to 300 staff working on public health in the DHSC.[34]

OHID responsibilities

OHID's responsibilities are focused on the following key areas.

National health improvement, prevention of poor health and tackling health disparities

OHID is responsible for building the scientific evidence, leading, and developing the policy and delivering core services in the following areas;

- healthy weight, healthy diet, and physical activity
- improving the health of children and families
- smoking, addiction, and the health of vulnerable groups

OHID is responsible for leading policy development and supporting the delivery of prevention services.

OHID will also build on the scientific evidence on public mental health.

OHID works in collaboration with the Department for Work and Pensions to lead on driving improvements in health and work outcomes.

Regional public health

OHID supports the delivery of national and regional priorities for prevention and health inequalities. It works to ensure a joined-up approach to public health, building relationships with different teams and areas of public health across the regional system.

Public health analysis

OHID is responsible for:

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33 GOV.UK, Speech by the Secretary of State for Health and Social Care, Sajid Javid, at The Grange Community Centre in Blackpool, The hidden costs of COVID-19: the social backlog, 16 September 2021

34 HL3711 [on Office for Health Improvement and Disparities: Staff], 16 November 2021

- leading public health data management and analysis, publishing official statistics, statistical reports, and analytical products
- delivering system-wide leadership, skills and knowledge transfer in public health analysis, epidemiology, and data science
- leading surveillance of non-communicable disease

OHID publishes official statistics on a wide range of key public health areas:

- General public health
- Alcohol, tobacco, and drug use
- Cardiovascular disease
- Child and maternal health
- Chronic disease
- Covid-19
- Diet, obesity, and physical activity
- End-of-life care
- Health inequalities
- Mental health
- Mortality surveillance
- Primary care

Public health advice on nursing, midwifery, and allied health professionals

OHID works under the leadership of the Chief Public Health Nurse to lead international and national public health advice on nursing, midwifery, and allied health professionals.

4 Stakeholder response to the formation of OHID

Stakeholders were generally receptive of the formation of OHID but expressed concerns consistent with three key themes: collaboration, independence, and the terminology around health inequalities.

There were concerns about whether OHID would engage in enough collaboration with other Government departments and independent organisations to successfully address health inequality. This included questions about how OHID would work with Integrated Care Systems.[35]

These concerns partly underpinned calls for a Government strategy on health inequalities which would engage cross-department working

Some raised concerns about whether the continued approach of allowing a centralised public health body to lead on reducing health inequalities would allow for the level of independence required to do this effectively.

There was frequent comment, with respect to OHID's name, and specifically on whether the term 'disparities' properly represented the relevant issues, and why it was used instead of the term 'inequalities'.

4.1 Collaborative working

Dr Richard Jarvis, co-chair of the British Medical Association Public Health Medicine committee expressed some optimism, saying the creation of Office for Health Promotion (the initial name for the OHID), "may signal the type of joined-up working needed to tackle [drivers of health inequalities]".[36] Dr Jarvis further emphasised the importance of a collective response:

> The BMA has consistently called for reduced fragmentation of the public health system to allow more joined-up working, better links with and resources for public health teams in local authorities, and the ability to give high quality public health advice to communities, not just politicians. We hope to see these addressed as part of the reforms and will continue to campaign for these.[37]

Deputy Chief Executive of NHS Providers, Saffron Cordery, said OHID's launch "marks a key opportunity for the government to make good on its

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35 There are 42 Integrated Care Systems (ICSs) across England. The NHS England website notes ICS are partnerships between the organisations that meet health and care needs across an area, "to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups."

36 BMA, BMA responds to creation of Office for Health Promotion, 29 March 2021

37 Ibid.

commitments to address health inequalities and to improve people's quality of life".[38] Saffron Cordery stressed:

> A strong partnership between different parts of health and care is vital if we are to make tangible progress on tackling the root causes of health inequalities in our society, which have been brutally exposed by the COVID-19 pandemic.
>
> We hope that OHID, working with integrated care systems (ICSs) and offering cross-government support, will play a leading role in helping the NHS make progress in tackling health inequalities.[39]

Dr Andrew Goddard, President of the Royal College of Physicians (RCP), welcomed OHID:

> After a year that has seen health inequalities brutally exposed, the remit of the Office for Health Improvement and Disparities (OHID) is very welcome. We are glad that the government has heard the calls and recognised the importance to the country of a healthier, more equal society.[40]

Citing a need for better coordination of government work, Dr Goddard called for a cross-government strategy:

> while the OHID will do much to improve health inequalities, we also need a cross-government strategy, led by and accountable to the prime minister. The OHID has a unique opportunity to begin levelling up the health of the population, but we need more than coordination of government work. If we are to address the root causes of health inequalities - such as poor housing, air quality and diet – we need strong political leadership to ensure that the good work of one department isn't being undone by the unintended consequences of policy in another.[41]

The RCP convenes the Inequalities in Health Alliance (IHA), a coalition of over 200 organisations campaigning for a cross-government strategy to reduce health inequalities. IHA has published a briefing for MPs setting out its views on OHID ahead of the debate.

IHA has cautioned physical and mental ill health can only be prevented if issues such as poor housing, food quality, communities and place, employment, racism and discrimination, transport and air pollution are addressed.[42]

Amongst others, the IHA's main call has been for the Government to introduce a cross-government strategy to reduce health inequalities. IHA has

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38 NHS Providers, NHS Providers responds to launch of Office for Health Improvement and Disparities, 1 October 2021

39 Ibid.

40 Royal College of Physicians, Welcoming the Office for Health Improvement and Disparities, 7 September 2021

41 Ibid.

42 IHA, Inequalities in Health Alliance briefing on the Office for Health Improvement and Disparities, 20 January 2022

emphasised such a strategy would need to involve all government departments, and warned:

> 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.[43]

IHA also said it would be important to understand how OHID would work with Integrated Care Systems.

IHA considered information about how OHID would track the wider determinants of health and reduce health inequalities was lacking and called on the Government to set out "how all policy will be assessed against the need to reduce health inequalities and improve population health".[44]

With reference to the role of UKHSA, NHS England and NHS Digital, Sally Warren, Director of Policy at the King's Fund, underlined the importance of OHID taking a collaborative approach to public health functions "which have now been thrown to four different corners of the health and care system".[45]

4.2 Health inequalities vs disparities

Some have been critical of the terminology used to name 'the Office for Health Improvement and Disparities' (OHID). There was particular disagreement with the absence of the term 'public health' and a decision to use the "more comfortable language of 'disparities' ", as opposed to 'inequalities'.[46] [47]

Professor Gabriel Scally, member of the Independent Scientific Advisory Group for Emergencies, commented the use of 'disparities', "at its most basic denotes merely the existence of difference".[48]

Jabeer Butt OBE, CEO of the Race Equality Foundation, welcomed OHID and the possibility of working alongside it to promote prevention in addressing

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43 IHA, Inequalities in Health Alliance briefing on the Office for Health Improvement and Disparities, 20 January 2022

44 Ibid.

45 The King's Fund, The recipe for success at the Office for Health Improvement and Disparities: tackling the wider determinants of health, 20 September 2022

46 BMJ, England's new Office for Health Improvement and Disparities, 24 September 2021

47 The King's Fund, The recipe for success at the Office for Health Improvement and Disparities: tackling the wider determinants of health, 20 September 2022

48 BMJ editorials, England's new Office for Health Improvement and Disparities, 24 September 2021

health inequalities, but also expressed concern about the use of the term 'disparities':

> With the establishment of OHID, we can't help but wonder why the language used by the Health and Social Care Secretary talks about "health disparities", compared to Professor Chris Whitty, who describes "health inequalities" in the Government announcement.
>
> Disparities and inequalities are not interchangeable. We hope that OHID remains focused firmly on inequalities, and persuades the Government to take action which address the structural factors, such as racial inequality, that drive the differences in health outcomes for so many communities.[49]

There was, however, some support for OHID's name from Cllr David Fothergill, Chairman of the Local Government Association's Community Wellbeing Board. Referring to the Government's decision to rename the Office for Health Promotion to OHID, he said the "change of its formal title is a better reflection of the need to address the underlying health inequalities which existed long before Covid-19 and have been exacerbated by it".[50]

4.3 Organisational independence

Some have raised concerns about the degree of independence the OHID will have from Government. For example, Sally Warren, Director of Policy at the King's Fund, reasoned:

> Public Health England was seemingly both part of Whitehall and not part of Whitehall. That meant at times it could provide the independence and transparency of the evidence base and clarity on the action needed, and at other times it couldn't. Straddling the dual role of being part of the machine but being seen as the independent voice for public health was not always an easy position. With OHID there is no pretense that it is independent. This brings important questions about how OHID will ensure appropriate transparency of the evidence base and a strong voice, even when what it is saying may not be welcomed by all.[51]

Similarly, commenting on the formation Office for Health Promotion (the initial name given to OHID), Dr Richard Jarvis noted "serious concerns about the centralising of public health within the Department of Health":

> If we are to address serious public health problems such as obesity and mental health and truly 'level up' the nation's health, we need to see a properly funded and co-ordinated public health system which, crucially, has the organisational

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49 Race Equality Foundation, Race Equality Foundation responds to launch of new Office for Health Improvement & Disparities, accessed 21 January 2022

50 Local Government Association, LGA responds to appointment of new Deputy Chief Medical Officer and Office for Health Improvement and Disparities, 3 September 2021

51 The King's Fund, The recipe for success at the Office for Health Improvement and Disparities: tackling the wider determinants of health, 20 September 2022

independence to speak out when needed to improve and protect the health of the population.[52]

[52] BMA, BMA responds to creation of Office for Health Promotion, 29 March 2021

5 Response to the decision to replace PHE

The Government faced criticism for its decision to reorganise public health services, and to replace PHE with what are now called the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparity (OHID).[53]

Sir Jeremy Farrar, Director of the Wellcome Trust, and member of the Government's Scientific Advisory Group for Emergencies, echoing widespread reactions in the public health sector, described the changes reported in August 2020 as "Ill thought through, short term, reactive reforms."[54] However, reporting on the restructure on 18 August 2020, The Times said some experts believe "there is some logic to bringing [public health] organisations under a single command structure".[55]

The BMA cautioned the successor bodies to PHE must have the independence to advocate for the public's health[56], while the Institute for Government said a reorganisation of public health structures would not make dealing with the pandemic easier.[57]

On 18 August 2020, Alex Norris, then Shadow Public Health Minister, said:

> The structural reorganisation of PHE is a desperate attempt to shift the blame after years of cutting public health budgets, when the real shift we need in the fight against this virus is towards an effective local test and trace system that delivers mass testing and case finding.[58]

On 23 August 2020 the then Shadow Health Secretary, Jonathan Ashworth, wrote to Mr Hancock to express concern about the restructure. Commenting on the Government work on obesity, Mr Ashworth said abolition of PHE would "only serve to make this more difficult".[59] Mr Ashworth raised similar concerns about responsibility for the Covid-19 vaccination programme. Noting apprehension about whether the restructure would result in key public health functions being neglected, Jonathan Ashworth said:

> there is now a huge question mark hanging over the other non-health protection elements of PHE's responsibilities such as screening, immunisation, mental health, sexual health, smoking cessation and addiction services. We

53 The Guardian, Abolition of Public Health England just 'passing of blame for coronavirus mistakes', 19 August 2020
54 Twitter post by Jeremy Farrar, 19 August 2020
55 The Times, Why is Public Health England being scrapped and what will replace it?, 18 August 2020
56 BMA, Public health must have independence to advocate for the public's health, 27 August 2020
57 Institute for Government, Getting rid of Public Health England will not make dealing with the coronavirus pandemic easier, 19 August 2020
58 Labour Party, Structural reorganisation desperate attempt to shift blame, 18 August 2020
59 The Labour Party, Jonathan Ashworth writes to Matt Hancock demanding urgent answer on obesity, 23 August 2020

> need certainty on how these vital services will continue and under whose remit.[60]

Speaking in the Commons chamber on 1 September 2021, Mr Ashworth also criticised the timing of the restructure, saying "the Secretary of State is now embarking on a risky, distracting restructuring of PHE in the middle of a pandemic".[61]

On 2 September 2020 the Guardian reported more than 70 health organisations had written to the Prime Minister outlining their concerns about what the replacement of PHE would mean for health improvement measures, and measures to deal with health inequalities. Signatories include the Academy of Medical Royal Colleges, the UK Faculty of Public Health, the Richmond Group of health and care charities, the Royal Society of Public Health and the Royal College of General Practitioners.[62] They registered deep concern:

> the Government's plans for the reorganisation of health protection in the UK pay insufficient attention to the vital health improvement and other wider functions of Public Health England.[63]

Signatories did welcome the Department's establishment of a stakeholder advisory group and identified opportunities resulting from the reorganisation to improve on the delivery of health improvement. However, the joint statement cautioned this would only be achieved if there is "greater investment combined with an emphasis on deepening expertise, improving coordination and strengthening accountability".

The signatories set out six key tests they believed Government proposals needed to pass to "deliver truly world class outcomes in levelling-up health and securing a population resilient to future health risks":

- Test 1: Sufficient and secure funding to scale up health improvement interventions
- Test 2: Sufficient high-quality public health experts in health protection, health improvement and healthcare public health functions
- Test 3: The commitment and infrastructure to deliver health improvement at national, regional and local level
- Test 4: A stronger health intelligence function which supports both health improvement and health protection and underpins accountability

60 The Labour Party, Jonathan Ashworth writes to Matt Hancock demanding urgent answer on obesity, 23 August 2020

61 HC Deb 1 September 2020 [on Covid-19], vol 679 c26

62 The Guardian, Health leaders warn Boris Johnson over axing of Public Health England, 2 September 2020

63 Joint statement to the Government on Public Health Reorganisation (PDF), August 2020

- Test 5: Improved co-ordination between the NHS and local government
- Test 6: Strong relationships across health protection and health improvement across all four nations of the UK[64]

[64] Smoke Free Action, The future of health improvement, accessed 21 January 2022

6 Parliamentary material

6.1 Parliamentary questions

Health: Equality
21 January 2022 | 106723

Asked by: Colleen Fletcher

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to tackle health inequalities in (a) Coventry North East constituency, (b) Coventry, (c) the West Midlands and (d) England.

Answering member: Maria Caulfield

We have established the Office for Health Improvement and Disparities (OHID) to tackle disparities working with the National Health Service, integrated care systems, wider health and care services and national and local government.

Through its regional team in the West Midlands, the OHID is providing support to programmes in Coventry aimed at reducing health inequalities. This includes providing evidence, intelligence and sharing best practice for initiatives to tackle infant mortality, homelessness, migrant health issues and access to housing, improved access to services for vulnerable and hard-to-reach groups.

Health: Females
18 January 2022 | 905097

Asked by: Emma Hardy

To ask the Secretary of State for Health and Social Care, what steps he is taking to tackle health inequalities affecting women.

Answering member: Maria Caulfield

On 23 December 2021 we published "Our Vision for the Women's Health Strategy for England". This sets out an ambitious and positive new agenda to improve the health and wellbeing of women across England and reduce disparities. We will publish the full Women's Health Strategy later this year.

In addition, the Office for Health Improvement and Disparities was established on 1 October 2021 to tackle the causes of ill-health and reduce disparities, including those which affect women.

Dementia
13 January 2022 | 100543

Asked by: Chi Onwurah

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of implications for its policies of the Global Burden of Disease study findings, published on 7 January 2022, that dementia cases in the UK will increase by 75 per cent by 2050.

Answering member: Gillian Keegan

We are aware of the findings of the study, although no formal assessment has been made.

The Office for Health Improvement and Disparities (OHID) has been co-ordinating and delivering work relating to dementia risk reduction. This includes producing the Productive Healthy Ageing profile, which contains data for local areas on the risk factors for dementia and working with voluntary sector partners to raise awareness of dementia risk reduction messages. OHID also has responsibility for national oversight of the NHS Health Check programme which aims to prevent some forms of dementia.

We will be setting out our plans on dementia for England for future years in 2022. This will include a focus on prevention and risk reduction.

Public Health
4 January 2022 | 88785

Asked by: Rachael Mackell

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the effectiveness of public health messaging and its impact on community and personal compliance.

Answering member: Maggie Throup

The Behavioural Programmes Unit in the Office for Health Improvement and Disparities runs a wide range of health improvement campaigns and programmes to encourage and support people to adopt healthier behaviours such as quitting smoking, being more physically active and eating better. However, it does not currently run any campaigns which require or compel the public to follow guidance, regulations or law, therefore no specific assessment has been made.

Obesity: Health Services
13 December 2021 | 86599

Asked by: Martyn Day

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of the Government's policies on tackling obesity; what recent discussions he has had with health representatives in (a)

Scotland, (b) Wales and (c) Northern Ireland on the effectiveness of those policies; and if he will make a statement.

Answering member: Maggie Throup

Since the publication of chapter one of the Childhood Obesity Plan in 2016, the average sugar content of drinks subject to the Soft Drinks Industry Levy decreased by 43.7% between 2015 and 2019. There has been approximately a 13% reduction of sugar in breakfast cereals, yogurts and fromage frais.

We have introduced legislation on mandatory out-of-home calorie labelling for large restaurants, cafes and takeaways; restrictions on the promotion of less healthy foods by location and volume price in store and online; and restrictions on the advertising of less healthy foods on TV before 9pm and via online paid for advertising. We have also invested £100 million in healthy weight programmes including the expansion of weight management services and incentives. Officials in the Office for Health Improvement and Disparities are in regular contact with the devolved administrations on measures in our healthy weight strategy.

Alcoholic Drinks: Consumption
7 December 2021 | HL3896

Asked by: Baroness Marron

To ask Her Majesty's Government what support they intend to provide (1) to the NHS, and (2) to other areas of society, to tackle the effects of alcohol consumption.

Answering member: Lord Kamall

Alcohol is a cross-cutting issue affecting several Government departments. As part of the NHS Long Term Plan, NHS England and NHS Improvement have invested £27 million in a four year programme between 2019/20 and 2023/24 to both establish and improve alcohol care teams to provide specialist alcohol interventions in hospitals where needed. Implementation is estimated to prevent 50,000 admissions over five years.

Furthermore, we have made the largest increase in substance misuse treatment funding for 15 years, with £80 million of new investment in 2021/22. £9.8 million of this has been made available for medically managed inpatient detoxification units, crucial for treating those most dependent on alcohol and drugs. This funding is in addition to the money local authorities already spend on substance misuse from the public health grant.

The focus of the newly established Office for Health Improvement and Disparities is on improving the nation’s health and levelling up health disparities. This includes tackling alcohol-related health harms.

This year, we are delivering £52 million for substance misuse treatment services for people sleeping rough, building on £23 million in 2020/21. This will fund evidence-based drug and alcohol treatment and wraparound support to improve access to treatment, including for those with co-occurring mental health needs.

6.2 Other parliamentary material

Debates

Public Health England (Dissolution) (Consequential Amendments) Regulations 2021

9 November 2021 | House of Lords | 815 cc.1673-1685

Statements

Final report on progress to address COVID-19 health disparities

3 December 2021 | HCWS441

Committee Reports

National Plan for Sport and Recreation: A national plan for sport, health and wellbeing

Report of Session 2021-22 | 10 December 2021 | HL Paper 113

7 Further reading

7.1 Reports

Royal College of Physicians, Inequalities in Health Alliance briefing on the Office for Health Improvement and Disparities, 20 January 2022

The Health Foundation, A whole-government approach to improving health, October 2021

The Health Foundation, Five tests for levelling up health, 12 October 2021

NHS Providers, NHS Providers responds to launch of Office for Health Improvement and Disparities, 1 October 2021

The Kings Fund, The recipe for success at the Office for Health Improvement and Disparities: tackling the wider determinants of health, 30 September 2021

The Health Foundation, Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report, July 2021

The Health Foundation, Health Equity in England: The Marmot Review 10 Years On, February 2020

Public Health England, What has COVID-19 Told us about Health Inequalities, and what can we do about it? (PDF), 2020

7.2 House of Commons Library

The Commons Library provides information on health inequalities indicators in the following two resources:

- Public Health England dashboards: these contain a range of different health inequalities indicators including life expectancy, hospital admissions, lifestyle, and healthcare indicators.

- Commons Library health dashboard: this resource allows you to browse constituency estimates for the prevalence of seven conditions: asthma, progressive lung disease, dementia, diabetes, depression, high blood pressure, and obesity. This is based on GP practice data.

The following Library briefings deal with specific aspects of health inequalities and public health policy:

- House of Commons Library debate pack Black Maternal Health Week, 2021
- House of Commons Library briefing, Obesity, 2021
- House of Commons Library debate pack, Delivery of a new Tobacco Control Plan, 2021
- House of Commons Library debate pack, Alcohol harm, 2021
- House of Commons Library briefing, Statistics on Alcohol: England, 2021
- House of Commons Library briefing, Obesity statistics, 2021
- House of Commons Library debate pack Opposition Day Debate: Health Inequalities, 2020
- House of Commons Library briefing paper Race and Ethnic Disparities, 2020
- House of Commons Library briefing paper Covid-19 and Black, Asian and minority ethnic communities, 2020
- House of Commons Library debate pack General Debate on Lesbian, Bisexual and Trans Women's Health Inequalities, 2020

7.3 House of Lords Library

House of Lords Library 'In Focus' briefing, Regret motion relating to the dissolution of Public Health England, November 2021

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