

Briefing: Westminster Hall debate - Office for Health Improvement and Disparities and health inequalities

26 January 2022, 2.30pm.

Introduction

The Royal College of Paediatrics and Child Health (RCPCH) has put together this briefing for MPs ahead of Peter Dowd MP's Westminster Hall debate on the *Office for Health Improvement and Disparities (OHID) and health inequalities*.

As OHID cements itself in the health and care landscape, this debate is crucial to ensure we can collectively tackle the continuously rising child health inequalities present in England today. This document contains an outline of child health inequalities as well as a roundup of what action is needed, including key questions you may wish to ask the Minister.

If you have any questions or would like further information, please contact bruce.warwick@rcpch.ac.uk.

Child health inequalities today

- Child health outcomes in England are some of the **worst in Europe**.
- Our **State of Child Health 2020 report** reveals a widening gap between health outcomes across nearly 30 indicators. It shows that children living in more deprived areas have worse health outcomes than their peers living in less deprived areas.
- The COVID-19 pandemic has also highlighted and accelerated the devastating impact of health inequalities.

Key issues

- **Poverty and inequalities:** The impact of poverty and inequalities on children's health and wellbeing is undeniable. Children living in poverty **are more likely to have** low birth weight, poor physical health like obesity and some chronic conditions and mental health problems. The health impacts of growing up in poverty are significant and follow children across their life.
- **Infant mortality:** The UK is fifth from bottom among 27 European countries for **infant mortality**. Infant mortality trends also show widening health inequalities, since 2010 there has been a rise in rates for the poorest children, compared to falling rates for more advantaged infants.
- **Obesity:** Obesity is also a growing issue, where the **prevalence of severe obesity amongst 4-5-year-olds** is almost four times as high in the most deprived areas (3.8%) than the least deprived areas (1.0%). The rates of being overweight and obesity are increasing for children living in the most deprived areas as it is decreasing for those who are living in the least deprived. Recent **data from NHS Digital** has shown a sharp increase in obesity rates in children between 2019/20 and 2020/21.
- **Asthma:** Another example **is seen with asthma**. Not only does the UK have the highest rate of child mortality in Europe for children with an underlying cause of asthma, but emergency admissions are strongly associated with deprivation. In 2016, the most deprived school-aged children were 2.5 times more likely to have an emergency admission for asthma than their least deprived counterparts in England.
- **COVID-19:** Whilst children and young people have been spared the worst of the clinical impact of COVID-19, the response to the pandemic has had far-reaching negative effects to their health and wellbeing. This is largely because **schools play a significant role** in the health and wellbeing of all CYP, and play a pivotal role in identifying vulnerable children, providing the setting from which children can access health and safeguarding surveillance support and advice, as well as individual and group therapeutic programmes. It also provides the setting in which **20% of children** access free school meals. Widespread school closures during the pandemic reduced CYP's access to these health benefits, and also meant some vulnerable children slipped under the radar and contributed to widening health inequalities.

- One such example is supervised [tooth brushing schemes for younger children](#). Tooth decay is [clearly linked to deprivation](#) and remains the most common reason for children aged 5 – 9 to be hospitalised.
- The [Institute for Public Policy Research \(IPPR\) has estimated](#) a further 200,000 children have been pushed into poverty as a result of the pandemic so far. Additionally, [the Joseph Rowntree Foundation \(JRF\) have found](#) that rising energy prices could further worsen child poverty.

OHID and action to address child health inequalities

- RCPCH [welcomed the foundation of OHID when it was first announced](#); we recognise it will be the cornerstone of efforts to reduce health inequalities across the country.
- For OHID to properly play its role in tackling inequalities, [we recommend the following](#) principles should inform its work:
 - **Child centred** - children and young people should be consulted by OHID on public health policy.
 - **Equitable** - public health functions should address population health need and health inequalities. Children must be provided with a universal service with extra focus, support and capacity for the most vulnerable.
 - **A health improvement approach to public health** - the future of public health for children and young people should focus on influencing determinants of child health outcomes.
 - **A life-course approach** - health improvement starts before birth and continues throughout life.
 - **Integrated** - services provide joined-up care for children and young people. Organisations must work together to plan, resource and deliver services that support health improvements.
 - **Resourced** - the public health grant for Local Authorities should be restored. Future investment in public health provision should increase at the same rate as NHS funding and be allocated based on population health needs OHID must be properly resourced.
 - **Good governance** - a national framework for delivering public health for children and young people should be strategic, accountable and expert-led.
 - **Leadership** - OHID should be supported by solid leadership that makes the case for the importance of public health across Government.
 - **Capacity** - a renewed focus on the public health workforce must be made to ensure school nurses and health visitors are supported to act as a frontline defence against multiple child health problems.
 - **Information** - accurate and timely data and surveillance should be collected to support research, monitoring and intervention evaluation.
- Furthermore, RCPCH believe health is everyone's business and requires a whole system approach to strengthen joined up working. OHID's remit must extend beyond the DHSC. Data [consistently shows](#) that poverty and inequality impact a child's whole life, affecting their education, housing and social environment, and in turn impacting their health outcomes and life chances.
- Therefore, we call on the Government to put child health at the heart of all its policies. We strongly believe there needs to be a comprehensive, cross-Government public policy response to health inequalities. This is why we joined over 90 representatives of [the Inequalities in Health Alliance \(IHA\)](#) in [calling for a cross-government strategy to reduce health inequalities](#).

Questions for the Minister

- Will the government commit to developing a cross-government strategy to reduce health inequalities that includes a focus on child health?
- Can the Minister set out how OHID will reduce child health inequalities?
- Can the Minister provide an update on progress towards establishing the cross-government ministerial board on prevention that is intended to coordinate government action on the wider determinants of health?

RCPCH is the membership body for paediatricians, representing more than 20,000 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes.