

How can local Healthwatch tackle health inequalities?

Report to the Local Government Association
from the new economics foundation (**nef**)

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In this report...

1. Summary of what local Healthwatch can do and why it matters
2. The formal remit of local Healthwatch: its role in tackling health inequalities
3. How Healthwatch can engage local people and learn from them
4. How Healthwatch can build knowledge about health inequalities: bringing together official information and local experience
5. How Healthwatch can make a difference
6. Helping Healthwatch be more effective: what the LGA and its partners can do

How can local Healthwatch tackle health inequalities?

- Understand how its own role and remit relate to health inequalities – what it can do and why it matters
- Engage local people in constructive and empowering dialogue about health inequalities
- Build knowledge about health inequalities generally, and how they are experienced by local people
- Use its influence to shape local policy and practice
- Encourage action that will help tackle health inequalities, by local groups as well as by local and national bodies
- Hold local government, NHS and national government to account, to ensure they fulfil obligations to tackle health inequalities.

Local Healthwatch matters because...



- It is now the main route for local people to have a say in health and social care.
- There is strong evidence⁽⁶⁾ that health inequalities cannot be addressed without real and effective participation from local people in local policy and services, including NHS, social care *and* other local government responsibilities.

“Healthwatch will give local communities a bigger say in how health and social care services are planned, commissioned, delivered and monitored to meet the health and wellbeing needs of local people and groups, and address health inequalities.”
Department of Health, Healthwatch Transition Plan (2011)

“This Review puts empowerment of individuals and communities at the centre of action to reduce health inequalities... Without such participation and a shift of power towards individuals and communities it will be difficult to achieve the penetration of interventions needed to impact effectively on health inequalities.” The Marmot Review (2010)

Department of Health says local Healthwatch will...

- Give communities a bigger say in health and social care by enabling a full diversity of people to share views and concerns
- Provide people with information about using local services and what to do when things go wrong or they want to complain
- Influence the planning, commissioning, delivery and monitoring of services by providing authoritative, evidence-based feedback to organisations responsible for commissioning and delivering local services
- Be the independent consumer champion for the public, acting on concerns when public bodies fail to meet their responsibilities.⁽¹⁾

First, some ground rules...

These pointers for local Healthwatch are based on evidence of what works, as well as on our research.^(21, 22, 23)

- Start from people's own experience
- Involve not just the 'usual suspects'
- It's about learning as much as giving information – respect people's views
- Let participants set the agenda and pace
- Allow enough time
- Use everyday language. Relate concepts used by experts to everyday experience (eg. think how the term 'Disability-free life years' sounds to someone with a lifelong disability.)
- Help people take control. Make it clear that health inequalities are avoidable – if people are poor they not 'trapped' in a short, unhealthy life
- Always give feedback
- Look for ways of building deeper, lasting relationships with people after the first meetings.



economics as if people
and the planet mattered

*Try to get people talking about the issues before you ask them to formally give their views.
Resident, Leeds*

*Healthwatch can change the conversation so it is not about consultation but: how can we do this together?
Resident, Dudley*

Go beyond consultation and participation to build constructive relationships

“Community interventions should be about building active and sustainable communities based on principles of social justice.”

The Marmot Review

“Conversations with local people come out of real life examples. you don’t need to tell people round here that the doctors aren’t great – cause they tell you, and that’s part of the inequality.”

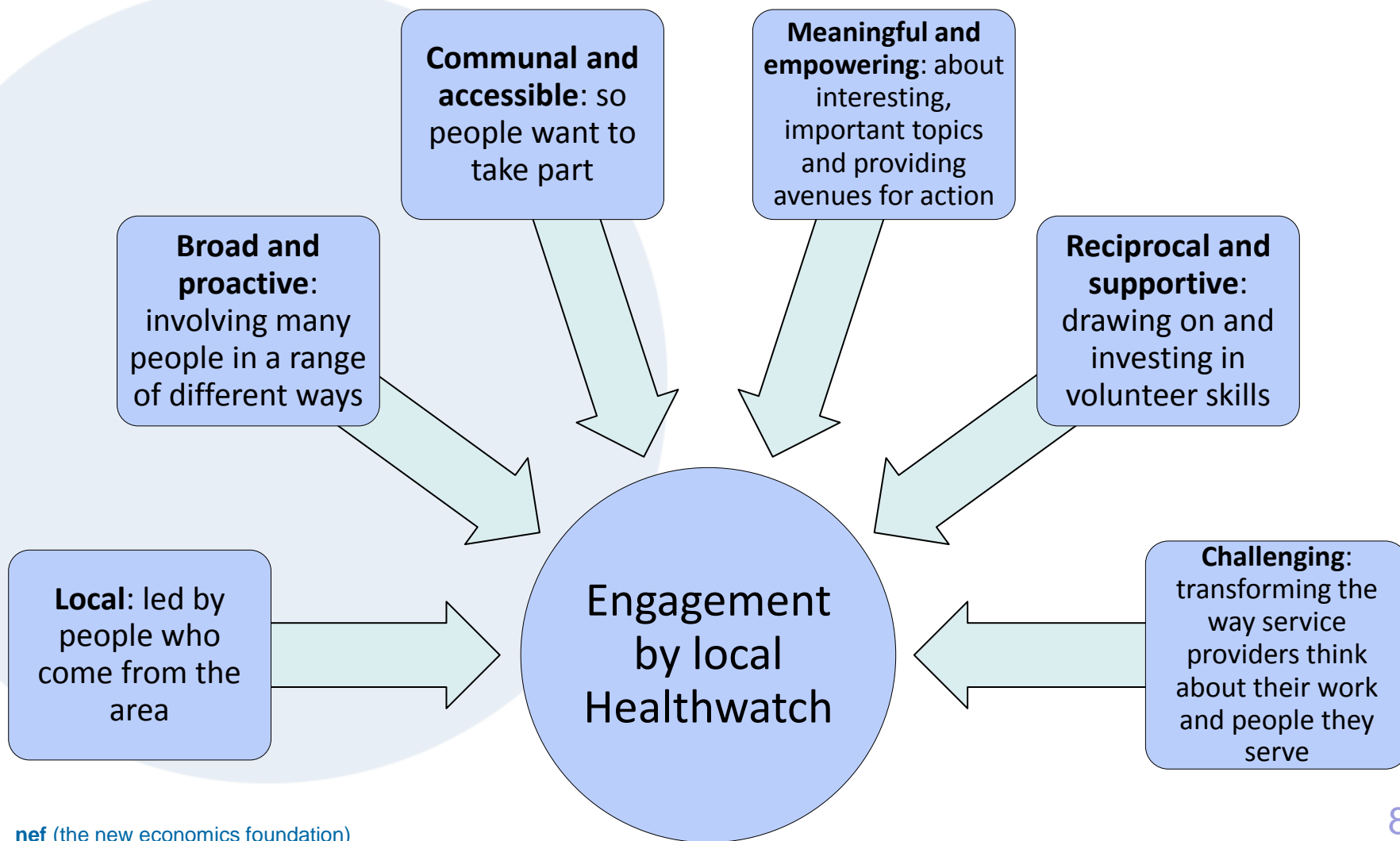
Community activist, Leeds

“The only way Healthwatch can build relationships with people is over a long time – or by piggy-backing on others who have good relationships with them... You can meet the same person four times – have a cup of tea with them every time to talk about their story – and you get a completely different angle on their story on all occasions.”

Community activist, Leeds

3. Engaging local people and learning from them

Residents say they want engagement with local Healthwatch to be...



Some practical examples

of creative approaches to engaging people in dialogue that have been successful



Mapping inequalities in 3D

This map is built out of carpet tiles by community activist Andrew Grinnell. Wooden blocks and plastic jewels represent levels of deprivation and wealth in Leeds. The map sparks conversations about economic inequality. Andrew asks people ‘what surprises you about the map?’ and ‘is this the kind of Leeds we want?’, and he films their responses.



Mentoring from local people

Scotland’s Poverty Truth Commission⁽¹⁵⁾ brought together civic leaders and people experiencing poverty. They came up with the idea of senior civil servants being mentored 1:1 by people who’d experienced poverty. Leaders became learners, changing power relations and aiming for honesty.

The building blocks and where to find them

To tackle health inequalities, local Healthwatch will need to build knowledge about:

- what health inequalities are,
- how they are caused, and
- how they can be reduced.

This knowledge comes from two main sources:

- Official data that show differences and evidence of immediate and underlying causes, along with academic analyses of this information
- Local experience and views, drawn from testimony of local people

Building knowledge involves drawing together learning from these different sources, to inform and guide how way local Healthwatch uses its influence, encourages local action and holds government to account.

Where to find out about health inequalities

Local Healthwatch needs this kind of information to define health inequalities clearly, to describe how they're distributed nationally and locally, and to show what they mean for people.

1. *Official sources available online*

- National data: Public Health England (PHE) Longer Lives website⁽⁹⁾ on causes of premature death; Office of National Statistics (ONS) data on life expectancy and healthy life expectancy, featuring animated map⁽¹¹⁾; reports from University College London (UCL) Institute of Health Equity⁽⁷⁾
- Academic analysis: The Marmot Review⁽⁶⁾; UCL Institute of Health Equity⁽⁷⁾; Professor Danny Dorling (University of Sheffield)
- Local data: Joint Strategic Needs Assessments (JSNAs); PHE local Health Profiles and maps⁽¹⁰⁾; Marmot Review indicators for Local Authorities in England.⁽⁸⁾

2. *Ways of finding out from local people*

- Dialogue with residents and local workers
- Partnerships with the community and voluntary sector, which has existing intelligence about local people's views
- Local Public Health England centres and local Directors of Public Health.

Examples of information from national sources

Here are some key points from national data, showing the extent of health inequalities in England:

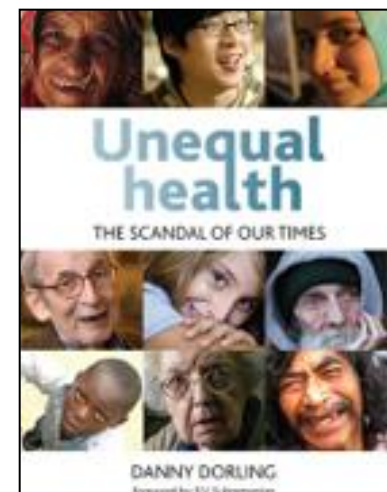
- On average, people in poorest neighbourhoods will live 7 years less than people in richest neighbourhoods and will develop a disability or limiting health problem 17 years earlier⁽⁶⁾
- In England, premature deaths that result from health inequalities deprive people of between 1.3 and 2.5 million years of life
- While life expectancy for men and women in England increased overall between 2007-9 and 2008-10, inequalities in male life expectancy increased at the same time
- What it costs to do nothing about health inequalities:
 - productivity losses of £31-33 billion
 - reduced tax revenue and higher welfare payments of £20-32 billion
 - increased treatment costs well in excess of £5 billion.⁽⁷⁾

4. How Healthwatch can build knowledge about health inequalities

Examples of information from academic analyses

Here are some key points from academic analyses of health inequalities:

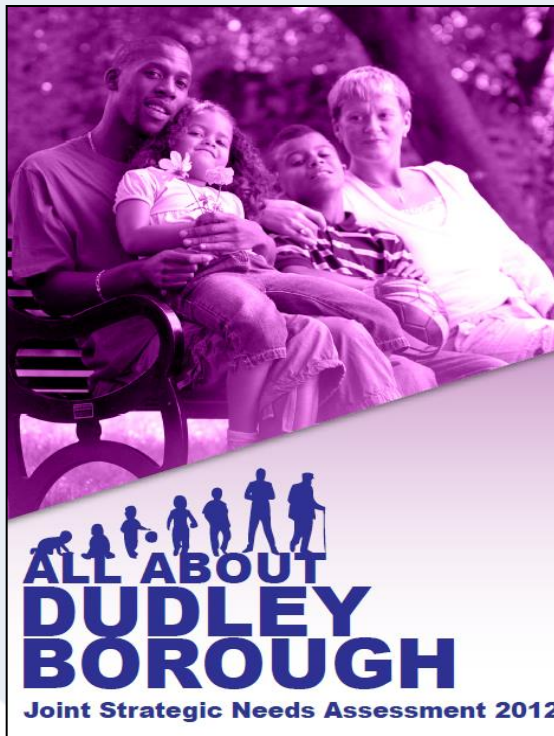
- There are different rates of illness and early death for different groups of people
- These differences are not random – worse health outcomes are seen for those with lower incomes and less power
- Inequalities are seen both in life expectancy and in quality of life, especially health in older years.^(6,7)
- The European Portal for Action on Health Inequalities define health inequalities as *“preventable and unfair differences in health status between groups, populations or individuals.”*⁽¹²⁾



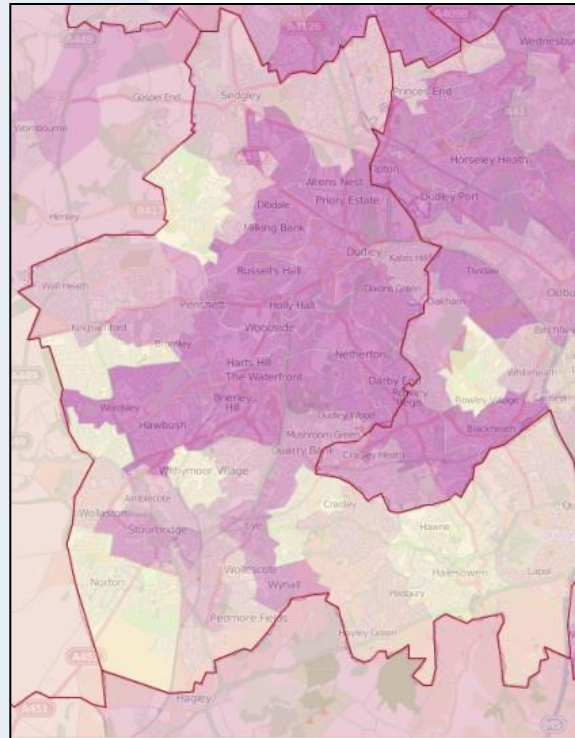
4. How Healthwatch can build knowledge about health inequalities

Examples of information from local data sources

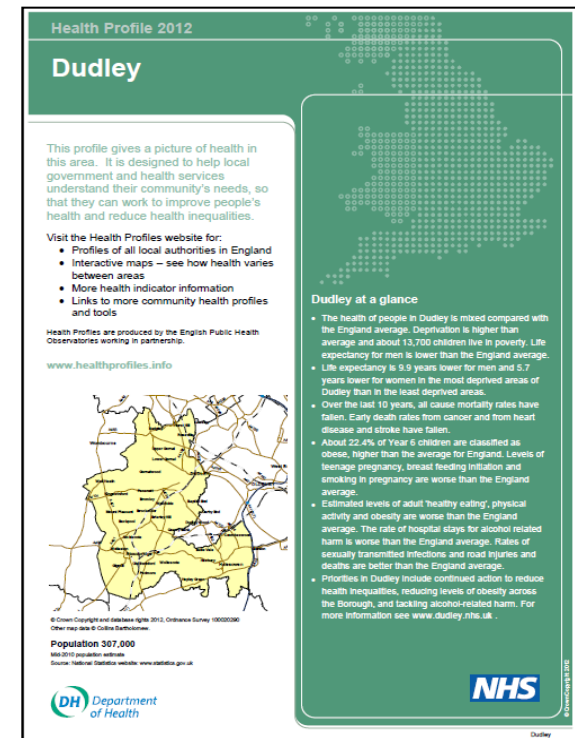
Here are some examples of information about health inequalities from the borough of Dudley:



Joint Strategic Needs Assessment



Interactive Health Profile maps⁽¹⁰⁾



Local Health Profile⁽¹⁰⁾

How public health experts describe health inequalities

*You see a neighbour who's developing cancer at the age of 56 and then dies at 59. If you live in a poor community you'll see far more of this than if you live in a wealthy community, where your neighbours will start getting cancer when they're 72 or 81. **That's not happening by chance.***

Ann Marie Connolly, Public Health England

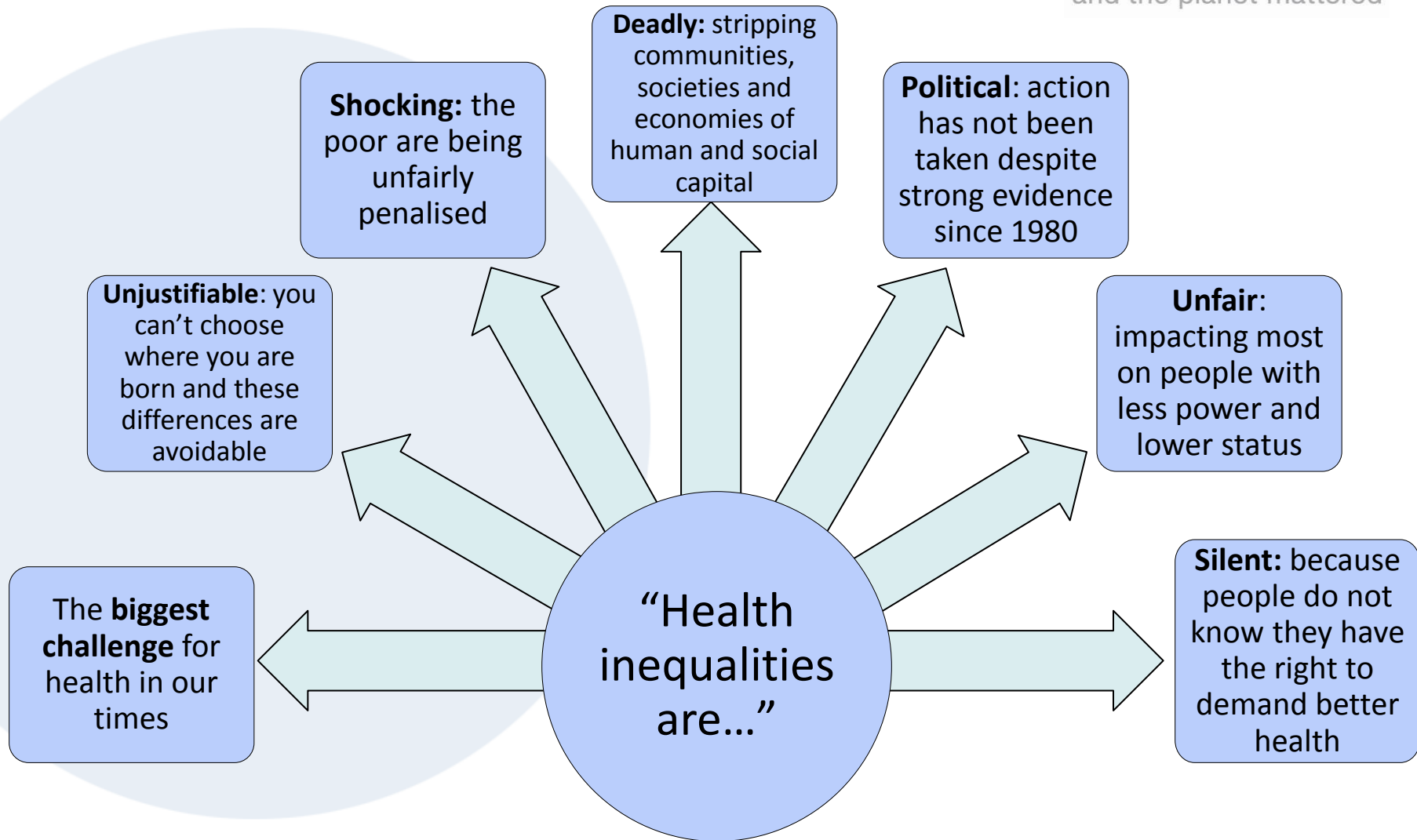
*Of all the factors affecting chances of premature mortality, location is one of the most important. Because, **even in England in 2013, how long we live depends greatly on where we live.***

John Newton, Public Health England – Longer Lives website

*This is about our everyday lives and our life chances. But we're not trapped, because **these inequalities are avoidable.***

Anna Coote, nef

What local residents said to us



Understanding different inequalities

- Certain individual characteristics can put people in a position where they are more likely to experience disadvantage or be discriminated against.
- The Equality Act 2010 covers these “protected characteristics”: **age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.**^(4,5)
- People with certain characteristics may be more negatively affected by health inequalities than other people – even compared with others who live in the same neighbourhood. There are, for instance, severe health inequalities between different ethnic groups: infant mortality in England and Wales for children born to mothers from Pakistan is double the average; and young black men are six times more likely than young white men to be sectioned for compulsory treatment under the Mental Health Act.
- The Marmot Review underlines the point: “Social inequalities exist across a wide range of domains: age, gender, race, ethnicity, religion, language, physical and mental health and sexual orientation. There are also some groups in society who are particularly disadvantaged: for example people who are homeless, refugees and asylum seekers... These inequalities interact in complex ways with socioeconomic position in shaping people’s health status.”⁽⁶⁾

Knowing about the protected characteristics is an important part of understanding and tackling health inequalities.

Where to find out about the causes

Studies of the national picture and official local data can be a good starting point. Local people can provide more detailed observations about how various causes interact and are experienced from day to day.

Sources of information on the causes of health inequalities:

1. *Official sources available online*

- Academic analyses: The Marmot Review⁽⁶⁾; World Health Organisation programme on Social Determinants of Health⁽¹³⁾; UCL Institute of Health Equity⁽⁷⁾
- National and local data: ONS 2011 Census data⁽¹¹⁾; PHE local Health Profiles and maps⁽¹⁰⁾; Marmot Indicators for Local Authorities in England.⁽⁸⁾

2. *What local people say*

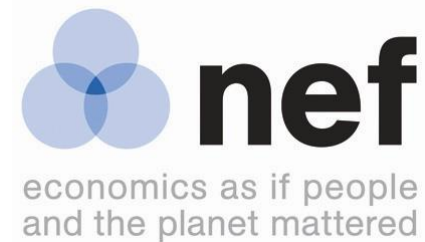
- Dialogue with local residents and local workers
- Partnerships with the community and voluntary sector, which has existing intelligence about local people's views
- Local Public Health England centres and the local Director of Public Health.

Main causes of health inequalities, according to official sources

- Leading experts say the underlying causes of health inequalities are differences in social, economic and environmental conditions – conditions in which people born, live, grow, work and age. National data show a strong correlation between poor health and social and economic deprivation^(6,7)
- Genetic factors, individual behaviours and access to healthcare services can all influence health. But they are not the underlying causes. Focusing on these alone will not help Healthwatch to tackle health inequalities⁽⁶⁾
- To make a difference, Healthwatch is advised to focus on the **social determinants of health**
- The Marmot Review describes the social determinants of ill health as the “causes of the causes” and points to “persisting inequalities” across five “key domains”:
 - Early child development and education
 - Employment and working conditions
 - Housing and neighbourhood conditions
 - Standards of living
 - Freedom to participate equally in the benefits of society.⁽⁶⁾

4. How Healthwatch can build knowledge about health inequalities

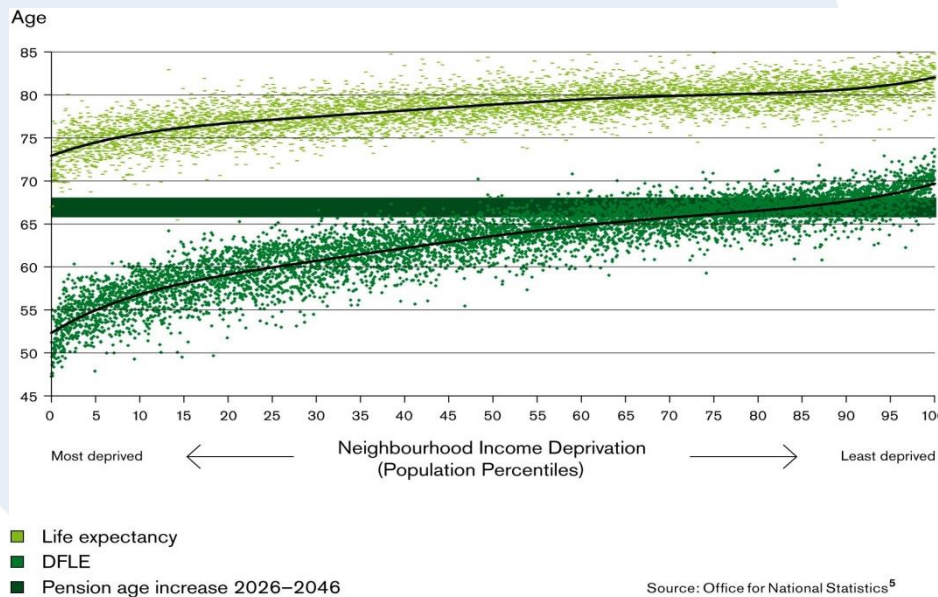
Links between deprivation, social status and health



Graphs like these can be useful to local Healthwatch. They are produced by UCL Institute of Health Equity,⁽⁷⁾ based on The Marmot Review. The data show strong links between poor health and social and economic deprivation.

Deprivation and health

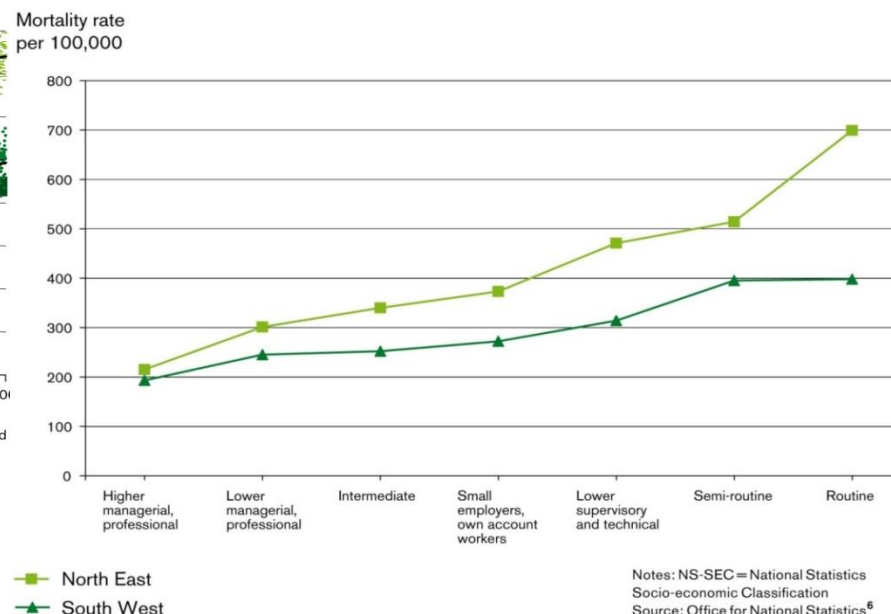
Life expectancy and disability-free life expectancy (DFLE) at birth, for people in different neighbourhoods, 1999-2003



Source: Office for National Statistics⁵

Social status and health

Death rates by socio-economic status and region for men aged 25-64, 2001-3



Notes: NS-SEC = National Statistics Socio-economic Classification
Source: Office for National Statistics⁶

Connecting the causes

Diagrams like this one can help describe the different factors that influence people's health, and the relationships between them



The Determinants of Health (1992) Dahlgren and Whitehead

For example, the diagram shows that:

- Socioeconomic and environmental conditions are underlying causes that shape living and working conditions (such as housing and employment), which then affect lifestyles
- Health care services are only one small part of the picture (on the right hand side).

Finding out about local causes from official sources

To track the causes of health inequalities at a local level, it is often necessary to draw on local as well as national sources of information. Local data is available from official sources for three out of the five domains of inequality highlighted by The Marmot Review:

1. Early child development and education

- Proportion of children in poverty - Health Profile map indicator⁽¹⁰⁾
- Children achieving a good level of development at age 5 - Marmot indicator⁽⁸⁾

2. Employment and working conditions

- Long-term unemployment - Health Profile map indicator⁽¹⁰⁾
- Working age benefits - ONS work indicator⁽¹¹⁾
- Hours worked - ONS work indicator⁽¹¹⁾

3. Housing and neighbourhood conditions

- Road injuries and death - Health Profile map indicator⁽¹⁰⁾
- Crime - ONS crime and safety indicators⁽¹¹⁾
- Homelessness, overcrowding, social renting and central heating - ONS housing indicators⁽¹¹⁾

Finding out about local causes from local people

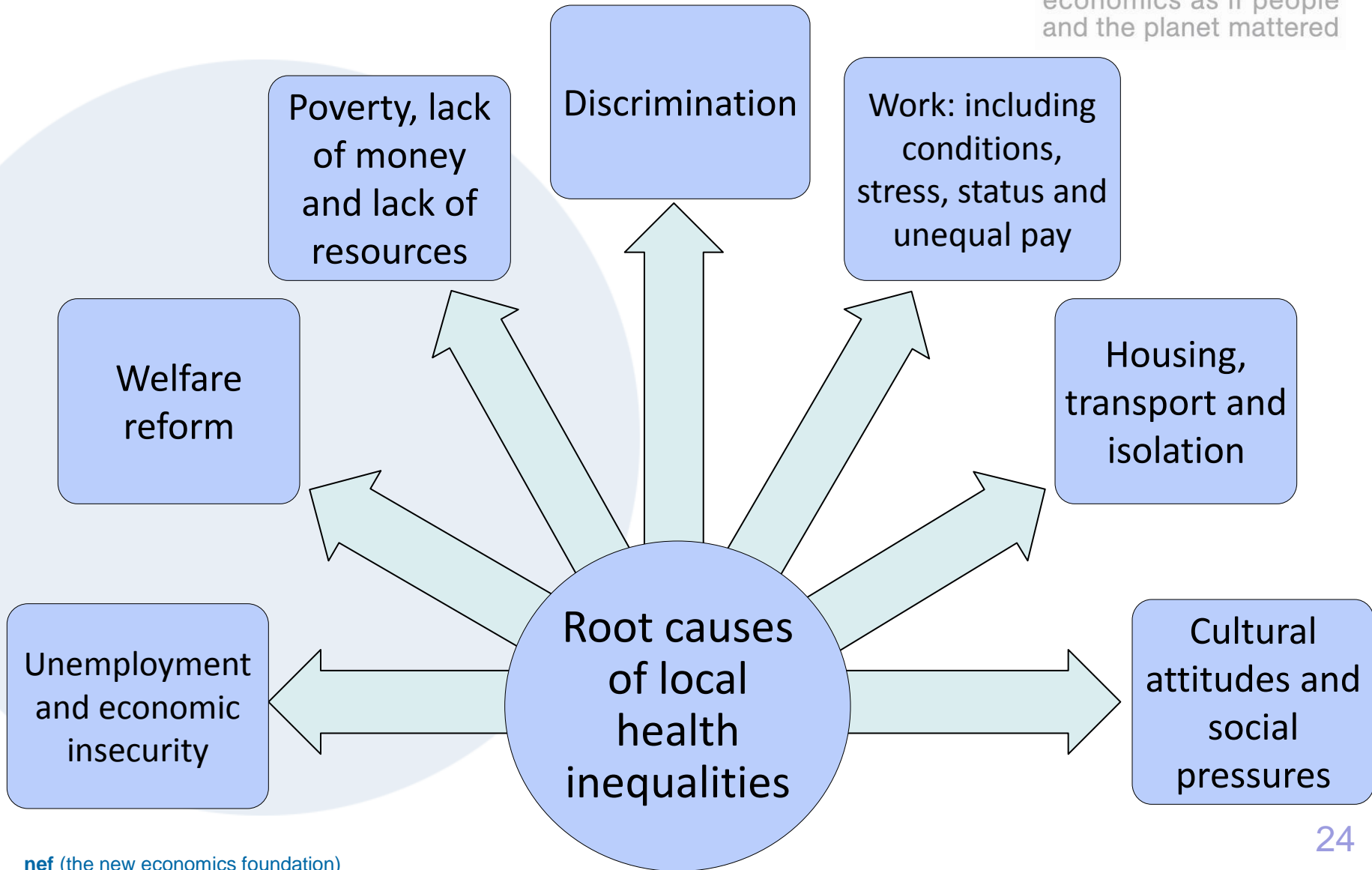
The Marmot Review highlighted two further domains of inequality that are not well captured by data from official sources: “standards of living”; and “freedom to participate equally in the benefits of society”.⁽⁶⁾

The local community and voluntary sector is a good place to go for information on local standards of living. Organisations that are in touch with individuals from different socioeconomic groups will be able to advise on challenges faced by local people. In a separate piece of **nef** research,⁽²⁴⁾ the chair of a Citizens Advice Bureau in London described the CAB as “*the social weather vane of an area*”.

Our research suggests that, in dialogue with local people, Healthwatch can usefully ask about:

- Social involvement and isolation (trying to understand extent of “freedom to participate”)
- Taxes and benefits, and how these affect people’s lives
- Opportunities for skills development and lifelong learning
- Their work: workplace conditions, opportunities for responsibility, stress levels
- Their children: how they’re getting on, what they enjoy and don’t enjoy about the area.

What residents say about the causes



Where to find out how to reduce health inequalities

Knowledge on how to reduce health inequalities can be drawn from:

1. **Official sources of information available online:**

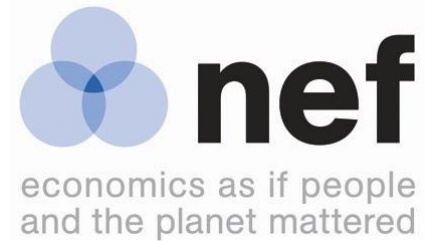
- Academic analyses: The Marmot Review⁽⁶⁾; UCL Institute of Health Equity⁽⁷⁾
- Case studies: from PHE, Community Health Exchange,⁽¹⁹⁾ NESTA/**nef**,⁽¹⁴⁾ UCL,⁽⁷⁾ other academic research.

2. **What local people say**

- Dialogue with local residents and workers
- Stories and examples drawn from conversations with local people.

Healthwatch needs to be really clear on what commissioning needs to take place in order to reduce health inequalities, so it can speak up and influence and keep agencies on the ball.
Bev Taylor, Regional Voices

What the Marmot Review says about reducing health inequalities



The Marmot Review confirms that:

- Steps can be taken to reduce health inequalities. They are avoidable not inevitable
- Tackling health inequalities requires action not just from the NHS, but also from local authorities, employers and others.⁽⁶⁾

It identifies **six policy objectives** for action on health inequalities, addressing the social determinants of health:

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention.⁽⁶⁾

What public health experts say about reducing health inequalities

*It's about 'downstream', 'midstream' and 'upstream'. **Downstream** is expecting high quality services from GPs and hospitals and to get the best possible care for health conditions.*

***Midstream** is what you need to do to support people to feel able to take control. It's not as simple as pointing fingers saying, 'you should stop smoking'. That's easier to say and harder for people to do, depending on levels of stress, confidence and sense of control. So we need more work around mental wellbeing and proper support for people to change behaviour like smoking.*

***Upstream** is advocacy for changes to circumstances that make it more likely for people to become unwell. What's everybody doing about a good start in life? What do we do to maximise capacity and capability to learn, work and train, to get the best out of themselves?*

Ann Marie Connolly, Public Health England

*A fundamental principle is about **identifying that people should have more control over their lives...tuning in to what locally gives people real control over their lives...***

Peter Goldblatt, UCL

4. How Healthwatch can build knowledge about health inequalities

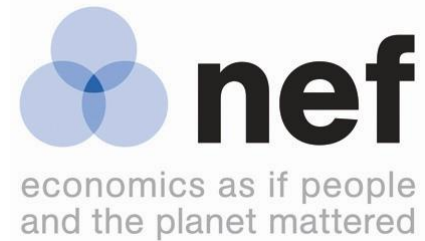
How local authorities are trying to implement the Marmot recommendations



Several local authorities are trying to address the underlying causes of health inequalities by improving local social, economic and environmental conditions:

- **Islington, Newham, Camden, York, Tower Hamlets, Liverpool, Sheffield, Newcastle, Blackpool, Birmingham and Plymouth** have held Fairness Commissions, aiming to offset the effects of government cuts by: improving local labour markets (living wage, improving pay ratios); addressing debt and pay-day loan companies; reducing food poverty (through bulk buying, food cooperatives); and improving childcare and local travel options⁽¹⁶⁾
- **Lambeth** aims to become the first co-operative council in the UK by applying the principles of co-production to all its work, partnering with local residents to design and deliver services. Recently they worked with **nef** on a project funded by the Paul Hamlyn Foundation for transforming youth services
- **Haringey** is focusing on developing equality and environmental sustainability by investing in low-carbon transport and supporting the growth of businesses in the low carbon and renewables sector, through The Haringey Carbon Commission.⁽¹⁷⁾

How Health and Social Care services can implement the Marmot recommendations



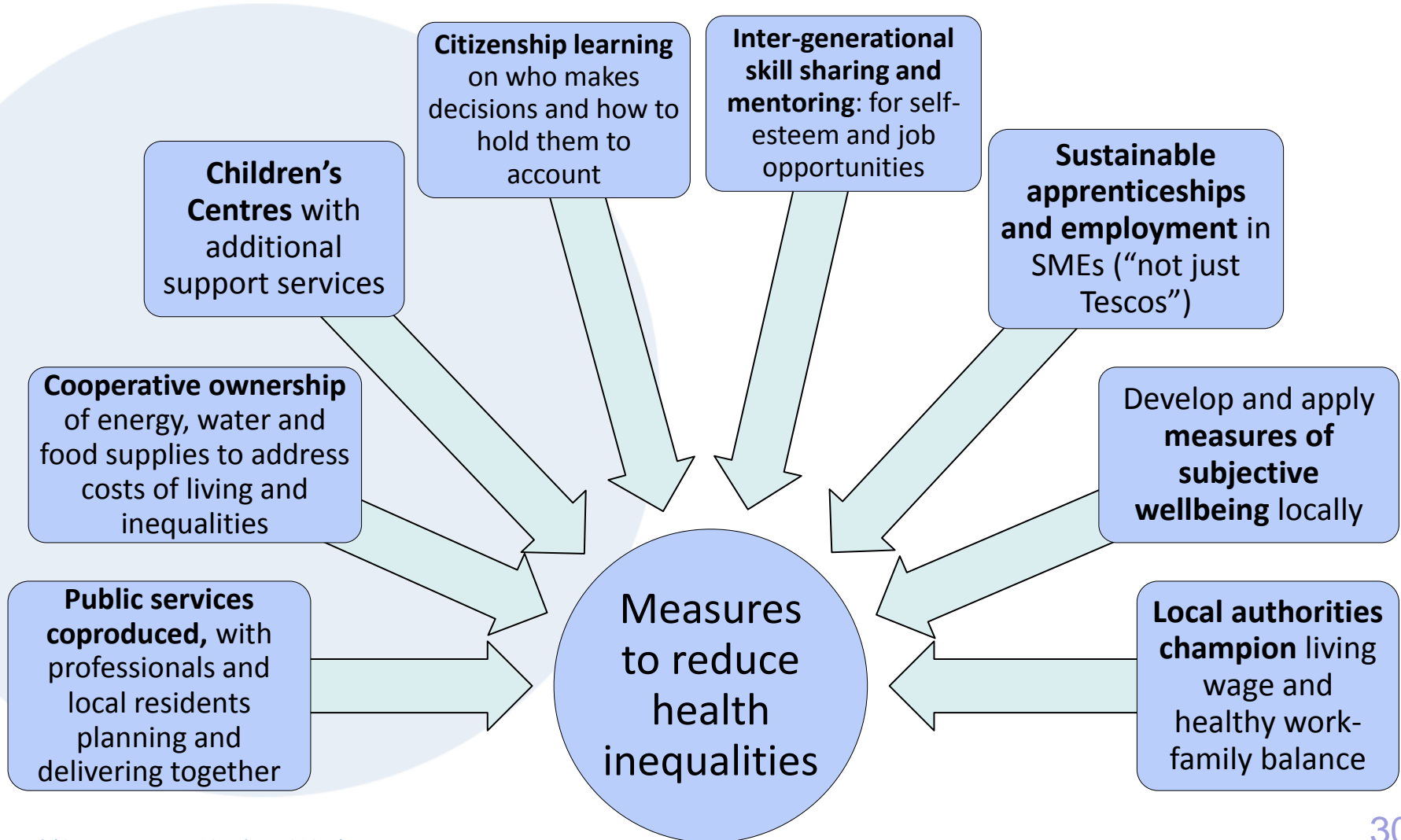
Reducing health inequalities calls for action by a broad range of stakeholders, not just health and social care services. But it is no less important for them to understand – and address – the underlying causes.

In ‘Working for Health Equity’, the UCL Institute of Health Equity recommends that health professionals are trained in the social determinants of health and how to refer patients to services and benefits that can improve their health. Health organisations should work in partnership with organisations such as schools and Citizens Advice Bureaus, whose work can directly address the causes of health inequalities.⁽⁷⁾

Some health services already work in ways that aim to address the social, economic and environmental conditions of people’s lives, for example:

- The **Bromley by Bow Centre** in East London combines a GP surgery with a community centre. It offers a wide range of support, from benefits advice to helping people start social enterprises.⁽¹⁸⁾
- **Kingsway Court Health and Wellbeing Centre**, Glasgow is a community-led health initiative serving six high-rise blocks and 684 households called Kingsway Court. It combines conventional public health interventions such as smoking cessation with a youth programme, an international festival, a lunch club and drop-in for older people, English as a second language classes, football teams, a hill-walking group, stress management classes, film-making, internet access, volunteer development and access to a credit union.⁽¹⁹⁾

Ideas from residents for reducing local health inequalities



Bringing together different kinds of knowledge



To get a rounded understanding of health inequalities and how to reduce them, local Healthwatch should combine information, views and analysis from official sources and from local people.

What local Healthwatch can and cannot do

Healthwatch is the main way that local people have a voice in commissioning, delivering, improving and monitoring public health in their area. It has a limited, but important role to play in reducing health inequalities.

What local Healthwatch CANNOT do:

- Commission services – this power rests with commissioners
- Run services or deliver interventions – the resources for this lie in local government, public services and local partners.

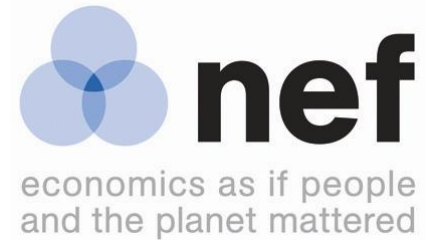
What local Healthwatch CAN do:

- Use its influence
- Encourage local action
- Take a rounded approach
- Hold government to account.

*Healthwatch can act as **health conscience of the community** to inform local authorities of harm being done long term through, for example, lack of options for active living.*

Peter Goldblatt, UCL

Forums that Healthwatch can influence



Healthwatch can help to reduce health inequalities by influencing:

- **Health and Wellbeing Boards** – established under the Health and Social Care Act 2012⁽³⁾ as a forum where leaders from local government, health and social care work together to improve health and wellbeing locally and reduce health inequalities
- **Joint Strategic Needs Assessments** – an analysis of the health assets and needs of a population produced by the Health and Wellbeing Board to inform the commissioning of health, well-being and social care services within a local area
- **Clinical Commissioning Groups** – run by GPs and responsible for commissioning key health services. It must have a lay member with responsibility for championing patient and public involvement, who may be appointed via Healthwatch.

Healthwatch should feel confident to use its role in these forums to be at centre of decision making on health and social care. The LGA makes this point strongly in *Establishing local Healthwatch: working with health and wellbeing boards* (2012).⁽²⁵⁾

Healthwatch can use its influence wisely for tackling health inequalities by:

- Faithfully retelling the stories of local residents
- Advocating for change based on knowledge about health inequalities built by combining information from official sources with the testimony of local people.

Influencing local decision-makers

Healthwatch can encourage decision makers to:

- Shape the JSNA around voices of local residents, making it interesting and accessible
- Ensure that Health and Wellbeing Boards become a place where health inequalities are considered as a social and economic problem, based on the circumstances of people's everyday lives, not just a medical issue
- Change local government's environmental, social and economic policy-making to address the 'causes of the causes' of poor health and low wellbeing, including: childcare, education and lifelong learning; local employment; costs of living; and the quality of the local environment
- Establish dialogue between Health and Wellbeing Boards and other sections of local government to address the underlying causes
- Go beyond consultation and participation to use more innovative and effective ways of engaging local people in the design and delivery of services – for example through co-production.⁽¹⁴⁾

Healthwatch...needs to keep agencies to task around actions and responses for reducing health inequalities.
Bev Taylor, Regional Voices

Encouraging local action



The role of Healthwatch is to encourage others to take action, rather than taking action directly. Its remit is to influence the planning, commissioning, delivery and monitoring of services by empowering local people.

Policymakers and professionals are increasingly aware that major health challenges cannot be solved without drawing on the ideas, expertise, experiences and wisdom of local people. So local Healthwatch has a crucial part to play.

Encouraging local action involves:

- Training and supporting people to be agents of change
- Seeking out solutions from local people
- Finding ways for local people to contribute to and lead local projects themselves
- Bringing health leaders, community leaders and local people into dialogue, and encouraging them to learn from each other and find solutions together.

Examples of encouraging local action

Healthwatch Leeds has two projects, both in the planning stage and led by Inclusion North,⁽²⁶⁾ which aim to encourage local action by residents:

➤ ***Cracking Ideas Project***

Grants of up to £350 will be given to volunteers to use their skills, gifts and knowledge to contribute to the work of Healthwatch Leeds. This money needs to be ‘match-funded’ (not necessarily in cash). The grantee can utilise community assets, people’s time and knowledge, and buildings and equipment.

➤ ***Citizen Leaders Course***

This is a course to help volunteers develop their skills and ability to influence decisions and lead change – locally, nationally and internationally. The course covers the history of health and social care, policy and politics as well as developing leadership. Participants will work on individual projects based on their skills, gifts, experience and knowledge to make positive change happen in health and social care.

Taking a rounded approach

Healthwatch can make a difference by broadening the conversation about health inequalities, for example by reminding service commissioners that promoting healthy lifestyles is only one of six policy recommendations made by The Marmot Review.⁽⁶⁾

Here are some examples of a more rounded approach to health inequalities, recommended by Peter Goldblatt from the UCL Institute of Health Equity:

- Working with parents of young children to make sure there are effective universal services which can also help those with particular health or social needs
- Working with schools to encourage them to be more integrated into the community
- Trying to persuade local fast food outlets to provide healthier options
- Making sure that people, particularly young mothers, get the benefits they're entitled to. If the benefit system is failing people, then signpost help from local charities.

Knowing the formal duties

Healthwatch needs to know the formal duties of national and local government and the NHS, so that it can help make sure these duties are fully exercised.

Formal duties of Government under the Health and Social Care Act 2012⁽³⁾

- The **Secretary of State for Health** must give regard to the need to reduce inequalities in the benefits that can be obtained from health services
- The **NHS Commissioning Board** and **Clinical Commissioning Groups** have the same duty and are expected to commission and monitor services with a view to the extent to which they reduce inequalities in both *access* and *outcomes*
- **Each local authority** must take steps appropriate for improving the health of the people in its area. This may include providing services or facilities designed to promote healthy living, or for the prevention, diagnosis or treatment of illness.

Public sector equality duty under the Equality Act 2010^(4,5)

- In relation to people with relevant “protected characteristics”, all public bodies have a duty to have “due regard” to the need to eliminate discrimination, advance equality of opportunity and foster good relations between groups. This part of the Act was commenced in April 2011 and is now in force.

Public sector duty on socio-economic inequalities under the Equality Act 2010⁽⁴⁾

- The Act says that when making strategic decisions certain public bodies have a duty “to have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.” This part of the Act has **not** been commenced in England, but may eventually be implemented in Wales.

Holding public bodies to account

Here are some examples of what local Healthwatch can do to hold government to account for fully exercising these duties:

- With help of local people, scrutinise policies and services, asking what impact they have on health inequalities: is the health gap being reduced or is it increasing?
- Work with local Clinical Commissioning Groups to make sure they know their obligations on health inequalities and act on them
- Help shape national campaigns led by Healthwatch England: suggest topics, feed in case studies and stories, and help document regional differences in health outcomes, such as the health inequalities between the North and South of England
- Be specific about the challenge and clear about what local people suggest as a solution, for example focusing on one policy or service.

The more people that pile in around the inequalities agenda, asking for change, then the bigger the voice will be. Have we lost the focus on this at the moment.
Ann Marie Connolly,
Public Health England

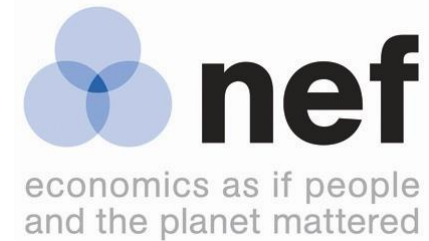
Working with Healthwatch England

- Healthwatch England can lead national campaigns, informed by what local Healthwatch tell them.
- It provides Healthwatch Hub, which allows local Healthwatch to store, sort and search information gathered from local people about their views and opinions – and to share this with Healthwatch England to help inform its work at a national level.⁽²⁰⁾
- Through Healthwatch England, local Healthwatch can join communities of interest. These are online groups, formed around particular issues and areas of practice. If enough interest is shown, there could be a community of interest for health inequalities.
- Local Healthwatch can “escalate concerns” to national level, especially if the concern has a bearing on national policy or practice.

Healthwatch England has two principle roles. One is leading the Healthwatch network, supporting local Healthwatch to be as successful as they can be. The other is as national consumer champion, speaking in our own voice and influencing health and social care providers, commissioners and regulators.

**Katherine Rake,
Healthwatch England**

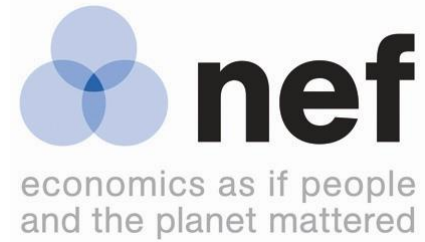
What the LGA and partners can do



The LGA can build the capacity of local Healthwatch by providing learning materials on:

1. Healthwatch's role and remit relating to health inequalities – what local Healthwatch can do and why it matters
2. How to engage local people in constructive and empowering dialogue about health inequalities
3. Ways of building knowledge about health inequalities generally, and how health inequalities are experienced by local people
4. How local Healthwatch can use its influence to shape local policy and practice
5. Forms of action that will help tackle health inequalities, by local groups as well as by local and national bodies
6. Duties of the NHS, national government and local government to tackle health inequalities – and how Healthwatch can hold public bodies to account.

Suggestions for useful learning materials for local Healthwatch

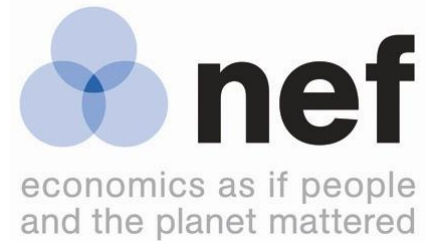


A series of one-pagers could capture the attention of local Healthwatch staff who may not have much reading time. These would summarise information from official sources and academic analyses, with examples of what some local residents say. Information can be broken down by topic, following the shape of this report, as follows:

- Why should Healthwatch care about health inequalities? This would explain the role and remit of local Healthwatch
- How can Healthwatch engage with local people to understand health inequalities and seek out solutions?
- What are health inequalities?
- What causes health inequalities?
- How can health inequalities be reduced?
- How can Healthwatch bring together different kinds of knowledge about local health inequalities?
- What can Healthwatch do to help reduce local health inequalities?

These materials could be supported by a masterclass delivered regionally.

Suggestions for useful learning materials for local people



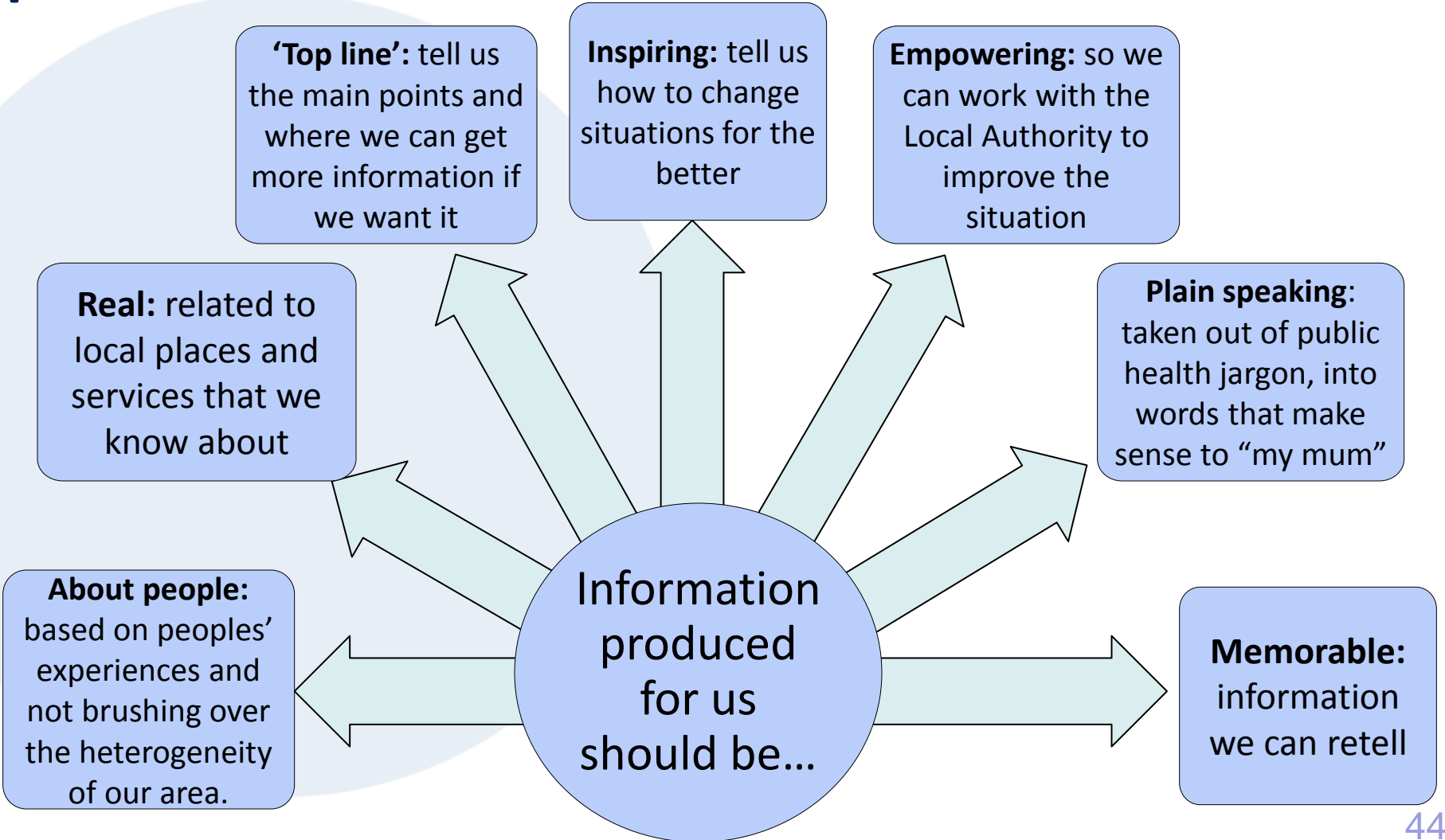
Materials prepared for local Healthwatch should also be useful for local residents. In addition, a powerpoint presentation in Plain English could be part of citizen learning courses, as are being developed in Leeds,⁽²⁶⁾ for residents who are interested in health inequalities.

This would cover such topics as:

- Unfair differences in health – based on national data^(9,11)
- Five root causes – as described by The Marmot Review⁽⁶⁾
- Six aims – how the situation could improve based on Marmot policy objectives⁽⁶⁾
- The power of your stories
- How can you lead change?

Stories from other areas of the country, captured in short films could be viewed by residents on Healthwatch websites and at Healthwatch events.

What residents say about information produced for them



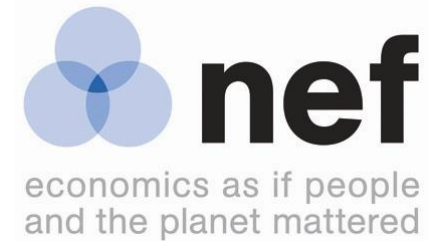
Summary points

- Local Healthwatch has an important role in tackling health inequalities
- It must be supported to engage local people in dialogue about the issue
- It will build knowledge about health inequalities from both official sources and from local people. Uniquely, it brings together these two sorts of knowledge to inform local action
- It can make a difference by using influence, encouraging local action to tackle health inequalities and holding government to account
- LGA and its partners can build the capacity of local Healthwatch through creative resources and training built up from the information presented in this report.

Useful links

1. Department of Health remit for Healthwatch - <http://healthandcare.dh.gov.uk/what-is-healthwatch/>
2. Department of Health, Healthwatch Transition Plan (2011) <https://www.gov.uk/government/publications/healthwatch-transition-plan>
3. Health and Social Care Act 2012 - www.legislation.gov.uk/ukpga/2012/7/contents/enacted
4. Equality Act 2010 – www.legislation.gov.uk/ukpga/2010/15/section/149
5. Guidance on the Equality Act from the Equality and Human Rights Commission - www.equalityhumanrights.com/legal-and-policy/equality-act/what-is-the-equality-act/
6. Fair Society, Healthy Lives: The Marmot Review (2010) - www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
7. UCL Institute of Health Equity – www.instituteofhealthequity.org/; Working for Health Equity report - www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals
8. Marmot Indicators for local authorities in England - www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx
9. Public Health England Longer Lives - <http://longerlives.phe.org.uk/>
10. Public Health England Health Profiles and maps - www.apho.org.uk/default.aspx?RID=49802
11. Office for National Statistics – life expectancy map at www.ons.gov.uk/ons/interactive/life-expectancy-in-the-uk/index.html and 2011 Census data at www.neighbourhood.statistics.gov.uk/dissemination
12. European Portal for Action on Health Inequalities – www.health-inequalities.eu/HEALTHY/EN/about_hi/health_inequalities/
13. World Health Organisations social determinants of health - www.who.int/social_determinants/en/
14. Resources on co-production - www.nesta.org.uk/areas_of_work/public_services_lab/past_projects_public_services_lab/coproduction
15. Scotland's Poverty Truth Commission - www.povertytruthcommission.org/index.php
16. Islington Fairness Commission - www.islington.gov.uk/about/fairness-commission/Pages/default.aspx
17. The Haringey Carbon Commission - www.neweconomics.org/publications/entry/the-haringey-carbon-commission
18. Bromley by Bow Centre Impact report 2010/11 - www.bbbc.org.uk/data/files/BBBC_impact_report.pdf
19. CHEX briefings on community health initiatives - www.chex.org.uk/what-we-do/information-and-resources/briefings/
20. Healthwatch Hub - www.healthwatch.co.uk/hub
21. Advice on hosting meaningful conversations - www.artofhosting.org/
22. Involve guide 'People and Participation' - www.involve.org.uk/blog/2005/12/12/people-and-participation/
23. LGA/Involve guide 'Not another consultation' - www.involve.org.uk/blog/2011/03/13/not-another-consultation-making-community-engagement-informal-and-fun/
24. nef studies of the impact of austerity - www.neweconomics.org/publications/entry/surviving-austerity and www.neweconomics.org/publications/entry/everyday-insecurity
25. LGA Establishing Local Healthwatch briefings - http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3700506/ARTICLE
26. Inclusion North - <http://inclusionnorth.org/>

Background and methods



The new economics foundation (**nef**) was commissioned by the LGA to support the development of practical guidance and learning materials for this purpose, to be delivered by the LGA and its partners. The overall aim has been to enable local Healthwatch to develop full capacity to tackle health inequalities, by influencing local policy and practice through JSNA, local commissioning and other mechanisms – making a demonstrable impact on health inequalities over time.

This project combines desk research, field research, deliberative dialogue, analysis and writing. Over six months, **nef** conducted:

- Extensive desk-based research (over 8 weeks), involving search and retrieval of data and analyses;
- Semi-structured interviews with eight experts and stakeholders who are quoted by name in the report;
- Four deliberative workshops – held in the London borough of Camden, Leeds, Dudley and Somerset.

Full briefings on the workshops and a list of interviews are provided to LGA as appendices.

We are very grateful to all those who shared their wisdom and experience throughout this research.

www.neweconomics.org