‘Taking collaborative action to reduce inequalities’

Date: 19 February 2020
Introduction

‘Taking collaborative action to reduce inequalities’ was an event hosted by the Health Foundation at the People’s History Museum in Manchester on the 22nd and 23rd January 2020. This two-day conference provided a space and a framework to explore how working across multiple determinants of health can improve health outcomes and reduce health inequalities in the UK.

The ambition: to bring together a diverse group of actors from across the UK and foster new relationships between like-minded people and organisations who are all trying to tackle health inequalities from different angles; to bring diverse perspectives and fresh challenges to existing paradigms; and to build collaborations across organisations and sectors through social learning techniques. The Health Foundation invited SIX to design and facilitate sessions with these ambitions front-of-mind.

The process: nine organisations were identified, representing diverse fields: food, housing, community wealth building, ethnicity, inclusive economies, child poverty, planning, corporate purpose, and sustainable transport. Each organisation was matched with a Director of Public Health (DPH) to help identify and discuss specific local challenges in their areas. These challenges were presented to participants in breakout groups at the event. Each group spent time understanding the specific challenge, and then went into deep discussions exploring how they might make progress on each issue.

The conversations before, as well as at the event, prompted new links and opportunities to catalyse wider, more purposeful action across the determinants. In combining our notes, several similar themes emerged, reinforcing Health Foundation’s hypothesis that despite obvious differences (across the country, and across issue areas), working together will ultimately strengthen impact for all.

This report serves as a summary of each of the sessions. We consider this an open, living document and welcome additions, revisions or further questions.
Overview

There were several points which were fundamental across all the group discussions:

- **Language and understanding** - the importance of language and need to choose words carefully. We need to iteratively reframe challenges once new forms of knowledge, new voices and nuances are introduced - problems are not what they seem.

- **The role of kindness and compassion** should not be undervalued - it guides participants into hard discussions around the dangers, unintended consequences, dark sides, tensions and blockages in otherwise solidly optimistic work.

- **Leverage points are revealing** - several of the activities revealed overlooked leverage points in tackling specific challenges, such as: questions around how future(s) would impact our current conditions of work; certain ‘lenses’ which needed to be central to all discussions, such as the politics and experiences of identity(ies); the need to highlight role models and interrogate case studies where this work has been both unsuccessful and successful (and why).

- **Alignment and timing** - lining up local authority plans around budget, timeframe and priorities was an idea that representatives from different sectors could collectively advocate for, but questions arose around how to better organise (others and each other) around specific challenges like climate.

- **Placing more value on the role of translators and intermediaries** - the nature of cross-sector collaboration reinforces the need for translators and intermediaries, and the benefit of offline as well as online connection points. So there is potential for further convening and capacity building work in the continued efforts of the Health Foundation.
Section 1 - Taking a systems approach

Why is a ‘systems approach’ a useful lens?

“The systems-thinking lens allows us to reclaim our intuition about whole systems and hone our abilities to understand parts, see interconnections, ask ‘what-if’ questions about possible future behaviors, and be creative and courageous about system redesign.” - Donella Meadows’, Thinking in Systems: A Primer (2008)

A systems approach helps participants visualise complexity, and provides useful prompts for thinking about the most effective ways to intervene in an area or on an issue. It can be useful when exploring the many, inter-connected components of health inequality, which involve multiple sectors, solutions and legacies. There are many different ways to draw maps. (as outlined in FSG’s Introduction to Systems Mapping¹, or in Leyla Acaroglu’s Tools for Systems Thinkers². We chose three simple steps.

Using systems mapping

First, by beginning to draw the ‘elements’ (or stakeholders), we could better see both the main players and the periphery ones around the issue. By ‘name dumping’, we were able to recognise how many big and small organisations there are around one core challenge, and began to cluster them in sectors.

Next, we drew lines (or relationships) between the elements; we asked questions like, ‘what social, political or economic resources flow between these circles?’ and ‘what connects this circle to that one, this cluster to that one?’ We asked participants to label the lines so others could clearly see what was being demarcated.

Finally, we started highlighting places on the map where there was power or conflict, leverage and opportunity, or blockers. Drawing out these interconnections was useful for participants to unearth opportunities and blockers that had been overlooked. This provided the basis for a rich discussion around possible ways forward, and ways to work together across silos.

Challenges where a systems approach was applied:

Challenge 1 - How can local authorities be better supported to take action to tackle dietary inequalities particularly among children?

- Organisation: Food Foundation
- Representative: Anna Taylor, Executive Director
- Director of Public Health: Muna Abdel Aziz, Salford City Council

¹ https://www.fsg.org/blog/introduction-system-mapping
² https://medium.com/disruptive-design/tools-for-systems-thinkers-systems-mapping-2db5cf30ab3a
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Context:
Food insecurity carries a huge human cost which children are likely to bear for the rest of their lives, affecting their relationships, attainment, mental and physical health. This scale of problem requires systemic action, not sticking plaster projects.

What the systems map revealed:
Approaching food from a systems perspective shows the complexity of our relationship to food as a society. It affects the school performance of our children, and is affected by where we live and what food stores we have access to.

Main challenges and misconceptions:
- Distributing decision making: Children and young people, not local authorities, were always at the centre of the systems maps but they are not always involved in decision making.
- The role of place: There were clearly several weaker areas on the maps; we need to work better with places on the map that act as support networks, or role models, as well as with locally, strategic spaces (e.g. community kitchens) and sources of local pride (e.g. allotments)
- Clearer definition is needed of the problem: This challenge needs a more clearly defined, place-based response, because neither the food sector or services around children and young people exist in a vacuum.

New insights, lessons, perspectives:
- Metro Mayors can play important roles as place shapers, so how can we better leverage these influential figures in our networks who can help us reach a wider audience with key information?
- The maps revealed places that were familiar to those in the sector, but they are not being utilised as effectively as they could be. For example, food producers and supermarkets could be important leverage points in the system. Can we be more proactive in asking for special offers and discounts for healthier options, to help stimulate demand and recognition for healthier diets?

Questions to take forward:
- How will climate change impact this work in the future?
- How should we prepare and activate children and young people around this?
- Can we work with service designers to audit and adapt our frontline services in a way that mirrors the maps. For example, how do we think differently about the contribution of young people?

Challenge 2 - How do we achieve sustainable, impactful solutions for health inequalities affecting ethnic minority communities?

- Organisation: Caribbean and African Health Network (CAHN)
- Representative(s): Faye Bruce (Chair) and Rev Charles Kwaku-Odoi (Chief Officer)
- Director of Public Health: Justin Varney, Birmingham City Council
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Context:
Despite increasing ethnic diversity and significant recognition of persistent and significant health inequalities, cycles of short term investment have led to recurrent reinvention of approaches and lack of significant impact on any of the inequalities affecting ethnic minority communities in the UK.

What the systems map revealed:
There are more actors in the system than the participants initially thought. Often with challenges like this, we tend to put the challenge in the centre of the map - in this case, health inequality for BAME communities. But in all cases, this was not useful. The discussion on how to even start mapping reveals a lot.

Main challenges and misconceptions:
- Hidden biases are the hardest to address: We all know one size doesn’t fit all and not all BAME needs are the same, but we still provide the same catch all services. We need better stories of individuals to avoid this approach. We need to start with a mindset of intersectionality and people.
- We don’t know enough: we need to gain more knowledge if we are to ever address the nuances between different ethnic groups. This kind of mapping is useful to highlight the complexity of the community and its networks, but it will require multiple partners and perspectives - it can not be done from one perspective only.

New insights, lessons, perspectives:
- We don’t spend enough time with people with different perspectives: Most of us think we do, but on deeper reflection, we all realised that we actually spend too much time with similar perspectives and we all need to challenge ourselves to step out of our comfort zones.
- We need to focus on navigating issues of access, relevance and appropriateness one at a time - this approach could be referred to as shared production.

Questions to take forward:
- Where are the barriers to tackling institutional racism and how do we overcome them?
- How do we centralise this topic within health justice discussions across the country?

Challenge 3 - How do we stimulate economic prosperity in a place, in a way, that includes the economic prosperity of those who are most structurally disadvantaged?

- Organisation: ADEPT
- Representative: James Bailey, Associate Director for Highways and Built County, Staffordshire County Council
- Director of Public Health: Jeanelle de Gruchy, Tameside Council
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Context:
Structural inequality is about groups of people having unequal status in relation to other groups of people often related to a protected characteristic. This disadvantage could be multiple and inter-generational and often results in economic disadvantage or even poverty. How we tackle this inequality is fundamental to the success of a place.

What the systems map revealed:
A systems map is a particularly useful tool in place-based works as it immediately visualises assets and activities alongside actors. It quickly shows the types of actors involved in economic activity and who is left out, accelerating discussions around structure rather than just particular individuals.

Main challenges and misconceptions:
● Balancing tensions: There is a need to balance tensions between economic strategy and socio-health strategies in cities.
● The role of translation: Public health officers sit between people and place and should be playing the role of translating between ‘hardware’ and ‘software’ silos.
● The dark side: When we are focussed on the economic prosperity of a place, we often overlook structural disadvantages. In Scotland, the framing of an inclusive economy agenda is one way to make sure this doesn’t happen.

New insights, lessons, perspectives:
● Economic prosperity is more than GDP. In several places around the world, including Scotland, wellbeing is also being looked at as a measure of a societies success. This should be considered in more places.

Questions to take forward:
● Who benefits from the economic prosperity/stimulus of a place? And why?
● How can the job market shift focus towards quality alongside quantity?
Section 2 - Taking the Long View / New Horizons

Why is taking the long view a useful lens?

'Taking the long view' provides a lens for exploring how these challenges might evolve in the next 25-30 years. It is easy to imagine the worst possible outcomes, particularly at the moment! Drawing on the tools and methodologies of strategic foresight, we explored this set of challenges by setting new horizons, and discussing what we need to do to achieve them. What are the roles that different institutions play in fostering the best case scenarios?

Exploring futures and roles

These sessions used two different approaches - the first group focussed on what the role of different institutions and ecosystem players should be in addressing the challenge, sharing tangible ideas for the different futures that participants could be working towards or against. The two other sessions went a step further, building the best and worst cases out of their respective challenges, turning these scenarios into newspaper headlines, and working on a timeline going backwards, to reflect on what initial measures organisations in the room could take to simultaneously prevent the worst case and accelerate the best case.

Challenges where ‘the long view’ was applied:

Challenge 1 - How can we create inclusive local economies to address health and gender inequalities?

- Organisation: Friends Provident Foundation
- Representative(s): Danielle Walker Palmour, Director; Tom Lloyd-Goodwin, Associate Director (CLES)
- Director of Public Health: Dona Milne, NHS Fife

Context:
People experience economic forces at the local level – wage stagnation, lack of local investment, underfunded public services, falling levels of local business ownership. This has a disproportionate impact on women.

Why talking about roles was useful:

The group all had different levels of understanding about this issue, depending on their organisational background. Exploring the roles of different institutions, with a particular focus on the role of local anchor institutions, was a useful way to frame this discussion. There were some fundamental questions to address like who is in the economy? This conversation is not exclusively for people in employment - the economy is everyone who lives in a community. We need to change the parameters of the discussion.
Main challenges and misconceptions:

- Reframing our understanding of the economy: we want to build an everyday economy which values people; an economy with holistic input and local outcomes needs structural change (small shifts in mindsets and behaviours from within)
- Community ownership and control: What is the role of local anchor institutions vs local community owned assets? Where are they creating stronger communities and better services and where are they just transferring responsibility and risk, ultimately damaging the local community and economy?

New insights, lessons, perspectives:

- We need a better understanding of new models of ownership: What are the models for better supporting, nurturing and growing community assets? What is the role of community asset transfer models? How do we ensure new models are useful to communities?
- We need different models of capacity building to tackle structural challenges: How can we build a culture inside public institutions where they better connect to communities and employ more local people? What do we need, to build more circular economy approaches in communities and how can we learn from great examples, like in Scotland?

Questions to take forward:

- What is the role of local anchor institutions in supporting inclusive economic work?
- How are macro challenges experienced at the local level and how do we protect local areas against this?
- What can we do at local levels to begin the process of structural change into the economy?

Challenge 2 - How do we mobilise the assets of the community to lead on local place making and improving community wellbeing?

- Organisation: Carnegie
- Representative: Pippa Coutts, Policy and Development Manager
- Director of Public Health: Kate Adern, Project Lead

Context:
The Wigan Deal 2030 was the basis of this session, a source of both information and inspiration on ‘whole society, whole system’ efforts to create ‘community wealth, health & civic pride’. In part, this is about identifying and linking with change agents (the so-called ‘Coalition of the Willing’), and enabling different conversations between the citizen and frontline staff. It is also about learning from early public health pioneers and accounting for our own history, geography, culture and heritage.
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Why telling future stories was useful:

Places are often deeply personal; the things that most inspire or frighten us about where we live can differ greatly. It is important to find some way of articulating what matters to us, what it means to live in a good or bad place, and which social and economic opportunities feed into these ideas. This exercise surfaced different kinds of narratives to inform future approaches.

Main challenges and misconceptions:

- What would ‘regeneration’ look like if it was grassroots and community-led, rather than an entire professional industry built around it?
- We need to consider the knock-on effects of place-based challenges: when housing goes wrong, other things go wrong too (e.g. GP registrations, changing schools, money for food that has to be spent on deposits, etc.)

New insights, lessons, perspectives:

- It is important to map out all the stakeholders, because it shows us where we could work better with others. In particular, we don’t engage with private landlords enough, we need to visualise where they are represented in a local area, and what role they could or do play in strengthening communities.
- Storytelling is crucial to bolster our attempts to move communities forwards whilst maintaining pride in the past.
- This industry is data-heavy, but we must be informing our work through meaningful conversations as well as large, quantitative datasets.

Questions to take forward:

- How do we work with community influencers?
- How do we make policy-making more ‘holistic’ and interconnected so that we are working on cross-cutting plans that have similar timeframes?
- How could we make a wellbeing budget that includes all social determinants of health?
- Sharing more case studies of positive change, and thinking about where we are getting this right.

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**Challenge 3 - How can businesses contribute to improving people’s health by better understanding and reducing the ‘poverty premium’?**

- **Organisation**: BluePrint for Better Business
- **Representative**: Soulla Kyriacou, Chief Operating Officer
- **Director of Public Health**: Sakthi Karunanithi, Lancashire County Council

**Context:**

The Poverty Premium is ‘the extra cost that households on low incomes incur when purchasing the same essential goods and services as households on higher incomes’ (source: Social Market Foundation). This has a huge knock on impact on the societies in
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which these people live, including on businesses in these areas where there is a higher percentage of working age people in poor health.

Why telling future stories was useful:
Discussing current challenges related to poverty is difficult, particularly when there is nobody who is in poverty in the conversation. Using future focussed perspectives allowed the participants in this session to highlight some of the issues, specifically in relation to the roles businesses might take in tackling structural barriers, like the poverty premium.

Main challenges and misconceptions:
- Language is the first barrier to addressing this issue: rather than ‘poverty premium’, should we not call this a ‘poverty penalty’? The concept of a ‘premium’ sets a strange tone.
- A privilege or a right?: what is the role of universal basic ‘accounts’ (not just basic income). Shouldn’t it be everyone’s right to have a bank account?

New insights, lessons, perspectives:
- It is very easy to think about worst case scenarios and how bad things can be - this is the dominant narrative in the media currently. Imagining positive futures is hard. But if we can’t even imagine the kind of society we want to live in, how can we take positive actions to get there?
- Strategic visions need to change: Businesses should go beyond Corporate Social Responsibility and ‘doing good’ should be normal business and central to strategy.

Questions to take forward:
- How do we frame this question so that more businesses are aware and want to be part of change?
- How do we create a compassionate economy and how can local authority, civil society, businesses work together? Can businesses even be compassionate? What will motivate businesses to take part? What is the role of the media?
- Where can we get inspiration from around the world? For example, Microcredit - Grameen Bank/BRAC in Bangladesh.
Section 3 - Place, power and people

Why do we look at health through the lenses of place, power and people?

The Health Foundation has explored the impact of place on health outcomes in many of its written content and programmes. As guest writer, George Dodds (Director of Health Equity at NHS Health Scotland) says, “All the evidence shows that access to good housing, work, transport, social contact, play, green space (and so on) all have a huge positive impact on the public’s health. When we ask people directly about what affects their health, they back up what that evidence says… The amount of power we have over our own circumstances, and what’s around us, matters too.”

Using the lenses of place, power and people:

People and places are common ways to understand the wider determinants of health. The following three sessions took an asset-driven approach, to deepen our understanding about where, who and how to mobilise for positive change.

The first group searched for ‘green shoots’ and barriers for making positive change, and all sessions used the ‘Design for Social Sustainability’ framework as the basis for the discussions, some more explicitly than others. This tool was originally developed by Social Life in the UK for planning and designing the service, spaces, housing and governance arrangements to help local communities to thrive. In this context, it was used as a way to think about assets in the communities.

Challenges where ‘place, power and people’ were applied:

Challenge 1 - How can housing policy be shaped to strengthen communities?

- Organisation: Chartered Institute of Housing
- Representative: Melanie Rees, Head of Policy and External Affairs
- Director of Public Health: Jason Strelitz, London Borough of Newham

Context:

Housing plays a significant role in health inequalities. Housing policies shape the composition of housing in local areas, as well as how councils and partners, including communities, can respond, particularly where there is a large private rented sector, as in Newham?

Why the Social Sustainability Framework was useful:

Using four elements - spaces to grow; voice and influence; social and cultural life; and social infrastructure, participants were able to explore the different kinds of spaces that enable exploration and experimentation in the community. We asked - how we can engage residents to shape local decision-making; what kinds of collective activities which foster...

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local networks, belonging and community identity; and which are the important amenities and support services for a community.

Main challenges and misconceptions:

● There is a degree of anonymity in place-based transience - some prefer it that way, but some don't. How can we tell, and how can we harness what / who is there, and capture what residents feel willing and ready to contribute while they are there?
● Being clear about how to define communities: it's not just about communities of geography, but communities of interest

New insights, lessons, perspectives:

● In terms of voices and influence, schools are key hubs and could be used to engage many different stakeholders. Other than schools, universities are key hubs for growth, allowing for experimentation and exploration and could become a bigger voice in local community building efforts.
● We would need to make better use of digital tools to help tell the stories of a place to a wider and younger audience; online notice boards have been piloted successfully in some areas.
● There were several amenities which felt important, simple and overlooked, such as park and street benches. Other overlooked amenities included GP surgeries - we need to acknowledge how complex their decisions often are about who they are able to serve.

Questions to take forward:

● How do we promote an area? And to whom?
● How does transience affect community vitality?
● What else is a housing provider for (debt, mental health, linkages, budgeting)?

Challenge 2 - How do we mobilise Children and Young People to take action on child poverty in the same way they are on climate change?

● Organisation: Child Poverty Action Group (CPAG)
● Representative(s): Louisa McGeehan, Director of Policy, Rights and Advocacy; Martin Miranda and Lurdes de Jesus Moreno, Young Inspectors, London Borough of Merton
● Director of Public Health: Dagmar Zeuner, London Borough of Merton and ADPH London

Context:

● Child poverty is the most important determinant of CYP’s health in the UK – and it is getting worse.
● Child poverty is not inevitable but it is political; there are evidence-based policies/interventions to consider.
Greta Thunberg has successfully mobilised young people all over the world around climate change, so how do we do something around child poverty?

Why green shoots was a useful lens:
There are some ‘green shoots’ of positive initiatives where positive change is happening. Where are these are the ‘green shoots’ - how do we mobilise young people to help them grow? What is blocking these shoots from growing? Using this frame for the conversation helped us celebrate the good work that is happening and build on the good ideas, rather than just seeing the challenges as too big to solve. It also helped focus the discussion on what could be done. This was important for the young people in the group who hosted the table discussions.

Main challenges and misconceptions:

● We need to reframe poverty: it is a public health issue; “poverty is political, organise against it”
● The idea of poverty is shrouded in stigma and we need to tackle this first: If we want to create a movement so that CYP, with their unique perspective and experience, can act as activists in tackling child poverty, we must work on changing the stigma of poverty first. Nobody wants to put up their hand and say ‘I am poor’, so it is hard to mobilise around it.

New insights, lessons, perspectives:

● Going beyond assumptions and empowering our young people: We must empower young people as leaders of healthy places; amplify youth voices and enable young people as disruptors, game-changers, and culture shapers, instead of making assumptions about their capabilities.
● Connections, opportunities, and networks should not be undervalued: young people need to share stories with each other. They need better networks of allies, and other people they can be inspired by. This is step one of mobilisation.

Questions to take forward:

● How do we recapture the public imagination on this topic and change the narrative of poverty and young people in everyone?

Challenge 3 - How do we create a shift to reduce the use of the private motor car and increase sustainable travel within the population?

● Organisation: Sustans
● Representative: Andy Cope, Director of Insight
● Director of Public Health: Anna Baxendale, Head of Health Improvement, Greater Glasgow & Clyde NHS; Bruce Whyte, Public Health Programme Manager, Glasgow Centre for Population Health
Context:
In the context of climate change and the drive to reduce carbon emissions, a shift away from car use towards public and active transport is required.

Why personas was a useful lens:
Transport can be a personal issue as it describes how we, ourselves, move around a place, so it is sometimes hard to think about different perspectives. Personas are used regularly by sales and marketing teams, and can be used as an empathy tool. This provided a useful way to have a different kind of conversation about what different stakeholders need and what kind of motivations they have in transitioning our society into sustainable travel.

Main challenges and misconceptions:
- Where change happens: The discussion should not just be focused on technical solutions such as electric vehicles (which is part of the solution), but more about affecting multi-layered change at national, local, policy, and people powered levels. Shifting culture is needed - what will it take to change public perception around the value of integrated transport systems?

New insights, lessons, perspectives:
- We need a diverse group of organisations and people around the table to influence change: This includes local politicians, businesses, car users and transport champions/role models. Who are the influencers who can accelerate change?
- Case studies and stories help people to see what is possible: There are examples of great initiatives that nudge change all over the world, but also in the UK. For example, Bristol City’s Bike for All scheme, Workplace parking levy, Glasgow’s ‘Avenues’ programme. How do we better communicate these examples to more people and spread/scale these models?

Questions to take forward:
- How do we make the most of the urgency around the climate emergency leveraging the global movement?
- How can climate emergency move beyond a particular group of people (largely middle class)?