Dorset Health and Wellbeing Board
18 March 2026
Health Literacy: Update and Next Steps
For Review and Consultation

Cabinet Member:
Cllr S Robinson, Adult Social Care

Senior Leadership Team:
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Statutory Authority:

Report status: Public (the exemption paragraph is N/A)

Executive summary (maximum of 500 words)

1. The purpose of this report is to provide Board members with an overview of activity delivered to date to increase organisational health literacy across Dorset and BCP.

1.1 It seeks to confirm health literacy as an important enabler for improving access and experience of services and reducing inequalities in health and requests the Board's support for an upcoming workshop which will codesign a proposal for scaling up organisational health literacy.

2. **Recommendation(s)**

2.1 The Board are asked to:

2.2 Confirm organisational health literacy as an important enabler for achieving system priorities, including improving access and experience of services and reducing health inequalities.

2.3 Give their support to the planned workshop (March 2026) that will codesign a proposal for scaling up organisational health literacy across Dorset

3. Reason for the recommendation(s)

3.1 Organisational Health Literacy is foundational to partner priorities because it enables people to find, use and understand information that supports them to better understand and engage in their own health. These priorities include development of neighbourhood health models, as well as Dorset Council's objectives under its Communities for All priorities.

3.2 Partners will need to scale up the work to date on this agenda to create effective and equitable integrated neighbourhood health teams and services.

4. The report

4.1 35% of Dorset residents and 36% of BCP residents aged 16-65 are estimated to have low health literacy[1] People with lower health literacy struggle to find, understand and act on verbal and/or written health information.

4.2 For people to engage meaningfully with their health, they must be able to understand and act on information provided to them. If they don't, then we have failed in our responsibility to empower people to take control of their own health, and we are more likely to fail in our wider strategic goals that are built on this foundation, especially reducing health inequalities.

4.3 However, the language of health is not everyone's language. Recognising and acting on this is key to 'organisational health literacy' and this video illustrates why: The Language of Health.

4.4 Health literacy forms part of the foundation for success in delivering shared system goals including reducing health inequalities, shifting from treatment to prevention, enabling people to take control of decisions about their own health and wellbeing and the delivery of more integrated neighbourhood health services.

4.5 Our local efforts to deliver a shift to prevention, digital care, neighbourhood health and patient activation will be less effective if we do not adopt health literacy principles as the foundation of communication with people.

4.6 This paper sets out why increasing 'organisational health literacy' is foundational to the system's objectives in Dorset, how a 'bottom up' approach

[1] Health Literacy: Prevalence Estimates for Local Authorities, University of Southampton & NHS-E, https://healthliteracy.geodata.uk/

has made progress to date and a proposal for how the system can capitalise on that success.

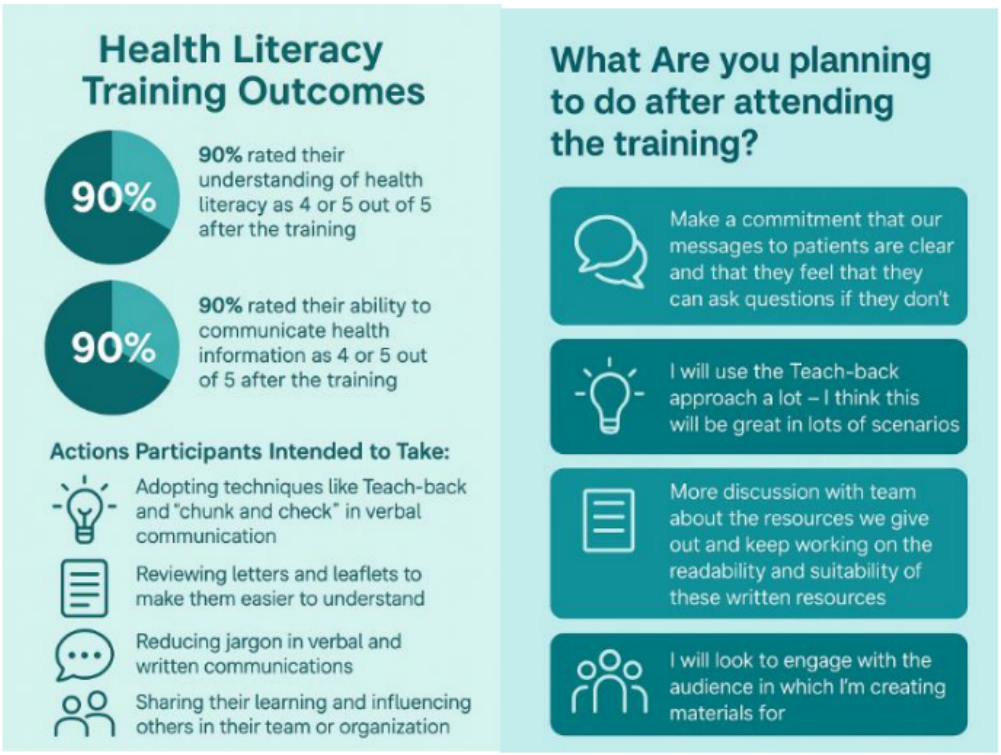
4.7 Increasing organisational health literacy is the system's response to varying levels of personal health literacy. It involves tailoring communication and checking understanding (e.g. using techniques like “chunk and check” or “teach back”) to ensure information is accessible and actionable. Local training delivered to date has improved awareness and initiated changes in practice.

4.8 This activity originated from the Dorset ICS Health Inequalities Programme following the COVID-19 pandemic in 2022. It began with a webinar with Dr. Mike Oliver from Health Literacy UK. It culminated in a symposium in February 2023 with over 100 participants which included interactive workshops and pledge cards. Feedback from these events informed the development of two training pathways: introductory health literacy awareness and Champion level training. A community of practice was established alongside online resources and masterclasses to support Champions’ ongoing learning.

4.9 The programme has transitioned from using external trainers to a locally delivered model. More than 400 individuals have been trained across BCP and Dorset, including 52 champions, half of whom actively contribute to the community of practice (see Appendix 1 for an overview of participating organisations). This activity has been delivered with a small amount of staff capacity from Public Health teams.

How has the training benefitted participants?

4.10 Evaluation of awareness raising has focused on measuring success in increasing participants’ awareness of health literacy, their ability to communicate to patients and the change they intend to make as a result:



Where Are We Now in Dorset?

4.11 The continued impact of inequalities in health, coupled with the local progress made to increase organisational health literacy, invites us to seek wider system-level engagement in the goal of creating a more health literate system.

4.12 In essence, without health literacy our initiatives will primarily benefit those who are most equipped to identify, comprehend, and leverage the opportunities presented, leaving behind those who lack the means to do so. The system now stands at a juncture, requiring strategic decisions to scale and sustain the progress made.

Proposed next steps

4.13 The Health and Wellbeing Board is asked to confirm increasing organisational health literacy as an important enabler for achieving system priorities.

4.14 Representatives from across system partners have been invited to attend a workshop (26.03.2026) which will revisit our health literacy journey, before exploring the five elements of a Health Literate Organisation. Equipped with this background, participants will then co-produce an approach for how we scale up across Dorset and BCP.

4.15 The scope of this process will include consideration of activity at different levels:

- **System:** Consider the benefits of having resource operating across the system to coordinate and grow the community of practice and facilitate knowledge transfer between organisations.
- **Place:** Consider the advantages of embedding 'organisational health literacy' in the neighbourhood health agenda. This could include collaboration with the Integrated Neighbourhood Team (INT) co-production working group or other options.
- **Organisational:** Consider how organisations can build health literacy understanding and skills in their workforce e.g. embedding health literacy in mandatory training programmes, internal communication and promotion, formal allocation of capacity for Health Literacy Champions.

5 Alternative options considered

5.1 Not seeking to increase organisational health literacy is rejected as it would undermine progress against system priorities underpinned by community empowerment.

6 Legal considerations

6.1 None

7. Financial implications

7.1 Some possible options for scaling up are outlined in para.4.15 to support discussion at the planned co-design workshop. Allocation of any resources required, subject to the option chosen, scale and pace of delivery, will be at the discretion of individual organisations.

8. Natural environment, climate & ecology implications

8.1 None

9. Well-being and health implications

9.1 Health literacy is foundational for success in achieving the ambitions of the 10 Year Health Plan and delivering shared system goals including reducing health inequalities, shifting from treatment to prevention and neighbourhood health.

10. Other implications

10.1 None

11. Risk implications

11.1 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: low

Residual Risk: low

12. Equalities

12.1 NHS England states that *"Health literacy is a two-sided issue, comprising both an individual's ability to understand and use information to make decisions about their health and care, and a 'systems issue', reflecting the complexity of health information and the health care system. There is a strong social gradient in the population, with lower levels of health literacy much more common among the socially and economically disadvantaged. In other words, if we don't address health literacy, we run the risk of inadvertently widening health inequalities by developing information and services which do not meet the needs of those people who would benefit most from accessing them".*

12.1 By adopting this approach to health literacy across Dorset we will be directly removing barriers to enable more of our residents to access health care and therefore increasing the likelihood of earlier intervention, particularly for those at higher risk. This proposal has positive equality implications and seeks to ensure equitable access to our health care system.

11.1 13. Appendices

Appendix 1

Some of the organisations who have participated -This is not a complete picture but includes organisations with higher number of participants.

14 Report sign-off

14.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s).