HEALTH AND WELLBEING BOARD

Report subject	**Health Literacy Update and Proposal**
Meeting date	12 January 2026
Status	Public Report
Executive summary	The purpose of this report is to provide members of the BCP Health and Wellbeing Board with an overview of the activity delivered to date to increase ‘organisational health literacy’ across BCP and Dorset. It seeks to confirm health literacy as a system priority and requests nominations for a co-design workshop to develop a proposal for scaling up ‘organisational health literacy’ across BCP and Dorset.
Recommendations	**It is RECOMMENDED that:** BCP Health and Wellbeing Board members: • Confirm health literacy as a system priority. • Nominate leads to participate in a workshop to co-design a proposal for a BCP and Dorset wide approach to scaling up ‘organisational health literacy’ for the Neighbourhood Health Programme Board to consider, or an alternative decision-making body.
Reason for recommendations	1. Organisational Health Literacy forms part of the foundation to the development of neighbourhood health models. 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.

Portfolio Holder(s):	Cllr David Brown, Portfolio holder for Health and Wellbeing
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Wards	Council-wide
Classification	For Decision

1. Background

36% of BCP residents aged 16-65 and 35% of Dorset residents aged 16-65 are estimated to have low health literacy or low health numeracy (Source: NHS-E & University of Southampton). Health literacy forms part of the foundation for success in delivering shared system goals including reducing health inequalities and the ambitions of the 10 Year Health Plan for England, including the shift from treatment to prevention, analogue to digital and the delivery of more integrated neighbourhood health services. Our local efforts to deliver a shift to prevention, digital care, neighbourhood health and patient activation will be less effective if organisations do not adopt health literacy principles as the foundation of communication with people.

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. Local training delivered to date has improved awareness and initiated changes in practice. See Appendix 1 for local examples.

System-wide leadership is needed to increase scale and sustainability. A co-produced, coordinated approach is recommended to embed a health literate culture across organisations and align with system priorities.

For people to engage meaningfully with their health, they must be able to understand and act on the information provided to them. If they don't understand it, 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.

This paper sets out why increasing 'organisational health literacy' is fundamental to the system's objectives in Dorset, how a 'bottom up' approach has made progress to date and a proposal for how the system can capitalise on that success.

Personal health literacy is an individual's ability to understand and act on health information. Organisational Health Literacy is the degree to which organisations equitably enable people to find, understand and act on health information (source).

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.

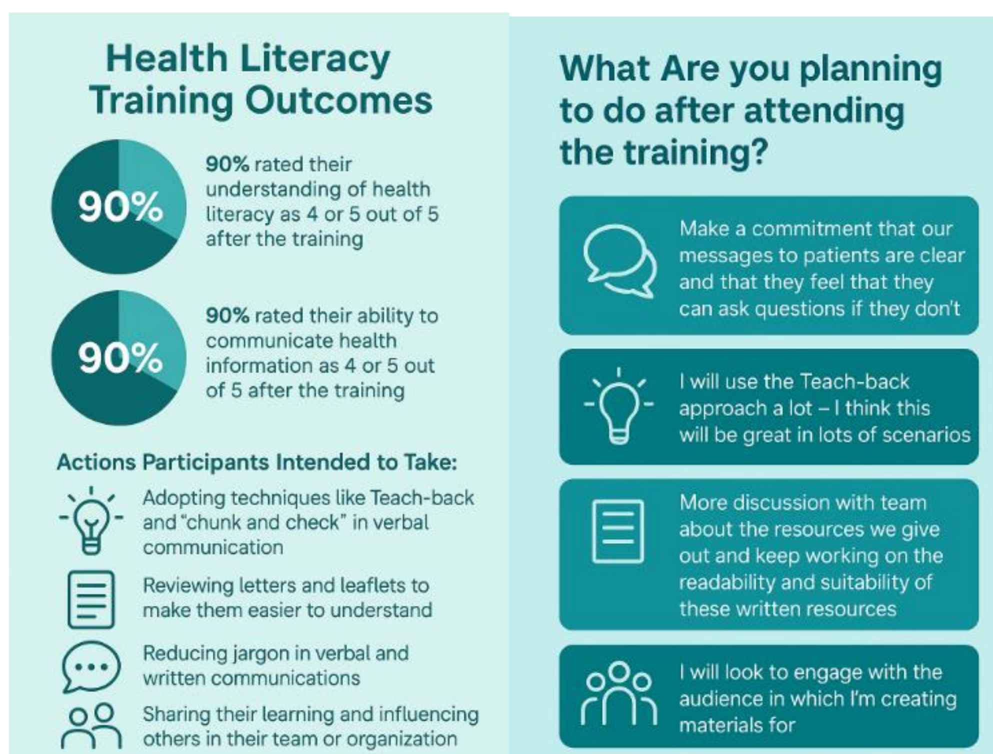
2. Progress to date

Activity to date originated from the Dorset ICS Health Inequalities Programme following the COVID-19 pandemic in 2022. It began with a series of webinars featuring external speakers, including 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.

The programme has transitioned from using external trainers to a locally delivered training 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 Dorset prior to its disaggregation as a shared service.

3. How has the training benefitted participants?

Evaluation of awareness raising has focused on how successful training has been in increasing participants awareness of health literacy, their ability to communicate to patients and the change they intend to make as a result:



4. **Where Are We Now in Dorset?**

The disaggregation of Public Health Dorset in April 2025 invites us to seek wider system-level engagement in the goal of creating a more health literate system. Effective 'organisational health literacy' underpins the ambitions of the 10 Year Health Plan and the changes it seeks to bring about. Our local efforts to deliver a shift to prevention, digital care, neighbourhood health and patient activation will be less effective if organisations do not adopt health literacy principles as the foundation of communication with people. Failing to address organisational heath literacy may exacerbate existing health inequalities.

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.

5. Proposed next steps

Health and Wellbeing Board partners are asked to nominate People Leads and Inequality Leads to participate in a workshop (approximately 3 hours). The workshop 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 BCP and Dorset. The scope of this discussion 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.

6. Recommendations

It is recommended that BCP Health and Wellbeing Board members:

- Confirm health literacy as a system priority.
- Nominate health inequalities and People leads to participate in a workshop to co-design a proposal for a BCP and Dorset wide approach to scaling up ‘organisational health literacy’ for the Neighbourhood Health Programme Board to consider, or an alternative decision-making body.

7. Summary of financial implications

Subject to agreed options for scaling up, this will require additional resources to be confirmed depending on the option chosen and pace of delivery.

8. Summary of legal implications

None.

9. Summary of human resources implications

Capacity in the two Council Public Health teams has led activity to date. There are benefits to some time-limited continuation of this to support knowledge transfer and support for health literacy training. It is important to note that there is not currently capacity to deliver at scale within the two Public Health teams.

However, committing training capacity (e.g. up to 1 FTE per large organisation) within organisations to deliver health literacy awareness training could make significant progress in upskilling the local workforce. Further capacity could be required, but this will be an issue for consideration in the workshop.

10. Summary of sustainability impact

None.

11. Summary of public health implications

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.

12. Summary of equality implications

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"*.

By adopting this approach to health literacy in BCP 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.

Summary of risk assessment

The recommendations are low risk.

13. Background papers

None.

14. Appendices

Appendix 1- Case studies of local health literacy activity