

Lessons from health action zones

Choosing Health Briefings

As part of 'Choosing Health?' – the national consultation on a new public health white paper – the government appointed task groups to lead on eight key themes: Better health for children and young people; Consumers and markets; Focusing on delivery; Leisure; Maximising the NHS contribution – the NHS as a whole; Maximising the NHS contribution – in primary care; Working for health/opportunities in employment; and Working with and for communities.

The HDA supported the task groups, which met during April–May 2004, with these briefing papers.

Background

The government launched the health action zone (HAZ) initiative in 1997. Twenty-six HAZs were set up as seven-year pilot projects 'to explore mechanisms for breaking through current organisational boundaries to tackle inequalities and deliver better services'. HAZs were meant not only to improve health outcomes and reduce health inequalities, but also to act as trailblazers for new ways of local working. HAZs have now been incorporated into the development of primary care trusts.

This briefing draws heavily on the national evaluation of action by HAZs to tackle health inequalities (Benzeval, 2003). It also provides examples of HAZ projects concerned with leisure taken from the HAZnet website (www.haznet.org.uk).

Strategic approaches in HAZs

The goals HAZs set themselves ranged along a spectrum. At one end were HAZs which were universally deprived and so tended to set goals for closing the gap between themselves and a national or regional average. At the other end were HAZs with average levels of health but with sharp internal inequalities, which set goals of reducing inequalities within their boundaries.

There were four broad categories of HAZ investment strategy:

- Addressing social and economic determinants
- Promoting healthy lifestyles
- Empowering individuals and communities
- Improving health and social care services.

Impact of HAZs

The HAZs felt that their direct impact on health inequalities was minimal – because of the short timeframe of the HAZ initiative and limited resources – although specific projects had changed individuals' lives.

The HAZs had focused mainly on changing ways of working to enable local partnerships to tackle health inequalities. Their achievements were that they had:

- Pushed health inequalities up the local agenda, including raising the profile of 'hidden' issues and groups
- Broadened understanding of the determinants of health and gained ownership from a range of partners
- Helped develop partnership structures and collaborative working
- Helped develop more systematic planning processes
- Improved some mainstream services, especially in disadvantaged areas.

More generally, HAZs added value by bringing in additional resources, creating a policy space for focusing on health inequalities, being a driver for change, and bringing recognition of problems in particular areas.

Factors affecting progress of HAZs

Changes in national policy, including the NHS reforms and the emergence of local strategic partnerships, changes in HAZ priorities, and uncertainty about their future reduced the HAZs' ability to influence local policies. The following local factors affected their development:

- Variable understanding of the problem of health inequalities affected coherence and ownership of HAZ strategies
- Changing organisational configurations locally caused problems, along with lack of co-terminosity of agencies
- The nature of local labour markets could mean constant turnover of staff in some areas; but inflexibility in others because of too much stability
- The role of specific individuals in promoting or inhibiting work was highly significant.

What is needed to build the capacity to tackle health inequalities?

- Clearer definitions locally of health inequalities to ensure a more strategic focus
- Broader understanding of the social determinants of health among local policy makers
- More evidence about what works, including learning from individual HAZs
- Dedicated resources, leadership and policy space for health inequalities embedded in the mainstream
- More imaginative ways of identifying markers of progress locally
- Progress on cross-cutting issues – the balance between national and local priorities; developing public health capacity among all stakeholders; recognition of time required to achieve change; leadership on health inequalities; and more learning about how to deal with health inequalities locally.

Examples of HAZ initiatives on leisure

- **Nottingham** – Changing Faces and Places project offers programme choices ranging from organised swimming sessions with supervision and support to improve confidence in the water, to motivator-led walks in local parks, and art-based sessions.
- **Sheffield** – free leisure passes for successful smoking quitters.
- **Rotherham** – Active in Later Life (RALL) programme aims to persuade people in later life to take regular physical activity in a bid to improve their health and wellbeing.
- **Wolverhampton** – over-50s sports sessions held each weekday at sports and recreation centres across the city; Walking for Health scheme for all ages.
- **Northumberland** – scheme to recruit older people as fitness instructors to work with older residents in their own communities, travelling around teaching and encouraging fitness at a more realistic level for older people.
- **North Staffordshire** – Rural Arts and Sports Event aims to engage local people in developing arts and leisure opportunities in the Staffordshire moorlands.

From: www.haznet.org.uk

Sources

Benzeval, M. (2003) *The Final Report of the Tackling Inequalities in Health Module*. London: Queen Mary, University of London. www.haznet.org.uk

About the Health Development Agency

The Health Development Agency (www.hda.nhs.uk) is the national authority and information resource on what works to improve people's health and reduce health inequalities in England. It gathers evidence and produces advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

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