

# Bringing together knowledge<sup>+</sup> from varied sources, including Census and other data



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# Who am I?

- Involvement coordinator at National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) South London
- Member of Service User Research Enterprise, King's College London
- Am or have been carer or support-giver to people with most conditions covered by ARC
- Active in various communities
- Views expressed are own and not necessarily those of NIHR or Department of Health and Social Care

# Peckham and Camberwell over three decades



Peckham Rye station in 1990,  
Tom Burnham



Camberwell Road, Chris  
Whippet, 2015



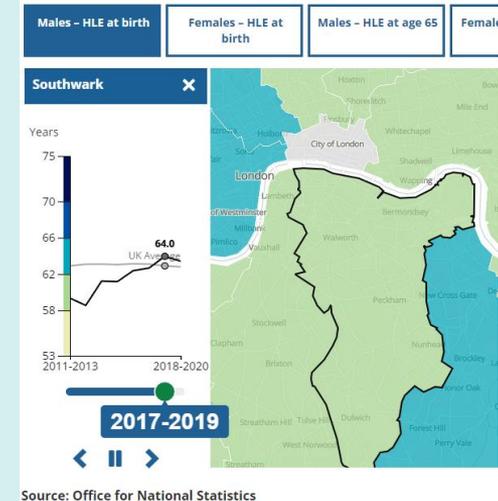
- Local health and care inequalities clearly still stark (according to King's Fund, health inequalities are avoidable, unfair and systematic differences in health between different groups of people)
- But how can we tell how much have these changed? And why? E.g. is any improvement (or worsening) just due to gentrification, with better-off and healthier people moving in, or other factors?
- What sources of data and knowledge might assist in answering such questions? What helps or hinders positive change, locally and beyond?

# Some (occasionally overlapping) sources of data and knowledge 1

- Census data
- NHS, public health, social care statistics, also on factors affecting wellbeing such as poverty, bad housing, pollution and harassment



Figure 8: Healthy life expectancy at birth and at aged 65 years by sex, local areas of the UK, 2011 to 2013 and 2018 to 2020

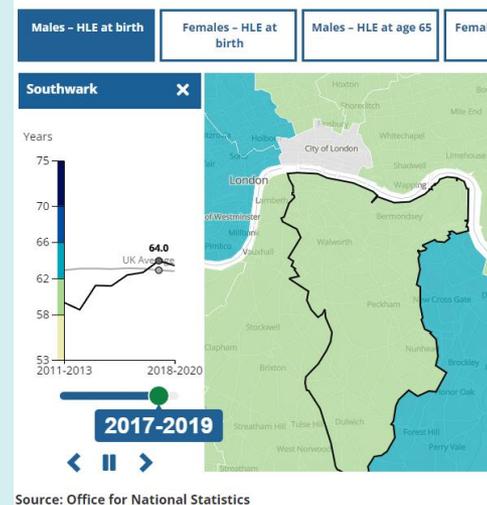


## Some (occasionally overlapping) sources of data and knowledge 2

- Research by ARC South London and other local researchers in universities, NHS, local authorities, community and voluntary organisations
- Other research, inc ARCs
- Reports, including by patients', disabled people's, carers' and community groups
- Observation, listening, experience



Figure 8: Healthy life expectancy at birth and at aged 65 years by sex, local areas of the UK, 2011 to 2013 and 2018 to 2020



## But...

- Often those facing greatest inequalities are least likely to be counted or have their details fully and accurately recorded
- Lack of safety, access and resources can get in the way of exploring diverse experiences, as well as weaknesses in research culture and structures
- Contexts keep changing
- Making sense of connections and exploring possible solutions can be complicated – let alone acting on what has been found





- Bringing together knowledge from varied sources and perspectives – especially from people with relevant lived experience
- filling gaps and
- sharing insights and challenges

can be helpful in drawing on research to address health and care inequalities, at local and wider level

