



A MANIFESTO FOR Health Creation

May 2017

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Message from the Chair



We live in one of the richest nations in the world. Yet, those living in poorer areas of our country die earlier, and suffer years of more ill-health, than those living in our wealthier areas.

These health inequalities represent a continuing social injustice. More needs to be done to address them.

The New NHS Alliance (NNHSA) is committed, in partnership with others, to reduce health inequalities through Health Creation.

For many of us, it may mean doing less, not more. And it means thinking about a social as well as a medical model of health, helping people achieve what really matters to them, while focussing on people's strengths. We should believe in what people are capable of, if they are given the opportunity.

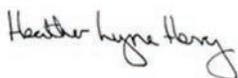
The need for Health Creation is compelling. Successive governments have tried to tackle the issue of health inequalities, with varying degree of success. Now is the time to do things differently, and the NNHSA is leading the charge.

This manifesto for health creation calls for:

- **The adoption of health creating practices**
- **System reforms to support health creation**
- **Enhanced education on health creation**

This manifesto is different. It is not more of the same, but a way of creating health that decreases dependency, increases people's resilience and reduces their demands on traditional health and care services.

We hope this manifesto inspires you to adopt health creating practices and to join the New NHS Alliance and the health creation movement.



Heather Lyne Henry
Chair

Health creation is the enhancement in health and wellbeing that occurs when individuals and communities achieve a sense of purpose, hope, mastery and control over their own lives and immediate environment.

The **New NHS Alliance** is a movement of people and organisations who are committed to building a sustainable, community-based health and care service. We focus on reducing health inequalities and making the practice of health creation a core part of the UK healthcare system, alongside a stronger focus on preventing illness. Collectively, our membership has vast, shared experiences of practising community-based health creation.



Health creation, a route to better health

What makes and keeps people well? How do we create health in our communities? These are not theoretical considerations. At a time when health and care services face an unprecedented squeeze on resources, and health inequalities are getting worse, they are questions that need to be urgently addressed.

Creating health

Much of today's ill health is linked to social causes and the wider determinants of health, and most of them can be effectively addressed. Yet, our health and care systems continue to focus on what's wrong with people; their illnesses and conditions. We treat the symptoms and not the cause. We need a different approach; one that creates health by drawing on the strengths and wisdom held in communities. It's only by working with people and communities that we can go beyond treating and preventing illness and into health creation. Health creation enables people to live to their full potential. It can also help address the ever-increasing pressures on our health and care systems.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹

Constitution of the World Health Organisation: Principles

Amanda's route to better health

When young mum, Amanda, was experiencing post-natal depression she found an unorthodox route to better health. Supported by My Community Matters, a small team in Stoke-on-Trent practicing community health creation, she learned that she could improve her health and wellbeing through listening and connecting with her community. As a result, she founded a local group, Middleport Matters. This led directly to improvements in her health as she became connected with others and became an integral part of her community. She also found this worked better than her doctor's approach to her problem.

The view from NHS England

NHS England has recognised the need for our health system to adopt health creation. The 2017 NHS Delivery Plan² urges local health partners to 'mobilise action on "health creation" and service redesign'. Now is the time to support local areas to adopt a health creating approach, leveraging the learnings from the many health creation initiatives which have already delivered benefits within the community.

Doing things differently

For the health and care sector, health creation is not about doing more. It is about doing things differently – maybe stopping things – to improve peoples' lives, to deliver financial savings and to help relieve the unsustainable pressures facing many healthcare professionals.



What is health creation?

Health creation is the enhancement in health and wellbeing that occurs when individuals and communities achieve a sense of purpose, hope, mastery and control over their own lives and immediate environment

Health creation foundations

Health creation is built on control, contact and confidence. When people feel a sense of **control** over the circumstances of their own life (rather than fostering dependency upon services), and when they have meaningful and purposeful social **contact** and activity, and the avoidance of social isolation, they can gain the **confidence** to take responsibility, and to deliver actions that have a positive impact on a person's own life, and on the lives of those around them.

Indeed, when we have control, contact and confidence, our mental and physical health improves and we gain "the freedom to live a life [we] value".³ Conversely, a lack of control, contact and confidence can lead to poorer health and wellbeing.

The 3Cs of health creation



- **Control** over the circumstances of a person's own life, rather than fostering dependency upon services.
- **Contact** and activity that is meaningful and purposeful; the avoidance of social isolation.
- **Confidence** to take responsibility, and to deliver actions that have a positive impact on a person's own life, and on the lives of those around them.

Defining health creation

The New NHS Alliance approach to health creation was refined throughout 2016. This included engaging with more than 200 people at two NNHSA Health Creation Action Summits. Here, a shared understanding of health creation and a framework for health creating practice were developed. This built on the 25-year history of some of our members in creating healthy communities. Some of the people who contributed had also experienced health creation, while some have become health creators as a result.



Reducing deaths from kidney disease⁴

Attendance at Salford Royal's renal service was low and adherence to treatment was poor. This led to premature deaths and transplant losses. The renal consultant and other staff members decided to listen to their 18 to 32 year old patients living with Chronic Kidney Disease. They went 10-Pin bowling with them. The young people told them they were fed up of being seen as "just a kidney", asking "why do I never see other young people like me?". This led to complete service redesign. This included setting up an online network enabling the young people to communicate, meet up socially and support one another. It made a huge difference to them and deaths among the young people being managed at Salford Royal dropped from 16 in the previous 10 years to two in the 32 months following the initiative. This would indicate a possible 10 year post-initiative reduction in mortality of over 50%.

Why we need a new approach

Health inequalities are a huge problem for the UK, with big differences in health status across populations and geographies.⁵ Economic inequalities also present a challenge to people's health.⁶ While health and economic inequalities are not the same thing, they are linked and exacerbate each other. On average, people living in poorer areas live fewer years in good health and are more likely to die younger than people living in wealthier areas. People in poor health are less likely to be in productive employment. All of this drives demand for health and care services.⁷

A system struggling for a solution

When people are experiencing stress in their lives – such as debt, family breakdown, homelessness – things can spiral out of control and their physical and mental health can deteriorate. When people are at this point, particularly when they experience multiple causes of stress, the health and care systems struggle to find an effective solution. And the problem isn't confined to adults. Some children experience chaotic lives and family strife and the problems can be transmitted down the generations, making it more difficult for them to break out of the cycle.

Building strong, resilient communities

The UK has adopted policies aimed at reducing health inequalities. The emphasis has been on prevention, improving access to healthcare, promoting self-care and integrating health and social care. Sir Michael Marmot's work on the social determinants of health emphasises the need for strong, resilient communities. But, not enough is being done to make this happen.

Given the right conditions, communities can do so much more to develop approaches that improve their own health. They will not look like traditional health and care services, but, they will lead to better health and wellbeing. This in turn will reduce demand on traditional health and care services. Currently, the focus is rarely on communities finding their own solutions. This needs to change.

Improving health through better family relationships

Salford Dadz is a group of fathers who live in a disadvantaged community and who meet to talk openly about their troubles. They have found that this helps them deal with these, including easing family tensions. Initially supported by a nurse trained in asset-based community development, Salford Dadz is now independent of the public purse. An externally assured social return on investment shows there is a decreased need for children's services in participating families. The externally assured wellbeing value of the work is between 1:13 to 1:20 and the financial return on investment is 1:2.25.



What are health creating practices?

Health creating practices are those activities and approaches that when embedded into practice at the front-line will help people to create and improve their health.

Features of health creating practices

At the front-line, health creating practices are usually characterised by one or more of five features. These were identified to be common features from people's testimonial about what made them well.

We believe that by embedding the five features into professionals' practices, our day-to-day work with people will become more health creating.

The five features of health creating practice

- 1 Listening and responding:** Effective, genuine listening to the reality of people's and communities' lives is essential. As is acting differently upon what is heard, and not just reverting to the established systems. Listening can also enable truth-telling if people feel safe to open up about matters they might be hiding, even from themselves. Being listened to can also be therapeutic in itself.
- 2 Truth-telling:** When people and practitioners face the truth, and own up to what holds them back from creating health, rather than treating illness, they can start to get to the root causes of problems.
- 3 Strengths focus:** Health creation happens when attention is paid to what people can do for themselves or others. Building on people's strengths unlocks their potential and builds confidence for creating health.
- 4 Self-organising:** Health creating practice enables people to work out what they need for themselves. When people start to rely on themselves, they become less reliant on health and care services.
- 5 Power-shifting:** Lasting health creation happens when the health creating features above result in a power shift from practitioners to people and communities. When people and communities are the experts, they can make decisions about things that affect them and their environment. Services can then adapt and respond accordingly.

Supporting the 3Cs of health creation

The five features of health creating practice are simple. When put into practice, they help people to gain control, make contact and build confidence. They can be implemented in different ways in different communities and settings and we need to both innovate with them in order to develop new health creating practices and adopt them at scale.



Putting the five features into practice

We urge you to consider how you can adapt your practice or adopt new practices using the five features as a guide to practice development.

Community control, connections and confidence

In 2002, the Lostock Community in Stretford Manchester felt forgotten and out of control on two levels. Their streets were blighted by young people's antisocial behaviour and their Primary Care Trust had closed their dilapidated clinic. The impact of this was made worse as there was no bus to take young and old people to the new health centre. The Lostock Community Partnership decided to take control, make contact and build their confidence in delivering solutions that mattered.

Power-shifting: The Partnership called meetings with public services to ask them for their help, telling them they wanted to work with them positively. They stopped complaining and started offering potential solutions.

Truth-telling: In the beginning it was particularly painful for the police, youth service and NHS to listen to what was happening. But, they soon started to see the residents as a source of knowledge and support. For example, they now knew exactly what was happening on the streets every night.

Listening: Local people said they wanted a GP practice and to protect their much-valued local independent chemist, the only health service in the area. In addition, residents themselves stopped complaining about the young people and started talking to them about planning a new skate park. The residents also went to a PCT board meeting and asked the PCT to sell the old clinic site because it was an eyesore and a magnet to vandals.

Strengths focus: The young people themselves drew up the plans for the skate park. It was built using lottery funding and – to this day – is a well-loved and protected asset for young people for miles around. Lostock Community Partnership also managed to keep the local youth centre open. More activities for young people meant that antisocial behaviour began to stop.

Self-organising: As well as the Lostock Community Partnership organising themselves to get things done locally, the independent pharmacist, after many years of negotiation, bought the old site and built a new medical centre. He persuaded a local GP surgery to move in, enabling them to capitalise on the bigger building to become a teaching practice.



The Manifesto for health creation

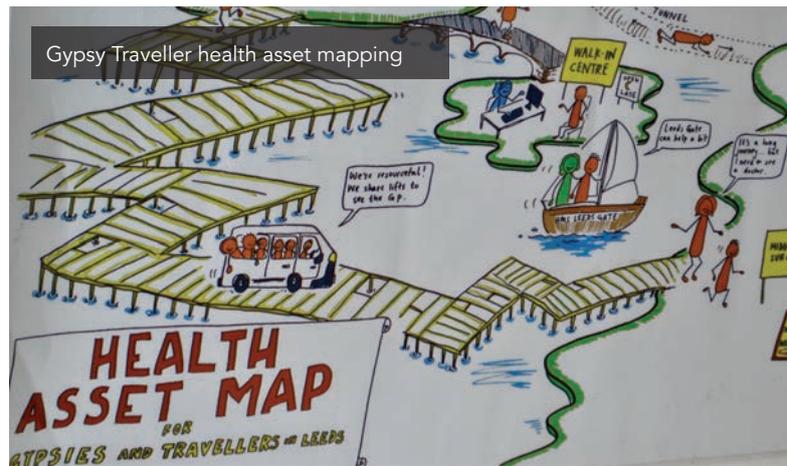
The New NHS Alliance calls for:



Resident dot voting on ideas to improve their general practice

The adoption of health creating practices: by health and care systems – in collaboration with all local partners working in communities – to embrace wellness as a way of working, to adopt health creating strategies and practices and to enable others to do the same. This means listening to people’s stories, understanding what makes them well and creating health in equal partnership with them.

System reforms to support health creation: by all those who can enable and empower frontline staff and service providers to work differently. They need to be aligned behind the primary purpose of creating health.



Gypsy Traveller health asset mapping



NNHSA Active Alliance members immersing themselves in health creation

Enhanced education: for all those involved in health and care to embed health creation in their thinking and subsequent practice.

Ten high-impact recommendations to deliver health creation

The New NHS Alliance makes the following top-line recommendations. These form the basis of many of our discussion and interactions with key stakeholders and we would welcome the opportunity to discuss these with you further.

- 1** Create new outcomes measures that focus equally on addressing what matters to people as well as what's the matter with people (NHS England, CCGs, STPs, local authorities, accountable care organisations and systems).
- 2** Develop incentives and levers that support the development of health creation. For example, we will support the British Medical Association and NHS England to consider how the GP contract relating to patient participation groups may develop so that patients can have more control, contact and confidence (NHS England, BMA, CQC, NICE).
- 3** Give people more control, contact and confidence in personal care and support planning, with practitioners free to work with people to focus on what's impacting on people and not just what's wrong with them (commissioners, providers).
- 4** Support workforce learning and development programmes in health creation: Starting with ambitious system-changers like Vanguards, leaders in sustainability and transformation plans and accountable care systems (NHS England, Department of Health, Skills for Health, Skills for Care, Health Education England).
- 5** Develop and incorporate modules in health creation into undergraduate and post graduate education programmes – for doctors, nurses, pharmacists, allied health professionals, social workers and housing professionals (Health Education England, Skills for Health, Skills for Care, Chartered Institute of Housing).
- 6** Develop good practice guidelines for health creating practice in different settings (NICE).
- 7** Support commissioners to adopt the five features of health creating practice as a framework to address health inequalities (NHS England, STP leads, commissioners, accountable care organisations and systems).
- 8** Invest in 'community health creators': experienced asset-based community development workers who can mobilise action on health creation. Such workers may come from communities themselves (experts by experience) or have experience working in a range of locations (STP leads, clinical commissioning groups, accountable care organisations and systems).
- 9** Support training and peer mentorship of community health creators to enable them to be effective in their own communities and others; spread the learning from existing health creation successes (HEE, STPs, CCGs, ACOs).
- 10** Develop a more enabling framework, culture and approach to risk across the health and care systems that enables innovation in health creation.



Where does the idea of health creation come from?

Health creation is a concept born from the wisdom gained by clinical and community leaders who have been working over decades to address inequality and support people to change their lives.

Sharing the wisdom

"Chaotic early life leads to a reduced ability to deal with and manage stress. Up-regulation of stress responses reduces the ability to learn, reduces the ability to make a sense of the world around you and behave appropriately. The biology is very clear. Chaotic difficult circumstances lead to increased risk of ill health. So let's not spend a fortune trying to find drugs to fix that. Let's change the chaotic and difficult circumstances so that they don't happen."⁹

Sir Harry Burns, former chief medical officer for Scotland

The strongest communities are those in which residents are able to influence decisions affecting them and their neighbourhoods, where there is regular contact between neighbours and where residents gain the confidence to exercise control over their circumstances.¹⁰

The Young Foundation

People could stave off the worst effects of stress if their lives are comprehensible, manageable and meaningful.⁸

Aaron Antonovsky, American sociologist

Healthy communities are vital. Yet they can only flourish with adequate support, significant parts of which have been withdrawn in pursuit of austerity, leaving individuals, families, and communities facing a precarious future in which the immediate pressures for survival displace long term investment in health.¹¹

Nigel Crisp et al, former NHS chief executive

We are waking up to the fact that the roots of health and wellbeing lie not in our hospitals but in our communities.¹²

NHS England and NESTA

Gaining meaning and purpose through dance

The multi-award winning TR14ers is a young people's community dance team in Camborne, Cornwall. It is named after their postcode (TR14) and was set up in 2004 with support from the police neighbourhood team as a response to youth anti-social behaviour in this highly disadvantaged town.¹³ The young people said they wanted a place to practice their dance skills, so regular free dance workshops were offered to all children. Youth crime and disorder dropped almost immediately and improvements in health and educational attainment followed quickly.

The young people took ownership of the workshops, designing and teaching their own choreography and becoming bona fide Company Directors and Charity Trustees from the age of 16. Today the group and charity are still going strong, teaching dance to a new generation. All young people in TR14ers receive mentoring and they have developed performances and fund raising initiatives that continue to bring the local community together.

What is the evidence for health creation?

A range of evidence now shows that when individuals and communities articulate the issues holding them back, set their own agendas, make key decisions with statutory agencies and take more control of their lives, they are protected to a much greater degree against becoming ill. Early pioneers such as Jane Foot¹⁴ and the Health Empowerment Leverage Project¹⁵ summarised the evidence, which showed that health creation can:

- ✓ Increase social capital within communities
- ✓ Improve health protection and community resilience
- ✓ Increase responsiveness of statutory services
- ✓ Deliver progress on tackling health inequalities
- ✓ Change individual health behaviours
- ✓ Improve efficient use of financial resources

Evidence is beginning to emerge from larger scale regeneration projects in East London¹⁶ and in the north of England. Internationally, the US-based Creating Health Collaborative¹⁷ is gathering evidence from over 50 members.

The economic case for health creation

A report commissioned by the Realising the Value team from consultants PPL presents an economic analysis of the case for investing in a more social approach to care.¹⁸

Their modelling suggests that implementing peer support and self-management approaches could equate to net savings of around £2,000 per person reached per year to the health system, achievable within the first year of implementation.

For an average CCG this equates to a saving of around £5m. Based on the existing 209 CCGs this would equate to more than £1bn in savings. For health coaching, group activities and asset-based approaches there is less evidence available. Therefore, the team estimated savings to the health system. They calculated this as being between £1,000 – £1,500 per person.

C2 Connecting Communities¹⁹ is a national network of connected communities with an academic hub at Exeter University's Medical School, that has repeatedly demonstrated how small investments in health creating approaches deliver a big return not just in physical and mental health improvement but also in education attainment and reduced crime. Their earliest success the Beacon Project has just completed a retrospective external evaluation.²⁰ "Lighting the Way" is an independent cost benefit analysis charting the remarkable turnaround of the then-troubled Beacon and Old Hill estate in Cornwall that occurred between 1995 and 2001.

Over a period of five years, the community came together and formed a partnership with local agencies to generate a social & economic net benefit of £3.9 million, from zero start-up funding. Violent crime dropped by 50% and unemployment by 69%. Boy's school attainment and mother's mental health also improved remarkably.

An economic modelling tool is available to allow commissioners to estimate the cost benefit of each approach. This will allow a financial case for change to be built into STPs. This can be accessed at: <http://www.nesta.org.uk/publications/impact-and-cost-economic-modelling-tool-commissioners>

Your next steps to health creation

Health creation is not about recipes, rules books and being in charge. It is all about creating the environment where individuals and communities are listened to. They in turn get more involved, creating conditions to enable them to connect to others take more responsibility for their health and reduce demands on traditional health services. It is about shifting power, listening, helping people to articulate and shape their own priorities and draw on their own strengths – and those of their communities – to find their own solutions. It can start simply by holding a conversation in a different way. Positive health outcomes are the most likely by-product, as is a more trusting, safe community and social realm.

Adapt, adopt and disrupt

The next steps are clear. Use the 3Cs and five features of health creating practice to find new ways of working that can challenge and change.

- **Adapt** your own practice to incorporate health-creating approaches. For example, try asking people what matters to them and seeing if you can work together to make it happen.
- **Adopt** existing practices that are already working, such as group consultations in general practice that encourage self-help between members
- **Disrupt** and do things completely differently. For example, invite your patient participation group for help to find new solutions. Can they set up a social event for isolated people? Can they harness patients' skills to create a sensory experience at the surgery that bring meaning, purpose and joy back to people's lives?

Adapting practices: Community action in reducing GP appointments

In Eccles, community groups and residents learned about the Minor Ailments Scheme and were encouraged to tell other residents to visit the local chemist before the GP. Children, parents and clinicians co-wrote a story that was read out at the local school teaching children to steer family members to the pharmacy. The scheme had support from seven local general practices. In six months, pharmacy consultations rose from around 250 a month to more than 350. There were also signs that fewer parents went to the GP for minor ailments, with a sharp decline in surgeries prescribing paediatric paracetamol and ibuprofen.

Driving cross-sector working

Integration between health, social care, housing and other professional sectors becomes possible if all professionals focus on the same end goal - that of making people and communities well - and align their practices and systems to that end.

Supporting cross-sector working

Outcome of a poll of professionals from a range of backgrounds, taken at NNHSA Health Creation Action Summit 2016, that asked 'if we adopt health creating practices, there will be a positive impact on cross-sector working'



95%
SAID YES



Adopting practices: Group consultations

Croydon and Slough CCGs have adopted 'group consultations' in which one-to-one consultations take place within a supportive group of people with the same condition. By listening to others' consultations, individuals benefit from both shared clinical understanding and peer support and advice about their condition. This approach started because people living with long-term health issues said they wanted more time with a GP or nurse, peer connection, proactive follow-up and better knowledge to manage their condition themselves.

Take action now

Health creation is a conceptual shift and one that many rooted in the biomedical model will find profoundly challenging. It is however something that everyone can do to some degree of another, no matter what their role.

We hope this manifesto inspires you to join the health creation movement. If you want to get involved, join the New NHS Alliance for free and discover more, with others, about health creation and how to embed it into your day to day practices.

You can join here: <http://www.nhsalliance.org/becomeamember>

Disruptive practices: Having a 'different conversation'

Wigan Council has taken a whole workforce approach and trained staff in 'asset-based conversations', which is essentially about asking people "what matters to you?" rather than "what's the matter with you?". Staff are trained not to assess using forms and refer to services, but to listen and connect people first to activities in their own community. This is called the Wigan Deal²¹ and they are starting to engage general practice in this approach.

Bromford Group, a housing association in the Midlands, is developing a relationship-based approach to how they do business. Residents can work with a neighbourhood coach who aims to help people build up protective factors in their lives – such as friendship, knowledge, aspirations – things that help to protect people against poor health. They want to accept and respond to where people are at, and provide routes to personal development.

The approach expects that residents want the chance to address problems in their lives but sometimes need help to believe it's possible. They then work with the individuals to enable people to "be the best they can be" – reflecting Bromford's goal.²²

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