The Health Creation Alliance's submission to NHS England and NHS Improvement on Core20Plus5

Summary

The Core20Plus5 'formula' is useful to guide ICSs to the cohorts / communities / neighbourhoods they need to focus on. However, there is a 'delivery gap'. The 'how to' address health inequalities, and deliver on the five clinical priorities, is not adequately covered.

As a result, it risks ICSs over-focusing on the 5 clinical priorities at the expense of doing the hard work of transforming the way the NHS works with communities to create health, which is a significant part of the solution to health inequalities. The recently published NHSEI Guidance for ICSs that includes 10 Principles for ICSs working with people and communities needs to be referenced in this paper. Health Creation, which is aligned with those principles, also needs to be referenced as it offers an approach and process for reducing health inequalities in a lasting way. Collaboration with other local partners in a place, which is part of Health Creation, is also critical to taking action on the wider determinants of health. All are core to achieving Equitable Access, Excellent Experience and Optimal Outcomes.

We would like NHSEI to consider including a 'how to' section within the formula so that the processes involved in delivering the clinical priorities (and indeed other positive clinical and non-clinical outcomes associated with health inequalities) is made explicit. We propose badging the process as: **Core20Plus [HealthCreation/10Principles]5**

We recommend that:

- all ICSs are expected to adopt and embed the Health Creation approach as a core part of the delivery model to address health inequalities
- ICSs fund paid strategic-level relationship-building roles in ICPs and PCNs to drive genuine connections between the NHS, community groups and other local organisations and networks
- the concept of accountability is extended to accountability to communities
- ICSs are expected to be flexible about who and what they fund to support local activity
- ICSs are permitted and encouraged to substitute some national indicators for tailored local indicators that have been co-produced with communities and local partners

We would like NHSEI – the Health Inequalities Improvement Team, PCN Teams and ICS Teams – to consider how they might work with organisations like The Health Creation Alliance (THCA) rather than delivering everything themselves. Through our networks we have access to huge and diverse experience and knowledge; we are a valuable asset to the NHS and could be a key transformation partner.

About The Health Creation Alliance

The Health Creation Alliance is the only national cross-sector group addressing health inequalities through Health Creation. Our mission is to increase the number of years people live in good health in *every* community.

We achieve this by:

- connecting the voice of lived experience to people setting the policies and designing systems and services
- drawing on our members and extensive connections to bring together movements and collaborations that energise and empower professionals and local residents to take action together
- helping places to establish Health Creation communities of learning, bringing together professionals from diverse backgrounds, community members and people with lived experience to learn from each other.

We also seek to increase the profile and status of Health Creation with policy makers, systems leaders and practitioners as an essential part addressing health inequalities.

We are a membership movement and you can join The Health Creation Alliance for free and become part of the movement here: Members | The Health Creation Alliance

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The Health Creation Alliance response to Core20Plus5

The **Core20Plus5** 'formula' will help guide ICSs to the cohorts / communities / neighbourhoods they need to focus on when seeking to address health inequalities. However, the inclusion of the 5 clinical priorities, in the absence of any explanation as to how to go about reducing health inequalities, represents a reductionist approach.

- **Core20** – ICSs and their constituent parts *need to work differently* with the most disadvantaged communities and identifying these geographically using the national Index of Multiple Deprivation (IMD) statistics is a reasonable and pragmatic approach

- **Plus** – ICS´s geographies will have particular groups experiencing poorer than average health access, experience and outcomes that are not captured in the core 20. We therefore agree that ICSs should be required to enhance national data with their own data. However, the datasets used need to reflect the wider determinants of health and include datasets such as English as a second language, free schools meal provision, assisted bin collections, housing condition etc that are available from local partners. There are other populations, in addition to the Inclusion Health Groups, that also had a very high COVID-19 mortality rate, such as people with a learning disability. Also, we note that people who have experienced high levels of Adverse Childhood Experiences (ACEs) are not mentioned, yet they statistically live significantly shorter lives and are likely to be present in larger numbers within these populations. They required a holistic, health creating and trauma-informed approach to recovery, linking mental and physical

health. ICSs also need to focus their attention on how they might address the differential health outcomes for these groups

- **5** – It is this part of the 'formula' where the approach starts to fall down. The problem with focusing ICSs minds on 5 clinical priorities – without also including an expectation that they will engage in change processes that deliver a fundamental shift in how ICSs and their constituent parts work with communities to reduce health inequalities – is that it presents a transactional, medical model whereas what is needed is for the NHS to contribute to the creation of health as a social process that is already taking place. Unless the Core20Plus5 approach makes this expectation explicit, a focus on the achievement of specific clinical goals will once again trump taking a long-term approach to health inequalities.

Knowledge of how to address health inequalities is lacking in the NHS and the Core20Plus5 approach – as articulated here – does not offer sufficient pointers to how to address that lack of knowledge.

Delivery Model

This section does not explain, with sufficient clarity or depth, what needs to happen for ICSs to play their role alongside others to reduce health inequalities.

We know that the activities and ways of working involved in community strengthening – that THCA collectively refers to as 'Health Creation' – are critical in developing a lasting approach to reducing health inequalities and achieving NHSEIs vision for Equitable Access, Excellent Experience, Optimal Outcomes. You can find more about Health Creation here: Health Creation | The Health Creation Alliance

We recommend that all ICSs are expected to adopt and embed the Health Creation approach (see below) as a core part of the delivery model to address health Inequalities. Health Creation is closely aligned with NHSEI's 10 Principles for working with people and communities that is contained within Guidance for ICSs published in Sept 2021. These 10 Principles also need to be referenced within this section because they are key to addressing health inequalities.

We propose badging the process as: **Core20Plus [HealthCreation/10Principles] 5**

We are pleased that the paper refers to the need to work with communities, the VCSE and local authorities – we would also add housing, police, and many other local partners – and that the Health Inequalities Team will support these collaborations. These groups are already taking strides in addressing health inequalities through processes that create health and address the wider determinants of health. The NHS/ICSs need to commit to being connected to and coordinating their efforts with this wider system – not acting apart from it – if they are to be successful in achieving the five clinical priorities and make lasting reductions in health inequalities. This means listening to, taking on board and responding positively to the perspectives of communities and partners outside the NHS, and working alongside them as core partners in Health Creation.

NHS England and NHS Improvement, needs to go further in requiring ICSs and their constituent parts to work with other local partners – including in this Core20Plus5 approach. The Health Creation Alliance has previously made a case for the NHS to fund paid strategic-level relationship-building roles, to connect with the organisations and networks already working to address health inequalities and to drive genuine connections between the NHS, community groups and organisations. We make that case again here.

The Health Creation Alliance has been working with professionals across the whole system to adopt Health Creation as an approach to health inequalities for many years and we have deep experiential knowledge of why Health Creation works and how to apply it. We have:

- a range of tools and resources – including tools that can help clinicians to address specific clinical priorities through adopting a health creating approach
- a strong Health Creation Framework forged through many conversations with communities over a five-year period that helps both with sense-making (what works and why) and helps to drive improvement in places
- access to huge and diverse experience and knowledge through our rich, diverse and active membership and wider cross-sector networks of professionals, people with experience of living in the communities most at risk of health inequalities and people who are engaged in a wide range of health creating work.
- a platform through which we can share best practice and build the skills and expertise in how to create the conditions in which health is created and inequalities reduced
- a thriving online webinar programme that provides a space for people from across the sectors, professionals and people with lived experience to come together regularly and explore key issues and share practice
- a Discovery Learning Programme to enable experiential learning to take place across and between systems and at a range of geographical levels within systems

We can harness all this to assist systems to undertake the transformation required. We are a valuable asset to NHSEI and we stand ready to help the Health Inequalities Improvement Team to make these resources available to the system to enable the necessary transformation.

Accountability

The Health Creation Alliance would like the concept of accountability to be extended to accountability to communities. We would see community-strengthening processes as one of many methods to respond to the needs of local communities. We would expect to see requirements on ICSs and their constituent parts (such as PCNs) to not only listen to communities, but to be required to respond to them, for example through citizens´ assemblies and poverty and truth commissions that exist in many areas.

Funding and resource

ICSs need to be flexible about who and what they fund in terms of local activity to address health inequalities. They need to think about how to devolve funds to support community-led businesses, community-led groups and partnerships that will help communities to strengthen and increasingly lead delivery and take control. Funding is needed in each ICS and PCN to support local community-strengthening approaches.

Monitoring

We would like ICSs to be permitted (and encouraged) to substitute some national indicators for more tailored local indicators that have been co-produced with communities and local partners. These local targets could be periodically negotiated with NHSEI Health Inequalities Team and would demonstrate a commitment to subsidiarity. We would also recommend that 'social capital' is included as a national indicator.

An explanation of Health Creation

Health Creation is the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced. People also need an adequate income, a suitable home, engaging occupation and a meaningful future.

Building meaningful and constructive Contact between people and within communities increases our Confidence which leads to greater Control over our lives and the determinants of our health. Having Control over our lives and environments is proven to enhance health and wellbeing; it helps to build protective factors and keeps people as healthy and productive as possible and helps people cope well with health conditions, disability and ageing. Control, Contact and Confidence are the 3Cs of Health Creation: they characterise communities that been most resilient during COVID-19.

Prof Michael Marmot is clear about this: *"To tackle inequality, society needs to enable all children, young people and adults to maximise their capabilities and have control over their lives"*. (Health Equity in England: The Marmot Review 10 years on). And a recent report of the evidence from New Local on Community Power shows that individual health and wellbeing and community wellbeing and resilience are two benefits Community Power - New Local.

Health Creation needs to be embraced by all services – including the NHS – as a way of working that helps to create the conditions for communities to take control, leading to improved health. This is especially true in the most disadvantaged places (the Core20Plus populations) where the Connections, Confidence and Control are in short supply. This is what happened in the places where the vaccination roll-out successfully reached the most disadvantaged and underserved communities and it is a necessary part of what needs to happen if the five clinical priorities are to be successfully addressed in a lasting way.

Services can help to create the conditions for people and populations to take control by adopting and embedding the five features of health creating practices within everyday practices and through health systems. These five – Listening and Responding, Truth-telling, Strengths-focus, Self-organising and Power-shifting – are the things that communities consistently say makes the biggest difference to them: these are the 'active ingredients' of Health Creation. You can find more about Health Creation and the five features of health creating practices here: Health Creation | The Health Creation Alliance

ICSs and their constituent parts at place and neighbourhood levels need to adopt a Health Creation approach to everything they do – including Core20Plus5 and as part of their Population Health Management approach.

The Health Creation Alliance Build Back Together Call to Action

We are calling on Government, Integrated Care Systems (ICSs), Integrated Care Partnerships (ICPs), Local Authorities, Primary Care Networks and everyone who works within the wider health and social care system to play their part in addressing health inequalities through delivering against 10 Building Back Together Key Messages.