The Health Creation Alliance

How can NHS anchors support communities to create health

Learning from the community response to COVID-19

Proceedings from a workshop held in January 2022

Supported by The Health Foundation

The Health Foundation

Contents

Acknowledgements

Thank you to the contributors to the workshops, without whose experience, insight and support this report would not have been possible.

Chris Dabbs, Chief Executive Unlimited Potential.

Donna McLaughlin, Director of Social Value Creation, Northern Care Alliance NHS Foundation Trust.

Frances Dutton, GP, Birmingham Children's Hospital Emergency Department & Small Heath Medical Practice, Birmingham.

Caroline Wolhuter, Head of Innovation & Impact and Early Help Lead, Greensquare Accord Housing, Rubina Tareen, Smart Citizen CIC, Sparkbrook.

Chris Bird, Consultant in Paediatric Emergency Medicine, Birmingham Women's and Children's NHS Foundation Trust.

Asmina Remtulla, Active Community Member supporting many organisations across London

Rhea O'Shea, Head of Corporate Social Responsibility, NHS Property Services.

The views expressed in this report do not reflect those of The Health Foundation.

Introduction

The webinar was designed by The Health Creation Alliance for participants of the Health Anchors Learning Network (www.haln.org.uk) a UK-wide network from Health Foundation and NHS England and NHS Improvement. It provided an opportunity for large NHS anchor institutions to hear, explore and learn how to work as equal partners with the communities living in the localities where they are based.

The webinar showcased two examples of where large NHS Trusts had adopted health creating approaches to address deficits in their offer to communities.

- The Northern Care Alliance has a target to employ 1000 residents from underserved communities in entry-level jobs, and enable them to progress, by 2025.
- Birmingham Women's and Children's NHS Foundation Trust has an ambition to establish a children's centre offering holistic care.

The webinar was chaired by **Hashum Mahmood,** Senior Policy Adviser in Population Health, NHS Confederation. It was followed up two weeks later with an open learning session to reflect on, learn about and consider how to employ health creating practices.

"Let's not see this as a solution to our vacancy problem; let's see it as the strengths within our community and how we can use that ."

Summary of conclusions from the original report and vaccination rollout

The NHS has learnt a lot from the community response to COVID-19 and vaccination roll-out, but there is a need to go much further. People at all levels of the system need to support the intrinsic value and power of people and communities to create their own health, and especially the strength and power of connected networks.

The following recommendations can support different parts of the system, depending on what stage they are at in their collaborating with communities' journey.

- Consider how to use NHS property assets to provide places for communities to meet and connect
- Take time to connect, build relationships and trust
- Working with communities shouldn´t be reserved for a crisis; creating health with, and within, communities should be an ongoing priority
- Contribute to funding community to create health
- Work with others to support communities and to help create the conditions for communities to thrive
- Have meaningful engagement with people with lived experience and their communities within governance arrangements, and in the development of strategies and programmes throughout the system
- Learn from the more diverse communication approaches adopted due to COVID-19
- Value reciprocity and factor this into interactions with patients and local communities
- Work with local communities to support people to connect and self-organise to address other significant health issues

About The Health Creation Alliance

The Health Creation Alliance is the leading national cross-sector organisation dedicated to addressing health inequalities through community-led Health Creation. Our mission is to increase the number of years people live in good health in every community. We are community leaders, people with lived experience of poverty, trauma and discrimination and professionals from many sectors working together to transform systems from the bottom up so that Health Creation becomes business as usual and is recognised as equally important to treating illness and preventing ill health.

About 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.

The 3Cs of Health Creation: Contact I Confidence I Control

Building meaningful and constructive **Contact** between people and within communities increases their **Confidence** which leads to greater **Control** over their lives and the determinants of their health. People also need an adequate income, a suitable home, engaging occupation and a meaningful future.

Having **Control** over our lives and environments is proven to enhance health and wellbeing and to help people cope well with health conditions, disability and ageing..

The role of providers and professionals

Professionals and providers can help create the conditions for Health Creation by working as equal partners with local people and communities, focusing on what matters to them to help create health within their communities

To learn more about our work or to become a member, visit www.TheHealthCreationAlliance.org

Key messages:

1. New roots into NHS employment must be forged to enable local people with potential, but who may lack qualifications, skills and work experience, to enter and thrive in the workplace, NHS anchors can adopt new recruitment practices and reach people through community groups.

2. New models for meeting the diverse health needs of communities require close working with those communities. Clinicians going to the community, listening to them and working with them and other local partners in a responsive, dynamic way will help to address the needs in areas with high A&E attendances.

3. Data tells a stark picture of high levels of health inequalities, leading to high use of acute and other health services, but it's the community conversations that make the biggest difference. Those conversations can be a major route into understanding the health issues the community faces and they will help both to interpret the data accurately and find some solutions.

4. The current traditional, cautious and bureaucratic approaches present barriers to working in a more flexible way with communities. They 'take their toll' on those trying to make a change. Expecting the community to go to NHS spaces to be heard is also draining. The barriers don't need to be there, the system could instead provide support for new approaches to emerge.

5. Having strategic-level (board) sign-up is very important for mainstreaming the community partnership approach. Making a significant impact in a place will take many years, require long-term goals. Regular monitoring of progress followed by adjustment of the approach will help to maintain momentum.

6. Pilots can be useful to get something up an running and to provide some evidence, but systems need to move beyond the small-scale and into wholesale transformation if they are to make a real impact.

7. The NHS needs to walk humbly in the space and work with the experts. The community sector has been doing this for generations and bring huge insight into and knowledge. The NHS is not always best to lead this work and must be prepared to work with others.

Sparkbrook Community Activities

Recruiting for fair employment from local communities

Chris Dabbs, Chief Executive Unlimited Potential

Donna McLaughlin, Director of Social Value Creation, Northern Care Alliance NHS Foundation Trust

Recognising the potential of its role as an employer of 18,500 people for improving health outcomes across Bury, Rochdale, Salford and Oldham, The Northern Care Alliance (NCA) redesigned its recruitment approach. Starting in Coldhurst, rated the most deprived ward on the Index of Multiple Deprivation for adult skills, and where a hospital is located but very few of its employees live, NCA appointed a third party, Unlimited Potential, to undertake 'employer attractiveness' research.

The approach was **not** traditional consultation. Instead, connecting with small, grass-roots community groups and faith networks and meeting wherever local people wanted to meet, they held exploratory, in-depth conversations with people who would not normally come forward. Around two thirds were young people and young adults, over half were women and around 60% were from communities that experience racism.

The conversations were structured around:

- **defining the problem** – understanding how the NCA / is perceived as an employer
- **determining the (perceived) barriers** to employment
- **discovering potential solutions** with local people (community strengths, good local employers etc)
- **designing ways local people could be engaged** and trust built between them and the NCA

While the community sees the NHS as an attractive option, they felt the opportunities and progression are limited for Oldham people. **Key perceived barriers are:**

- a lack of local visibility
- ineffective advertising
- perceived discrimination
- application process

The community offered some potential solutions:

- direct, face-to-face outreach
- Marketing/advertising targeted where local people go
- learning with other agencies
- strengths-based approaches
- opportunities to gain experience
- creative approaches to recruitment
- quality feedback for applicants to aid their journey to employment

The Northern Care Alliance responded by:

- Training 1000 Career Ambassadors across Bury, Rochdale, Salford and Oldham to go into schools and community groups and talk about what it means to have a career in the NHS
- Developing two 'pre-employment' programmes for cohorts of 8-10 people in partnership with community-based organisations, including a mosque, who help to find and recruit participants
- Holding the programmes within the community
- Building trust by asking people what they want and responding to it. The first thing they asked was 'What's your E&D policy and training?"; in response NCA delivered the same training as they deliver to their own staff.
- Guaranteeing tailored two-week work experience
- Changing recruitment processes; people who have completed the pre-employment programme do not need a formal interview for a job; and the programme is seen as an equivalent to the minimum GCSE requirement.

Three weeks into the first cohort, another mosque approached NCA to ask if they could work with them. People, including young people, are finding routes into jobs and college places through the programme and the NCA has made a good start on its target to employ 1000 people in entry level jobs through the programme by 2025.

Pilot for a dedicated Children's Zone in Sparkbrook, Birmingham

Frances Dutton, GP, Birmingham Children's Hospital Emergency Department & Small Heath Medical Practice, Birmingham. **Caroline Wolhuter,** Head of Innovation & Impact and Early Help Lead, Greensquare Accord Housing, **Rubina Tareen,** Smart Citizen CIC, Sparkbrook. **Chris Bird,** Consultant in Paediatric Emergency Medicine, Birmingham Women's and Children's NHS Foundation Trust

Recognising that services had been dependent on working with communities during the COVID-19 lockdowns to rapidly meet a range of essential needs and provide access for essential services, there is a renewed commitment to partnership working across statutory and community sectors to reach the most vulnerable people. Doing this requires services to learn how to work in a dynamic partnership with communities.

Services and community working together to design a whole new experience of services

Building on newly formed relationships, the NHS Trust, housing association and citizens from Sparkbrook are co-designing a wholly different experience for the increasingly diverse Sparkbrook community to access social support and healthcare they want and need for their children. The ambition is for this to be a dynamic, diverse and responsive approach, co-led with the community and continually shaped as it evolves.

Rubina is an informal community connector, embedded in her community and leading Smart Citizens' Foundation and Smart Womens' CSE. She knows the issues local people are facing. She worked with Birmingham City Council and others to hold an all-age 'listening' event attended by 150 people in October 2021 for the service providers to find out more about the problems and solutions from the community perspective. Rubina now organises all the community events and communications.

The issues discussed included: isolation, depression in women, mental and physical health issues, difficulty getting a GP appointment, long queues in A&E and difficulty getting children there, domestic violence, language barrier especially with the shift to telephone consultations.

Solutions discussed included: Mobile services within local areas and with a local NHS team, Bigger role for pharmacies as an access point, Translators appointed from within the community, to overcome the language barrier.

The business case for a children's centre

"Navigating the bureaucracy has taken its toll on all of us!"

Data shows marked health inequalities, including in death rates, for young children, with complex factors many of which are preventable. Fewer than 10% of young children from Sparkbrook presenting to A&E require admission.

Clinicians are making the case for community-based working, where they work closely alongside other professional sectors and the community to address the needs as they present. They are responding to the community desire for the NHS to come out of institutions and into the community.

These ambitions have taken time to realise in the face of established institutions and national NHS funders not used to working collaboratively. Integration is been difficult to push, despite 'Integrated Care Systems'. They have secured some funding, but it has been a struggle because they want to be flexible and adjust the offer depending on what emerges from ongoing community engagement.

Starting with a weekly clinic – with an A&E Consultant, GPs, early help team and preventive dental care – the longer-term vision is to empower families to do much more healthcare themselves.

How we work now

18 month old Child

Attends ED with a runny nose and a cough for last 24 hours. Triaged as 'green' meaning safe to wait. Waits three hour to be seen. During consultation mentions eczema flare- up and not had 1-yr immunisations yet. Rushed consultation as family need to collect other kids from school.

How can it look in the future?

18 month old Child

Attends local children's zone with a runny nose and a cough for last 24 hours. Seen and safe to discharge home,. Booked in for eczema group seminar the next week. Opportunistically given 1-yr immunisations.

Family support worker meets family – Mum struggling with mood and financial worries. Linked to voluntary sector women's support group and linked to foodbank.

Panel discussion

The speakers from the previous sessions were joined by **Asmina Remtulla,** Active Community Member supporting many organisations across London and **Rhea O'Shea,** Head of Corporate Social Responsibility, NHS Property Services

The panel session, which was facilitated by Merron Simpson, CEO of THCA, explored how statutory health organisations, can have more effective engagement with the community.

Health is a huge priority for communities and the data on health inequalities speaks for itself. NHS provides training for community leaders (to chair steering groups, for example) and people are finding ways of dealing with the issues lockdown has caused; they are making and leading solutions of their own.

Yet communities still feel disconnected from the NHS. Many are asking "Please can the NHS to come and talk to us? at the local level. Having a doctor present at a community meetings is a big draw for people to come along; they're not used to having health engaged in the conversations.

Given that a limiting step is identifying the issues and perceptions from the community we might ask: *'What are the major routes into getting a good understanding of the health issues?*'. The data is useful but, as Dr Chris Bird pointed out, the most important thing is to start a conversation with the community. In Sparkbrook, this was achieved through housing and community-based organisations that are already in touch with many community groups, bringing together communities with clinical support and 'wider determinants' support.

There is also valuable learning from how other organisations have engaged communities. For example, the MHRA has changed hugely. NHS Property Services is looking into its recruitment and procurement practices and is being more proactive in making their premises and spaces available to communities to create health.

Having strategic-level (board) sign-up is very important for mainstreaming. The NCA has an ambition to find 1,000 pre-employment opportunities by 2025 and use these as the pipeline for the 750 level-entry jobs they've identified across the alliance, There is quarterly reporting to the NHC Board on the figures and they constantly ask "Where is the workforce data not reflective of our populations?". This information steers them to where they need to build the relationships next and to identify organisations that can help to give the best insight.

The NHS needs to walk humbly in the space. The community sector has been doing this for generations all we bring (as the NCA) is size and jobs! Communities bring huge insight into and knowledge of themselves. We need to work with those who are the experts.

The NHS is not always best to lead this work and must be prepared to work with others.

The question of roles for social prescribing and volunteering in this came up.

In Birmingham, the role of social prescribers in shifting towards a childrens' zone is limited; *"The links and commissioning framework is not in place to have a more holistic relationship with social prescribers at present. We can't do much more until the wider system moves on".*

Volunteering was seen as a good way of gaining relevant skills and experience to secure a paid role in the near future and also a means of keeping the engagement going following the pre-employment training until a suitable role becomes available. It is not seen as a substitute for paid employment

Different perspectives were offered on the usefulness of pilot programmes compared with committing to a long-term shift in mainstream practices.

Where statutory bodies are not ready to move to a wholesale approach, some believe there is more work to be done to develop the evidence-base that will convince health commissioners how and why working inequal partnership with communities works. Starting small is one way of building this confidence.

Others felt that it's time to stop waiting for dedicated funds for small pilots and instead start putting mainstream funding into a wholesale approach that will make large-scale changes in a place over a number of years. Where the system is sufficiently mature, this approach becomes possible.

How local work can inform national organisations, such as NHSEI and OHID was met by a plea to bring the community involvement to the local level, rather than expect communities to inform national level. "The NHS drains me and many others in the community. It's too big!".

Ultimately, this was felt to be a wholly different way of working for health visitors, health care assistants, everyone. Sharing practice is important and there are new approaches out there to help with the shift, such as Marmot's approach and THCA Health Creation Framework – the 3Cs and the 6 features of health creating practices.

Further information on The Health Creation Alliance

The Health Creation Alliance is an inclusive membership organisation, with members drawn widely from across many voluntary and professional sectors. We also have members who come from a predominantly 'lived experience' perspective, ranging from 'expert patients' to community leaders to people who have a range of vulnerabilities – such as use of criminal justice system, substances misuse, mental ill-health, homelessness, childhood trauma, domestic abuse – and who have not always found it easy to have a voice and access health, social care and other services.

Become a member of The Health Creation Alliance here.

Benefit from our Discovery Learnings Programmes

Health Creation requires action across systems and at all levels. It happens principally through constructive and meaningful relationships where people can learn from each others' experiences and through blending their ideas. This can best be enabled through bringing together professionals from diverse backgrounds, community members and people with lived experience to learn with and from each other.

The Health Creation Alliance Discovery Learning Programmes offer learning opportunities through structured, bespoke programmes for 10 to 200 participants.

Our Discovery Learning Programmes:

- share examples of national and local best practice that through skilled facilitation enable participants to identify what works, why and how this can be applied to their locality
- maximise sharing, reflection, discovering with others and experiencing new ways of working within a safe and trusting environment
- employ our bespoke Health Creation frameworks, tools and approaches to provide practical support for driving meaningful change
- are grounded in a deep understanding of a localities specific needs and circumstances to maximise the relevance and impact of the programme
- aim to establish a discovery learning habit that can be continued long after we have stepped back

If you would like to learn more about our Discovery Learning Programmes and how they might be right for you and your organisation, please email neil@thehealthcreationalliance.org

For more information on The Health Creation Alliance and our activities, please visit our website