# Chat from Session Three. Health Creating Population Health Management; using community insight and assets to get it right

## Resources

Building back together - 10 keys message. Valuing community and embedding Health Creation across the health and care system to address health inequalities

https://thehealthcreationalliance.org/wp-content/uploads/2021/05/Building-Back-Together.pdf

Love that you acknowledge how important it is to pay community organisations as consultative partners, it's not free, so many think it is!

Unfortunately, its baked in to the Commissioners way of working, that somehow VAs are free

https://www.thewellcommunities.co.uk/


This is a fantastic example of collab working, I'm interested in who was the driver behind this initially, and how was the cohort identified?

What were the priorities of the Burnley community that were different to the priorities of the CCG?

Housing , loneliness , addiction issues - were the main priorities - some were CCG priorities too.

Thanks Santosh for having the humility to say it's not all about me … but about what matters to the community" … and having the energy to try a 2nd time … this is the hardest lesson for Doctors / NHS to learn


Is the enhanced health check available to share?

How did you respond to the housing issues that the communities identified?

Fabulous examples. how do you involve the decision makers in the supporting areas of wider determinants? (Housing, employment, local democracy…).

Housing is the main issue that come up from the community, but the clinical agencies don't seem to see this as a clinical issue.

In what way are communities involved in finding solutions? Can you share examples?

Is there any work in this around stimulating local economies - e.g. Coops - growing local opportunities for employment on a micro scale - growing the capacity from those  involved in co production to help grow local NHS and social care workforces.

Housing Associations are often overlooked as a source of funding and connections.


So hard to ensure data is strengths based… so easy for it to highlight deficits. Our local VCF always push back against the 'race to the bottom'.......we are worst, give us more.

My question around data - how do you ensure your data hub emphasizes a strengths-based approach - there is a risk data identifies what is wrong.

Need to capture the A of ABCD in data to help target interventions/services for people too and combat inequalities.

Did you come across and how did you address perceptions that in sharing health data health providers are 'judging' individuals and communities?

I think part of the issue is that organisations are driven by data, that's the thing that gets waved around in meetings. The community voice doesn't seem to hold the same value. Classic example - vaccination clinics held in venues which we know the community wont access but that's where the data points to.

Data shouldn't be the currency, it shouldn't be a tool to gain power, I've seen this too.  VCFSE orgs are often pushed to complete with each other, this leads to data becoming coverted.

Is the trust there? We are hearing from excellent people using the data well. But if we look at our own government today, would anyone on this call trust this government to use the data well? We have heard our own PM boast of transferring money from inner cities to Tunbridge Wells?

So how can we ensure that people who don't want to give data can be engaged in all the work that is being done?

How would a system have to operate so you could trust them to share your data?

I think there needs to be a reason why one is collecting data - to give me information on COVID etc. is not a good reason to collect data.


The wider workstream in relation to improving outcomes for patients was initiated by the public health team. As I work across the system I am able to link into a wide range of colleagues to take a system approach to work so that we develop shared aims and objectives. Work involved analysis of people accessing A&E on multiple occasions and through that analysis he identified that young females were a priority group, which we have shared with The Well. Very happy to discuss further.


We work very closely with Housing and Housing Associations in Morecambe Bay :)

Some great examples of working with the housing association in Burnley as well

In Halton the NHS is working directly with RSL Onward Homes, we are taking a wider determinates approach to improving neighbourhoods. Everything from replacing bungalow roofs, cutting back bushes and organising community events. It does happen, just not enough


Agree wholeheartedly with this around depression- mainstream services don't cut it for many living with this long-term.

I find it hard to engage with all this systems stuff. So from the POV of individuals, how have options improved for people with depression?

Would it have changed the use and prescriptions of anti-depressants - the most typical response from GPs stating 'I feel depressed'.

Can a Health Creation approach change the traditional approach to people feeling 'depressed'. This basically involves doling out pills with the level of anti-depressants being prescribed having exploded in recent years with social options being minor add-ons to all this.

Tom, I think the system approach supports the individual when the mindset of collective shifts from thinking the solution lies (only) in Pills, towards a wider approach - involving people and places… harder, but more effective.

I think Health Creation can have a positive impact on the drivers of mental ill health. There's no pill for poverty, isolation, bullying etc.  We need to tackle social drivers, not numb people with chemicals.

Thanks to the positive responses. But if we look at the level of prescriptions of anti-depressants - that remains the standard, number one option where all the money is spent and invested with other alternatives, including getting people of anti-depressants being on a much smaller scale.

It's true Tom, but we are turning the tide on the medical model and it will take time. The level of complex MH that GPs are dealing with the loss of many ancillary supportive services can feel like an overwhelming tide. It's why we've developed a population health leadership academy and are currently working with around 40 GPs to create this kind of approach.

Some very positive examples on collaboration and Health Creation here.  But it's not enough to stem the tide on interventions which in my opinion undermine community health rather than improve it. More robust techniques and justice-focused approaches are required to do this.


Love Cormac Russell's line: "we can only go at the speed of trust."

The only people that can help others are people who are prepared to reach out, so connectors are one of the keys to two-way help, but there is no training or encouragement for them.

The UCL's co production collective have a great set of guiding values based principles which informs all their work "transparent, challenging, accessible and human".


Dan… you speak well … but why does it not say this on NHSE website?

Thanks Merron - agree we need to strengthen these messages.

Dan… THCA would be delighted to work alongside NHSE to balance up and make the other side of the coin more explicit and support systems to make the shift.

Thanks Merron - will certainly pick this up with colleagues at NHSE and discuss further with you.


Are the local community empowered to make change, some have great ideas but when asked by the manages what can you do to make change ,most don't have the knowledge or training to put it into practice


For me, the word 'management' in Population Health Management (PHM) has always felt restrictive and overplays the role any of us can play in Health Creation.

We have previously discussed how PHM is not a great descriptor of what we're talking about. The challenge of changing the terminology nationally is that it's widely used widely internationally and in academia… so we've stuck with it. But agree, I don't like the management word particularly.

In my mind I think that PHM can and should incorporate data-driven intelligence and narrative, but it does not end there as we've heard. It is it a support tool, not a panacea in of itself to support people. I completely agree as well re data interpretation. Such a great conversation and really good point about how we use the data we are asking for, how do we build trust and confidence, and understanding.

One of our challenges is how to apply what we are learning in more communities - recognising each community has its own needs and assets.

A shift to value qualitative data is needed. I presented a project with qualitative data and was challenged on its validity. The impact on an individual also can benefit carers, and families and have ripple effects that quantitative data don't capture.

There has been a lack of investment in public sector data analysis. The private sector has stepped into the vacuum. We need to get away from all private is bad. Certainly public is not all good. As discussed yesterday the key is what is the financial 'surplus' used for.

Agree, I think Lancs and South Cumbria get it, some others are seeing this as another task to do and that's around a cultural shift.

Incentives- being paid is one thing, having control over the budgets is another.

Test and learn and giving more emphasis to the process and learning means more time for reflecting and learning. So good to hear this.

Life is complex. Risk generates fear in defensive litigation medicine. NHS 'treatment' vs Population Health.

Didn't they shut down DR Foster because the Doctors thought they were being criticised?

Trust has been eroded in everyone and all sectors.

Citizens Advice has seen more people coming to us for help with crisis support and energy problems than ever before. We have a cost of living briefing on the 11th November:

 https://www.eventbrite.co.uk/e/citizens-advice-november-cost-of-living-briefing-tickets-433538544457?aff=erelexpmlt

We'll be sharing new analysis on energy efficiency advice, COL trends etc. This is October´s dashboard:

https://public.flourish.studio/story/1634399/

Citizens Advice are SUCH a key partner for us in LSC. We could give a whole session to the transformational work CA are doing - absolutely amazing partner!

**SELECTION OF FEEDBACK**

- It's been fantastic to have this time to discuss health creation with you all - I've learnt and lot and it's reassuring to hear how much commitment there is for this across the country!

- Wonderful conversation - thank you for inviting me to be part. Merron / HCA / others - I'd be happy to share more about the work you're doing to join the dots if you could pls share or indeed happy to have more conversation. Andy & team + others - see you again either later this week or soon.

- Thanks for having us today - been a joy to be together - we are always learning. Great work for putting this all  together - thanks THCA!

- Thanks all - really interesting and insightful session

- Thank you - excellent session

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- Thank you everyone. Fascinating and insightful x++