



The Health Creation Alliance's submission to the Health and Social Care Select Committee's Prevention Inquiry: Call for Proposals 7 Feb 2023

The Committee should explore how Health Creation can be adopted and embedded across the whole health and social care system, particularly in places with the highest levels of poverty and poorest health outcomes.

To reduce health inequalities, all Integrated Care Systems (ICSs) and their constituent parts need to:

- recognise Health Creation as equally important in addressing health inequalities as the treatment of illness and prevention of ill-health
- adopt and embed Health Creation at place, neighbourhood and system levels as a routine way of working

The nature of the issue. Health Creation describes the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their lives and environments; when this happens their health and wellbeing is enhanced. There is plenty of evidence that this is the case. 'Pre-prevention' might be one way to describe Health Creation.

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. Control, Contact and Confidence are the 3Cs of Health Creation.

Prof Michael Marmot is clear: *"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).

Services can help create the conditions for people and communities to take control by adopting and embedding the six features of health creating practices within everyday practices:

- Listening and responding
- Truth-telling
- Strengths-focus
- Self-organising
- Reciprocity
- Power-sharing and power-shifting

These features are the things that communities consistently say makes the biggest difference to their health and wellbeing: these are the 'active ingredients' of [Health Creation](#).

Health Creation is happening in pockets everywhere; but most ICSs will not prioritise its wholesale adoption at a senior level until they are required to. Currently, there are very few drivers towards Health Creation across current policies, legislation, contracts, frameworks, assessment processes, maturity matrices.

At our conference, **Health Creation: *Coming of Age*** THCA demonstrated how Health Creation can support ICS development, Population Health Management, NHS Spaces, Core20PLUS5 and economic development by NHS anchors. This approach needs to be adopted wholesale. See:

- Feature in [National Health Executive](#)
- Videos from Coming of Age [sessions](#):

Health Creation deserves the committee's attention now because:

- It is a proven approach to reducing health inequalities
- It can reduce demand on health, social care and other services
- It enhances people's confidence and ability to address the wider determinants of health such as suitable housing and employment
- ICSs offer a rare opportunity to devolve power to and share power with communities.

This area would benefit from scrutiny because there are many pockets of good practice in Health Creation and increasing evidence of very positive impact across many different practices and activities. There are some common elements – The Health Creation Alliance has distilled these so they can be easily communicated, adopted and embedded – yet this idea of driving innovation by 'injecting' these common elements into service redesign has not yet widely caught on. Therefore, the scale, spread and significant benefits of Health Creation continue to elude the health and care system.

The government needs to take action because otherwise ICS and Place Leaders will remain narrowly focused on treating illness and on more immediate issues such as waiting lists. In Wigan, compulsory health creating training took place across the whole workforce leading to improved health outcomes and reduced demand for services. This approach is needed everywhere.

Government policy and leadership could be enhanced by:

- Redefining the purpose of the NHS – to treating illness + preventing ill-health + creating health
- Adopting Health Creation in all policies
- Requiring all ICSs to invest *a proportion of ICS budget to support health creating activity in communities with the highest levels of poverty and worst health outcomes*
- Requiring the NHS to adopt simple measures of Health Creation in performance monitoring

- Encouraging ICSs to substitute some national indicators for local indicators that have been co-produced with communities
- Making Health Creation explicit in all maturity matrices
- Actively supporting and funding independent organisations to scale and spread Health Creation
- A Community Power Act, like the Community Empowerment (Scotland) Act 2015, creating a statutory basis for Community Planning Partnerships.

THCA would be pleased to offer oral evidence at inquiry.

Contact: Merron Simpson: merron@thehealthcreationalliance.org