The leaders in Health Creation

# The Health Creation Alliance's submission

# to the NHS Assembly: NHS@75 Blog

## Introduction

The Health Creation Alliance (THCA) is very pleased and reassured that the NHS Assembly is undertaking this consultation exercise on the future of the NHS.

While the NHS is currently grappling with serious issues and pressures on many fronts, in reality it has been unsustainable for many years and is now in a difficult place where change is both more urgent and more difficult. In fact, the problems cannot be solved by the NHS alone; the good news is that there are many partners operating outside the NHS, including communities themselves, that can help. They can be part of the solution, helping to increase community agency and supporting new pathways to emerge and leading to enhanced community/population health but they can only do this if the right relationships can be developed with NHS and the right enabling conditions created.

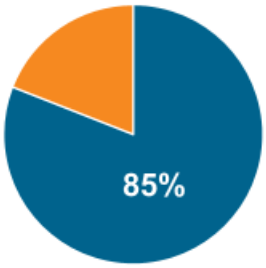
This relationship-based approach to better health and finding new solutions is what THCA calls 'Health Creation'. Our framing of the process through which Health Creation happens innately makes sense to a very wide range of people and there is a growing understanding of and recognition that Health Creation can play a significant part in addressing some of these issues. You can find more about how we frame Health Creation in our response to Q.3.

We have been working to raise awareness of Health Creation and to developing approaches to support implementation our approach for over seven years; we have made very significant progress over this time and have much to bring to this national conversation. We are a novel organisation operating principally as a cross-sector 'movement' with a growing membership of almost ~2,000 individuals from very diverse backgrounds, including people with lived experience and community leaders as well as many working at very senior levels in a variety of roles within the NHS. Here are a few examples of recent progress:

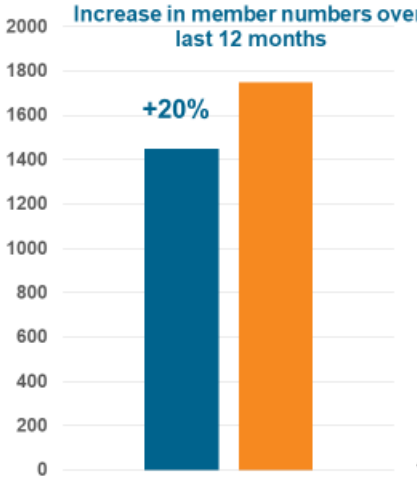
# Achievement highlights – *financial and membership*

The Health Creation Alliance

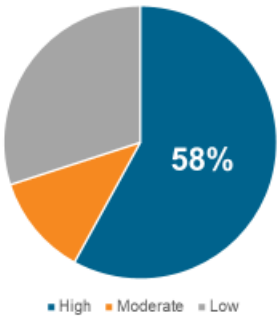
**Revenue against target**




**Increase in member numbers over last 12 months**




**Member engagement***




* As per Mailchimp analytics undertaken on 24 May 2023

# Achievement highlight – *a focus on three of our activities*

The Health Creation Alliance

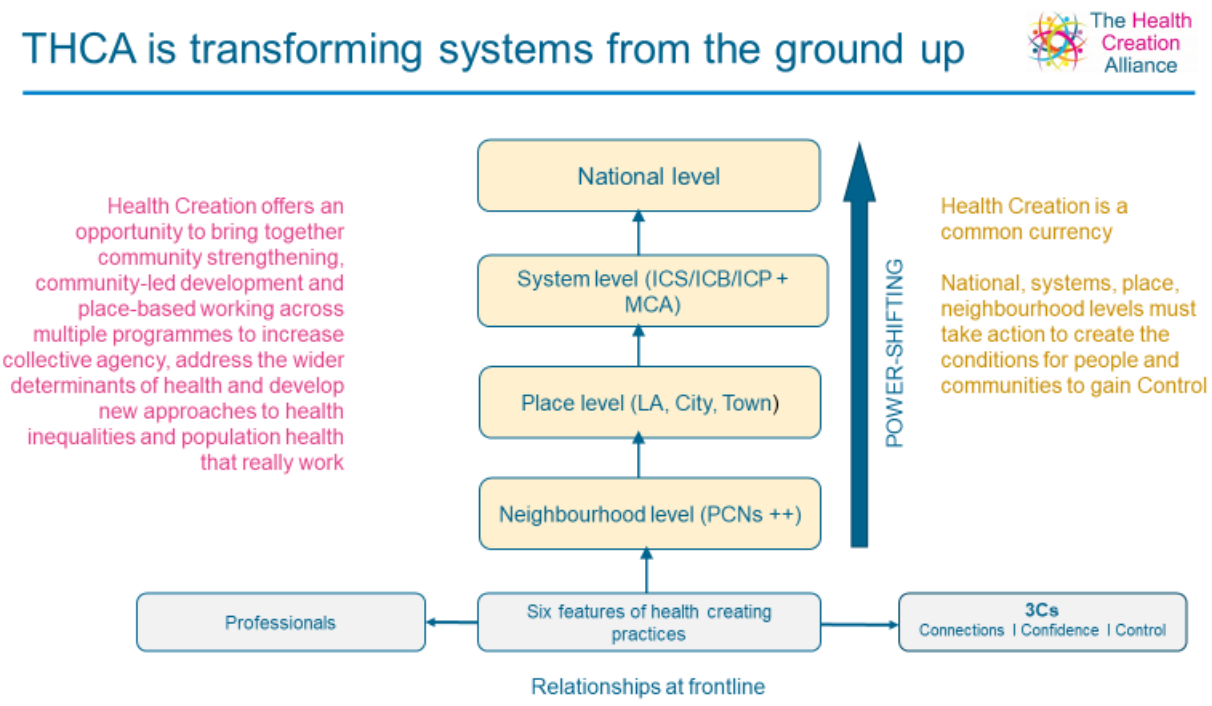

- Disseminated directly to 2,000+ people
- Opportunities to see 15,000+
- Over 400 downloads


**Surrey**

- Health Creation to reduce health inequalities Discovery Learning Programme
- Over 260 participants from half of PCNs

HEALTH CREATION: COMING OF AGE

- 7 sessions, 7 Chairs, 38 speakers, 15 panel members, contribution from 12 people with lived experience
- 3,500 visited event page, 1,000 registered interest and 500 attended
- 1.2 million media opportunities to see
- Five ´rich content´ event videos – over 215 views
- 16 calls to action




We are pleased to make this submission and were also delighted to have been invited to a recent breakfast meeting with Richard Meddings and Chris Hopson in April 2023. We hope it will be possible to build on this engagement with NHS England and to become a thinking partner, critical friend and to bring the vast and deep experience of our members to bear on this and to help to senior NHS leaders to think through what now needs to happen. We are future-facing, solutions focused and grounded in the lived experience of patients, people and communities. The 'appreciative' approach is part of our DNA; we celebrate the positive things that are being achieved, identify the best approaches, build on what is working and forge a new future from them.

You can find more about THCA in the appendix at the end of this submission.

THCA's ambition is for Health Creation to be at the centre of place-based health reforms, transforming systems from the ground up so that Health Creation becomes business as usual with equal focus to the treatment and prevention of ill-health.

**Contact: Merron Simpson, CEO: merron@thehealthcreationalliance.org**

## Q1: Where has the NHS come from?

### What features, developments or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary?

The community-based nature of the NHS's origins are important to celebrate and part of what the NHS needs to rediscover and strengthen. Aneurin Bevan used The Tredegar Medical Aid Society, set up by miners in 1890, to provide free healthcare for workers and

their families, as a blueprint. Today, developments in two related areas are required to regain that; the value and role of communities in creating health and how the NHS might be made accountable to the communities it serves.

The original purpose of the NHS – *"to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives", (*The NHS Constitution) remains good. However, it is not now fulfilling this purpose and neither can it do so alone; the NHS needs to rediscover this purpose and reimagine how to achieve it. Since only 10-20% of our health can be attributed to the healthcare we access, the NHS particularly needs to reimagine how it might relate to and work in partnership with others – including social care, housing, education, policing (and many more) and communities themselves – to deliver better population health through some of the other 80-90% of causal factors.

Many THCA members are forging different ways of working based on the principles of Health Creation. They have been developing new service models that offer better accessibility and experiences and that impact on the wider determinants of people's health. However, they are largely operating outside of the standard frameworks and incentivised practice and some are bending the rules (eg. social prescribing/ARRS rules) to work in a way that will deliver lasting improvement. THCA celebrates, showcases and spreads their work while also aiming to reshape systems to enable more of it.

COVID-19 – as well as placing immense pressure on the NHS and worsening health inequalities – also revealed how communities can become strong through connections and self-organising to serve people well. Both the NHS and 'patients' benefitted from communities' willingness to support the vaccination roll-out and this was particularly marked in underserved communities where trust levels are typically low and health outcomes poor. This should be celebrated and built on to fundamentally rework the NHS's relationship with the communities it serves. As one of our VCSE members said at the time: *"Primary care were prepared to talk (and flex the rules) because the system wasn't going to work any more. The shared problem meant there was a lower potential for problem-shunting. COVID-19 has made it possible for communities to drive things forward"*[1].

The clear willingness of NHS England to contemplate reworking the model, coupled with some recent new potential drivers for change – such as devolution, place-based working, changing how accountability works and working with people and communities – offers a huge opportunity to make the NHS fit for purpose again.

## Q2: Where is the NHS now?

The NHS is currently 'stuck' in a problem which has been exacerbated by the COVID-19 pandemic, financial and wider challenges, which is acting as a vicious cycle. Increases in poverty, mental ill-health, disconnectedness, hopelessness and, importantly reductions in

[1] Primary Care Networks and place-based working: addressing health inequalities in a COVID-19 world. A partners' perspective, by The Health Creation Alliance: Health Creation: How can Primary Care Networks succeed in reducing health inequalities? (thehealthcreationalliance.org) and presentation of the report: PCNs-and-HIs-a-Partner-Perspective-3-March-FINAL.pptx (live.com)

people feeling in control of their lives, caused by a raft of factors that are way beyond the NHS have, nevertheless, placed very significant additional pressures on it. The more the NHS focusses on addressing this, without a fundamental re-think about adopting a more health creating model, the more it could worsen the situation.

The National Assistance Act is also 75 this year and it is reasonable to question why an equivalent review is not taking place alongside this NHS review, given that some of the solutions to NHS sustainability lie in a well-functioning social care system. THCA and other movements like #Socialcarefutures are making a case for a health creating approach to social care and for it to be better funded through an investment-based model (rather than an extractive model). We urge more focus to be placed on social care as part of the solution to NHS sustainability.

The historic solution, to increase funding for the NHS, is no longer a solution because the layers of problems the NHS is now facing are placing too great a burden and the NHS budget is now taking too large a proportion of public spending (around 40%).

In any case, *"There's no pill for poverty"* (Dr Rochelle Burgess at a THCA meeting), so changing the model to make it possible for poverty and the wider determinants of health to be addressed is the only long-term solution. And this is where the Health Creation Alliance can help. We have been working in this space for over seven years supporting people to transform their thinking and practice – and having seen the impact of our efforts – believe it is time for the NHS as it turns 75 to embed this ethos and practice from its very core.

### Today, in which areas do you think the NHS is making progress?

There are pockets of inspirational good practice in many places, and THCA is in touch with many of them through our membership. Some of these are small scale while others are starting to grow beyond the pockets; where this is happening it is being driven by one or more individuals who have a good grasp of Health Creation, a vision for how best to grow the approach within their organisations and systems and also the right sort of leadership skills to enable a dispersed leadership model so that empowers people at all levels of systems.

This is happening in Lancashire and South Cumbria, West Yorkshire, Greater Manchester, Surrey Heartlands, Leicestershire Leicester and Rutland, Devon (and maybe others too).

THCA has been urging senior ICS leaders to spot the individuals working in this way in their own ICSs and get behind their efforts, asking them what they need to develop the approach further. We have also been empowering leaders across the system by showcasing how they can embed Health Creation within various national programmes such as Population Health Management and Core20PLUS5 including through our **Health Creation: *Coming of Age*** series of events in October 2022. A summary report of these was published in National Health Executive and you can find the videos from the sessions (including 'An Introduction to Health Creation') here: Health Creation: Coming of Age - The Health Creation Alliance

### Today, in which areas do you think the NHS most needs to improve?

Four things that need to happen that would support NHS to make the necessary changes to regain sustainability. They are the need to:

### *1. Shift the narrative and power to communities for Health Creation*

People who have poor health outcomes due to poverty, trauma, discrimination or where they live typically feel judged by services, including the NHS workforce, often through unconscious bias. This gets in the way of them 'digging deeper' to understand the real reasons people do the things they do, rather than make assumptions. It is also a barrier to them imagining that these people also have strengths that can be employed for the good of them and their communities. Conversely, shifting power to communities and enabling them to increase their individual and collective agency is proven to enhance health and wellbeing. One of THCA's 'lived experience' members recently said:

*"The way someone speaks to me can make such a big difference"*.

### *2. Invest in relationship building for Health Creation*

A huge barrier to the NHS making the necessary changes is the fact that relationships beyond the NHS (outside of the patient-doctor relationship that largely takes place within the surgery) are not historically or even currently valued or invested in. This is surprising given that one of the seven principles of the NHS is that 'The NHS works across organisational boundaries' (NHS Constitution). As a cross-sector organisation with extensive connections to sector leaders both within and outside the NHS, we can confirm that this is ***not*** the case.

In fact, only a small minority of the NHS workforce have woken up to the transformative power of relationships that create the potential for new order to emerge through constructive connections leading to coordinated action. This needs to change. Valuing and building relationships – with both communities (that are patients en masse) and other local partners – lies at the heart of that different way of working. This requires investment – in terms of time and money – to enable participation on well facilitated, good quality conversations that enable the emergence of new solutions (rather than a 'talking shop'). As one of THCA's PCN Clinical Lead members recently said:

*"Working with people from other sectors is enjoyable. You need to be in the conversations for all the other possibilities to emerge **…** but capacity is a problem".*

### *3. Equip the workforce with skills in Health Creation*

The NHS workforce is at breaking point partly due to bring overburdened and undervalued. However, the 'deficit based' nature of clinical, treatment-based work can also be demoralising, especially when communities are also struggling and feel hopeless to change their or their communities' lives. Our GP members tell us that having few 'asset based' tools to make the right change happen leaves the clinical workforces even more demoralised. THCA has found that equipping the workforce with skills in Health Creation and tools they can employ to create new solutions together with communities and other local partners is highly energising for many clinicians and workers in ancillary roles. A focus on relationship building in Lancs and South Cumbria has resulted in a significant increase in moral and

appreciation of the capacity and possibility that exists beyond the walls of the NHS and that is helping to turn the system around. This skillset is something that every NHS worker needs to be trained in – perhaps in their undergraduate healthcare professional training alongside their specialist role – to give people an insight into how they might embed Health Creation into their day-to-day practice. One contributor to a recent THCA event explained this:

*"Deficit language creates barriers and deficit behaviours; but shifting from deficit to asset model opens up a whole new range of possibility".*

***4. Make the case for investment in Health Creation outside the NHS***

The NHS is understandably nervous about getting into this space partly because of a concern that it might be saddled with responsibilities it doesn't have the resource, funding or power to deliver. However, Health Creation must be a collective effort and health professionals hold huge societal sway if they could develop the right narratives to persuade investment to be made 'upstream' where it might be possible to avoid people from becoming ill in the first place.

One example of this would be for the NHS to make the case for more investment in Health Creation and community strengthening outside the NHS, particularly in community development that leads quickly to community-led development. It is within the interests of the NHS to do so. One of our Local Authority Commissioner members described the problem saying: *"Community Development work is not valued, it's seen as 'nice to have', it's one of the roles that has disappeared. The whole system will grind to a halt if community development people aren't invested in".*

## What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?

Key lessons we have learned from our work to advance Health Creation include:

- ARRS roles need to be more flexible to allow more community-facing roles (social prescribers, care coordinators and health coaches are all essentially patient-facing roles and have limitations on their ability to work in the community space). This came out of our 2020 event series: Health Creation: How can Primary Care Networks succeed in reducing health inequalities? as well as later research.
- Incentives are required (eg. in the GP and DES Contract) to support the building of relationships with communities and non-NHS partners and collective action to address health inequalities … the (unincentivized) requirement was removed from the DES in late 2022 with consequences for our partners supporting the adoption of Health Creation by PCNs. It needs to be reinstated with incentives attached.
- Acute Trust financial incentives that reinforce bed occupancy need to be reoriented so that incentives instead promote patient flow, social value and working with communities that have poor health outcomes to enhance their social and economic chances. Community recruitment programmes, such as that being developed by the Northern

Care Alliance[2] will support Health Creation both directly and by helping shift the NHS workforce to being more reflective of the local community.

- NHS England needs to develop a new narrative for Population Health Management (PHM); the current narrative is resulting in an almost exclusive focus on quantitative data with very little if any mention of the importance of community insight and action in creating health. THCA has been working on reworking the PHM Roadmap so that it treats Health Creation as part of a package alongside PHM and Health Creation: Coming of Age Session 3 was focused entirely on this issue (see above link).
- NHS property/estate managers need to work closely with local communities to create spaces that support their health and wellbeing. We have published a lot of learning about how they can best do this within our recent report: Creating Spaces for Patient and Community Wellbeing that was commissioned by NHS Property Services: THCA_Creating community spaces for patient and community wellbeing_October 22

## Q3: How does the NHS best serve us into the future?

### What do you think should be the most important changes in the way that care is delivered, and health improved in the coming years?

Fundamentally, services must help create the conditions for people and communities to take control of their lives and environments. 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).

Seven years ago, THCA supported by its growing membership and C2, set out to bring clarity to the core question … 'what makes people and communities well?' This question led THCA to develop a powerful Framework for Health Creation that can aid translation into practice in many contexts and guide a whole-system approach to enhancing health and addressing health inequalities.

This framework of 3 Cs, 6 features and 4 relationships is a 'plumbline' against which any activity, innovation, service or approach can be measured. THCA has developed ways of measuring, on a scale of 1 to 10, how health creating a service or innovation is and of changing the way partners work to radically enhance services and outcomes for communities. As one of THCA member recently said *'If things are going right, the 6 features of health creating practices will be manifest'*.

We started by drawing on a broad range of wisdom gained from clinical, academic, sociological, economic and community leaders who have a long track record working to address inequality and transform health outcomes for people and place. We also dug deep, through myriad interactions with our diverse membership to understand more about the

[2] The Northern Care Alliance case study is included within this THCA publication: Health Creation: How can Primary Care Networks succeed in reducing health inequalities?

conditions that have made communities well. We distilled the essence of this into a pithy framework and have since gathered significant supporting evidence.

The framework consists of four elements, expanded below:

- a definition of Health Creation as a process
- the three Cs that describe how that process happens
- the six features of health creating practices, the condition-creating elements
- the four types of relationships to address the wider determinants of health and drivers of system transformation.

### *1. A definition 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 are enhanced.**

**(Hazel Stuteley OBE, 2014)**

### *2. The process – Connections, Confidence, Control*

Building meaningful and constructive **Connections** between people increases **Confidence** leading over time to greater **Control** over our lives and the determinants of our health; people also need an adequate income, suitable home, engaging occupation and meaningful future.

These are the three Cs (3Cs) of Health Creation – Connections, Confidence and Control describing a new way of conceptualising and drawing together a range of theories from Antonovsky, Frankl, Burns, Sen, Marmot and the Young Foundation (THCA, online). They have long been expressed in the health world by different names and are based on *salutogenesis* (Antonovsky, 1957), the ancient study of wellness as opposed to *pathogenesis*- the study of disease, reflecting the NHS predominant bio-chemical model of health since inception.

### **3.** *The six features of health creating practices*

Communities consistently tell us that there are six features that make the biggest difference to their health outcomes[3], and this is backed up by the evidence (Fujiwara, Hotopp, and Lawton, 2016). All six define a health creating dynamic in relationships between communities, service providers and decision-makers. The importance of getting the relationships right is expertly outlined by Hilary Cottam (in her book Radical Help, 2018).

[3] Reference Fujuwara impact report

Diligently embedding these six features of health creating practices into all our relationships and practices will help communities to take control and will support redesign of services and drive change across systems. They are:

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

These 6 features are the 'active ingredients' of Health Creation. See this link for a longer description of them.

### *4. The four types of relationships*

The 'relationship' challenge for Integrated Care Systems (ICSs) and their constituent parts is to focus not just building one relationship dynamic, but to building four relationship dynamics simultaneously:

- **Between community members** – this supports collective agency and community strengthening which is health creating
- **Between NHS and communities** – this enables a different conversation and the possibility for communities to play significant roles in creating health, in partnership with the NHS
- **Between other local partners[4] and communities** – this can provide routes into listening to communities that are mis-trustful of the NHS due to past bad experiences via trusted partners
- **Between NHS and other local partners** – this offers the possibility of better access to services that influence the wider determinants of health such as housing

## What would need to be in place to achieve these changes and ambitions?

Integrated Care Systems are supposed to enable the NHS to work more constructively with partners outside the NHS. However, the governance arrangements are complex with and Integrated Care Board, several Provider Collaboratives holding the power and much of the resource, while the Integrated Care Partnership and expressions of it at Place level are typically underfunded and seen as 'nice to have'. This needs to change.

The **Hewitt Review and Fuller Stocktake** together include some very useful new drivers for Health Creation to emerge (although they don't use that language; 'pre-prevention' might be one way to describe Health Creation). The Hewitt Review contains several paragraphs that refer to what is essentially Health Creation (eg. paras 2.31) as well as several recommendations that would potentially support its emergence. It gets close to recommending how one of the seven principles of the NHS *'The NHS is accountable to the public, communities and patients that is serves'* (NHS Constitution) might be achieved. As an

[4] Other local partners include, for example: police, education, housing, employment agencies, fire service, voluntary and community sector and local councils

organistaion that has many community leaders and people with lived experience, THCA can confirm that this community accountability is ***not*** currently happening.

However, the Hewitt review also makes an assumption that much public engagement can be achieved through upgrades to IT and Apps. Our experience from our lived experience members is that many of the most marginalised communities do not readily engage through these media and it is not typically a route for building trust. Then it comes to data and technology, however, there are ways in which IT can be used to free up clinician time so that more time can be spent on those communities who are less likely to be reached through these mechanisms.

When it comes to capital spend, **Health Creation should not come at an additional cost to the NHS**. The main costs are in training and development, investing in relationship building and providing protected time to learn and experience Health Creation. There is significant capacity already within the NHS that could be reoriented – eg. ARRS roles could be developed into more community facing, health creating roles. NHS workers do, however, need to know how to embed Health Creation within their day-to-day roles and how to redesign services to play roles alongside local partners.

It is critical that this is understood to be a change in *how* NHS organisations work rather than a new set of activities to be delivered.

**Communities themselves do need to be invested in and rewarded for their efforts** and the value they bring. Currently this is happening in a piecemeal way with many good health creating services facing closure due to insufficient funding and over-reliance on volunteers. We know of at least one ICSs that is working towards investing 1% of the total health budget into health creating community work to start to address the issues.

**THCA has clear ideas about how funding might be delivered in the right way to the right organisations**, using the Health Creation Framework to inform commissioning decisions. We would love to work with key partners who are thinking along similar lines to develop this out into a strong proposition that can be used widely by ICSs to target funds to the right places.

**There is also a need to redefine 'leadership'** – from hero leadership to a dispersed leadership model, seeing leaders as those people who make change happen, no matter where they are or at what level in the system. This needs to also include Community Leaders and Lived Experience Leaders with Health Creation being a key agent in developing emerging leaders for change from across the system.

**Adoption of a common language and approach** that all sectors can embrace and embed to support a shift to Health Creation and that makes sense to communities and people with lived experience. Several systems are now interested in the health creating approach, because our framework provides that possibility.

The following provides a short list of some additional asks – of NHSE and/or ICSs – that we believe could help to achieve these ambitions:

- **Requiring the NHS to adopt simple measures of Health Creation in performance monitoring**, such as measuring social capital.

- **Develop incentives and levers that support the practice and development of Health Creation** and co-production with communities across all professions. These could include:
    - A Community Power Act, like the Community Empowerment (Scotland) Act 2015, creating a statutory basis for Community Planning Partnerships.
    - Making Health Creation explicit in all maturity matrices
    - Every area to use an evidence-based community building model –for instance community development.
- **Invest in 'Community Health Creators'**: people with a track record in successful asset-based community development, leading to community-**led** development.
- **Enable an NHS workforce with the time, capacity and skills to be a real and valued partner to community-strengthening.**
- **Provide dedicated funding to strengthen the evidence-base for Health Creation.**
- **Health in All Policies**: require an assessment of the impact of every new government policy on people's health, before adopting it.
- **Encouraging ICSs to substitute some national indicators for local indicators** that have been co-produced with communities. Create new outcome measures based on the 3Cs, focusing on what matters to people.

### And finally, do you have one example of a brilliant way in which the NHS is working now which should be a bigger part of how we work in the future?

The Health Creation Alliance) has around 2000 active members and partners from across the UK health and care system, many of whom have been delivering transformational change to improve people's lives for many years through adopting and embedding Health Creation in their daily practices and programmes.  Much of this has gone under the radar.

The following are just a handful of examples that THCA has access to:

- Lewisham PCN: Predictive data-driven and health creating check-ups
- Lambeth Portuguese Wellbeing Partnership: community-based approaches to health Lambeth Portuguese Wellbeing Partnership - Ideas Alliance
- Oldham PCN: Focused Care What is Focused Care?
- Northern Care Alliance: community-led approaches to NHS recruitment
- TR14ers: creating health for young people: TR14ers | University of Exeter Medical School
- Falmouth Beacon Estate: Lighting the Way (c2connectingcommunities.co.uk)
- Sagal Osman, FGM Campaigner Health and wellbeing for all (gehw.org.uk)
- Growing Health Together; collaborating to co-create conditions in which everyone's health and wellbeing can flourish Growing Health Together
- Health Creating Population Health Management in Lancs and South Cumbria.

Other examples can be found

- within our publications: Publications | The Health Creation Alliance and
- throughout our latest conference, Health Creation: Coming of Age: Health Creation: Coming of Age | The Health Creation Alliance

## Appendix: About The Health Creation Alliance

The Health Creation Alliance (THCA) is the leading national cross-sector group addressing health inequalities through Health Creation.

We are professionals at many levels of seniority from many sectors, community leaders and people with lived experience of poverty, trauma and discrimination becoming leaders and we are working together to transform systems from the bottom up so that Health Creation becomes business as usual and recognised as equally important to treating illness and preventing ill health.

Our mission is to increase the number of years people live in good health in *every* community. We achieve this by:

- Drawing on our members' extensive connections to identify and showcase the best Health Creation practice;
- Employing our expertise in thinking things through with others, digging deep to find the real answers and widely disseminating the findings through events, publications and other communications, assisted by our members and partners
- Connecting the voice of lived experience to people setting the policies and designing systems and services;
- Employ our powerful frameworks to raise awareness of what actually creates health and help organisations and partnerships to redesign services with communities – including of clinical and treatment services
- Equip and develop emerging community, lived experience, service and systems leaders in many settings with skills in Health Creation
- Establish 'Health Creation Networks' energising and empowering professionals from diverse backgrounds, community members and people with lived experience to learn from and lead with each other and take action together
- Create the space and set the conditions for partners to organise optimally to achieve the best outcomes
- Raise the profile and status of Health Creation and help national policy makers, systems leaders and practitioners to appreciate its central role in the fight for health equity.

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