Section 4: Whole system change to reduce health inequity

The Health and Care Act 2022 places new duties on ICBs and NHS Trusts and Foundation Trusts to have regard to the need to reduce inequalities between patients in terms of access to and outcomes from health services, as well as a duty to promote integration where this would help to reduce those inequalities. This, together with the duty to cooperate between NHS bodies and local authorities, and supported by partners through Integrated Care Partnerships, should help reduce inequalities.

Integrated Care Systems have considerable autonomy and flexibility in how they work to achieve these legal requirements, and the requirements in Principles 5 and 7 of the NHS Constitution, as they take the reins from the centre through devolved decision-making.

Principle 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population

Principle 7. The NHS is accountable to the public, communities and patients that it serves

They become more achievable as ICSs and their constituent parts particularly where they decide that they make it possible for decision-making to be informed by coherent narratives from the ground-up, around which all partners can coalesce.

Those that go furthest will realise that action to reduce inequalities of access to and outcomes from health services does not take them far enough; they need to go deeper and address health inequity – the causes of the causes of avoidable excess illness – if they are to make a sufficiently large impact to knock the NHS and Social Care off its current negative trajectory and turn it around to delivering improved population health.

"You can often do more than you think you can in a situation."

Prof Kevin Fenton
speaking at the IHE Health Equity Network Meeting, 5 Oct 2023.

In the THCA publication **Addressing national health inequalities priorities by taking a health creating approach**[39]*, we showcase exemplars who are taking a health creating approach to NHS England's five health inequalities priorities: Restore NHS services inclusively, Mitigate against digital exclusion, Ensure datasets are complete and timely, Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes, Strengthen leadership and accountability.*

A health creating approach to system change

A system that is working towards being a health creating one:

Is in continuous dialogue with communities, creating an ongoing conversation that drives what happens in a place.
Listening & responding

Looks through the community lens to understand the causes of the causes of health inequity.
Truth-telling

Identifies and plays to community strengths, and develops lived experience leaders.
Strengths-focus

Invests in community development to connect people and strengthen communities.
Self-organising

Develops a health creating ecosystem; partnerships of equals where people and communities work with the full range of statutory partners and agencies to design, develop and deliver solutions.
Reciprocity

Invests in health creating social infrastructure, led by communities.
Power-shifting/Sharing

Continuous dialogue, an ongoing conversation with communities (listening and responding)

Systems need to consciously and deliberately build in time and mechanisms to connect with community networks, listen and to develop a culture of willingness to take on board the implications of what they hear and for it to inform decision-making. This then becomes a relationship in which listening and responding becomes a routine part of an ongoing conversation. Examples of infrastructure and mechanisms for doing this include: Community walkabouts, Listening events, Citizens' Assemblies, Poverty and Truth Commissions, People's Parliaments.

"I have passed honest feedback to a local charity and am now part of its advisory team. I have listened to a group from the local community and understood the range of needs they have and how they interact together. I have assured people of their strengths and how their different roles come together. That has led to witnessing how they have formed their own group."

THCA programme participant

Looking through the community lens (truth-telling)

Community conversations provide a platform for openness and candour between communities and system partners. Seeing the world through the community lens involves gaining a deep understanding of what life is like for a given community and how its history, customs and social norms have shaped it, as well as the problems that hold it back. Sharing quantitative data with communities helps with interpretation, adding depth of insight through bringing a community-lens perspective on it. It also makes it possible for ICSs to reframe their whole approach, if the will is there.

"We need to get to the stage where ICB Boards, Providers, services users and their families have essentially the same agenda."

Interviewee in a THCA project

Identifying and playing to community and partner strengths (strengths-focus)

Health creating systems go further than co-producing or co-creating services with communities. They look for strengths within communities; they encourage development of skills and community leadership; they invest to develop the strengths, for example by commissioning community-led organisations, so that communities are enabled to become major partners. They also look for strengths in other local organisations to explore better partnership working. They don't overlook people's or organisations' potential because they have deficits or because they are different. Rather they develop lived experience leaders helping them to overcome or work around the things that hold them back so they can achieve their goals in life. They offer new routes into employment. They explore how they might work differently and the fit with another organisation to enable communities to take control and achieve shared goals.

Investing in connecting people (self-organising)

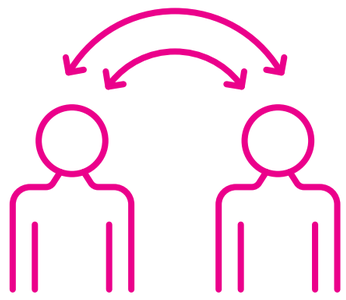
Some communities are already well connected while others are much more disconnected with weaker social ties. Connected communities are strong communities; people look out for each other, take action together and there is greater confidence and collective agency to advocate for themselves. A community connector or development presence is needed in every place and especially in neighbourhoods that have low levels of social capital and infrastructure. This must lead to communities taking control and taking on leadership roles to strengthen their own communities if it is to have lasting impact on health in the place.

"Personally, the relationship with the community is one of the things that energises me, excites me and fills me with hope. Without Nina [the community development worker] and the Crafty Fox Café I would definitely be a much less effective GP."

Interviewee in a THCA project

Developing a health creating ecosystem (reciprocity)

A well-functioning ecosystem is one in which all partners, including communities, are enjoying mature, sophisticated, trusting relationships and taking coordinated action that play to strengths and minimise gaps. They embrace all levels – including Multi-Disciplinary Teams, Primary Care Networks, Integrated Neighbourhood Teams, Place Alliances, Integrated Care Partnerships – and the connection and coordination between the levels. They also include NHS Trusts – Acute, Community, Mental Health and Ambulance Trusts. These relationships are necessary to give people access to solutions that address causes relating to the wider determinants of health. They can also lead to a wide range of possible solutions – new services, pathways, ways of working – that blend the formal and informal and in which different communities become stakeholders.



The THCA publication **Primary Care Networks and place-based working: addressing health inequalities in a COVID-19 world; a partners' perspective**[40] *offers a perspective from local partners working to address health inequalities outside the NHS on how primary care, enabled by Primary Care Networks, might develop as part of a broader ecosystem.*

"I would recommend those involved in Primary Care Networks across the country, as well as those who fund and review their work, to read THCA's reports, take on board this approach and work with THCA and their partners towards recognising and embracing communities as the space for Health Creation."

Dr James Matheson,
Ex-Chair,
RCGP Health Inequalities Standing Group

Investing in health creating infrastructure (power-shifting)

Whenever communities take the lead and are adequately resourced, they are more likely to create outputs that are highly valued by communities; they are well placed to address health inequity as long as they have the tools to do so. Health creating infrastructure comprises the full range of assets in a place that are of high value to communities and that are accessed by people enabling them to take control of their lives and attain their right to the best possible health. Communities are best placed to tell you which assets are of high value to them and you should invite them to undertake any asset-mapping you are planning. Sometimes referred to as 'social infrastructure', these assets typically include:

- Human assets – community networks
- Basic assets – such as healthy food
- Physical assets – such as community centres
- Creative assets – such as arts, music
- 'Health' assets – such as green spaces
- Human rights – including our right to health

Integrated Care Systems should commit to investing at least 1% of the overall health budget into building community infrastructure for Health Creation and increasing this investment year on year.

- *Invest in existing 'community connecting' programmes such as the Core20PLUS Connectors Programme.*
- *Commission and devolve funding to community-led grass-roots organisations.*
- *Adopt Participatory Budgeting, a democratic process in which community members decide how to spend part of a public budget.*
- *Practice collaborative commissioning.*
- *Trust community-led groups with larger sums of money once you are confident they handle small sums well.*
- *Offer match-funding to get behind community-led projects to augment community-secured funds.*
- *Resource the small things as a matter of course because having the flexibility to respond to specific needs in the moment will save money.*

Using the Framework for Health Creation to support whole system change

> *"You can't just ask practitioners to do this… we need to change the wider system conditions that make it possible and achievable, and that requires ongoing feedback to the system."*
>
> *THCA client*

The Framework for Health Creation offers a common currency, language and 'backbone' that helps unite and align all partners in the change process. It helps partners to shift from being a 'talking shop' giving direction and flow to relationship-building and collective action enabling a new health creating ecosystem to emerge.

The Framework underpins The THCA´S approach to supporting system change. As a cross-sector organisation, we reframe the core elements to make it meaningful to different sectors and organisations.

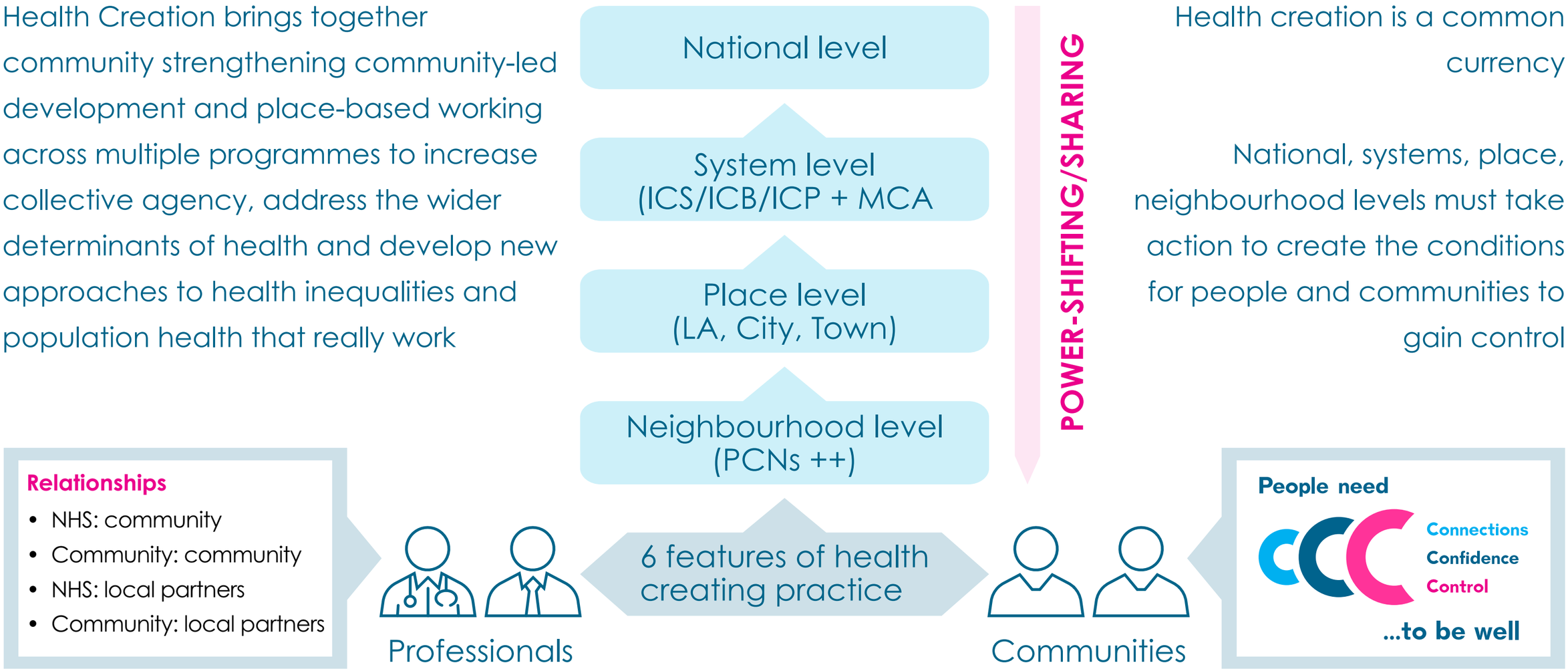
Systems increasingly use data to prioritise their activity; communities of geography (priority neighbourhoods) and communities of identity, for who health outcomes are poorest. It is entirely appropriate to adopt the Health Creation approach with these communities as a matter of priority; where data are shared with communities and other local partners a much richer picture about the reasons behind poor health outcomes emerges and solutions can be found that build on and enhance community strengths.

The Framework can be applied in many ways and by many different groups to support a shift to a health creating approach. It helps systems to navigate complexity and is itself an asset based, appreciative process enabling partners to build on and enhance the work they are already doing. It is flexible, offering many starting points making it useful to every neighbourhood, place, system.

We use it to:	We use it with:
Support sense-making	Community members working with each other
Guide learning	Community organisations working with community members
Raise awareness of how health is created	Communities and professionals working together
Redesign clinical services or pathways	Professionals working with each other
Support place partners to connect and organise as equal partners	Professional working together across sectors to drive integration
Measure or assess health creating relationships and practices	Organisations
Guide commissioning decisions	Partnerships

Summary overview for changing systems from the gound up.

Health Creation brings together community strengthening community-led development and place-based working across multiple programmes to increase collective agency, address the wider determinants of health and develop new approaches to health inequalities and population health that really work



Health creation is a common currency

National, systems, place, neighbourhood levels must take action to create the conditions for people and communities to gain control

The Framework for Health Creation and Statutory Guidance

Working in partnership with people and communities[41] is the statutory guidance for integrated care boards, NHS trusts and foundation trusts and policy for NHS England. It supports them meet their public involvement legal duties and the new 'triple aim' of better health and wellbeing, improved quality of services and the sustainable use of resources.

The guidance sets out how working with people and communities supports the wider objectives of integration including population health management, personalisation of care and support, addressing health inequalities and improving quality. It supports organisations to build collaborative and meaningful partnerships that start with people and focus on what really matters to our communities.

The Framework for Health Creation complements this guidance well and it can take you further in support of health creating communities.

Three of the six features of health creating practices focus on:

- actively identifying the strengths within communities
- supporting community members to self-organise to gain collectively agency
- shifting power to and sharing power with communities, enabling them to lead alongside statutory services

Adopting a health creating approach will satisfy the requirements of the statutory guidance while taking you beyond co-production to build the community capacity, ecosystem and assets that will enable communities to lead on programmes that are right for their communities.

EXAMPLE: A People's Parliament: Roundhouse

Example of THCA supporting emergence of a credible, powerful community voice

In 2022, The Health Creation Alliance was commissioned by Tees Esk and Wear Valleys NHS Foundation Trust to explore models for a People's Parliament to better represent the views of people who have experience of poverty, trauma and discrimination that has affected their mental wellbeing, to decision-makers and to become a focus for coproduction.

THCA invited views from senior professionals and lived experience stakeholders across North Yorkshire, enabled deliberation on interim findings and built a consensus for change from the insights gained. The 'prototype Parliament' – that would be led by people with lived experience, connected to the many lived experience groups already operating across North Yorkshire and work towards building coherence (rather than fragmented) narratives – gained wide support. The concept is now called 'Roundhouse' to reflect the inclusive rather than transactional nature of the discussions they intend to support and it has received funding to support its establishment.

Because of the inclusive approach taken to building the prototype and Roundhouse's commitment to building coherent narratives that knit together the many diverse views, it is anticipated that this will be of high value to senior decision-makers across North Yorkshire.

Health Creating Population Health Management – a driver for system change

As a cross-sector organisation The Health Creation Alliance is practiced at framing and reframing the approach for different sectors and audiences driving coherence across whole systems.

Below is one example of how THCA supported whole system change in Surrey, through presenting Population Health Management (PHM) as part of a package alongside Health Creation.

Recognising that quantitative data tells only a partial story and provides insufficient insight into problems and solutions. Community conversations, stimulated by sharing data about communities with them, are additional source of insight; they will elucidate the underlying reasons for problems and they will points to solutions that are more likely to work.

EXAMPLE: A health creating approach to Population Health Management – Surrey Heartlands

Example of THCA enabling ICS leaders to drive whole system change

The Health Creation Alliance, working with Surrey County Council, offered insights to help shape Surrey's approach to PHM so that their capability in developing empowered and thriving communities through Health Creation was dovetailed into the increased analytics capability.

Firstly, we framed Health Creation in relation to the '4 Is' of PHM – Infrastructure, Intelligence, Interventions, Incentives (see below). We then:

- Encouraged the PHM team to embrace Health Creation as part of the PHM approach
- Supported increasing the capability of PHM analytics in identifying need utilising community insights and supporting community-led solutions
- Supported the conceptual alignment of PHM with Health Creation using the 4 Is framework to drive and measure progress
- Contributed to a Surrey Heartlands Population Health Management Summit to set out and test the response to the above approach
- Advised on how Health Creation might be embedded into their PHM Roadmap and integrated with wider approaches

At least three ICSs have found this useful as a framework for developing out a full health creating approach into their PHM programme

Population Health Management +
Health Creation: Empowered and Thriving Communities

The 4 Is

Infrastructure	Intelligence	Interventions	Incentives
• Shared and effective leadership • Defining the population in question • Agreed Information governance • Basic elementals of digital and data infrastructure.	• Understand population need. • Use tools and techniques to align need (”who”) with effective interventions (”what and “how”).	• Build from the learnings of the analytics to make decisions on the services provided to the public • Identify effective, evidence based interventiones and implement them	• Align payments and incentives around the needs of the population rather than around organisational boundaries.
• A workforce with skills and time to listen, hold conversations, build trust with communities • Leadership capability that enables systems to respond to communities • Equip communities with research skills to support PHM	• Share anonymised data with communities • Seek community insight to interpret ‘why’ • Work with communities to reach unregistered people and fill gaps in the data	• Draw on the communities’ many strengths and direct interest in better community health • Hold ongoing conversations with communities • Enable communities to participate in delivering which creates health	• Remunerate community members for their contributions • Invest financially in Key Neighbourhoods and communities of identity

“The data we have are skewed by the same biases of the system that has contributed to the disadvantage in the first place. What we think we know from the data is less important than the local context. We need to build community insight in to give a 3-D perspective on the community.”

James Palmer, Programme Lead,
Population Health Management, Surrey Heartlands ICS

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