

Section 6: Removing barriers to Health Creation

There are many barriers to Health Creation and to whole system change. To aid exploration of them, we have divided them into four categories:

- communities' barriers
- system barriers
- structural discrimination
- national policy barriers

We explore these further below.

"The truth-telling aspect was the most important as health practitioners didn't realise the barriers they were inadvertently putting up that prevented other colleagues from helping them."

THCA programme participant

Changing systems from the ground-up

Health Creation is not magical thinking and it is not a programme; rather it offers a respectful way to work with communities and other local partners on their terms.

People and communities are not always ready to engage and work with system partners to drive change and this can be for a variety of reasons, three of which are offered below.

- **Deep distrust and disillusionment:** There can be deep layers of misunderstanding and distrust from previous unjust experiences and these can obstruct efforts to engage. We frequently hear of instances of abuses of power, injustices and discrimination faced by different communities and individuals from those communities and a weariness of trying to be heard. These can lead to intense anger, feelings of hopelessness, disillusionment and/or fear of engagement with services. Some communities become more self-sufficient as a result while others more fragmented. Either way, this can impact on communities' appetite for engagement with services. Trust can be built but it needs to be done carefully and it takes time and patience; unfortunately, insufficient attention and priority are often afforded to both of these.

- **Communities under stress:** Communities under stress are not always very receptive. Extreme day-to-day pressures, such as those experienced due to the Cost-of-Living crisis, can severely limit their capacity for connection, confidence building and work against communities taking control. This is why we are pressing a new Government to put in place measures that allow people to access the basics in life; people need an adequate income, a suitable home, and engaging occupation and a meaningful future. Not being able to access these things can compromise efforts to create health.

- **Inappropriate style of engagement on offer:** Too often, the type or style of engagement on offer is not appealing, lacks coherence or doesn't go deep enough. People are fed up of having to attend meetings where they feel they are not heard or where the system is too fragmented or too rigid to respond adequately. 'Coproductio

"At the heart of all this there are disturbing themes around culture, hierarchy, power imbalances and institutional defensiveness."⁴³

*Patient experience: who is listening?
The King's Fund*



EXAMPLE: Trust-building for health creation in an acute trust



Example from a THCA Member

The Northern Care Alliance (NCA) NHS Foundation Trust wanted to redesign its approach to recruitment to employ more people from wards that are high on the Index of Multiple Deprivation. First, it needed to understand why the NHS is not already a significant employer among the local community.

Recognising deep distrust among the local community, the 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 in-depth conversations with people who would not normally come forward; around 60% were from communities that experience racism. The community helped to determine perceived barriers to employment, discover potential solutions and design ways to increase trust.

The NCA responded to what they had heard, working with the community. Notable 'trust-building' steps included:

- Two 'pre-employment' programmes in partnership with community-based organisations, including a mosque, who help to find and recruit participants
- Holding the programmes within the community
- Delivering the same ethnicity and diversity (E&D) training that NCA staff attend (people had asked "What's your E&D policy and training?")
- Guaranteed tailored two-week work experience for everyone who completes the course
- Removing the need for a formal job interview for people who have completed the pre-employment programme, which is seen as equivalent to the minimum GCSE requirement

Three weeks into the first cohort, a second 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. The NCA has made a good start on its target to increase the number of people it employs from the local community, from 45% in 2019 to over 60% in 2024, a year ahead of its initial ambition.

Unpicking system barriers and avoiding introducing new barriers

The Kings Fund report Making Care Closer to Home a Reality⁴⁴ is helpful in setting out some of the system barriers to change; it also offers some solutions.

"The failure to grow and invest in primary and community health and care services ranks as one of the most significant and long-running failures of policy and implementation in the NHS and social care for more than 30 years."

Making Care Closer to Home a Reality

Barriers include:

- Lack of an agreed vision: Is it cost savings? Reducing demand? Better experiences and outcomes for service users? Improved alignment/integration? Population health? Prevention? Tackling health inequalities?
- Difficulty evidencing qualitative outcomes (e.g. better experience, better health) and a tendency to couch qualitative outcomes in terms of cost-savings and demand reductions to meet system preoccupations

"A wholesale shift [is needed] in the focus towards primary and community health and care across the domains of leadership, culture and implementation. This will free up every sector to provide the care that it is best equipped to deliver."

Making Care Closer to Home a Reality

Solutions include:

- Complexity leadership: Change leaders who value and actively seek other perspectives, hold space and risk, embrace change, especially different power dynamics, and put people first
- Devolution: of trust, budgets, decision-making to ICSs, senior leaders, staff, frontline. Less system direction from NHS England and politicians. Design from the ground up

New approaches to managing operations in healthcare are at risk of making the situation worse. Digital and technological 'solutions' are too quickly viewed as a means of reducing demand when we know that relationship-based care is what works best for many people and that human connection helps people to stay well. These technologies, including Artificial Intelligence, must be employed carefully and in such a way that they support Health Creation rather than disrupt it.

We invite you to take a critical and systematic approach to spotting and removing barriers to Health Creation:

- uncover and articulate the challenges
- identify opportunities and levers for change
- take action to remove, minimise or overcome barriers
- create an ethos for continuous improvement to health creating services and pathways that optimally blend the informal and formal elements

Rather than hide them from public view, the invitation is to talk about these barriers with communities and ask them to help you to find solutions. This helps build trust as communities grow in their understanding of the barriers you are facing to working differently; and there is every chance that they could offer insights and ideas that lead to solutions and support to bring them about that you hadn't previously imagined.

"The NHS needs to get into getting into stopping things that aren't very effective."

Matthew Taylor, CEO, NHS Confederation

This is a significant part of the leadership challenge (covered in more depth in Section 6).

Addressing structural discrimination

Discrimination comes about as a result of 'othering' other people while structural discrimination is linked to power relationships between the majority and the minority in organisations and systems. Stereotyping or having a preconceived idea about what a particular type of person is like, is a feature of discrimination and categorising people into fixed or narrow groupings can inadvertently reinforce stereotypes. Our systems are set up to categorise people and this can lead to inaccurate views about groups or communities that prevents a person or community being related to as the people they are.

Taking action to shift the balance of power that underpins inequality is important. Health Creation offers a way for systems to surface the need to do that so that it becomes conscious and systematic, because power-shifting and power-sharing are core to the approach. Working with people and communities, colleagues and other local organisations as equal partners, listening and responding, truth-telling, discovering and playing to strengths in a reciprocal arrangement helps to embed respect for people. It also helps to create psychologically safe spaces for conversations that allow new insights to emerge. Bringing a consciously 'intersectional lens' to everything we do respects people's many identities and encourages connecting with others through a range of common bonds or interests. The goal is for everyone to 'be seen' for who they truly are, fostering a sense of acceptance, purpose and belonging.

Adopting health creating values and undertaking regular assessments against them can help to raise awareness of what is required. Ultimately, however, addressing structural discrimination of all types needs to be accompanied by conscious, deliberate and systematic anti-discriminatory action across everything an organisation or system does.

Removing local and national policy barriers through advocacy

There are many barriers to Health Creation that have their roots in local and national policies. They diminish people's ability to connect, gain confidence and take control of their lives and make local efforts to shift to a more health creating way of working less impactful.

Professionals can be advocates, standing with their communities to effect necessary change.

EXAMPLE: Standing with patients as advocates for action on the wider determinants



Example from a THCA member

Four years ago, North Lewisham Primary Care Network (PCN) co-designed and launched a community forum. The purpose was to enable local partners to have ongoing conversations with community members about the drivers of health inequalities and to codesign services to better meet communities' needs. This model for PCN-based community collaboration on health inequalities, driven by a PCN Lead for Health Equity, has been rolled out and funded in Lewisham as part of the Lewisham Health Equity Plan.

Through a separate organisation, Lewisham Citizens, inadequate housing emerged as a priority for action and led to a community-powered campaign to raise the profile of the issues. A group of head teachers joined the campaign as they were seeing the impact of poor housing on their pupils. This led Lewisham Health Equity Fellows (HEFs) to mobilise GPs to take a stand on housing and join the local campaign, having also witnessed the negative impact that poor housing has on their patients' health. They drafted a letter to the Mayor requesting a more strategic approach to the issues that was signed by 26 GPs across Lewisham. The HEFs joined headteachers, faith leaders and other community members in a march to deliver the letter in person to the Council; they intend to continue work with the Council on securing more healthy, suitable and secure housing that better meets patients' needs.

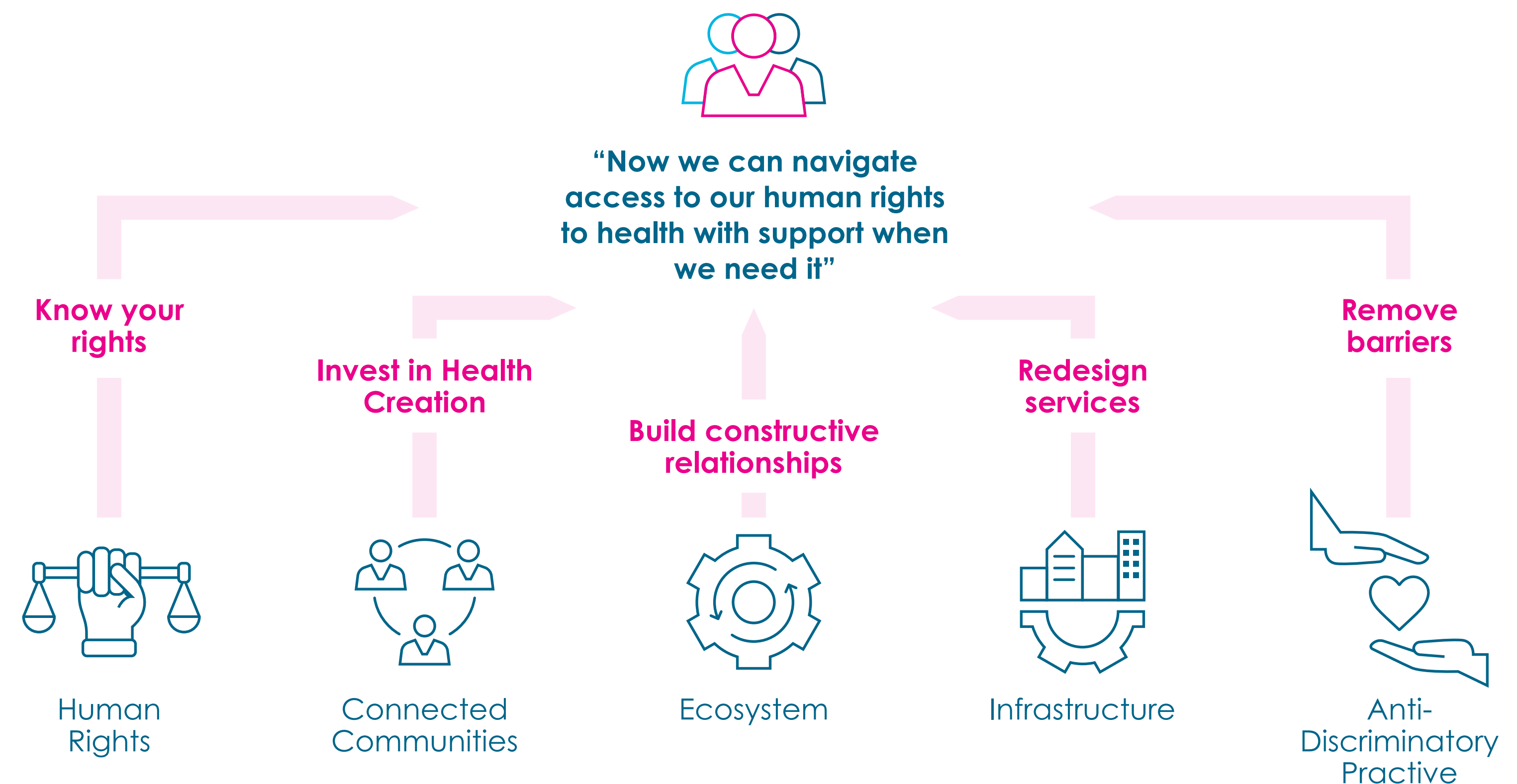


Four asks of a new Government to remove significant barriers to Health Creation

We have chosen four national policy areas where we believe current policies are having a very negative effect on many people and communities everywhere. They are obstructing efforts to create health, compromising population health and are holding our nation back. Action on these would help to reduce social and health inequity and indirectly support whole system transformation.

- **Ensure everyone can secure an adequate income to live with dignity:** Austerity coupled with the cost-of-living crisis has made it increasingly difficult for people to make ends meet, day-to-day. Poverty and child poverty have increased and this is caused by unfair distribution of resources. We are calling for a new Government to redress this imbalance in personal resources and to make it possible for everyone to be able to afford the essentials in life to live with dignity.
- **Stop using 'hostile environments' and policies that exclude people to reduce demand for services and resources:** It sets up unfair access routes making it impossible for some people in the UK to gain access to the best health attainable; it could even be unlawful. These practices devalue people, negating their status as citizens and the possibility of access to a meaningful future.
- **End the extraction of provider profit on in-patient Mental Health, Children's Care and Older People's Care.** Private providers are now mainstream in social care, especially forms of care that include accommodation as part of the care package. But there is increasing evidence that providers are extracting large profits at the expense of quality care. A better balance is needed between the state's responsibility for the care of its citizens and the use of private resources and investment.
- **Adopt a stronger framework for addressing quality of housing and management in the private rented sector:** The quality of private rented sector homes has been poor for many years. While the Social Housing Regulator is introducing changes in April 2024 to strengthen the accountability of social landlords for providing safe homes, quality services and treating tenants with respect, there is no commitment to equivalent regulation for private sector homes. Our ask, therefore, focuses on adopting a stronger national framework for addressing quality in this sector specifically.

Health Creation : Driving whole system change to reduce health inequity



Everyone sharing power and driving cultural change

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