Section 3: The process of 'creating health'

While the problem of preventable illness is immense, the good news is that there are ways of addressing and reducing it, through Health Creation.

Health Creation offers an asset-based paradigm for health; the notion that health can be made, created, not just maintained (or illness treated) through traditional healthcare. While 'health is created' all the time naturally and organically, the mechanisms by which this happens have been largely hidden from view. Perhaps because of this there has been scant focus within public policy on how public services might play their part in creating the conditions for health to be created as a formal part of their job roles.

Thanks to the work of a handful of pioneers, including Lord Nigel Crisp and Hazel Stuteley OBE, there has been a resurgence of interest in understanding how to create health. Over the last eight years, the THCA has put its efforts into to making the invisible visible so that the mechanisms by which health is created can be seen and understood by more people. We have also curated the wisdom we gather to fashion frameworks and approaches that we use to support change in different parts of systems.

Definitions of Health Creation

"Providing the conditions in which people can be healthy and helping them to be so … helping create resilient, confident, capable and healthy individuals."

Lord Nigel Crisp,
Health is made at Home, 2020

Health Creation is the process through which individuals and communities gain a sense of purpose, hope, coherence, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing are enhanced.

Hazel Stuteley,
OBE, 2014

Looking through the community lens at what creates health

Creating health as a route to addressing preventable illness is most clearly understood and appreciated by looking through the lens of the people and communities who have poorer health outcomes, experience of poverty, trauma or discrimination. Doing this enables us to see some common elements of people's experiences – the power imbalances and injustices – that lead to disconnection and that affect many different aspects of their lives and that can make people ill. It allows us to name them and to start to understand and then to address them in a way that is relevant and coherent from the perspective of the affected communities. It requires us to maintain a focus on people's human rights while at the same time working with and alongside them to find the best route for them to access those rights.

This is very different from the predominant 'service lens' approach that has resulted in an unconnected service offer and fragmented experience for many people and communities.

Some of the roots of Health Creation

In addition to drawing on the experiences and insights of people with lived experience, Health Creation as a concept draws on wisdom and insights of individuals from a wide range of disciplines who have been working over decades to address inequality and support people to change their and their communities' lives. This includes clinical practitioners, sociologists, economists, psychiatrists and community leaders.

For our 2017 Manifesto, we drew on both these sources – lived experience and the published work of the following individuals:

- **Aaron Antonovsky**, an American sociologist who talked about helping people to manage and reduce chronic stress (and the impact this has on health). He put forward a theory called 'a sense of coherence' which said that people could stave off the worst effects of stress if their lives are comprehensible, manageable and meaningful. He also proposed a Salutogenic Model of Health as a theory to guide health promotion.[28]

- **Viktor Frankl**, a psychiatrist who sought to understand why some people had survived the German concentration camps during the Second World War, concluding – by quoting Nietzsche – "He who has a why to live for can bear with almost any how"– i.e. the importance of a life with meaning.[29]

- **Sir Harry Burns**, the former Chief Medical Officer for Scotland, who spoke often about his experiences of working at Glasgow Royal Infirmary as a surgeon, observing that his working-class patients healed more slowly than others. Absorbing the work of others, such as Frankl and Antonovsky, he thought that some of what he saw was down to a lack of resilience, meaning and purpose in men's lives when the shipyards of Glasgow closed.[30]

- **Amartya Sen**, an Indian economist, philosopher and Nobel prize winner who developed an approach that focuses on the moral significance of individuals' capability to achieve a life they have reason to value. This is defined in terms of their agency and valuable 'beings and doings' like being in good health or having loving relationships with others to which they have real access. For example, 'poverty' is understood as deprivation in the capability to live a good life, and 'development' is understood as capability expansion.[31]

- **The Young Foundation**, in 2008, studied how neighbourliness strengthens community resilience. They found the strongest communities are those in which residents are able to influence decisions affecting them and their neighbourhoods, where there is regular contact between neighbours and where residents gain the confidence to exercise control over their circumstances.[32]

- **Lord Nigel Crisp**, a cross-bench peer and former CEO of the NHS. Nigel aligns Health Creation with concepts of 'human flourishing' describing a process where people and communities 'move towards health' through the constructive relationships with family, friends, teachers and others. It offers a means for people to connect, organise and empower themselves. This is a key argument made in his book 'Health is made at home'.[33]

In essence, Health Creation is a way of conceptualising and drawing together a range of theories and approaches that 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 that reflects the NHS predominant bio-chemical model of health since inception.[28]

It is this body of work coupled with our members' experiences that led THCA to articulate the 3Cs of health creation – **Connections** leading to **Confidence** and **Control** – and to test them further with people with lived-experience. Whenever people have the opportunity to connect meaningfully with other people, or with different aspects of themselves, in a way that feels natural and organic to them, there is the possibility for them to grow in confidence and capability, and to find meaning, purpose and coherence and to take control of their lives.

> *"The turning point for me was when I realised that most people want me to succeed … that's the power of the collective."*
>
> *THCA Lived Experience Member*

People and communities taking control; professionals having humility to be equal partners

Given that the injustices people experience so often lead to a lack or loss of control, any activity to create health must involve enhancing people's agency from the start.

Everyone needs to experience the process of empowerment for themselves; people cannot be 'empowered', and most services are very limited in the extent to which they help people through this process.

It is, however, possible to create the enabling conditions for people and communities to take control; this requires professionals to have humility, a willingness to shift power and to develop constructive 'partnerships of equals' and to be prepared to explore our own unconscious biases.

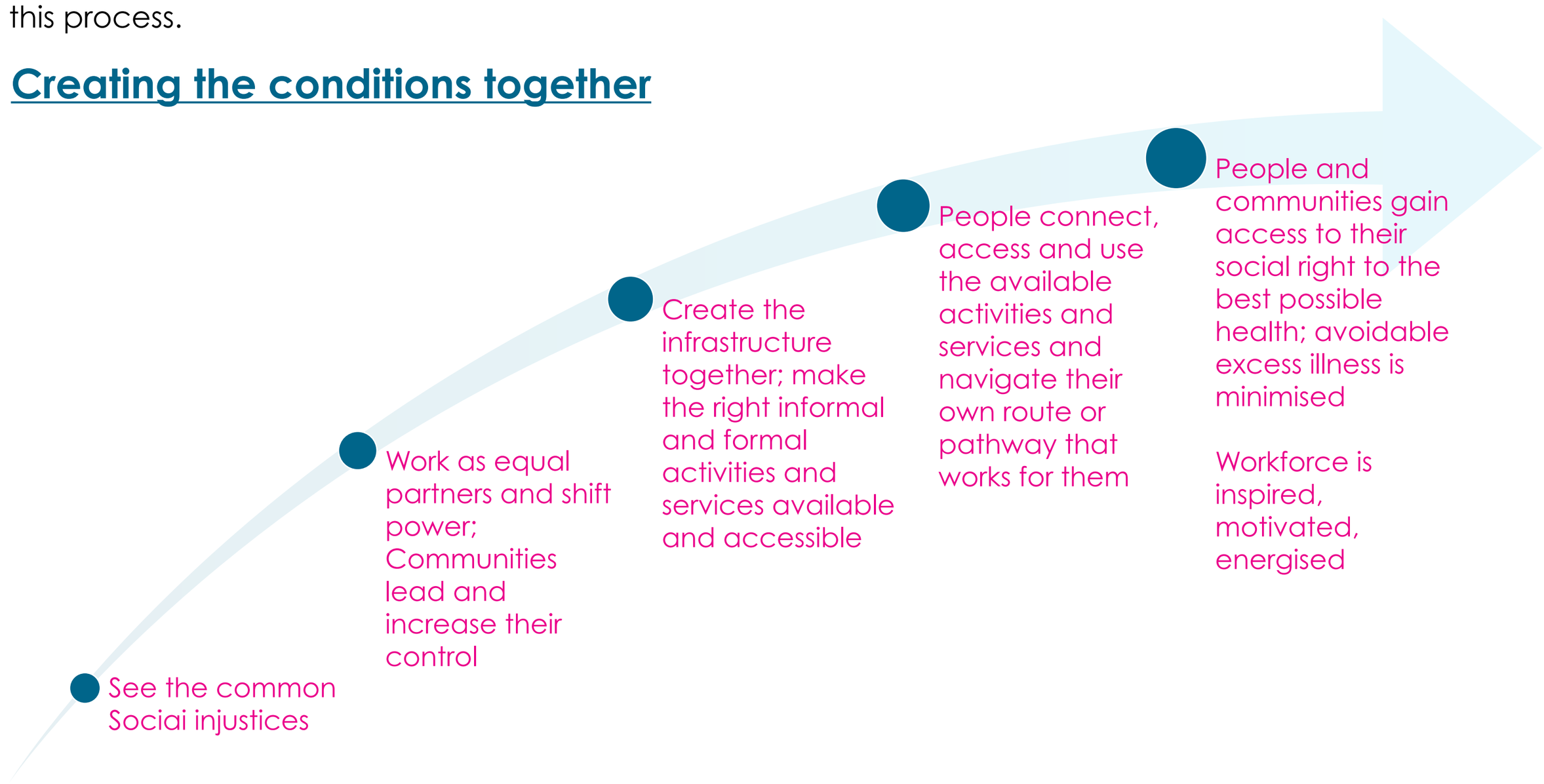
This process can be supported by some forms of asset-based community development, community building, organising, strengthening activity where this leads to communities taking the lead themselves and influencing change in systems and policies.

Enabling access to our right to health

Health Creation offers a route to enabling people to achieve their human right to the best possible health – both through healthcare and health as a social process. Every individual and community is different; what is right for one may not be right for another.

The role of professional-community partnerships is to blend formal and informal services, spaces and activities to expand the breadth of possibility so that people can employ and enjoy their skills and passions as well as a range of facilities, advice, goods, and suitable homes, all of which enable people to stay as healthy as possible.

Creating the conditions together



The Framework for Health Creation

The Health Creation Alliance has developed an 'underpinning framework' to support anyone wanting to adopt Health Creation as a way of working. It offers a common currency for all organisations and partners operating at all levels – community, neighbourhood, place, system and national levels – to coalesce around and to take action to create the conditions for people and communities to create health.

> *"The framework for Health Creation is an excellent model for people starting out on their Health Creation journey and refreshing for those who have been in the game as long as I have."*
>
> *THCA programme participant*

Our Framework comprises four elements:

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.

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.

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 and this is backed up by evidence.[34] All six define a health creating dynamic in relationships between communities, service providers and decision-makers. The importance of getting relationships right is expertly outlined by Hilary Cottam.[35]

Diligently embedding these six features of health creating practices into all our relationships will drive change across systems. They are:

- **Listening and Responding:** Effective, genuine listening to the reality of people's and communities' lives is essential. As is acting differently upon what is heard, and not just reverting to the established systems. Listening can also help to build trust that enables truth-telling if people feel safe to open up about matters they might be hiding, even from themselves. Being listened to can also be therapeutic in itself.

- **Truth-telling:** When people and practitioners identify and acknowledge what holds them back from creating health, rather than treating illness, they can start to get to the root causes of problems and solutions. This can be a challenge to the system because it is not set up to create health through a social process.

- **Strengths-focus:** Health creation happens when attention is paid to what people can do for themselves or others. Making people aware of their strengths and finding opportunities for them to employ them unlocks their potential and builds confidence for creating health.

- **Self-organising:** Helping people to connect meaningfully with others makes it possible for them to find solutions and take actions together. They are more likely to find purpose in their lives and this drives wellness. Over time, people become less reliant on health and care services.

- **Reciprocity:** A health creating environment is nurtured when people can both get what they need and have the opportunity to give back in ways that suit them. Reciprocity builds respectful relationships, where communities and services are mutually responsive and play complementary roles.

- **Power-shifting:** Lasting Health Creation happens when the other five health creating features result in a power shift from practitioners to people and communities. When people's expertise and strengths are recognised and valued, they can make good decisions, take action and have an influence over things that affect them and their environment. Services can then adapt and respond accordingly.

4. The four types of relationships

The challenge for Systems is to build the six features into all their relationships; to focus not just getting one relationship dynamic right, but to get all four relationship dynamics right:

- **Between community members** – this supports collective agency and community strengthening which is health creating

- **Between NHS and communities** – this enables a different conversation, helps to reduce the potential for discrimination and makes it possible for communities to play significant roles in creating health, in partnership with the NHS

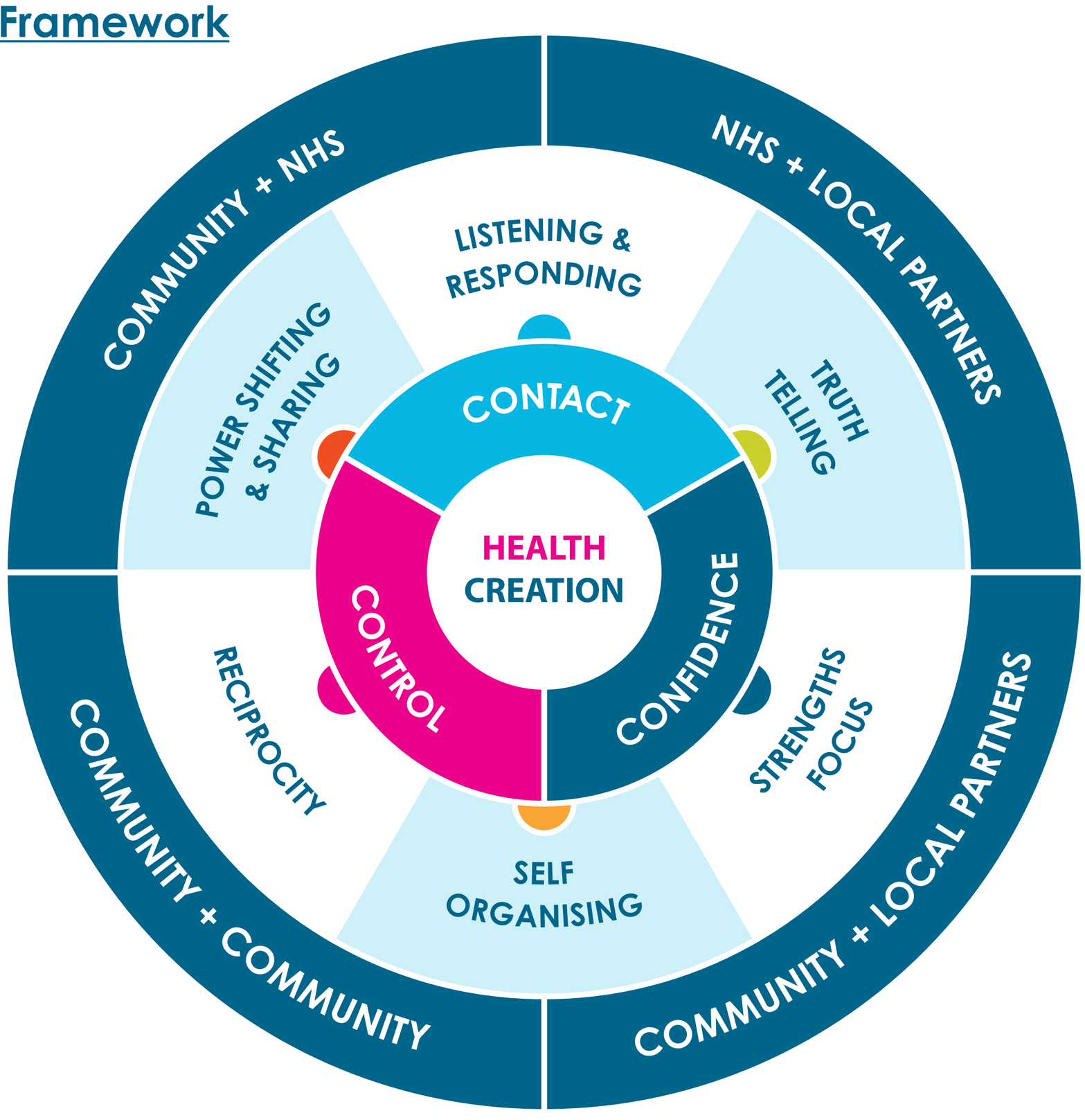
- **Between other local partners* and communities** – this can provide routes into listening to communities that are mis-trustful of the NHS due to past bad experiences, via trusted partners

- **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 and planning

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

The framework helps draw attention to those things that make the biggest difference to people's journey to better health – which are often hidden and certainly nuanced. It turns out that these things are all about the quality of relationships; they are the 'active ingredients' of Health Creation. The Framework can be applied in many ways and by many different groups to support a system shift to a health creating approach. We sometimes refer to this as our 'Relationships First' approach.

Overview of Framework



Community strengthening and the importance of 'space'

Two THCA publications, **Digging deeper, going further; creating health in communities**[36] and **Creating spaces for community and patient wellbeing**[37] help to draw attention to the processes involved in strengthening communities so that they are in a position to take ownership and control of their lives and environments. We have also published a **Review of evidence for community strengthening**.[38]

They also draw out the importance of the right sort of 'space' as people make their journey to better health:

- physical spaces to enable people to make connections with others
- space for reflection either alone or with another person
- space within 'the system' for communities to take a lead and play roles according to their strengths.

EXAMPLE: Uptake of treatment for hepatitis C among female street sex workers in Leeds

Example of a THCA partnership project with Basis Yorkshire supported by AbbVie

At the time this partnership project was delivered, Leeds had a Managed Approach to street sex work in Leeds allowing for female street sex workers (FSSWs) to work without fear of arrest, in a particular area of Leeds within agreed hours. There were over 70+ active FSSWs, a community with a higher risk of infection with hepatitis C. In reducing the morbidity and associated with this potentially fatal infection of the liver, there were a wide range of services available to FSSWs promoting the benefits of testing and treatment. However, of 30 individuals responding to an annual sexual health survey, eight self-identified as having been diagnosed with hepatitis C, yet only one had been treated.

To address this, a multi-stakeholder participatory health creating appreciative enquiry workshop, underpinned by the Framework for Health Creation, was convened. The attributes of a ´great´ service supporting FSSWs in their journey from testing to treatment were identified and prioritised. These were then assessed in terms of current delivery against the 'great´ attributes, and a health creating action plan for change was co-produced. A key focus of this was where the strengths lay within the community to lead on delivery of initiatives, and the support and resources needed to realise this.

Activities that emerged from the shifted and shared power with the community, resulting in 14 FSSW successfully undergoing treatment at 24 months, included:

- testing shifted from only being available in a medical setting to being delivered at points of FSSW contact, enabled by trained front-line community staff
- training for current and new front-line staff across agencies to enable them to support FSSWs informed decision-making about the benefits of testing and treatment
- FSSW led Peer-to-Peer programme
- new community originated hepatitis C education materials co-produced with FSSWs
- month-long FSSW hepatitis C awareness campaign
- new treatment drop-in sessions set up in community

"This was a really informative project that opened our eyes to both the challenges and the solutions to improving testing and treatment uptake among our female street sex worker community."

Consultant Hepatologist.
Leeds Teaching Hospitals NHS Trust

Working in complex environments

Communities are 'complex adaptive systems' in which there are many moving parts, interactions and feedback loops leading to constant change. Working within a complex system requires us to understand the dynamics of the relationships between stakeholders and this requires interpretation of patterns and the ability to probe, sense and respond. Actions need to emerge in an iterative way rather than be decided quickly and imposed.

Integrated Care Systems are also complex adaptive systems. If we are to see communities as part of the system, rather than separate from it, that requires us to bring two complex systems together and learn how to navigate the new complex adaptive system we have just created.

ICS leaders need to find ways of stepping into and working within the complex space if they are to create the conditions for health to be created in communities. Because complex systems do not respond well to command-control or transactional styles of management that are prevalent in the in the NHS, trying to employ this style of 'managerial leadership' will always hugely limit what can be achieved.

The good news is that complex systems do not require complex actions or solutions; they require the right combination of simple solutions. While they may seem unpredictable, complex systems are governed by some order-generating rules that are often quite simple. Consider the UK road system – tens of millions of journeys taken by independent road users every day governed by a relatively simple set of rules that road users are expected to follow: drive on the left, stop at a junction, give way to the left etc. These simple rules keep the road network moving.

The Framework for Health Creation contains many of the simple rules for creating health in communities; when they are applied intelligently into different situations and scenarios they offer a route to distilling the simple actions you need to take together. They can inspire optimism and unlock the energy of the workforce and communities to go further faster, together.

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