The Health Creation Alliance

# Health Creation:

## for now and future generations

Examples of Health Creation in practice

From The Health Creation Alliance

May 2024

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# Introduction

Health Creation is happening in many places within communities, society and across health and care systems.

The Health Creation Framework offers a common narrative, language and 'backbone' that can unite different systems, organisations, communities and individuals and give them direction towards a common purpose; to create health.

This document captures six great examples of Health Creation in action. Delivered by The Health Creation Alliance (THCA), our members or partners, we hope these inspire readers to learn more about Health Creation and how it can improve health and wellbeing and reduce health inequities.

If you would like to know more about the examples in this document, or if you would like to share your health creating work, please contact: neil@thehealthcreationalliance.org

# A Manifesto for Health Creation

In May 2024, THCA launched ***Health Creation for now and future generations*** our Manifesto for whole systems change.

The Manifesto lays out the case for a fundamental shift to health creating systems to reduce the unacceptable burden of health inequities on individuals, their communities and the health and care systems.

Download a copy of the full Manifesto or the Executive Summary

# Health Creation

## 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.**

## 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.

## The six features of health creating practices

Communities consistently tell us that there are six features that make the biggest difference to their health and this is backed up by evidence.

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.

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.

## 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

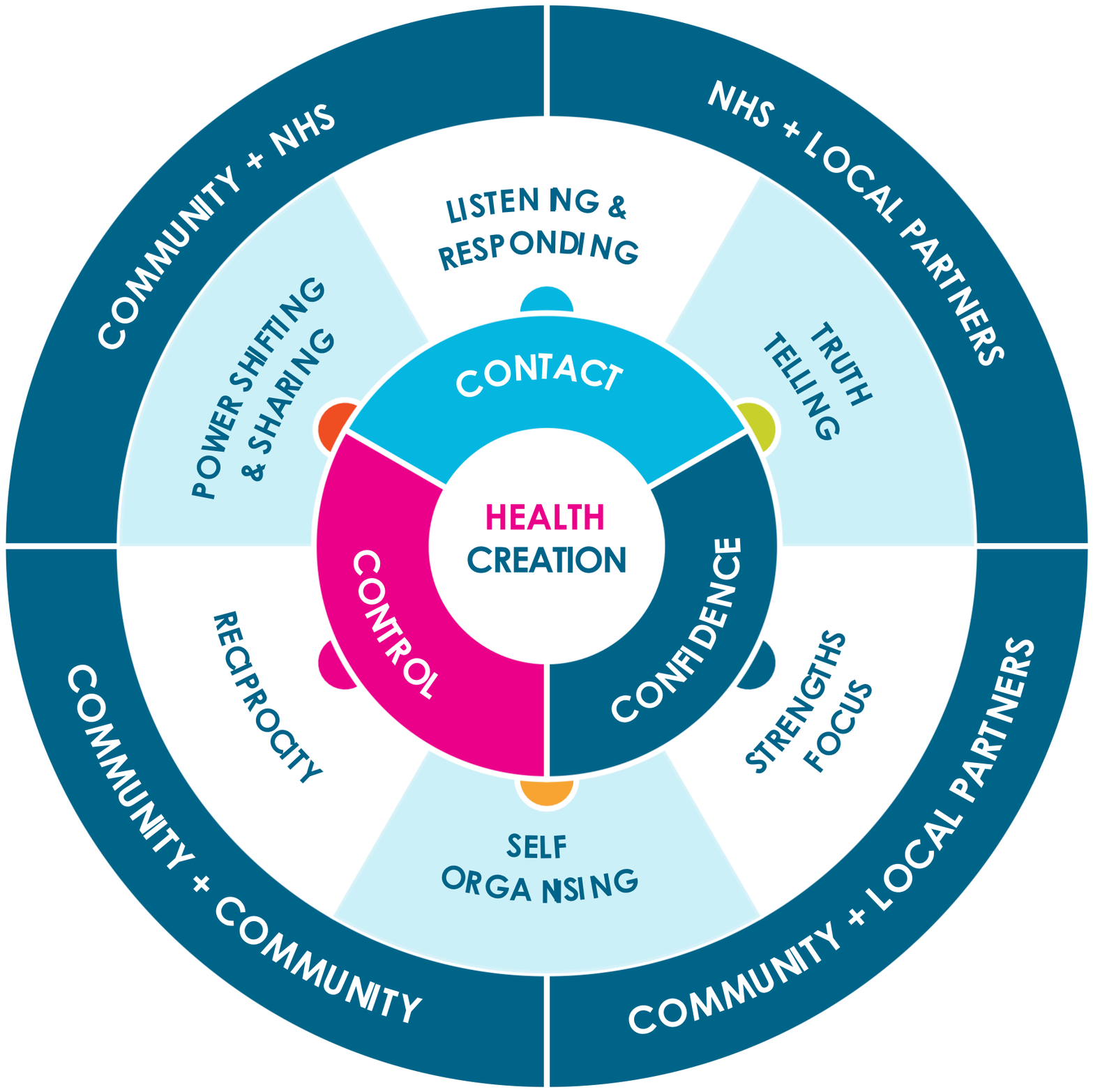
- **Between other local partners* and communities** – this can provide routes into listening to communities that are mis-trustful of the NHS due to past bad experiences, via trusted partners

- **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



# EXAMPLE 1: 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*

## EXAMPLE 2: 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.

## EXAMPLE 3: 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

# EXAMPLE 4: Leadership for change

**Example from Social Enterprise Kent, winners of 2022 Excellence in Health Creation Health Creator of the Year award.**

Social Enterprise Kent (SEK) is a community interest company delivering a range of community projects, voluntary sector support, training and employability programmes.

The winning initiative was their Ageless Thanet project that successfully reduced social isolation and loneliness in people over the age of 50. Delivered between 2015-2022, SEK worked with 10 key partners, funded by the National Lottery Community Fund's Ageing Better programme.

Their project aligned with the Framework for Health Creation, moving beyond coproduction by shifting power to their 50+ population.

This resulted in over 11,000 people engaging in a range of health creating activities including wellbeing, life planning, social prescribing, and age-friendly business. In addition, their Ageless Entrepreneurs programme saw 146 older people complete a 13-week course to start their own business, while their Active Citizenship programme recruited 225 volunteers who, by playing to their strengths and self-organising, delivered over 11,500 volunteer hours. In 2021, SEK were awarded the Queen's Award for Voluntary service.

*"Volunteering for Ageless Thanet has given me a new phase in my life. I've met lovely friends, some of whom I have been on holiday with. We also meet once a week to play cards, have takeaway and movie evenings and go to shows together. Three of us also meet for lunch every Sunday and it makes my weekend. None of this would have been possible without Ageless Thanet."*

*Volunteer*

# EXAMPLE 5: 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

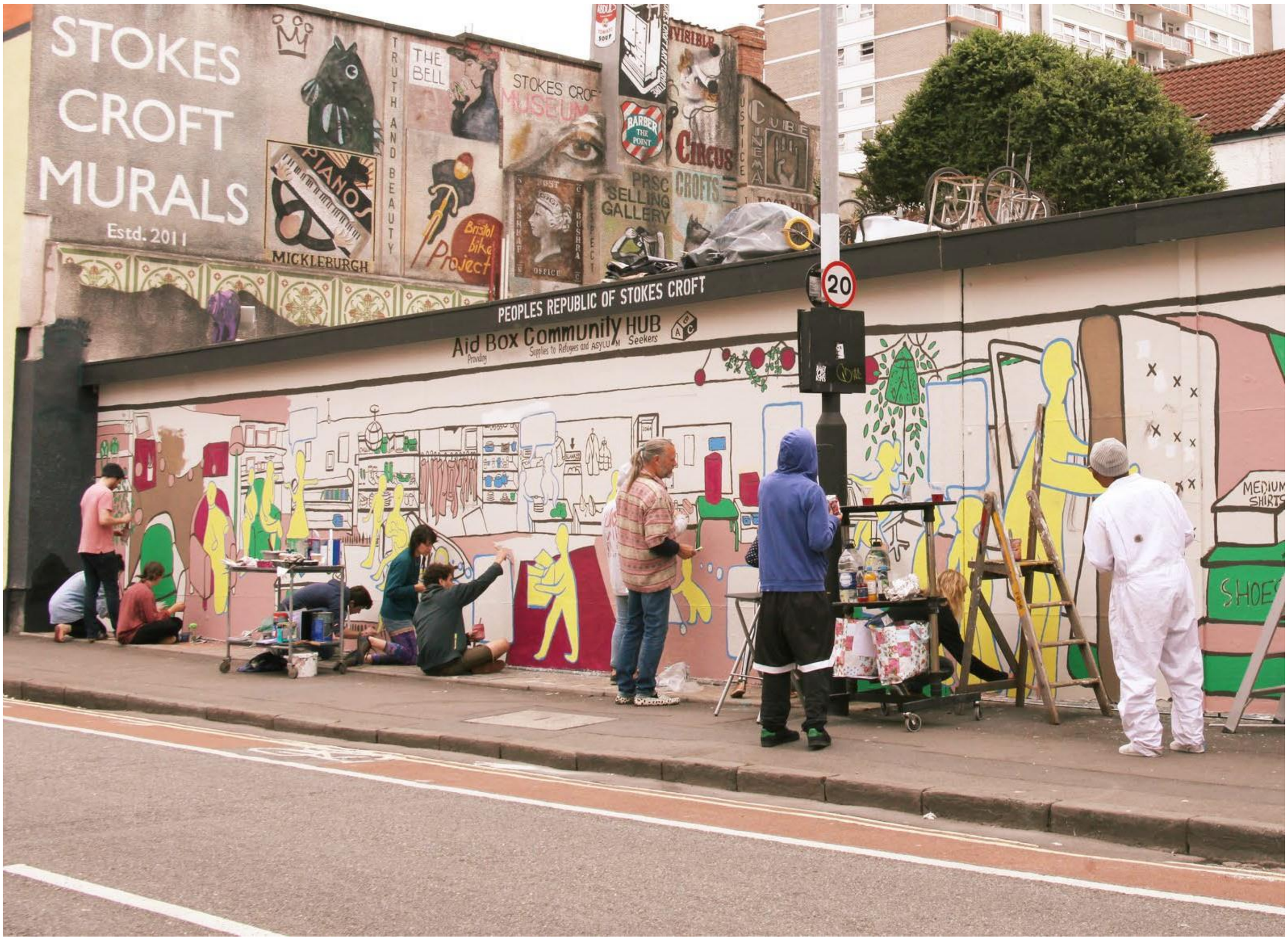
Three weeks into the first cohort, a second mosque approached NCA to ask if they could work with them. People, including young people, are finding routes into jobs and college places through the programme. The NCA has made a good start on its target to increase the number of people it employs from the local community, from 45% in 2019 to over 60% in 2024, a year ahead of its initial ambition.

## EXAMPLE 6: 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.



## About The Health Creation Alliance C.I.C.

The Health Creation Alliance is the leading national cross-sector movement for improving health and wellbeing and reducing health inequity through Health Creation.

Our mission is to increase the number of years people live in good health in every community. Our ambition is for Health Creation to become business as usual, embedded in systems alongside the treatment of illness and prevention of ill health.

We provide a space and a platform where lived and learned experience, action, thought leadership and influencing meet; a spread mechanism for health creating practice on the ground.

The Health Creation Alliance is a not-for-profit community interest company, with a membership comprising passionate professionals from many sectors and levels of seniority, community leaders and members, and people with lived experience of poor health outcomes, poverty, trauma or discrimination all working together as equal partners. Our legitimacy and credibility come from our deep connection to our members and partners.

Why not become a member of THCA and join a national movement improving health and wellbeing and reducing health inequity through Heallth Creation. There is no cost to joining and as a member you will receive regular updates on our events, publications and other activities making Health Creation business as usual.