



## Health Creation: the missing jewel in the NHS' Crown?

### A call to action to address health inequalities

#### The proposition

The NHS is very good at treating many illnesses and there is a greater focus than in the past on preventing illness. But what about creating health? If we all understand and tap into the causes of wellbeing, could the NHS working with local partners create a 'health' service with a purpose of making people healthy and well?

#### The problem

Despite improving overall longevity and managing illness better, the NHS has not succeeded, over the decades, to significantly reduce health inequalities and manage demand. The NHS and public health have new legal duties to reduce health inequalities, yet a recent report from CASS University of London shows that the gap in longevity between the UK's richest and poorest has remained stubbornly at more than 30 years. In the last 5 years has started to increase for the first time since Victorian times. The report puts this down to 'lifestyle choices', but that is not the whole story.

At New NHS Alliance we have over 20 years of direct experience working in some of the most disadvantaged communities, and can demonstrate that there is a better way of addressing health inequalities. We call this Health Creation.

#### The 3Cs of Health Creation

Health Creation is ...

***...“the enhancement in health and wellbeing that occurs when individuals and communities achieve a sense of purpose, hope, mastery and control over their own lives & immediate environment”***,

Hazel Stuteley, C2 Co-Founder and New NHS Alliance National Executive, Feb 2016

Another word for Health Creation is salutogenesis. First coined by medical sociologist Aaron Antonovsky, it literally means 'the origins of health' and is concerned with what makes us well, rather than what makes us ill. Drawing on a variety of evidence, including our own experience working with communities and that of the Young Foundation, we conclude that people need three things to be healthy.

We need:

- **Control** over the circumstances of our own lives

- **Contact** with other people that is meaningful and constructive
- **Confidence** to see ourselves as an asset, to be in a position to take actions and responsibility and to have a positive impact on those around us.

When people acquire these, their mental and physical health improves as they gain the 'freedom to lead a life [they] value'.

The 3Cs apply to us all; they are as important for public sector employees, whose wellbeing is currently being significantly affected through chronic stress, as they are for disadvantaged communities. Our premise is that if we can get it right for the most disadvantaged in our society, then we can get it right for everyone else too.

### **What are health-creating practices?**

Health creating practices are ways of working that enable people and communities to increase and enhance their levels of the 3Cs. We know from our experience that when people are engaged in a way that appreciates and employs their strengths and skills, they start to take control of their own lives and environments, determine and articulate their own solutions and ambitions and participate in making them happen. And they become more positive, active and resilient. Doing this well requires practitioners and commissioners to adopt a new paradigm as well as a new skill-set. They need to routinely ask (and act on) the following questions in this order:

- What can people/communities do for themselves?
- What do people/communities need some help with, in order to do it themselves?
- What do people/communities need from service providers?

This requires a radical change in organisational culture and approach; to listen to the people and communities we serve, to start with the things that matter to them, to share power and control with them and to move away from the default choice of delivering more services.

By contrast, Health Creation isn't just about changing unhealthy behaviours nor about protecting health through things like immunisation. As Sir Michael Marmot said, "*we need to address the 'causes of the causes' of ill-health*". We know that strategies to change specific behaviours, such as smoking, to reduce the incidence of illness have limited success, even when they are co-produced with patients. While they are useful, they conform to the needs based 'medical model' which we know contributes a relatively small amount (15-43%)<sup>1</sup> towards preventing premature death. When people are seen only as 'consumers' of healthcare (patients), this can lead to them becoming passive recipients of care.

### **Evidence that it works**

In his famous 'Whitehall Studies', Sir Michael Marmot found that lower-grade civil servants experienced a much higher incidence of cardiovascular disease caused by high levels of the stress hormone cortisol, compared to those in charge, because

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<sup>1</sup> <http://www.kingsfund.org.uk/audio-video/public-health-spending-roi>

they did not feel they had control over their working lives. Sir Harry Burns, former surgeon and chief medical officer for Scotland, noticed that blue-collar dockyard workers healed more slowly after surgery than white-collar workers. He could not put this down to smoking alone and related the slower healing to chronic stress.

'Tommy' was overjoyed when his baby daughter was born but his happiness shrivelled when his partner told him he was not the father and then disappeared. He drowned his sorrows in drink and drugs, experienced prolonged periods of anger and depression and would get locked up most weekends for being drunk and getting into fights. After many years he formed a new relationship but could not bond with his new children. By chance he met a group of fathers who he opened up to as they had similar experiences, so he felt no shame. They offered him friendship and support. Through a renewed effort, he found his daughter, proved paternity and began to bond with his new family. His daughter, now 16, found that her father did after all care about her and she has gradually stopped self-harming. The cost to public services: mental health, child protection, crime and disorder, and substance misuse, has been curtailed across two generations. The wellbeing value of the work of those fathers, called 'Salford Dadz', is estimated at £65,000 per father and the social return on investment ratio is 1:14. Self-help, enabled by an experienced asset based community development worker, has made this community strong.

A range of evidence now shows that when communities are able to set agendas, share key decisions with statutory agencies and in so doing take more control of their lives, they are protected against becoming ill. We are collating this evidence and call for further work on how best to both measure and evaluate Health Creation; to add to our collective understanding of how Health Creation happens, which practices work best, what outcomes are achieved and the cost-benefit of working in this way.

### **The challenge of practising Health Creation**

Working with people and communities to enable Health Creation is not usually straightforward. There are two reasons for this. One is that communities are 'complex'; the thinking, rituals and patterns of behaviour are not easily understood or interpreted by those looking in from outside. There are no 'right' answers and change doesn't always happen in obvious ways. By contrast our current healthcare system searches for 'right' answers where there is a clear relationship between cause and effect, even if experts are required to understand it. Medically trained healthcare workers have been taught to assess the facts of a situation, analyse it and respond on the basis of the findings. This approach does not sit comfortably with complex communities where there are no obvious 'right' answers. When public health and community development programmes don't have the desired impact it is usually because they try to apply their own logic about how change happens.

The other reason is that it is not possible to successfully understand and consistently practice Health Creation by reading a text book or a good practice guide – it has to be learned and honed through experience, reflection and learning in a constant feedback loop. Asset-based skills need to be recognised, developed over time and commissioned by the public sector as a routine part of the out of hospital offer.

## **Health Creation, inequalities and place-based models of health: a call to action**

New NHS Alliance believes we should move more quickly towards a social model of health – one that is based around places and outcomes for people and that put people in control. We know that people (not patients) are fed up with being seen by public services as deficits, as problems to be fixed, rather than as assets, with the potential to find solutions and help others to find solutions too. Power and control has shifted too far and people in the most disadvantaged communities tell us that sometimes they feel judged and alienated by service providers.

We want the public sector to go into partnership with people rather than solely provide services (even co-produced services). This how we interpret the Five Year Forward View, especially Chapter 2 that talks about harnessing the ‘renewable energy’ represented by patients and communities. We believe that the vehicles that are put in place to drive place-based models, such as Sustainability and Transformation Plans, New Models of Care and Devolution Deals, all need to embrace health creating practices if they are to succeed.

We ask those responsible for education and workforce development to consider building health creating practices into education programmes and job descriptions. Community nurses tell us they used to undertake health creating practices but that the focus has changed to clinical activity, safety and cost. We feel this is misplaced.

### **How can New NHS Alliance help with Health Creation challenges?**

New NHS Alliance works in equal partnership with communities to truly understand what is happening and to find solutions together. A call to this asset/strengths based approach to public health is not new; we see it as far back as the Ottawa Charter in 1986. However, we question whether this call has ever been successfully translated into practice and consistently applied. What is new is that, in the intervening period, we have learnt how to do it well. We also understand and can articulate the 'theory of change': why and how Health Creation approaches work. This understanding is as important as the outcomes themselves.

We are hosting an event on **13 July 2016** to learn from people whose own health and wellbeing has been significantly improved through the practice of Health Creation and from those working with them. We will identify the key features of health creating practice, co-create a shared vision and plot steps on a journey towards a health creating health service.

New NHS Alliance also plans to establish a national learning programme to support localities looking to adopt health creating practices to do it well.

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