



## **Strengthened Communities through Health Creation**

### **A programme for pioneering Primary Care Networks**

*from New NHS Alliance*

#### **Why this is important**

It is largely accepted that access to health care only accounts for around 10% of a population's health, with the rest being shaped by socio-economic factors<sup>1</sup>. There are significant direct costs to the NHS associated with health inequalities and an intolerable burden on general practice where up to 50% of appointments are reported as being for non-medical forms of support<sup>2</sup>. COVID-19 has impacted poorer communities to a greater degree; the burden of death, grief, restrictions and financial stress have fallen disproportionately on those who are already most disadvantaged. The consequences are drastic and as the problem shifts onto other issues that also pose a grave threat to health such as unemployment, food poverty and homelessness, the NHS will have no choice but to prioritise action on health inequalities.

At the same time, we know that 80-90 per cent of health is created through a social process that happens in people's homes, neighbourhoods, workplaces and wider networks. There is now strong and growing evidence that person and community-centred and community-led approaches – also known as 'Health Creation' – can bring lasting improvements in the health and wellbeing of people and communities<sup>3</sup>. Evidence overwhelmingly points to higher levels of resilience and action by communities that had stronger existing connections before the pandemic, including in some of the most disadvantaged places. The recent Marmot Report, 10 years on, says that *"Our society needs to enable all children, young people and adults to maximise their **capabilities** and have **control** over their lives. At the same time, we must create and develop **healthy and sustainable places and communities**"*

As part of the 5 year forward view, a framework for a new GP contract over the next 5 years was agreed. This includes a roadmap for PCNs to develop and offer more personalised and co-ordinated care to their local populations. One of the new services due to be introduced into the PCN DES for 21/22 is focused on tackling neighbourhood inequalities. Primary care and

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<sup>1</sup> <https://www.health.org.uk/blogs/health-care-only-accounts-for-10-of-a-population's-health>

<sup>2</sup> NHS England found the annual 'hospital costs' associated with inequality in 2011/12 to be £4.8 billion.<sup>2</sup> GPs in the more disadvantaged locations report in the region of 50% (and most report 20% or more) of appointments being associated with social, rather than medical, issues.

<sup>3</sup> Prof Jane South leads a research theme on Healthy Communities in the School of Health & Community Studies at Leeds Beckett University and her work on community-centred approaches for health and wellbeing is supported through Public Health England. Her view, arising from her research and scholarship, is that 'there is now enough evidence to act'.

Primary Care Networks (PCNs) will be critical to advancing this important work to address health inequalities.

This programme offers pioneering PCNs an opportunity to put in place a systematic approach to health creation that is consistent with their requirement to develop new models of population health management.

## **About this programme**

The purpose of this unique programme is to enable participants to develop a deeper understanding of what PCNs can do to build the connections between primary care, communities and local partners, and together create the conditions for people to connect, gain confidence and capabilities and have more control over their lives. This is how community health and wellbeing is created.

We understand that PCNs are operating in very different ways and are at a range of levels of maturity. This programme has been designed based on our knowledge of working in communities and also through our unique experience of supporting healthcare organisations, especially PCNs.

Supported by evidence, exposure to excellent practice emerging from elsewhere and the NHS Alliance's bespoke reflective toolkits, learning takes place through an action learning approach. Through the programme, PCN's will also build upon the momentum established during COVID-19 and take the opportunities presented to embed community strengthening approaches through their activities.

The programme:

- Links health creation with the strengthened voice and control of local people within stronger communities
- Enables partners to work out the best ways for them to enhance the connections between primary care, local people and partners.
- Is bespoke, tailored to suit local requirements so that it builds on what is already happening in a place, working from where the primary care networks are 'at' in terms of their development and maturity, taking participants further
- Creates a clear action plan by and for PCNs, local partners and key community leaders to improve health creating activities within their communities

Our methods create sustainable change:

- Our Framework for Health Creation – the three C's Control, Contact and Confidence and five features of health creating practices – provides a powerful underpinning and common language that helps to make the most of existing capacity and capability within the system (including local partners and communities within a place)
- We create authentic long-term community strengthening by improving the whole system's ability in truth telling and by shifting power close to people and communities

## Delivery

The programme is delivered locally (currently by Zoom) and is designed around a series of at least four half day workshops that take place over an 8-12 month period. The content is designed bespoke for each place and draws imaginatively on a broad range of tools, contributors and exercises as well as learning from the experiences of other places. It includes mentoring and remote sharing between the sessions to maintain momentum and learning.

We use a minimum of four workshops designed to deliver sustainable change that is owned by the PCN:

- **Reflective assessment** – Participants consider the current maturity of their PCN within the context of health creation, identify gaps and areas for development
- **Developing a theory of change** – Through observing what works locally and in other places, participants co-produce a change process for embedding health creation in their PCN and wider place
- **Truth telling** - Participants explore how the PCN can feed its local issues into commissioning and build a case based upon outcomes. Participants will develop a map of their own health creating opportunities within their PCN
- **Sustainability and impact** – A 360 review of the learning and impact created by the process. The retrospective of the process creates the environment to embed health creation in the PCNs day to day work.

## Outcomes from the programme

By the end of the programme, participants will have:

- Good, evidenced knowledge of what makes the biggest difference to patients' and populations' health and wellbeing and how general practice can work to embed this within their practices
- Measurably shifted the balance of their activity towards 'prevention' and Health Creation while continuing with the medically-focused aspects of their work
- Considered specific ways in which new roles and capacity within their PCN can help them to deliver against all seven of the DES Contract Services Specifications
- Knowledge and skills to continue using the programme diagnostics as a continuous improvement resources for general practices and across the PCN
- A developmental action plan for change for the PCN, practices and local partners working with local communities from which future development needs of the PCN will be identified

## Research, evidence and ongoing learning options

New NHS Alliance tailors this programme to suit local requirements and deliver maximum impact. We signpost to further information and reading such as research and key evidence sources. We have options to bring university research partners into the delivery to enhance local evidence.

Participants and PCNs will be invited to join the alliance's membership and become part of an active national cross-sector learning network that enables continuous learning and development in health creation with others.

## **Who is the PCN discovery programme for?**

This development programme is for leaders and practitioners working at any level in general practice as well as commissioners and others involved in their emerging Primary Care Network.

It provides a route for Integrated Care Systems (ICSs) to fast-track development of the PCNs in their areas towards truly place-based organisations addressing health inequalities and population health in a rounded and connected way.

Each Learning Set is suitable for 20 to 40 people. We can offer three Learning Sets for PCNs within the same ICS. We recommend participants from each Integrated Care Partnership and we would mix participants up across the three so that they learn from each other.

## **About New NHS Alliance**

New NHS Alliance is a national cross-sector movement working in equal partnership with local people to address health inequalities through Health Creation. We have a long history of working in primary care and have been leading work nationally on PCNs and health inequalities with a range of national partners, including the Royal Colleges, since early 2019.

New NHS Alliance takes a partnership approach to learning, enabling participants to discover through exposure to others with relevant knowledge and experience. We have connections with a wide range of committed partners to bring this flexible and pioneering programme to ICSs, STPs and PCNs to enable them to gain a vision for and Health Creation through general practice.

As a **Community Interest Company**, New NHS Alliance reinvests all surpluses to benefit local communities. We run a thriving national Health Creation network made up of people from a wide range of disciplines – including NHS professionals, primary care, other health, local authority, housing, communities, VCSE and lived experience – providing opportunities for people to learn from others they wouldn't normally meet to work out how to take a place approach to improving population health. We also support local communities of learning.

We have a track record of using our programmes to improve the skills and life chances of local people through direct involvement and would welcome bringing this into the programme.

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