

Get Health Creation Done – a New NHS Alliance Manifesto

There is a persistent gap between poor and affluent areas of the UK in both life expectancy and the number of years people live in good health.¹ More needs to be done to address the unacceptable burden of health inequalities and this will require a new approach to health and care.

Health Creation is one proven approach.

Health Inequalities

Health inequalities reflect an unfair distribution of the social determinants of health. When people have little choice in their living and working conditions, and they have inadequate income, the effect erodes social justice, trust and optimism. It incurs direct costs for the NHS, housing, policing, education and local economies.²

Action to reduce health inequalities must improve the material conditions of people's lives.

Social Factors and Health

90% of our health is determined not by the NHS but by social factors. Health is a social process that happens in people's homes, neighbourhoods and wider networks. People and communities have better health at all ages when they achieve a sense of purpose, hope, mastery and control over their lives and their immediate environment.

Enabling people to increase our levels of **control** and **confidence**, through meaningful and constructive **contact** with others, keeps us as healthy and productive as possible. It also helps tackle health inequalities.³

Control, Contact and Confidence are the 3Cs of Health Creation.⁴



£4.8 billion. Annual hospital costs associated with inequality in 2011/12. *NHS England*

50%. Approximate number of GP appointments associated with social and not medical issues in most disadvantaged locations.

Towards Health Creation – Shifting Power

If people are to take more control, then the statutory sector must enable and support that process by addressing and changing policies and structures which militate against Health Creation.

Putting Health Creation into practice requires from all organisations, including the NHS: Listening and responding, Trust-building, Truth-telling, Strengths-focus, Self-organisation and Power-shifting. These are the key skills used in effective and transformative asset-based community development that works at multiple-levels, including the cultural, political, personal and interpersonal.

Frontline staff across all sectors need to be equipped with skills in Health Creation⁵ so that they can play their part in creating the conditions for people to increase their 3Cs.

Health Creation is everyone's job.^{6,7} It does not mean setting up a whole new structure; rather it requires refocusing and redesigning existing activity across public services. This in-turn enables people to become part of the health system, creating better health in their communities.

Health Creation happens when professionals and local people work as equal partners and do what matters to communities.



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The critical role of communities

The community itself plays key roles because people are rich in knowledge, wisdom, skills and experience. Local authorities (social care, public health, economic development, transport), the voluntary and community sector, housing, schools, local businesses, and community-based health workers such as primary care, must refocus by placing people and communities front and centre. And, they must work as equal partners with them to find and create solutions that work.

10 Actions for a New Government

- 1 Develop incentives and levers that support the practice and development of Health Creation** and co-production with communities across all professions.
- 2 Create new outcome measures based on the 3Cs**, focusing on what matters to people.
- 3 Every area to use an evidence-based community building model** – for instance community development or local coordination.
- 4 Every local authority to expand local community-based options.** Tools already in the Care Act should be in use to deliver more localised community capacity.
- 5 Invest in ‘Community Health Creators’:** people with a track record in successful asset-based community development.
- 6 Enable an NHS workforce with the time, capacity and skills to be a real and valued partner to community-strengthening.**
- 7 Provide dedicated funding to strengthen the evidence-base for Health Creation.**
- 8 Health in All Policies:** require an assessment of the impact of every new government policy on people’s health, before adopting it.
- 9 Close the health inequality gap**, while improving the quality of added years of life for everyone.
- 10 All social care and health providers need to demonstrate that they are socially and ethically responsible** with personal accountability, and that they help to improve the material conditions of the communities they serve.

1. In 2012-14 men in the most deprived areas had a life expectancy 9.2 years shorter than those in the least deprived areas, while for females the difference was 7 years. (ONS). In 2012-14, women in the most advantaged areas could expect to live 20.1 years longer in ‘good’ health than those in the least advantaged areas. For males this was 19.3 years. (ONS).

2. <https://cles.org.uk/publications/due-north-report-of-the-inquiry-on-health-equity-for-the-north/>.

3. <http://www.healthempowerment.co.uk/wp-content/uploads/2016/03/CD-AND-HEALTH-LITERATURE-REVIEW-Brian-Fisher-Revised-edn-2016.pdf> .

4. <https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/rethinking-the-public-health-workforce.html>.

5. <http://www.nationalhealthexecutive.com/Comment/developing-a-wellness-workforce>.

6. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31801-3.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31801-3.pdf).

7. <https://www.nhsalliance.org/health-creation/>.

