TRANSFORMING HEALTH

Shifting our health systems from illness treatment and prevention to health creation

Alan Chen & Tony May / July 2017

THE YOUNG FOUNDATION

PUTTING PEOPLE AT THE HEART OF SOCIAL CHANGE

About the Young Foundation

We believe little about the future of society is inevitable. Bound by our shared humanity, we believe we collectively have the power to shape the societies and communities we want to live in.

Our work focuses on the nature and form of structural inequalities and how we can best create the changes that will enable people to build resilient communities and lead more equal lives.

We use the tools of research, work with communities and social innovation and investment to deliver our national and international work programmes, which put people at the heart of social change.

We also bring together leading thinkers and policy makers around the world to develop new ideas to confront inequalities and create fairer societies.

We were founded by the great social scientist and innovator Michael Young and originally called the Institute of Community Studies. We became the Young Foundation after Michael's death in 2002. Together we have created and supported over 80 organisations including: *Which?, The Open University, Language Line, Economic and Social Research Council, Social Innovation Exchange, School for Social Entrepreneurs, Uprising and Studio Schools Trust.*

For more information about the future of health and wellbeing, we encourage you to reach out to us at tony.may@youngfoundation.org or visit: www.youngfoundation.org/about-us/contact-us for details on how you can get in touch.

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In spite of recent overall advancements in our society's health and wellbeing, we are experiencing a crisis of major health disparities driven by growing inequalities. Experts recognize that while the NHS has much to be celebrated, its design is not well suited to addressing these complex issues. The medical model defines health pathogenically, by referencing illness as the starting point and health as the goal. The Young Foundation is calling for a fundamental change in the way we understand health by changing our focus to systems that create health instead of just mitigating illness. We call this new approach to health innovation "Health Creation".

Health creation isn't about "doing health to people", nor is it about telling them what to do in order to be healthy and prevent disease. It's about empowerment and fostering community agency. Health creation is about walking alongside people with humility and at their pace to discover the realities of their lives in relation to their health. Using a health creation approach means working with them to generate new ideas that they will drive to create better health. It's radical because it isn't easy or straightforward, but it's important and necessary. We believe that with the right support and facilitation, the answers to our health crisis lie with communities themselves.

"Health cannot be owned by the health care system. Health happens through the many interactions in society; within communities, between communities, with systems, and between systems. No single entity can set the agenda. All must be brought to the table, and with an equal voice."

- A Manifesto for the UK: We'd like to talk about health...An invitation from a group of practitioners.[i]

Our NHS provides much to be celebrated. Since its inception we have seen many staggering NHS-led gains in clinical care and life expectancy. However, at the same time our society experiences major disparities in health[1], driven by growing inequalities.[ii] Experts recognise that there are many complex and interconnected problems in our society that cause ill-health that the NHS is not designed or equipped to address effectively.

It is widely accepted amongst authoritative public health bodies and organisations such as the WHO that socioeconomic factors directly impact an individual's risk of developing chronic diseases. Those from poorest communities disproportionately experience poor health, impacting not only life expectancy but also the quality of life an individual is able to live (see *"Links between socioeconomic status and health"*).

> **Links between socioeconomic status and health**
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> *"Those with very low incomes...often lack resources and access to nutritious food, adequate housing, safe walking paths and working conditions, which can impact negatively on their health... Generally, the degree to which people feel they have control over their circumstances is related to how healthy they are. Increased exposure to stress, as well as a lack of resources, skills, social support and connection to the community can contribute to less healthy coping skills and poorer health behaviours such as smoking, over-consumption of alcohol and less healthy eating habits."*
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> Source: The Chief Public Health Officer's Report on The State of Public Health in Canada 2008

Without action on these broad causes of ill health, good health remains an unrealistic goal for many.

The trend of socioeconomically-driven health inequalities is growing and is a key driver behind the current crisis in healthcare.[iii] In 2011-12 £4.8bn was spent on treating disease caused by health inequalities.[iv]

Despite increasing recognition of this issue, the climate of austerity has made it difficult to find sustainable solutions in public funding within the health sector.[2] Available funds continue to be spent predominantly on specific intervention measures rather than more holistic programmes. This is due in part to the nature of short-term demand, but operates in tension with a longer-term strategy to address broader root causes of health inequalities.

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[1] We use the term "health" broadly to reference understandings of physical and mental health, social wellbeing and beyond.

[2] Our use of the phrase "health sector" refers primarily to the medical sector (physical and mental).

We believe that there is a strong economic and moral incentive for new ways of thinking as we face future challenges to health and wellbeing in our society.

So what can we do?

Much of our health is determined by things seemingly unrelated to disease prevention and sickness alleviation. The quality of our relationships [v], housing [vi], socioeconomic status [vii], and our sense of individual and collective agency [viii] are key factors that influence our ability to lead satisfying, healthy lives.

Since many of the factors that determine our health are social, we believe the ways in which we address them should also be social. At the Young Foundation, our work in communities has demonstrated the potential for people working together in collaboration to effect social change. We believe there is a tremendous opportunity to harness the power of community for the creation of health.

> **The things that make us feel healthy:**
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> The health sector defines health as the absence of disease. Health and disease are primarily understood through biological measures, with the prevention, treatment and management of disease provided by professionals. Yet when people talk about feeling healthy they include things like relationships, financial security, safety, nurturing home and place, having purpose, happiness, and being able to do what matters most to them.
>
> These things go beyond our physical and mental health but also plays important roles in their maintenance and stability over time.
>
> Source:
> https://www.healthandcommunity.org/the-field/

A growing movement of thinkers and doers agree with us and are calling for the development of community-based health creation systems to complement the vital roles the NHS plays.[ix,x] These examples and many others demonstrate that communities and institutions are seeking new ways of working, focusing on the social determinants of health with a view to tackle rising health inequalities by addressing unequal power structures and relationships.

Our work at the Young Foundation has demonstrated powerfully how these unequal relationships take away people's individual and collective agency, limiting their life chances and undermining their wellbeing.[xi]

The health creation approach therefore calls for a change in the way we understand health. It is concerned with where health begins. Instead of asking "how do we keep ourselves from getting ill", a working Health Creation System (HCS) asks "what is it that makes us live well and how do we get there?"
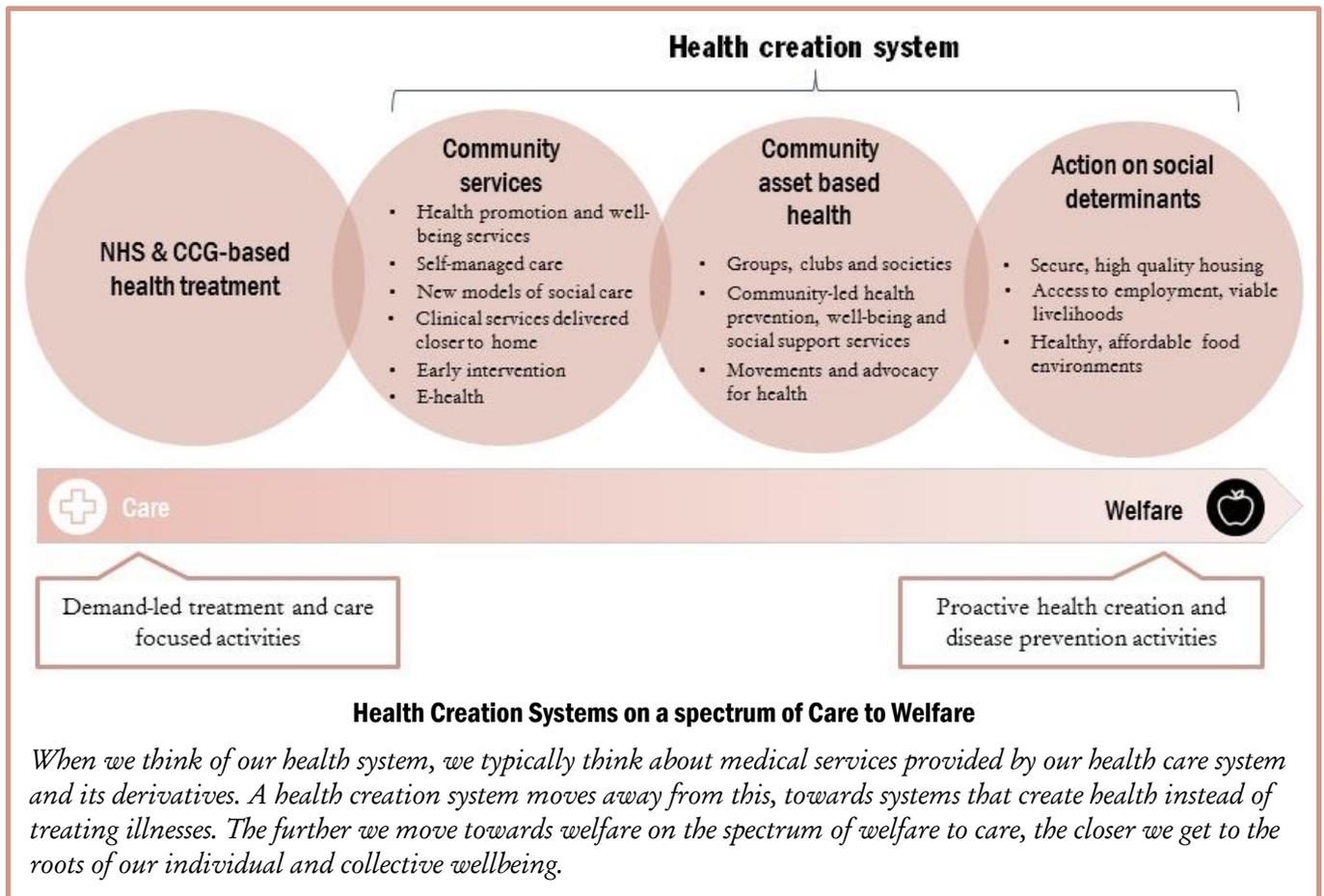
Health Creation Systems on a spectrum of Care to Welfare

When we think of our health system, we typically think about medical services provided by our health care system and its derivatives. A health creation system moves away from this, towards systems that create health instead of treating illnesses. The further we move towards welfare on the spectrum of welfare to care, the closer we get to the roots of our individual and collective wellbeing.

According to the New NHS Alliance, 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 and immediate environment."[xii]

Drawing from Young Foundation's previous work in communities and wellbeing along with their members' own experiences, the New NHS Alliance derived what they call the three C's of Health Creation:

- **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 and collective impact on those around us.[xiii,xiv]

These are the fundamental pillars that describe how health creation feels from a community perspective. It reimagines the way we draw our health from independence to an interdependence on each other.

Libby's Community Café, based in Connah's Quay, Wales, is one example of health creation in action. As a community venue, Libby's seeks to offer a programme of fun and engaging activities, as well as providing a communal space for people with dementia, and those who support them, to get information/advice and connect with

others with similar issues. The initiative brings people together to enhance their sense of control and confidence over their life circumstances in an interdependent way that fosters health instead of manages illness.

However, we also believe that these pillars are unlikely to materialise spontaneously within communities, particularly those which already suffer from inequalities in health and wellbeing. In such places they will only do so with the full involvement and engagement of the institutions, organisations and structures which make up the current system of health, social care and civic society. This is both challenging – it requires a broad and deep partnership spanning all of the 4 areas in our diagram above – and encouraging, since it points to what we can do practically to make this change happen.

Systems Change

A systematic response to health creation would seek to foster the three pillars defined by the NHS Alliance through the co-ordinated use of the various levers which make up the current system. These include the policy environment, system incentives, training and skills, resource allocation, and supporting tools, structures and processes. The following questions are examples of starting points in our current system:

- How can policy be used to devolve decision making and resources to the community level, recognising and building upon the agency of people and communities?
- How can commissioning, procurement, and contracting practice drive different behaviours amongst health professionals and ways of working across boundaries to support health creation systems?
- How do we change current incentive mechanisms for health workers (e.g. GP contracts) so that they can be used to encourage health creation as well as health promotion and treatment?
- How can organisations and agencies review and audit their activities to determine the extent to which they foster health creation in their communities?
- What skills and leadership are necessary to move and drive health creation systems, and how do we foster these in our institutions, services and organisations?
- How can we effect a transfer of resources not just from health treatment to illness prevention but beyond this to health creation systems?
- What governance arrangement are necessary for health creation systems and how can these be established in a way which genuinely reflects the transfer of control towards communities?
- What are the ways in which we can challenge a systemic culture of risk aversion to maximise our potential for creativity and innovation?

Whether you're a community member, health practitioner, policy-maker, or institution, we ask you to think about where you sit in the system, and what levers you are best placed to pull. Work needs to be done at in all levels of society if we are to reduce health inequalities (and their social roots) and change our collective wellbeing for the better.

The health sector and its systems need to listen to and understand their patrons' lives with humility; it needs to enable individuals, families and communities to support their own health and health creation activities; and it needs to coordinate care with the powerful informal networks that surround individuals. Without the support, cooperation and engagement of civil society, this will not happen. Housing associations, charities, social enterprises, and community groups all have an important role to play in health creation. We need both enthusiastic individuals and supportive institutions and infrastructure aligned with the above principles in order to shift the system in our favour. It is time to take the onus of our own health, as citizens, off the shoulders of health practitioners onto that of our communities of which health practitioners are one important group amongst many.

The Young Foundation wants to add our call and work to the growing voices for a movement for health creation systems. We are very keen to work with others to shape this thinking as well as to test new models in practice. We are also looking for communities that may be interested in building capacity and developing partnerships for change.

Please contact tony.may@youngfoundation.org if you would like to join with us to tackle health inequalities and create health across the UK.

Endnotes

[i] Slade., E. et al. (2017) 'Appendix 5: A Manifesto for the UK. We'd Like to Talk About Health...An invitation from a group of practitioners'. In: Tamber., P. S., & Kelly., B. B., 'Fostering Agency to Improve Health: Twelve Principles Key to the Future of Health', Seattle: Bridging Health & Community, Inc. pp. 108-109.

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[iii] Marmot. M., (2010)

[iv] Asaria. M., Doran. T., Cookson. R., (2016) 'The costs of inequality: whole-population modelling study of lifetime inpatient hospital costs in the English National Health Service by level of neighbourhood deprivation', *Journal of Epidemiology and Community Health* [electronic], 17 May, pp. 990-996, Available: http://dx.doi.org/10.1136/jech-2016-207447, [05 June 2017]. This paper put the total cost associated with inequality in 2011/12 as £4.8 billion.

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[viii] Tamber., P. S., & Kelly., B. B., (2017) 'Fostering Agency to Improve Health: Twelve Principles Key to the Future of Health' Seattle: Bridging Health & Community, Inc.

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[x] Finnis., A., et al. (2016) *Realising the value: Ten key actions to put people and communities at the heart of health and wellbeing.* [Online]. London: The Health Foundation, Nesta & NHS England. Available: http://www.nesta.org.uk/sites/default/files/realising-the-value-ten-key-actions-to-put-people-and-communities-at-the-heart-of-health-and-wellbeing_0.pdf

[xi] The Young Foundation. (2017). *Places* [Online]. [Accessed 7 June 2017]. Available from: https://youngfoundation.org/our-work/places/

[xii] Finnis., A. et al. (2016)

[xiii] Hothi, M., Bacon., N., Brophy., M., & Mulgan., G. (2008). *Neighbourliness + Empowerment = Wellbeing: Is there a formula for happy communities?* [Online]. London: The Young Foundation. Available from: https://youngfoundation.org/wp-content/uploads/2015/04/N_E_W_web.pdf

[xiv] Finnis., A. et al. (2016)