Health Creation: How can Primary Care Networks succeed in reducing health inequalities?

Report from a multi-stakeholder event held in July 2019

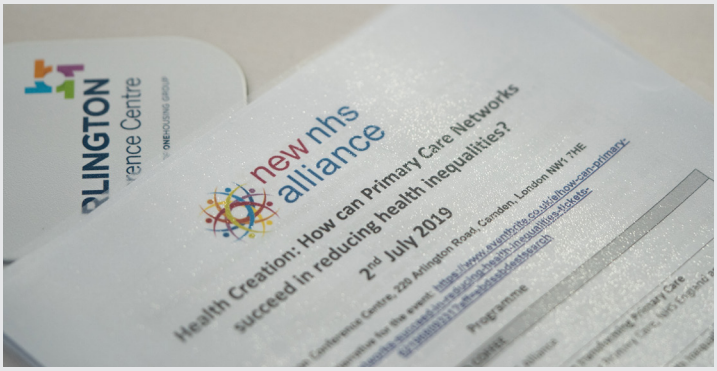
Thank you to our valued sponsors, without whom the workshop would not have been possible:

About New NHS Alliance

New NHS Alliance is a UK-wide cross-sector movement of professionals and local people working as equal partners to address and reduce health inequalities. Our aim is for people to live healthier, happier lives by shifting power to people and communities.

We achieve this by: enabling our members to connect and share their experiences of person and community-centred approaches, by advancing the discipline of **Health Creation** with communities and by providing a platform for people from some of the most disadvantaged communities to have a voice to influence policy-makers and system leaders. We advise widely across the health, care and housing sectors and multidisciplinary teams and always collaborate with local partners to build on what already works in a place to help systems to go further.

You can join the New NHS Alliance for free and become part of the movement: **https://www.nhsalliance.org/associate-members/**



About RCGP Health Inequalities Standing Group

The Royal College of GPs Health Inequalities Standing Group (HISG) is a special interest group working within the RCGP. Its overall purpose is to ensure that achieving health equity for all remains a key policy and practice focus, with specific reference to the role of General Practice as a speciality.

We achieve this by: advising RCGP Council on issues relating to health equity in the broadest sense (not just disease specific) and to assist in the formation of RCGP policy on these issues. We ensure that issues relating to health equity are on the agenda of all RCGP working parties and provide cross cutting support as necessary.

We also develop and disseminate evidence-based information on aspects of inequity in health which fall within the capacity of primary care to influence and to seek to bring such information to the attention of health professionals, media and government.

About the seminar and this report

We live in one of the richest nations, yet those living in the poorer areas die on average 12 years earlier than those in our most wealthy. In 2010, the Coalition government issued a Public Health White Paper with reduction of health inequalities at its heart. Through a combination of austerity, insufficient commitment to action on the wider determinants of health and a lack of focus on local communities, health inequalities have, instead, increased since then.

The recent NHS ten year-plan, the Universal Personalisation Care Plan and the Prevention approach by the Department of Health and Social Care (DHSC) all give greater attention to health inequalities. At the same time, there is growing evidence for how cross-sector, person and community-centred and community-led approaches can bring lasting improvements in the health and lives of people and communities.

Closing the health inequality gap is not an easy undertaking but some of the roots and some of the solutions of these inequalities lie deep within communities. There is ample room for organisations that are embedded within communities – including general practice, pharmacy, nurses, housing organisations – to improve the way they work in partnership with communities to find and deliver new types of solutions. Doing this well and with the support of local government and the NHS, could go a long way towards addressing many of the issues.

The event posed the question '*How can Primary Care Networks succeed in reducing health inequalities*'? It was attended by a wide range of health, care and community stakeholders.

This report summarises the main messages emerging from the event. It is intended to provide Primary Care Networks, local partners and communities with some early insights as these new vehicles come together and start to look at how they might build in a long-term, sustainable approach to reducing health inequalities from the start.

The opportunity for genuine collaboration to address health inequalities

Primary care networks (PCNs) consist of groups of general practices working together with a range of local providers. They are planned to become a key delivery vehicle for many of the commitments in the NHS long-term plan. They will be required to deliver a set of seven national service specifications. Locally agreed action to tackle health inequalities is one of these and the requirement will start in 2021.

This presents a huge opportunity for all local partners to work together with the communities they serve to improve people's and communities' health, wellbeing and lives. It presents a particular opportunity for general practice to access local knowledge, experience and activity in their local areas to help reduce some of the burdens they experience that are largely created through inequality and social factors. How they go about relating to and working with local partners will be critical.

Given that PCNs are also required to deliver six other service specifications, five of which must start by 2020, there is a danger that action on health inequalities could be put on the back burner. Yet a key finding from this seminar is that the composition of the PCNs – including who is included in their governance arrangements – is critical to success; a top-down approach to PCN development will fail to deliver.

Multi-disciplinary partnerships and teams are the way to go and PCNs need to pro-actively seek their communities' involvement in the evolution of their governance structures, ways of working and service design. This will necessitate commitment and leadership at a local level. PCNs need to act now to get the right people leading these new partnerships in order to set themselves up to reduce health inequalities.

"PCNs are for 'everybody' … GPs have got good medical knowledge but others have far more experience of communities and community development"

Delegate

Why GPs must change their approach to health inequalities

Session led by Dr Patrick Hutt, Chair, RCGP Health Inequalities Standing Group

Primary care has great potential to address health inequalities and the social determinants of health and GPs can be major contributors to making this happen The UK is fortunate to benefit from strong primary care infrastructure albeit there is an urgent need to ensure adequate numbers of GPs and other skilled practitioners in general practice are maintained and increased for the future. Historically there have been examples of good practice in addressing health inequalities. However, there has been no systematic contractual approach to ensuring general practice has explicit responsibility to contribute to reducing health inequalities.

The current restructuring of general practice provides an opportunity to enshrine the role that GPs can play in addressing health inequalities. PCNs not only have new responsibilities to take action on health inequalities; they also offer and excellent opportunity to learn and engage with other local partners and communities who are working to these ends and who could also help to reduce demand for GP services.

It is important that:

- PCN community-focussed solutions shared their good practice on community focussed solutions
- PCNs link with public health and academic teams to design services that address social gradients in health (both in terms of access and health outcomes)
- those general practices based in the most disadvantaged areas (such as the 'Deep End' practices) receive adequate resources to support primary care teams (both in terms of training, recruitment and retention) in areas of deprivation
- all new health policies relating to PCNs should consider a health equity statement
- appropriately resourced community focussed approaches to health inequalities, with GPs working in partnership with other organisations, is a necessary and welcome chance to change the approach to health inequalities.

The view from NHS England: To improve health and reduce demand on services we need to work differently

Primary care networks provide an opportunity for the provision of proactive, accessible, coordinated and more integrated primary and community care improving outcomes for patients.

Networks will be small enough to enable the personal care valued by both patients and GPs, and large enough to develop the strategic capacity to have a bigger impact through deeper collaboration between practices, community health and social care providers along with other, less formal, services and support in neighbourhoods.

The aim must be to build on grass roots movements to support other natural communities of practices to come together locally. Such neighbourhoods of care are emerging as the service delivery model of the future. This also means involving people who face the greatest inequalities as this will lead to different solutions that make sense to them and they can engage with.

PCNs must consider their approach to health inequalities across all seven service specifications if they are to be successful in reducing health inequalities.

Benefits for primary care networks that enable people and community centred approaches:

- When primary care networks are broad in their constitution this helps to draw other community assets and resources into the local health family
- When local people help to shape and deliver solutions, those solutions are more likely to work for their communities
- Having greater ownership of, control over and participation in local services is empowering and 'health creating' for citizens – it helps to make them and keep them well
- Power-sharing with communities and community-based partners empowers everyone to address health-related issues in sustainable ways
- Improved health literacy can work both ways when there is genuine collaboration with communities – it helps professionals to understand communities and communities to understand local health services better
- The primary care networks that encourage innovation between communities and local partners in how they achieve the common goal of improving population health, stand the best chance of reducing health inequalities and success in the seventh Service Specification.

PCN partners might include:

People with lived experience of poor health outcomes
Local residents
Voluntary and community sector
Children and young person services
Citizen advice bureau
Community and district nursing
Allied Health Professionals
BAME groups
LGBT groups
Emergency services
Faith organisations
Health and social care providers
Housing providers
Local authority and elected members
Local neighbourhood forums
Community pharmacists
Public health

Session led by Dr Raj Patel, Deputy Medical Director for Primary Care, NHS England and NHS Improvement and Olivia Butterworth, Head of Public Participation, NHS England and NHS Improvement

The view from the community

Session led by Merron Simpson, CEO New NHS Alliance featuring Bill Graham, Modality, Angie Wright, b-inspired and Adam Evans, Turning Point

PCNs can create the conditions for 'people on the edge' to re-integrate into their communities and for communities to address local issues by promoting a 4-stage process:

1. Build the connections, relationships of trust, with individuals and the voluntary sector e.g. through attending local events
2. Connect with community activities already happening in the locality e.g. offering GP waiting rooms (free of charge) for community activities
3. PCNs/GPs and community groups working as partners, co-creating activities, seeking funding
4. Develop patient voices, involve patients in design of services over larger geographies with general practice working together and at scale (PCNs).

"The availability of the community is part of my treatment"

"The way GPs and communities often relate is a little like being at a school disco … girls sitting on one side of the dance floor and boys on the other. What you need is a good DJ to get things started"

Delegates

Delegates agreed that the 'DJ' needs skills and a track record in community development.

The evidence for community-based, health creating approaches

Session led by Dr Brian Fisher, Chair New NHS Alliance

Social connections help our mental and physical health. A meta-analysis of many studies showed there is a 50 % increased likelihood of survival for people with stronger social relationships, comparable with risks such as smoking, alcohol, BMI and physical activity. The benefit is consistent across age, sex and cause of death.

Social connectedness protects against dementia and supports individual and community resilience. There is less crime and delinquency in areas with stronger social networks.

Approaches such as asset-based community development enhance the control that people have over their lives and their areas – that control is a big component of the health protection offered by connections with others. Such community-strengthening approaches can help tackle health inequalities too.

These kinds of 'health creating' approaches have a good economic return on the investment needed to make them work – the average return on investment (ROI) is about 1 to 4, made up of less demand on the NHS, as well as social benefits such as less crime.

Public Health England has assembled a large body of evidence from a range of sources for the impact of the family of community-centred approaches and can be found here: **https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing**

What mechanisms and actions are required?

- The NHS England and NHS Improvement maturity matrix for PCNs encourages multi-agency involvement in PCN governance. Done well this will ensure effective policies, plans and delivery of Health Creation and the wider determinants of health – including community members and local partners who have experience of working with disadvantaged communities.
- Health and Wellbeing Boards should include PCN leaders in an effort to strengthen integration with local stakeholders around a collective vision for population health.
- Health and Wellbeing Boards should have an oversight role to ensure that the actions taken are, in reality, locally agreed.

What can PCNs do…

…to enable good local partnerships for tackling health inequalities?

- Secure financial and other support to develop the local infrastructure with Voluntary Community and Social Enterprise / community business sector partners, enable participatory budgeting and active participation, including from seldom heard groups, in developing and delivering locally agreed activities.
- Broker availability of citizen space for meetings and activities, including spaces available through the primary care estate, housing organisations, community hubs, voluntary sector, schools and local businesses.
- Lead on establishing local data-sharing governance arrangements between local partners to improve intelligence and local collective action to address health inequalities.
- Ensure a skilled community development presence/ resource in every PCN.

…to gain authentic local agreement?

- Take time and use the Health Creation Framework – the 3Cs and 5 features of health creating practices – to codesign and codeliver a truly shared vision with communities.
- Cocreate with staff, community groups and partners local plans for delivery of all the PCN service specifications with a specific focus on people who experience the greatest health inequalities.

…to build skills to support this new role?

- Provide Clinical Directors and their teams specific training in Health Creation and solutions to health inequalities.
- Share good practice in Health Creation and addressing the wider determinants with partners, between practices
- Train general practice staff to support people to get access to their own medical record – enabling them to self care and self-advocate, sharing this information with whoever they choose.

Case Study
Spotlight on Hackney

Social Prescribing as a route to community connection and health creation

Giang*, a Vietnamese woman in her 60s, felt very isolated and started to feel unwell and depressed. She was referred into the Borough's GP Social Prescribing pilot. Her Wellbeing Co-ordinator established that since her local community centre closed, Giang was becoming socially isolated as she had stopped facilitating community dance activities.

Through the intervention of Family Action's Wellbeing Co-ordinator, Hackney Council, in partnership with Hackney Homes, offered Giang the use of an underutilised community centre. Giang has developed a weekly Ballroom Dance Class, attracting over 20 residents, and has arranged a range of other community based activities. Through her involvement with the community, Giang's wellbeing has improved, and she has had better health outcomes. Giang utilises the centre as a hub for the community and works tirelessly supporting local residents, who benefit from the social, physical and mental stimulus of attending the community activities. She was awarded a prize for Public Health at the House of Commons from the Minster for Public Health.

Case study researched by Dr JP Nagle

Case Study
Spotlight on Lambeth

Enabling communities through listening, truth telling and informing

The Lambeth Portuguese Community Project was initiated by Dr Vikesh Sharma, a GP Partner, Dr Cristiano Figueirdo, a GP training in Lisbon and the Portuguese Speaking Community Centre in Lambeth. It was established to address the health and wellbeing of the Portuguese Community in Lambeth where, as a minority ethnic group, they are at greater risk of health inequalities and were shown to have the highest risk of uncontrolled BP and diabetes compared to other populations.

The group developed a partnership between primary care doctors, local organisations and community members that created a platform enabling the development of the Portuguese community in Lambeth from which multiple interventions have taken place. These were tailored to the health and social needs of the community promoting better NHS access and self-management of disease – with the aim of ultimately leading to a reduction in health inequalities for the Portuguese community and demands on the health system. The initiative lead to the involvement of the CCG and the Local Care Network and resulted in the development of the Lambeth Portuguese Wellbeing Partnership (LPWP) connecting the community through multiple initiatives, with more than 30 organisations or individuals working in the community.

Case study researched by Dr JP Nagle

Conclusion

Notwithstanding some of the oversights in the design and contracting of PCNs that need to be addressed and the impact of broader political agendas, delegates were clear that lasting reductions in health inequalities will only be possible through working in genuine partnership with communities – by seeing them as part of the system and a significant part of the route to lasting solutions.

PCNs are uniquely placed to lead and support primary care practitioners to play their part in a wider transformation that is taking place which involves a shift to a new dynamic in the relationship between primary care practitioners, the communities they serve and other local partners who serve the same communities.

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Home Group is one of the UK's largest developers of new homes and providers of houses for affordable rent. In addition, we provide long term integrated housing, health and social care housing. We are proud of the difference that we have made over the last 80 years and we continue to work hard to support 120,000 customers in 55,000 homes across the UK.

As housing providers for people living in some of the most disadvantaged communities, organisations like Home Group have been at the forefront of addressing health inequalities for many years. We have developed ways of working with communities and people with complex needs, including latterly through social prescribing, to improve their health and wellbeing offering both housing solutions and health creating 'life' solutions. We believe that housing organisations of many kinds are natural partners in addressing health inequalities and see Primary Care Networks as an opportunity to take this agenda to a whole new level.

Rachael Byrne, Executive Director New Models of Care, Home Group

Power to Change is an independent trust, whose funding is used to strengthen community businesses across England. At a time when many parts of the UK face cuts, neglect and social problems, we are helping local people come together to take control, and make sure their local areas survive and stay vibrant.

No one understands a community better than the people who live there. In many areas, people are already coming together to solve problems for themselves, and our support can help get businesses off the ground which recycle money back into the local area and benefit the whole community. Community businesses revive local assets, protect the services people rely on, and address local needs. Community businesses play a huge role in addressing health inequalities and we believe they offer a valuable contribution for Primary Care Networks to deliver in the long-term plan within local communities.

Susie Finlayson, Development Manager, Power to Change

A quick-start guide to reducing health inequalities for Primary Care Networks

1. **Don't wait until the duty kicks in, in 2021; start thinking about health inequalities now.** You need to start building local relationships now to make sure your PCN is fit for purpose to reduce health inequalities.
2. **Involve your local communities and local partners in shaping your PCN** and the roles it will play in influencing and supporting the work of general practices. This will help you to build strong and trusting relationships with stakeholders who will help you deliver.
3. **Make sure your PCN governance arrangements include people from diverse communities.** Meaningful representation from community members living in the most disadvantaged neighbourhoods and from local partners who have experience of working with disadvantaged communities such as housing, social care, citizens advice and community pharmacy will hugely improve its capability.
4. **Start now and share the process of developing your actions for tackling health inequalities with local partners.** You may want to invite trusted community partners to lead on some aspects where they have a passion and the energy to deliver. Consider health inequalities in how you deliver all the service specifications.
5. **Support general practices to work with their communities as equal partners in pursuit of improved population health.** For example, by opening surgery waiting rooms to community groups to run activities such as music or knitting groups, displaying leaflets publicising community-led activities and supporting patients to develop their own ideas for starting new community-led activities.

If you would like to find out more about the work of NNHSA and how together we can help PCNs to deliver on health inequalities, please visit www.nhsalliance.org.

The key question Primary Care Networks should be asking is "have we delivered what matters to the community"?

Thank you to our valued sponsors, without whom the workshop would not have been possible:

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