

**Engaging and supporting marginalised
communities,
supporting earlier diagnosis of cancer, and
improving cardiovascular disease
diagnosis and prevention**

Learning from the community response to
COVID-19

Proceedings from two workshops

Supported by The Health Foundation

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The views expressed in this report do not reflect those of The Health Foundation.

Introduction

In April 2021, The Health Creation Alliance (THCA) launched a report entitled: [Learning from the community response to COVID-19; how the NHS can support communities to keep people well.](#)

This presented the findings of research undertaken by THCA that drew on the experiences of a wide-range of people and organisations who supported their communities during the first wave of the coronavirus pandemic. This extraordinary coming together of people, communities and local organisations demonstrated the value of individuals and their communities in complementing NHS services to support and enhance the broader health and wellbeing of local people.

A principle finding was that individuals, grass-roots community organisations and larger Voluntary, Community and Social Enterprise (VCSE) organisations rapidly connected to respond quickly, connect with people, and connect them with others. When people were connected, they felt more in control of their lives, and this supported their confidence and ability to deal with the COVID-19 lockdown and restrictions.

During the first wave of the coronavirus pandemic connections between communities and the NHS were also strengthened in some places with evidence of some good outcomes. However, the benefits of what can be achieved when the NHS connects in earnest with local people, communities and VCSE organisations was really demonstrated by the spectacular success of the COVID-19 vaccination programme roll-out. This has led to widespread awareness across all levels of the NHS of the benefits of working as equal partners with local communities. This awareness now needs to be turned into a commitment and action by Integrated Care Systems (ICSs).



COVID-19 has also led to a renewed focus on the unacceptable burden of health inequalities and an increased recognition of the important role, in partnership with others, that the NHS has in helping to address these.

With ICSs having been established across England on a statutory basis from 1 July 2022, the Core20PLUS5* approach to addressing health inequalities being increasingly taken up by ICSs, and additional legal requirements and guidance for ICSs to work with people and communities, many are considering how they might take a whole system approach. Health Creation offers an approach that will help to address all these elements at once and it offers a common currency for different parts and levels of systems to think through how they can best address health inequalities in partnership with their local communities. Two communities considered within this report are those experiencing homelessness and migrants and refugees.

Social, economic and health inequalities can seriously impact on peoples' health and wellbeing, and two areas of focus for the NHS are improving outcomes of patients with cancer, and cardiovascular disease. However, these communities also experience high levels of other diseases. This is why many of the examples in this report take a broad approach to addressing health inequalities, one aspect of which is addressing late cancer diagnosis and another is to improve diagnosis and treatment of cardiovascular disease.

There is no doubt that the lessons learnt from the community response to COVID-19 and the vaccination roll-out are being put into practice up and down the country. This includes valuing the role of communities, working with communities as equal partners to co-produce solutions and then power sharing to support communities deliver these. However, much more needs to be done to create health with communities across all partners within ICSs to address health inequalities.

This report provides further insight and guidance on how the NHS can work with local communities as equal partners to improve the health and wellbeing among some those with the poorest health outcomes.

* Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level.



About The Health Creation Alliance

The Health Creation Alliance is the leading national cross-sector organisation dedicated to addressing health inequalities through community-led Health Creation. Our mission is to increase the number of years people live in good health in every community. We are community leaders, people with

lived experience of poverty, trauma and discrimination and professionals from many sectors working together to transform systems from the bottom up so that Health Creation becomes business as usual and is recognised as equally important to treating illness and preventing ill health.

About Health Creation

Health Creation is the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced.

The 3Cs of Health Creation: Contact | Confidence | Control

Building meaningful and constructive **Contact** between people and within communities increases their **Confidence** which leads to greater **Control** over their lives and the determinants of their health. People also need an adequate income, a suitable home, engaging occupation and a meaningful future.

Having **Control** over our lives and environments is proven to enhance health and wellbeing and to help people cope well with health conditions, disability and ageing..

The role of providers and professionals

Professionals and providers can help create the conditions for Health Creation by working as equal partners with local people and communities, focusing on what matters to them to help create health within their communities

To learn more about our work or to become a member, visit www.TheHealthCreationAlliance.org

Key messages

- 1** Up and down the country there are pockets of great health creating practice being delivered by the NHS in collaboration with local people and communities. ICSs need to work with the pioneers behind these to recognise, support and advance their approaches while also spreading the learning widely to support system-wide adoption of Health Creation.
- 2** Partnering with local people and communities is essential, but it is not enough. The NHS also needs to help create the conditions for communities to create health by supporting community-led development and inviting communities to identify their own health and wellbeing challenges, priorities, goals and solutions. By playing to communities' strengths, they will be better able to deliver against these community-determined priorities.
- 3** Health and care services need to share information, resources and skills with communities to enable them to better address health inequalities. The establishment of ICSs provides an ideal opportunity to support this and to start to address the unequal power dynamic between systems and their communities.
- 4** The NHS needs to recognise that creating health with communities and other local partners to address health inequalities needs to become core to what it does, alongside treating illness and preventing ill health. The ICSs architecture and decision-making need to be set up to achieve this.
- 5** Even small engagement with local people and communities can give insight into the challenges they face and their appetite for things to be different. Just because the input isn't statistically significant, doesn't mean it isn't useful; taking note and testing the insights through further conversations can support trust-building with communities and can have a positive impact on co-production of solutions that create health and help to address health inequalities.
- 6** The needs of communities with the poorest health outcomes aren't necessarily reflected in population health management data. Some aren't registered with the system, while by the very nature of them being seldom heard, general approaches to health and wellbeing often overlook those in need of the greatest support. Engaging with, listening to and co-producing solutions with these communities is therefore critical to better addressing health inequalities.
- 7** Everything that happens prior to diagnosis of cancer and cardiovascular disease happens at a local level. So, in driving earlier diagnosis of cancer and cardiovascular disease, national organisations need to understand local challenges, listen to local provider and patient communities and co-produce local messages and programmes.



Picture courtesy of Groundswell

Learning from the community response to COVID-19; how the NHS can support communities to keep people well

Neil McGregor-Paterson. Communication Director, THCA

The NHS has learnt a lot from the community response to COVID-19 and vaccination roll-out, but there is a need to go much further. People at all levels of the system need to support the intrinsic value and power of people and communities to create their own health, and especially the strength and power of connected networks.

The following recommendations from the original report can support different parts of the system, depending on what stage they are at in their collaborating with communities' journey.

- Take time to connect, build relationships, respect and trust
- Contribute to funding communities to support them create health
- Work with others to support communities, and to help create the conditions for communities to thrive
- Have meaningful engagement with people with lived experience and their communities within governance arrangements and in the development of strategies and programmes throughout the system
- Learn from the more diverse communication approaches adopted due to COVID-19
- Value reciprocity and factor this into interactions with patients and local communities
- Consider how to use property assets to provide places for communities to meet
- Work with local communities to support people to connect and self-organise to address other significant health issues



Key attributes to the community response

By considering the 'attributes' demonstrated by the community in response to COVID-19, the NHS will be in a better position to collaborate with people and communities as equal partners, while supporting them take action for themselves.

- A clarity of focus on what needs to be delivered and why
- Understanding both the general needs of a community, and the more specific needs of those people needing support within a community
- Having the community's trust
- Having an infrastructure to support co-ordination and skills deployment – whether at a street or neighbourhood level, co-ordination was essential
- Respecting and trusting established providers
- Effective two-way communication between those responding and those in receipt of support

Key attitudes shown through the community response

By reflecting on the 'attitudes' shown by the community during its response to COVID-19, NHS employees will be in a better position to know how best to collaborate with people and communities.

- Willingness to connect with others, to collaborate and not compete
- Recognising where others are better at taking action, and transferring responsibility to them
- Avoiding politics, rapidly dealing with conflict and accepting that at times there will be disagreement
- Commitment to listening to people and super localisation of support to meet their needs
- A "Can Do, Let's Just Get This Done" attitude
- Recognising the value of established organisations and healthcare providers as enablers, catalysts, potential funders and shifters of power

Connecting with communities to deliver the COVID-19 vaccination programme

Bill Graham. Community Innovation and Development, Modality Partnership

Key messages

- Working with communities shouldn't be reserved for a crisis; creating health with communities and creating the conditions for them to create health themselves should be an ongoing priority
- Involve communities from the outset to learn from their knowledge and to uncover how community-led activity can improve the health of patients; support funding for community-led development and programmes
- Use the links and partnerships made through the vaccination programme to start to address local priorities and health inequalities in place

While there was some collaboration between the NHS and local people, communities and organisations in response to COVID-19, it was the vaccine programme that took this collaboration to another level. The learning from this is likely to shape community collaboration and community-led development for years to come.

One such successful vaccination collaboration was delivered in Airedale and Craven.

What worked in supporting vaccination

- Using local population health data and statistics to help identify those communities to work with, and to provide insight into why some people may be reticent in presenting for vaccination
- Listening to community concerns and addressing them through peers; supporting people to become community vaccine advocates
- Inviting the community to lead on co-production of all messaging, education and materials
- Working with the VCSE sector to identify community venues to take vaccination into the heart of the communities; target and host bespoke vaccination 'events'
- Tapping into a community's social networks e.g. WhatsApp groups, and using powerful images in support of social and traditional media outreach
- Supporting the ripple effect – encouraging people to tell members of their family and friends that they had been vaccinated
- Helping people access vaccination centres if this is a challenge for them e.g. by providing transport
- Seconding local VCSE staff into the PCN



Picture courtesy of Modality Partnership

Improving access to, and confidence in using, health services among people experiencing homelessness

Kate Bowgett. Services Director, Groundswell

Key messages

- Building relationships and trust with communities takes time; the NHS needs to invest, and invest for the long-term
- There are pockets of great health creating practice up and down the country. ICSs need to work with these pioneers to recognise, support and advance their approaches while also spreading the learning
- Many people from communities with poor health outcomes feel they fall outside of the system. As the NHS is part of the system, appreciating this provides a starting point for co-developing solutions to address this
- Peer advocates, and similar roles where people with lived experience are client facing, enables them to share experience. This in turn enables clients to find their own confidence and start to take control of their lives
- It can be extremely challenging for community organisations to build relationships with the NHS given the complexity of the system, its changes and staff turnover. ICSs have a key role in encouraging the system to support communities navigate the system.

The learning from the community response to COVID-19 is nothing new for many organisations. Up and down the country organisations have been working as equal partners with their communities and local partners for many years to address the needs of underserved communities. One such group is Groundswell, a UK homeless charity creating solutions to end homelessness that come directly from people who have been homeless. One area of focus is Homeless Health Peer Advocacy (HHPA).

In delivering the peer advocacy programme, Groundswell act as the 'stitches' to keep homeless and health professionals together.

This is a critical consideration given that those people experiencing homelessness struggle to access healthcare, resulting in poorer health outcomes: (ref. www.homeless.org.uk/health)

- The average age of death for homeless females is 43 and 45 for males

In response to a survey:

- 73% of homeless people reported physical health problems. 41% said this was a long-term problem
- 80% of respondents reported some form of mental health issue, 45% had been diagnosed with a mental health issue
- 39% said they take drugs or are recovering from a drug problem, while 27% have or are recovering from an alcohol problem
- 35% had been to A&E and 26% had been admitted to hospital over the past six months

Access to healthcare services

"The longer you're on the streets the more you feel separated from health professionals. You don't want to go to them. They're part of the system and you're so far away from that."

The reasons for people experiencing homelessness not accessing healthcare services are multifactorial and they are similar to other under-served communities. They include:

- Stigma, provider unconscious bias
- Lack of confidence in services
- Assumption that feeling ill is just part and parcel of being homeless
- Money for travel to where services are
- Issues contacting people
- People feeling that they were outside society and that the NHS is a key part of society



Picture courtesy of Groundswell

Homeless Health Peer Advocacy

In terms of supporting peoples' health and wellbeing, peer advocates have been critical in improving interaction and engagement with health and care services through a range of approaches tailored to reflect what works for individuals:

- One-to-one support in accessing healthcare
- Help making health appointments, reminders
- Accompanying people to their appointment
- Acting as an advocate during appointments
- Supporting people make sense of health jargon and treatment options
- Supporting people having their say about the healthcare they get

Successful peer advocates demonstrate a range of particular traits, which should be prioritised over specific skills:

- Not an authority figure
- Non-judgemental
- Real understanding of the issues people are facing
- Empathetic
- Good listener
- Speak the language
- Trusting
- Inspirational



Picture courtesy of Groundswell

Outcomes from Young Foundation evaluation of Peer Advocacy programme:

- 42% Reduction in A&E and unplanned admissions
- DNA rate same as for general population
- Increased knowledge, confidence and motivation to manage health and engage with healthcare

Since Homeless Health Peer Advocacy (HHPA) began in 2010:

- 148 volunteers have completed the six-week HHPA training and gone on to become Peer Advocates
- 69 have got jobs, including five who have gone on to train as nurses

Barriers and solutions to working with national and local partners

Groundswell collaborates closely with a range of national and local organisations including Public Health England, NHSE, health inclusion teams, pathways teams, outreach teams, specialist GPs, hostels and other charities. However, this is not always easy and there are a number of barriers to this, as well as solutions that make collaborative work easier.

Barriers

- It's not always clear who to speak to within the system
- A concern that truth telling with funders might risk the funding they offer
- Constant changes to NHS structures; high staff turnover
- Very short-term funding
- Delays/problems with getting paid
- Government funding schemes that lack time to co-produce plans
- Unnecessary bureaucracy

Solutions

- A multi-disciplinary team approach with regular chances to get round the table together
- Open lines of communication
- Recognising that most commissioners are genuinely interested and supportive
- Longer contracts with room to develop
- Contracts that enable full cost recovery
- Flexible approach to monitoring – not one size fits all

“If it weren't for you guys coming and taking the time out getting myself sorted out, I reckon I would have been dead now. That's how much it made an impact in my life”.

Working with migrants, refugees and homeless communities to ensure their voice drives the health agenda – a primary care perspective

Dr John McGuinness. GP & North Lewisham PCN
GP Fellow for Health Inequalities

Key messages

- Provide space and commit time to listening and building relationships with the community; share and shift power to the community and trust them
- The additional roles Reimbursement Scheme (ARRS) can be used to appoint local Community Link Workers, or similar roles, on a long-term basis
- PCNs should commit to funding community; to do this the funding model needs to shift
- Primary care can help communities to connect, acting as a catalyst for change
- Share learning and data with others to encourage community-led development

North Lewisham is a vibrant active community with a high proportion of non-white and migrant residents, high levels of socioeconomic deprivation and high prevalence of inclusion health groups. Its residents have a high burden of cardiovascular disease, very high rates of childhood obesity and lower life expectancy compared to the national average.

The impact of Total Triage and Digital First on the North Lewisham Community

At the start of the pandemic as GPs moved to Total Triage and Digital First, North Lewisham were concerned that this might disproportionately impact vulnerable groups. This was in fact the case. A mystery shopping exercise, through which 10 GP practices were contacted by phone to try to register without any ID, helped uncover among other things confusing and unclear messages, requests for unnecessary ID and refusal to register people who didn't have access to the internet.

The research also uncovered that there was not only a worsening of existing pre COVID-19 barriers (such as language barriers and mistrust of the system) but that COVID-19 had presented some additional barriers to which solutions were identified.

Additional barriers to access

- Lack of and/or confusing messaging about changes to how primary care services will be delivered in response to COVID-19
- Removal of ability to walk-in
- People uncomfortable sharing more information through triage
- De-registrations and move to online registration
- Difficulty to build rapport and trust
- Digital exclusion

Access solutions

- Triage system which considers patient's disparities in access
- Clear and consistent messaging
- Reduce the length of time on call waiting, or provision of a freephone number or call back service
- Working closely with patient advocates
- Access to interpreters both at reception and for consultations
- Face-to-face reviews for those patients who need it
- Outreach and in reach primary care service for those groups who are unable to engage with mainstream services

Coming together to design better personalised care

Appreciating the disproportionate impact of COVID-19 on their underserved communities, North Lewisham held listening and co-design workshops with members of their local community to help understand what matters to residents, their context and the impact of COVID-19 on them.

This was followed by an invitation to 115 community organisations offering them the opportunity to contribute to a mapping exercise on the causes of health inequalities and poor vaccine uptake. 32 organisations input into this.

Through two listening exercises with these organisations, community strengths and assets were identified and a number of programmes for change were co-designed. These focused on five key areas: Improving COVID vaccine uptake, improving access to GP care, data strategy, North Lewisham Health Inequalities Forum and appointing a Community Link Worker.

Spotlight on the data strategy

The foundation of the data strategy was to treat health inequalities in the same way as managing other physical and mental health needs. This included creating a set of indicators and tools on the EMIS Electronic Medical Record system to make it easier for clinicians and non-clinicians to identify people who are more at risk of health inequalities, and to take mitigating steps to improve access.

Putting the data strategy into practice – focus on CVD

Applying the data strategy to identify signs that patients were at risk of poor health outcomes, 70 patients attended ARRS supported health checks, of which 40% were under 40. Those under 40 would not normally be offered a health check. As those at risk of health inequalities are more likely to develop cardiovascular disease at an earlier age, our strategy demonstrated the benefits of earlier engagement with under-served communities in supporting prevention of CVD.



Spotlight on Community Link Worker

“In appointing the role through ARRS, there needed to be a high degree of flexibility, while ensuring that funding was made available for on-costs”.

Funded through the ARRS, the Community Link Worker is both from, and embedded in, their local community. Their role includes bridging between GP practices and the community, linking with the VCSE sector to build links and trust and identifying outreach opportunities.

Earlier diagnosis of cancer: Spot Leukaemia for primary care and, public awareness

Charlotte Martin. Patient Advocacy Manager at Leukaemia Care

Key messages

- ICSs could have a role in supporting national patient organisations to build relationships with local network organisations. These can then support national organisations engagement with other community organisations that could help shape and deliver a local campaign
- PCNs could share population health data with national organisations to support them in better understanding local communities and in targeting their resources to communities where campaigns deliver the greatest benefit
- The voice of people with lived experience should be included within all Health Care Professional education programmes

Awareness of blood cancer among the public, as well as in primary care is still dangerously low and blood cancer continues to claim more lives than prostate or breast cancer every year.



Can you #SpotLeukaemia?

www.spotleukaemia.org.uk

The overall aim of the national **Spot Leukaemia** campaign is to improve earlier diagnosis of leukaemia and save more lives. This is achieved through improving public awareness of the signs and symptoms to encourage earlier presentation to their GP, and by helping primary care professionals to better recognise and diagnose leukaemia.

The campaign comprised two work streams, one focussed on primary care and the other on public awareness and in delivering these, a key consideration was ensuring localisation and ensuring that the voice of people with lived experience and their communities were heard throughout.

“Everything up to diagnosis happens at a local level, so in driving earlier diagnosis of cancer, people need to understand local challenges, listen to local provider and patient communities and co-produce solutions as equal partners”.

System and neighbourhood level use of population health data in driving uptake of cervical cancer screening*

Mark Wright. Population Health Primary Care Development Support Coordinator, Bay Health and Care Partners

Scott Johnson. Business Intelligence Locality Lead – Morecambe Bay CCG, MLCSU

In the Morecombe Bay region, PCN intelligence identified low-levels of cervical cancer screening uptake as a potential issue. A population health management approach was adopted that turned the clinical approach to data analysis on its head, pulling on socio-economic and deprivation data to support targeted interventions to increase uptake of cervical cancer screening among particular patient communities.

The data analysis key messages

- It's important to be led by, but not limited by the data
- There is no substitute for local context
- Ensure that clinicians suggesting interventions are kept up to date at all times
- Accept that there will be gaps in data; use a wide variety of data sources to attempt to reduce these gaps
- Use assumptions around deprivation, but narrow the field
- Ward level targeting based on IMD is based on patient postcode, not individual circumstances. However, interventions based on likelihood are better than no interventions

Patient uptake of cervical screening is not included in routine datasets making it difficult to target interventions. To help overcome this, a bespoke data set was created and by using GP EMIS data, the cohorts of patients in which uptake was lowest were identified. Then, by combining routine data feeds received from Midland and Lancashire CSU, national data from the Index of Multiple Deprivation, use of supplementary data and triangulation with local intelligence, CSU were able to identify three major wards with lower uptake of cervical screening that might benefit from a cervical screening intervention.

Community engagement key messages

- There is real benefit to drawing on local 'soft intelligence' gained through conversations
- Share population health management data with patients and their communities
- Take time to connect and build relationships with local communities
- Make sure engagement with people with lived experience, especially marginalised seldom heard communities, is genuine
- Even a small amount of engagement can have an impact
- It's important to plan for the whole project from engagement to co-production to evaluation as a seamless initiative. This will ensure that any project is resourced in its entirety

Based on the outcomes of the analysis, a community engagement process was undertaken to help uncover barriers to cervical cancer screening and the solutions to improve uptake. This involved:

1. Stakeholder/asset mapping with clinicians, representatives from integrated care communities, community representatives and the VCSE sector.
2. Workshop with community representatives to identify different approaches and platforms to engaging with their communities, and to identify what questions should be asked.
3. Community engagement over a period of three weeks to seek people's insight, experience and opinions from which priority barriers were identified.
4. Involvement of community in developing the plan to address these priorities.

Barriers and solutions

- Difficulty in booking appt → Improve booking and appts process
- Embarrassment → Production of explanation videos by practice nurses for posting on website and Facebook page
- Previous bad experience → Practice nurses spoke one-on-one to women that had experienced sexual violence to prepare them for their smear
- Lack of understanding of the importance of having regular smear tests → Shared campaigns and videos from Jo's Cervical Cancer Trust
- Concern about who would conduct the smear test → Organised smear day at local surgery

Working with local people to meet the needs of their local community

Joe Martindale. CEO, Hangleton and Knoll Project, Hove

Hangleton and Knoll has super output areas in the top 10% of deprived communities in the UK. It is geographically isolated from health services and other health and wellbeing facilities. This is a particular issue given the low levels of car ownership and an expensive and slow bus service. Many within the community struggle to afford fresh food and digital exclusion is a real issue.

The Hangleton and Knoll Project

The Hangleton and Knoll Project is a resident-led community development youth work and adult learning charity that has been providing asset-based community development for over 40 years in the west of the city of Brighton and Hove. It is both the community, and part of the VCSE sector. Its support for communities is built around local people coming together to help meet the needs of their local community. This includes over 50 events every week.

There are many ways in which people get involved. For example, some people start by picking up litter in their local park, making coffee at the local bingo, coming to an event or by joining a group or activity. Others, who may want to get involved in a more structured way, might represent their community by joining a committee, or support their community by setting up a group themselves.

The project is commissioned by Brighton and Hove City Council and CCG and it is supported by a wide-range of trust funders.

Supporting provider engagement with the community

In support of the development of community solutions to local health and primary care issues, a community-led and PCN funded bi-monthly Forum is attended by residents/patients, Practice Managers from local PCNs and a range of local health stakeholders, including those from the CCG and Public Health. With an average attendance of 45, all community health projects start here and are overseen here.

As a result of the Forum, a number of bespoke projects have been delivered in partnership with health providers. This includes a [video for patients](#) to support their understanding of social prescribing while empowering them to request this from their HCPs.

Key messages

- While the system is getting bigger – the grass roots is where peoples' lives happen
- From the community point of view, it can be the NHS that is hard to engage with
- What works in communities is an enabling approach that values people as individuals
- There are lots of people that want to help the NHS in improving the health and wellbeing of their local communities; the NHS could harness this energy with, and through, the CVSE
- Volunteering doesn't have to be formal; by appreciating this the NHS will be better placed to tap into the energy of the informal volunteers
- The long-term conditions that really affect the health of our populations are not necessarily given the attention they need. Bring the problem and issues to the grassroots and let them lead on solutions that help people to stay well
- There is great power in ensuring that the direct voice of patients and communities is heard by senior decision-makers, backed-up by the evidence of good practice
- If something works, however small, it can be built upon

Support for cancer screening

In addressing the low levels of uptake of cancer screening among some of our communities, the project trained representatives from the Bengali and Arabic communities around the various methods of cancer screening, the aim of which was to support them take out key messages into their communities.

The success of the [cancer project](#) led to a research project with the local university to evidence the benefits of volunteer/peer led approaches.

This in turn led to a project with the Multicultural Women's Group on menopause and period poverty in the Bengali community. The outputs of this included free period products being available from libraries, community building and GP surgeries. This is a great example of how engaging with and listening to communities enables providers to better understand and meet the health and wellbeing needs of people beyond the agenda incentivised out by the NHS.

Further information on The Health Creation Alliance

The Health Creation Alliance is an inclusive membership organisation, with members drawn widely from across many voluntary and professional sectors. We also have members who come from a predominantly 'lived experience' perspective, ranging from 'expert patients' to community leaders to people who have a range of vulnerabilities – such as use of criminal justice system, substances misuse, mental ill-health, homelessness, childhood trauma, domestic abuse – and who have not always found it easy to have a voice and access health, social care and other services.

Become a member of The Health Creation Alliance [here](#).

Benefit from our Discovery Learnings Programmes



Health Creation requires action across systems and at all levels. It happens principally through constructive and meaningful relationships where people can learn from each others' experiences and through blending their insight, ideas and skills. We enable this through bringing together professionals from diverse backgrounds, community members and people with lived experience to learn with and from each other as well as from our Health Creation Frameworks and tools that are grounded in experience on the ground.

The Health Creation Alliance Discovery Learning Programmes offer learning opportunities through structured, bespoke programmes that range in size from 10 to 200 participants, and from a single workshop to a 9 month programme.

Our Discovery Learning Programmes:

- share examples of national and local best practice that through skilled facilitation enable participants to identify what works, why and how this can be applied to their locality
- maximise sharing, reflection, discovering with others and experiencing new ways of working within a safe and trusting environment
- employ our bespoke Health Creation frameworks, tools and approaches to provide practical support for driving meaningful change
- are grounded in a deep understanding of a localities specific needs and circumstances to maximise the relevance and impact of the programme
- aim to establish a discovery learning habit that can be continued long after we have stepped back

If you would like to learn more about our Discovery Learning Programmes and how they might be right for you and your organisation, please email neil@thehealthcreationalliance.org

For more information on The Health Creation Alliance and our activities, please visit our [website](#)