UNIVERSITY OF BIRMINGHAM

Transforming health inequalities in 100 days: Leverage points for community-driven change across the UK

Executive Summary

It is time to move to a new phase in tackling health inequalities. Community-driven approaches are widely adopted but remain pockets of innovation with limited influence and financial security.

This policy brief synthesises insights from the abundance of recent reports, guides, and resources into five leverage points for widening and deepening community-driven change of health inequalities. We suggest acting in iterative experimentation phases of 100 days to "learn fast, fail early and cheaply, and improve". This should be done in learning partnerships of communities, third sector organisations, health and care providers, local authorities, integrated care boards, interdisciplinary researchers, and regional and national policymakers.

Transformative change will not just happen. It will require courageous leadership and extensive collaboration across all levels to change relationships and achieve sustainable outcomes.

Policy recommendations

1) **Collaborate to overcome systemic barriers to change**
   - Drive transformative change through courageous leadership – change must happen at a hyper-local level supported by a system of local, regional, and national leaders.
   - Integrate diverse projects with shared approaches and interests by supporting community infrastructure organisations to overcome competition and division.
   - Share power by including communities in decision-making forums and systems of interconnected teams and networks.

2) **Strengthen community assets to create real change in communities**
   - Reach out to underserved groups who don't access support via partnership working with community organisations and co-location of clinical and social services and link workers in community hubs.
   - Extend existing or create new roles dedicated to facilitating partnerships, building relationships, and supporting community development.
   - Help people back into work through innovative forms of social prescribing and support for NHS link workers, community entrepreneurs and partnership working with employers.
   - Use the potential of digital technologies for implementation of community-driven approaches at scale, such as online peer support networks.

3) **Enable sustainable funding to achieve long-term change**
   - Create an investment fund, sufficiently big (min. 1% of acute care budgets) and long-term (min. 10 years) to make a difference, and include local partnerships between the social finance and philanthropic sector, the NHS, and local government.
   - Test innovative funding schemes, e.g., backing social prescribing with fees per individual prescription, to generate sustainable income for community organisations, including safeguards that prevent a market-place dominated by other, big organisations disconnected from communities.
   - Invest in the development of capacities of the whole workforce – including senior and clinical NHS staff – to collaborate closely with partners and communities,

with ‘relationship-building’ core to all job descriptions.
- Test a new category of public spending, alongside the existing revenue and capital categories: Preventative Departmental Expenditure Limits, which would ring fence preventative investment and inject long-termism into public spending.

4) Adopt relational commissioning to incubate impact

- Move away commissioning from over-specified contracts to collaborative relationships and ongoing mutual learning between commissioners and providers.
- Co-produce impact monitoring processes focused on “incubate, test, learn and embed”.

5) Embed collaborative learning to develop and evaluate new models

- Move from risk minimisation to risk enablement to create space for iterative experimentation and learning that achieves both individual health and wider outcomes valued by communities.
- Create interdisciplinary teams, e.g. integrating health, environment, and arts, to support innovation and to identify the most effective models for reducing health inequalities.
- Work with the new National Centre for Social Prescribing Data and Analysis to generate and interpret relevant real-time data and stories for ongoing system learning and improvement.

About the partnership

This policy brief was co-produced by 20 third sector, local and regional authority, NHS, and academic partners committed to community-driven change of health inequalities. Catalysed by the Social Prescribing, Assets and Relationships in Communities (SPARC) Network, we aim to generate real change in communities and realise fair and sustainable health and social care.

Our review of 30 recent practitioner and policy reports shows:

a) widespread agreement to widen and deepen collaborations with communities to reduce health inequalities.

b) Strong evidence that it works based on a decade of public sector programmes and proliferating grassroots. initiatives.

c) A growing disconnect between rhetoric and reality when it comes to supporting, sustaining and scaling successful community-driven initiatives.

We need relational change through integration of the practices of the NHS and its partners, with community groups and anchor organisations at the heart. Increases in equity, control, voice, and social connectedness improve community wellbeing and reduce health inequalities experienced by less well-off groups. The benefits of community wellbeing extend far beyond equitable and affordable health to safety, employment, and national economic growth.

What’s next?

We invite partnerships and stakeholders from across the UK who wish to widen and deepen their innovative community-driven approaches to connect with the SPARC Network to:

- Share evidence of your approach;
- Find resources and peer support;
- Work with an interdisciplinary team of researchers to co-produce pathways to community-driven change.

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