



# Winter Health – Health Creation programme

Final report: October 2024

A collaborative project between VCSE organisations,  
Manchester Settlement and The Health Creation  
Alliance - Funded by NHS GM via Manchester Local  
Care Organisation

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<https://www.manchestersettlement.org.uk/health-creation/health-creation-for-winter-vaccinations>

## Foreword

Manchester is a vibrant and diverse City, but we know that not all of our residents have the same opportunities to be healthy and well. This health inequity is complex and challenging, however there are opportunities to ensure that together we can make a positive impact on people's health.

National and local evidence confirms that to achieve lasting change in communities and reduce health inequalities, it is essential the community themselves participate and lead; working alongside local partners, agencies and professionals who are open to new types of creative and collaborative relationships with communities.

Here at Manchester Local Care Organisation we have recognised the strength of partnership work which has been built across our neighbourhoods, and the potential combined energy to do something very different in how we approach the challenges that our communities face. We have seen the opportunity to support a significant shift in community power, with agencies supporting and enabling local people to be more in control of their own health and wellbeing.

The *Winter Health – Health Creation Programme* is a brave step towards delivering a preventative approach to health inequity, which has the insight and experience of our community members right at it's core. Alongside Manchester Settlement and The Health Creation Alliance, we are committed to supporting the introduction of health creating techniques to community organisations, and understanding how we can continue to build confidence, skills and capabilities which will positively impact upon the determinants of health.

This project has been an opportunity to support communities to self-organise and develop health creating models of working around staying well and healthy over winter. The aspiration for the model is about shifting traditional power models and enabling communities feel able to take control of their own health needs. These projects look very different to a traditional winter vaccination campaign and in that lies the strength of the model.

We will continue to listen, to take opportunities to challenge the way things have been done, and to recognise that together we can set a new way forward.

**Angela Beacon, Mags Doherty and Lizzie Hughes**

***Neighbourhood Leads, Manchester Local Care Organisation***

## 1. Executive Summary

Successful delivery of a *Winter Health – Health Creation Programme* in collaboration with leaders from Manchester BAME communities in Cheetham Hill & Crumpsall, Ancoats, Clayton & Bradford and Ardwick & Longsight to help drive a reduction in health inequalities and enhance communities' winter health and wellbeing, including through access and equity of vaccination uptake.

It is with great pleasure that I write this summary, as I am pleased that Manchester Settlement has had the opportunity to play a part in this *Winter Health – Health Creation Programme*.

I must begin by thanking our Project Manager – Maqbul Rose, who has lived and breathed this project. It has been her skill, personality and her values that have helped to define “what great looks like”. Thanks also go to Neil McGregor-Paterson and Merron Simpson from The Health Creation Alliance for their expertise and partnership.

This project was designed from the outset to embrace and enhance the power and potential of the numerous community and place centred VCSE organisations that are uniquely placed to build upon the essential trusted relationships they have with their communities. Here at Manchester Settlement, we have recognised the importance of these partnerships and the potential they have to approach the challenges and inequalities that our communities face in a way that respects, supports and challenges those community organisations. In seeking to deliver this programme, we had identified the opportunity to use the concepts of Health Creation to support a significant shift in community power, with agencies supporting and enabling local people to be more in control of their own health and wellbeing.

Working in partnership with The Health Creation Alliance, we have committed to supporting the introduction of health creating techniques, supported by ‘The Framework for Health Creation, to community organisations to continue to build confidence, skills and capabilities which will positively impact upon the determinants of health

It is the VCSE leads and their communities that came together that have to be applauded for the success of this programme, for their commitment and enthusiasm, to develop Health Creation in their groups and communities to enable community power to grow and to tackle health inequalities.

The programme was funded by the Manchester Local Care Organisation to target communities facing racial inequalities and improve health outcomes from October 2023 – October 2024. Twelve BAME VCSE organisations were recruited from North Manchester and trained to embed ‘The Framework for Health Creation in their community-based projects and engaged in various learning interventions.

“The Health Creation project has been a fabulous project, I love it.”

Eight completed the programme, adapting their projects to suit their communities, and participants reported that their projects improved their confidence, their health and wellbeing as well as enabling them to use their 'new skills and learning' to seek full-time employment.

Through implementing 'The Framework Health Creation, new connections were also made between group members, with the external community and between organisations (bridging).

Project feedback and evaluation has demonstrated that this is a viable Framework that when adopted and embedded into programmes being delivered by VCSE organisations, can improve health equity.

A total of 64 sessions were delivered by organisations and approximately 400 people have been engaged in the projects (includes Project Leads, Health Creators and Group participants). The project themes were the COVID-19 and Flu vaccinations, diabetes, physical activity, holistic approach to winter health and mental health.

Outcomes and recommendations are detailed in this report. Recommendations include using user-friendly evaluation tools, conducting an initial baseline assessment to ensure organisation capacity to deliver the project and ensure budgets allocated are appropriate via discussions with VCSE leads.

All in all, the project was successful in three key areas:

1. Improving the awareness of BAME community leads and members of a variety of health conditions, and how to reduce susceptibility and to access interventions and support.
2. Providing health creation learning for the organisations and supporting them to embed the Framework in their projects. VCSE leads benefited from having a framework to work to as it helped them to address their strengths and weaknesses; and it was recognised that many did embed the 3Cs and six features of health creating practice to improve health outcomes.
3. Creating a community of VCSE organisations connected by the practice and language of Health Creation.

It is very reassuring to know that the Institute for Public Policy Research's cross-party Commission on Health and Prosperity<sup>i</sup> are recommending a move from a reactive, sickness orientated 20th century healthcare system into a proactive 21st century health creation system working in parallel to the NHS' 'sickness service'; a system that, as reported by the BMJ, could save NHS £18bn a year,<sup>ii</sup>

Manchester Settlement and our partners are proud to be at the forefront of this change, while Greater Manchester has embedded Health Creation in several strategies and plans.

In summary, the ultimate lesson from this project has been that Health Creation is indeed a very powerful approach to improving health and wellbeing and reducing health equities, which is a long-term approach that needs resourcing in a way that respects and rewards the developmental needs of all partners.

Adrian Ball

**Chief Executive Officer – Manchester Settlement**

## 2. Background

This report provides information regarding the processes and outcomes of the *Winter Health – Health Creation Programme* (programme), led by Manchester Settlement (MS) with the support of The Health Creation Alliance (THCA) to improve health outcomes by adopting and embedding The Framework for Health Creation(The Framework) into individual community group winter health programmes.

The project has been funded by three Manchester Local Care Organisations neighbourhoods:

- Cheetham Hill and Crumpsall
- Ardwick & Longsight
- Ancoats, Clayton and Bradford (includes Openshaw)

### 3.1 What is Health Creation?

Health Creation describes 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.

Health Creation focusses on ‘building collective agency???’ through the 3Cs of Health Creation: Connections | Confidence | Control.

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

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

#### 3.1.1 The features of health creating practice

Health Creation most often happens within communities and is it driven by communities alone or in partnership with others including NHS and local agencies.

When community organisations are supported in understanding and embedding the 3Cs and six features of health creating practices into their work, the reach, impact and outcomes from their work can be significantly enhanced at a community-wide and individual level.

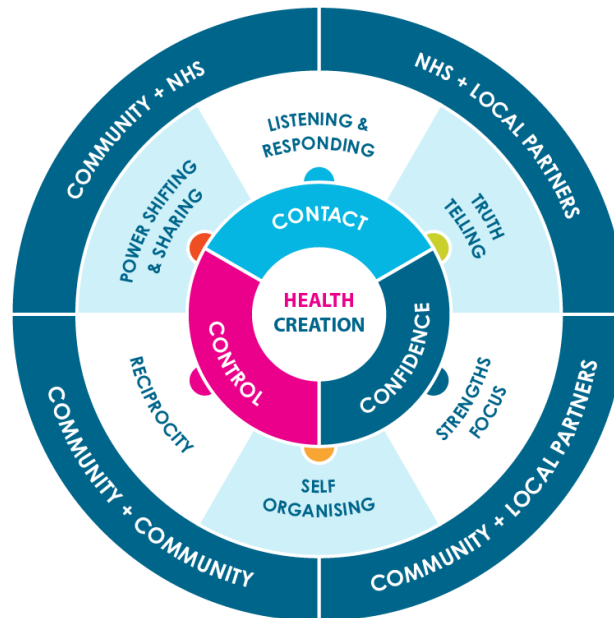
Professionals can create the conditions for Health Creation by working as equal partners with local people and focusing on what matters to them and their communities. The six features of health creating practices provide a framework through which professionals can achieve this.

The six features of health creating practices are:

- Listening and responding
- Truth-telling
- Strengths-focus
- Self-organising
- Power-shifting
- Reciprocity

The diagram below summarises The Framework, highlighting the importance of relationships in realising its benefits.

### Summary of The Framework for Health Creation



## 3. Planned Aim, Objectives and Outcomes

### 3.1 Aim

The original aim of the programme was to improve access and equity of vaccination uptake across three neighbourhoods in Q4 2023 and Q1 2024.

However, due to the timing of the programme, and the wider benefits of health creating practices beyond vaccination, the programme was broadened to embrace 'winter health' more generally.

### 4.2 Objectives

- To co-design and deliver COVID-19 vaccine uptake interventions with 12 BAME groups leaders
- To educate 12 BAME community group leaders in Health Creation practice/methodology
- To establish a sustainable learning relationship network across 12 health creating organisations
- To recruit and train an 'army' of Community Health Creators to continue Health Creation good practice

### 4.3 Planned Outcomes

Of all the seven planned outcomes, only improving locality data regarding vaccine uptake was not met. Sections six-nine consider how the other six outcomes were met.

- Reduced health inequalities
- Enhanced health and wellbeing
- Improved contact between people in communities
- Increased confidence and develop greater control to positively impact upon the determinants of health
- Improved understanding and trust in vaccination programmes
- Improving locality data regarding vaccine uptake (Flu, COVID-19)
- Increased individual and community level feelings of control, contacts and confidence when confronted by complex health systems

## 4. Methodology/what we did

The diagram below summarises the programme, this is followed by the Project Plan that highlights the project interventions.

### Summary overview of the programme





## Project Plan

Month	Activity/Intervention	Evaluation
September 23	In-depth training and mentoring of Project Manager through The Health Creation Alliance	
October 23	Organisation recruitment x 12	
November 23	Launch to support organisations' understanding of the programme and The Framework  Health Creation self-assessment conducted with each organisation	
Nov 23-March 24	Intervention/activity developed and implemented	
January 24	What does it mean to be a 'Health Creator' session	
January-June 24	Support to build a health creating network	
February 24	Community Health Creators established	
February 24	Community Health Creator Platform roll-out	
March 24	<b>Review – feedback/evaluation</b> from organisations of activity/intervention impact	
July 24	Celebration Ceremony	
October 24	Report	

### 5. Development of Individual Projects

Health Creation principles have been threaded throughout the programme, particularly through the co-design of each project delivered by each VCSE organisation. The Project Manager worked with each group lead to identify an objective linked to the programme objectives, with a plan for how the lead would deliver the session/s to adopt and embed Health Creation into the programme.

These are further considered for each organisation below:

#### **Manchester's Got Talent Youth and Communities:** Flu vaccination

The group raised awareness of the importance of the flu vaccination and adopting a healthy lifestyle using The Framework. VCSE lead delivered a fact-finding session to increase the groups knowledge and identify reasons for vaccine hesitancy. Community consultation was conducted via a survey from the findings (developed by the group) and distributed on-line and in person.

**Bolly Fit Active:** Holistic approach to Winter Health to tackle Isolation

Group worked on three health topics: self-care, medicine management and diabetes. Three Health Creators shared their stories to build an understanding of their health and health needs and barriers were identified which prevented good health management. This further developed trusting and supporting relationships and allowed the participants to reflect on their own personal health. The discussions led to actions and ideas to improve their well-being; including the creation of three flyers on diabetes, self-care and self-medication that are culturally appropriate for the South Asian women.

**Guidance Hub:** Tackling health inequalities via empowering volunteers (theme: mental health)

The Hub provided mental health training sessions to the Guidance Hub community/groups by supporting health creators to become facilitators; supported by providing relevant training and experience. The training also included event management.

**Hopewell Manchester:** Winter Health – Covid and Flu vaccination project

Hopewell worked with a diverse group to identify and dispel COVID-19 vaccination fears by understanding the barriers to vaccination and increasing the health creators vaccination knowledge, this included creation of a new leaflet.

**CeeBee Gold:** Winter Health – “Get Moving”

Project co-ordinator hired to support project delivery to increase physical activity.

This project focused upon building the health resilience and self-esteem of a mixed group of individuals aged between 18 to 85 years of age. The project consisted of introducing healthy exercise options to group members which included brisk walking, strolling, gym activity, light aerobic exercise, motivational health topics and shared community meals. Used platform to discuss vaccinations.

**Malawi Heritage U.K:** Diabetes

Group delivered a diabetes themed project. Newly skilled Health Creators held a research session and shared their findings to the community via the production of their own awareness raising leaflets (and a banner). Drop-in sessions were held at the Malawi Heritage Centre to discuss any concerns/queries regarding diabetes. The Health Creators feel they now have enough knowledge about diabetes including the threat it poses to have these conversations.

**New Leaf Foundation:** Winter Health – Moving Safely.

Group focused on increasing physical activity by expanding a walking group (bringing added value to an already established walking group). Health Creators researched the benefits of walking and keeping safe during the cold weather/winter season and led on the walks, after gaining experience from VCSE Lead. Accomplished 15 walks in total in Clayton Vale, Boggart Clough Hole Park, Brookdale Park – exploring different areas in large parks.

## Across Ummah: Diabetes (Healthy eating)

Newly skilled Health Creators conducted their research regarding diabetes and consulted with their group and community to determine the barriers to diabetes management; including myths and perceptions. From findings, various types of resources were produced to inform their community.

## 6. The Health Creation Evaluation

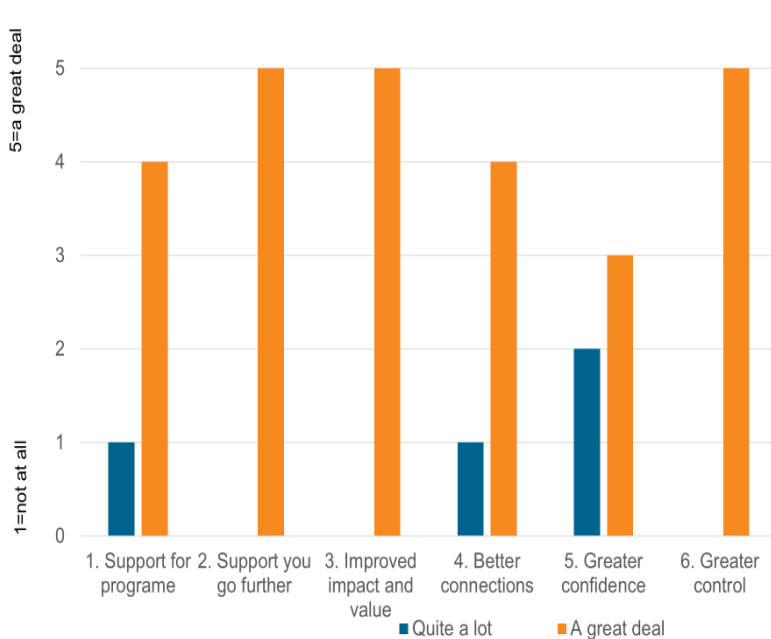
In addition to realising the benefits of the Winter Health Programme, the project set out to evaluate the value and impact of adopting and embedding Health Creation into individual organisations' planning and activities in support of their projects.

Informal evaluation and feedback from all participants demonstrated that they valued the benefits of The Framework at both a personal and organisational level, while they all believed that adopting and embedding one of more elements of The Framework into their Projects enhanced outcomes.

More formal participant self-reported outcome evaluation was completed by five of the eight organisations and this reinforced and validated the informal feedback given by all nine.

The diagram below summarises the evaluation. Of particular note is that 100% of respondents reported that the adoption of Health Creation improved the impact and value of their winter health project, some explanations for which are considered below.

### Summary of participant evaluation of value of adopting and embedding Health Creation n=5



### Questions

1. Have you learnt about HC and how it can support planning and delivery of your project?
2. Did you spot HC in your work and did the framework for HC help you go further?
3. Did adoption of HC improve the impact and value of your project?

Did the adoption of the framework improve the following 3Cs for HC for your project participants:

4. Better **Connections** with others?
5. Greater **Confidence** in vaccination/achieving what they want from their health?
6. Greater **Control** over their lived and health and wellbeing?

**100% YES** Will you continue to adopt and embed HC into current and future programmes?

**100% YES** Are you confident in talking to others about HC to spread the learning?

**100% YES** Would you recommend a colleague attend a similar programme?

## 7.1 Evaluation feedback and comments from participants\*

“The sense of achievement for our Health Creation champions we trained up was marvellous. While they are very committed individuals, the programme itself gave them a feeling of getting equipped with knowledge and skills, which they can use to help family, friends and community....the Health Creation programme is crucial for the communities where health outcomes are not great.”

“I found the framework empowering for me, and with my community it resulted in better conversations. I was confident in going back and challenging their COVID thinking leading to more getting vaccinated.”

“As a result of Health Creation we relooked at our programme and we changed the contents of our diabetes education. Listening to our community showed that it was diabetes myths that were the biggest issue...it empowered us to deliver best evidenced information by doing research via the NHS website and journals.”

“Health Creation improved my community’s sharing of views and its supported people to have confidence in sharing and having their own opinion that may differ from others – it demonstrated that what they say is important and valid.”

“Since the project focuses on the improvement of the community’s control over their lives, we have better tailored our programmes to suit the individual needs of the community.”

“Health Creation encouraged us to focus on strengthening our community, recognising that everyone has a role to play.”

“It was a very impactful project because not only did we have the opportunity and resources to target some major issues in our communities, it enabled us to create health creating volunteers who provided careful guidance and support in engaging people.”

“The programme offers a framework that gives people confidence. It provides a framework through which we were able to uncover concerns, needs and misconceptions that we then addressed through engagement with the communities, materials and banners.”

“Connecting with others motivates people to do things for themselves, including dancing at home.”

“The framework acts as a great spread mechanism.”

*\*based on written and verbal feedback with slight adaptations to some to support interpretation.*



## 7. Adoption of Health Creating Practices

The process of adopting and embedding the Framework into VCSE organisation's individual projects enabled individuals to take better control of their project theme; tackling health inequalities by connecting with the communities experiencing health inequalities, listening to their needs and ideas to ensure services were suitable for their needs.

The Framework ensures that this is done with rigour (using the six features) giving organisations and individuals the 'space' to reflect, develop, support and connect to achieve the 3Cs of Health Creation.

As each VCSE lead developed their own delivery models for the winter health interventions and progressed to the "What is a Community Health Creator?" stage of the delivery model, there were different manifestations of how Health Creation was being adopted and embedded as considered below.

"From the first meeting I was run ragged not knowing where to go, but once I connected with other participants and learnt about the 3Cs, I have adopted this, rolled it into the community and it has given me more structure". Shah

1. Adopting the 3Cs of Health Creation to provide a clear and understandable framework for people building connections with others, which has in turn led to improved confidence and control over their life. This includes a number of people securing full time work, increases in confidence and breaking down isolation supporting reintegration into a community.
2. Participant led Health Creation programmes for their members. Participants self-organising and taking a lead role in planning and delivering activities.
3. Participants delivering a train the trainer programme to create more health creating volunteer leads to cascade Health Creation further into the community; ongoing support for these Health Creators.

"The Health Creation Framework made us redesign our project so that it was not just about healthy eating and dieting. We answered the questions that the community was asking about the misconceptions about diabetes. The Framework allowed us to empower the community to take information home and to take the community along with us"

"Delivery of the programme provided the reason and rationale for pulling together a wide range of people from different communities. This worked with over 50 people attending the first event. It also provided an opportunity for people and organisations to connect in a welcoming space." *Train the Trainer methodology*

"The project boosted our awareness about supporting other people in the community and also making projects that engage the community." *diabetes project*

"This project has given my volunteers belief in themselves and taught me how to manage projects better"

## 8. Recommendations/Reflections for Future Projects

### 9.1 Project Manager recommendations/reflections

#### a) *Evaluation Framework*

- Evaluation forms – these need to have user in mind and would have benefitted from being more user friendly/simpler to complete
- Undertaking evaluation at scheduled face-to-face sessions with all VCSE Leads (when appropriate) would have been beneficial, when this was actioned, the evaluation added more value

#### b) *Recruitment*

- Recruitment to the programme would have benefitted from a base-line assessment to access organisations' capacity and capability to deliver the programme, this in turn would have mitigated against drop out

#### c) *Programme Sustainability*

- Project Plan – realistic expectations for VCSE organisations
- Project Plan – expectations understood by all VCSE organisation leads
- On-line networking sessions – once in each locality – led by Health Creator/VCSE lead-once (once every 4 months in each locality x 3 localities)
- Budget – budget allocation to be agreed in consultation with the VCSE lead; this in turn will secure buy in to the programme

### 9.2 VCSE Lead recommendations/reflections

#### a) *Health Creators Network and Platform*

In terms of connecting with other participants, this was viewed as a very beneficial part of the programme and it was agreed that this should be further developed to support areas such as:

- Developing resources
- Having someone from the sector who could be professionally critical
- Promoting different organisations work and activities, working together
- Addressing health issues together as opposed to working in silos
- Joint bids for funding

The Health Creation Platform was recognised as a valuable tool for sustainability of the programme, sharing resources, learning and for maintaining contact between participants.

#### b) *Naming*

It was felt that the programme would have benefitted from a consistency in naming from the outset as opposed to organisations adopting different terminology – Health Creator, Health Creating Champion, Health Creation Lead, Health Creation Trainer.

### *c) Budget*

Some of the participants felt that the budget allocated was not enough for the time needed for the project, while others felt it was adequate especially as:

- they were learning how to enhance future programmes through Health Creation
- it provided an opportunity to connect with others.

It was welcomed that while there was a framework to deliver The Programme, the budget was restricted to specific areas and could be used to reflect specific needs of community.

### *d) Programmes*

Diabetes was the focus of a number of the programmes and listening and responding and truth telling was identified as being especially beneficial in uncovering misconceptions and addressing these.

### *e) Materials*

It was felt that materials needed to be made available in multiple languages, although very often they weren't. It was highlighted that these needed to be kept simple.

## 9.3 THCA recommendations/reflections

### *a) The strength of partnerships*

The programme was a true partnership between THCA, MS and the local VCSE organisations. This was a great strength and a framework within which everyone was empowered to lead and take accountability for their programmes and actions.

### *b) The power of relationships*

The foundation of Health Creation is health creating relationships and it is these relationships that really enhance outputs and outcomes from programmes. The Project Manager's established relations with the VSCE organisations, coupled to her ability to enhance these through delivery of the initiative were a significant contributor to the success of the programme.

The power of relationships cannot be underestimated.

### *c) Recognising the strength of shifting power to the community*

Without MLCO's and MS's recognition of the strength of shifting power to their communities, moving away from the established model of co-production of solutions that are then delivered to communities, this programme would never have got off the ground. For this they are to be applauded.



## 9. Impact on Uptake of Vaccinations

It is difficult to definitively answer the question whether the communities had an 'improved understanding and trust in vaccination programmes' via the projects.

However, when VCSE leads were asked the question 'Do you think The Framework is a useful tool to engage communities in conversations regarding the vaccinations in support of vaccination uptake? all VCSE leads agreed that it would help as they **felt very confident with the process and acknowledged the benefits of the process.**

"I found the concept of the 3C's connection, Confidence and Control) of health creators very helpful. I never really considered these when I have been volunteering for many years."

Those that did deliver a Winter Health-themed project developed a good understanding about the vaccinations and the effects of 'cold' on health through the fact-finding sessions. Issues such as symptoms, effects, access and especially misconceptions were main points addressed in the vaccination projects.

"Participants found this project very informative, factual discussions and exchange of views helped eradicate misconceptions of COVID and flu vaccination."

## 10. The Importance of Relationships

All participants agreed that the Project Manager's co-ordinating and leadership role was critical to the programme success. The relationships established between the organisations and the Project Manager which encompassed all of the six features of health creating practice, (trust, power-shifting etc) encouraged open and transparent conversations. Having a trusted and respected Project Manager, well known in the community, who supported training while **working with** the VCSE organisations supported project delivery.

The importance of having a Project Manager who values, understands and appreciates the strength in communities is pivotal when working within the context of Health Creation; 'making it work', being adaptable and flexible to remove barriers to project aims.

"It takes time to actively listen to your partners (VCSE leads), to truly understand their needs and then develop the transparent, truthful conversations to achieve valued working partnerships to enable project success – this is health creation in practice!" *Maqbul Rose, Project Manager*

The trusted relationships between established VCSE organisations was strengthened as leads had to embed the six features. In this case, it included shifting power, allowing groups to self-organise and identifying strengths in individuals who then took responsibility for their tasks.

Organisations stated the importance of The Framework which encouraged them to develop and/or improve their community engagement practices with the valued support from the project manager. Through the process, the VCSE leads further developed their facilitator and/or co-ordinator roles.



## 11. Project Management

The budget for this project (£60k for 12 months) was distributed in these approximate proportions

- Project Manager and Manchester Settlement costs 35%
- Funds to distribute to community organisations 35%
- Consultancy and evaluation 15%
- Events and Resources 15%

The key observation here is that a different, more 'traditional' approach to commissioning activity from small VCSE organisations would see a far higher proportion of funds being distributed to those organisations. Commissioning this project was a brave investment by MLCO in what was on reflection, closer to an action learning model than anything else.

The majority of the resource was applied to organisational learning and development, with small pots of funding distributed to test that learning in ways that contributed to the broader winter health priorities of the NHS.

### 11.1 The Steering Group

MLCO Locality Leads and Health Development Coordinators joined with MS and THCA colleagues in a steering group, which met six times over the year. Although quite time intensive the steering group was viewed as an important activity for the purposes of:

- Drawing in local knowledge (MLCO staff)
- Drawing upon national learning (THCA)
- Consideration of communications around the sharing of project learning
- Monitoring project performance

A smaller project focussing upon using Health Creation methods to impact on the uptake of the MMR vaccination begins as this project ends. This will not need such a regular steering group, as the model is deemed to be at a more mature stage.

### 11.2 The Project Manager and VSCE organisation's Project Leads

It was advantageous that the Project Manager had a background in Public Health, Community Engagement and good project management knowledge and skills; with knowledge of the needs and challenges that the VCSE sector face (via managing volunteer projects). Most importantly, understanding and valuing the principles of Health Creation were core to the programme being successful.

The opportunity to work face-to-face with the project lead, co-delivering the project launch and review session; and delivering sessions to the VCSE leads and the Health Creators enabled 'on-the-job' learning that was encouraging. The support provided by the Project Lead with weekly meetings was invaluable as this gave the Project Manager the opportunity to ask questions as the programme and projects progressed.

Maqbul's management of the programme was reported as being highly valued, and all participants agreed that this co-ordinating and leadership role was critical to the programmes success.

This has led to the Project Manager feeling confident with The Framework and is now automatically thinking 'is this being done in a health creating way?' to all aspects of their Manchester Settlement role.

## 12. Conclusions

The *Winter Health – Health Creation programme* demonstrated that the Framework for Health Creation can successfully be adopted and embedded into programmes being delivered by VCSE organisations to enhance their reach, impact and to improve health equity.

More specifically, adopting The Framework for Health Creation supported the process which gave the VCSE organisations the 'space' to take charge, an opportunity to enhance their skills and abilities in programme delivery, while for some it gave them the confidence to take greater control of their own health and wellbeing, something that was passed on to their communities.

The Framework for Health Creation also supported participants to build connections and relationships internally, externally with community members and other local partners, and across localities. It is through these that we are confident that Health Creation will continue to flourish in Manchester.

The adoption of The Health Creation Framework was the bedrock of this programme, while the support for this provided by the Project Manager, the partnership between Manchester Settlement and The Health Creation Alliance, and the funding from the Manchester Local Care Organisation, enabled the VCSE participants to enhance their programmes to improve their communities health and wellbeing and to reduce health inequities.


## 13. Case Studies

### Case Study 1. Sharlene Small: MYTG

<b>Title and aims</b>	<p><b>Flu vaccination.</b> Raising awareness of the importance of the flu vaccination and adopting a healthy lifestyle using the Health Creation Framework.</p> <p>Aims:</p> <ul style="list-style-type: none"> <li>• To raise awareness of the flu vaccination and benefits (via factual information)</li> <li>• To demystify myths</li> <li>• Identify the barriers to access</li> <li>• Increase the health of the community group</li> <li>• To empower the Health Creators and VCSE lead – developing knowledge and skills to support relevant communities</li> </ul>
<b>Description</b>	<p>7 Black African/Caribbean group members became Health Creators; led by the VCSE lead, who delivered sessions to explain the project, raising awareness of the flu vaccination, using factual information. VCSE Lead had open conversations which developed trusted relationships (also with the Project Manager –who was a mentor in this project) VCSE Lead then supported participants to manage their own areas of work on the project.</p> <p>The trained Health Creators then engaged with the local community and through actively listening, identified reasons for vaccine hesitancy. The Health Creators then responded by producing a survey by those knowledgeable in this, which was distributed on-line and in person. The lead identified her own strengths and weaknesses and sought advice from PM on community engagement and facilitator skills. Lead was inspired to be more professional when working in a community environment by PM.</p> <p>The project raised issues regarding myths related to the flu vaccination and 16 community members had the flu vaccination during the project. The group participants are giving their time (reciprocity) to their community and inviting family and friends to learn about the FLU vaccination and/or the project and a Whatsapp group established for communications between participants</p> <p>Via the project, the lead’s confidence has increased to deliver quality community engagement-based projects, and has appreciated project management working style of support and project delivery (knowing they can seek support and advice).</p> <p>The 3C’s and the 6 features were all used in this project and the VCSE Lead shared her experience on her vaccines programme where the first meeting was awful, but through adopting the framework for Health Creation it gave her confidence to proceed and by the second meeting things had improved.</p>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Increased participants and community knowledge regarding the flu vaccination</li> <li>• VCSE Leads confidence has developed (learning new skills)</li> <li>• Recognised that BAME community need to increase their knowledge on health issues and services available</li> <li>• People have been inspired to have the flu vaccination (no=16)</li> <li>• Health Creators now developed trust and willing to challenge more</li> </ul>

## Case Study 2. Shamime Jan: Bollyfit Active

<b>Title and Aim</b>	<p><b>Holistic approach to Winter Health</b></p> <p><b>Aim:</b></p> <ul style="list-style-type: none"> <li>• To identify issues affecting self-care</li> <li>• To develop strategies to enable self-care (includes Winter Season impact)</li> <li>• To inform the health creators on diabetes symptoms and treatment</li> <li>• Create a trusted environment (being heard and respected)</li> </ul>
<b>Description</b>	<p>South Asian women (Health Creators) worked on three health topics: self-care, medication management and diabetes. This was a small group consisting of three Health Creators who shared their stories to build an understanding of their health and health needs. Barriers were identified which prevented good health management. This further developed trusting and supporting relationships and allowed the participants to reflect on their own personal health.</p> <p>An initial informal ‘chai session’ was held in a local venue to introduce the project to the group led by the PM. Ideas were discussed for the project themes and the 3 topics were selected by the VCSE lead. The session was interactive and personal, and led to a rapport being developed between the PM and the VCSE Lead and the PM and the group.</p> <p>The second session was with the Health Creators co-led by the VCSE lead and PM and the women shared their stories opening and with confidence in a space that allowed them to be listened to and where the facilitators could respond with suggestions and ideas (truth-telling). The space allowed the VCSE lead to delve deeper – important! Women then shared their learning to the bigger group and it was heart-warming for the VCSE lead to see one of her ‘older’ ladies gain the confidence to openly discuss her needs and sharing what she had learnt regarding management of her diabetes (reciprocity).</p> <p>Led by the facilitator, the discussions led to actions and ideas to improve their well-being; including the creation of three flyers on diabetes, self-care and self-medication that are culturally appropriate for the South Asian women.</p> <p>During the session, one of the group participants who was interested in developing her knowledge and skills was given the role of facilitating discussions and producing resources. This young lady, later used her experience to obtain a full-time employed role.</p> <p><i>“working on the winter health project helped me gain more insight into the issues South Asian women feel in regards to their health and the ways in which they try to overcome their problems. It helped me build up my confidence to speak to a group of people who I’m not usually used to speaking to about these topics. I’ve also developed my skills in using Canva and creating the leaflets required for this project. All of these skills and experience I have gained from being a facilitator for the winter health project I used to answer questions in my interview.”</i></p> <p><i>– Health Creator</i></p>

	<p>This project very much identified peoples’ strengths; Saira becoming a facilitator and producing resources. Sultana learning about diabetes and sharing her knowledge and the VCSE Lead recognising that there is quality in minimal numbers. It was easier to self-organise with a smaller group and thus, they spent a lot of time working together and now feel confident that they can develop projects using the framework.</p> <p>The 3C;s and 6 features all developed in this project and the PM was thanked for her support.</p> 
<p><b>Outcomes –</b></p>	<ul style="list-style-type: none"> <li>● Increased knowledge on topic areas</li> <li>● Health Creators developed confidence</li> <li>● Health Creator confident to talk to group regarding health issue and learning from the project</li> <li>● The VCSE Lead and group enjoyed the project and provided affirmation.</li> <li>● Resources produced with tips and information – new skill learnt</li> <li>● Unexpected outcome – Group participant obtained full-time employment</li> <li>● Health inequalities – women took ownership of their health</li> </ul>

### Case Study 3. Maqsood Ahmad: Guidance Hub

<p><b>Title</b></p> <p><b>Aim</b></p>	<p>Empowering health creators to deliver introduction to mental health training</p> <ol style="list-style-type: none"> <li>1. Increase health creators confidence to deliver a session.</li> <li>2. Provide an opportunity to share knowledge, power and skills through working together in pairs to deliver the session.</li> <li>3. Develop a good understanding of mental health via the pre-preparation of fact finding on their particular section of the session.</li> </ol>
<p><b>Description (200 words)</b></p>	<p>After an initial training session attended by 50 participants, designed to support Health Creators to understand their role and responsibilities, a number of participants chose mental health within the South Asian communities as the theme for this project. This was the ‘What is a Health Creator Session’ delivered by the PM which was regarded as very beneficial to get the project going!</p> <p>The Guidance Hub worked with the health creators interested in taking this forward and helped organise a community empowerment training workshop; An Introduction to Mental Health.</p> <p>The Health Creators wanted to increase their knowledge and experience in not only discussing mental health amongst South Asian communities but also wanted to gain experience in delivering some of the session.</p> <p>On Saturday, February 17, 2024, the Health Creators Community Empowerment Training Session took place at the Guidance Hub. The primary objective of the training session was to provide participants with a comprehensive understanding of mental health, emphasising its impact, delving into its underlying causes, and equipping attendees with the knowledge and skills necessary for self-care and supporting others.</p> <p>The programme consisted of the following four strands and each section was delivered by two health creators. A total of 8 health creators were involved in this case study.</p> <ol style="list-style-type: none"> <li>1. What is mental health and mental illness. BA and MA</li> <li>2. Mental Health and Mental Illness. SS and RU</li> <li>3. Impact of Stigma, Discrimination and Stress. AH and AK</li> <li>4. How can we improve our mental health and support others. HK and IS</li> </ol> <p>The trainer provided each participant with the health creation Framework Evaluation Wheel sheet. The participants were asked to complete the wheel sheet inserting “B” before they started the training session and then come back to the wheel sheet to complete the sheet by inserting “A” after they had done the training.</p> <p>The training session employed an interactive delivery approach, fostering active participation amongst the attendees. Facilitated and supervised by experienced trainer, Maqsood Ahmad, the session aimed to empower participants with practical insights and strategies for managing mental health, both personally and in a supportive role towards others.</p>

The main benefits included: increased in confidence in public speaking, increased knowledge of individuals on the subject matter of mental health, team working skills by working as a group and in pairs to deliver the training.



- Individuals felt empowered to contribute and share responsibilities.
- individuals felt more engaged and responsible for their own learning experiences
- Health Creators increased confidence in delivering training

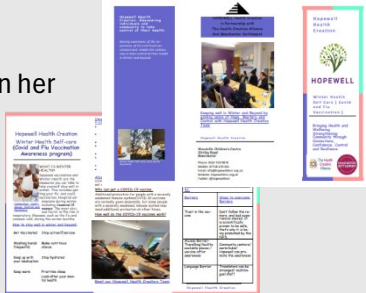
Health creators' quotes included:

*"It was good to work in pairs - give me the chance to get to know AS while we were preparing for our section of the presentation." AU*

*"I gained a considerable amount of information on mental health through reading various articles prior to covering my section. Particularly the 5 Ways to health and wellbeing was very good approach for individuals to look after themselves". HK*

*"I enjoyed working with the group and with my allocated partner to delivery the section on the impact of stigma and discrimination. I found the peer group feedback on my presentation very helpful." AH*

## Case Study 4. Adeela Rathore and Ruqia Alana: Hopewell Charity Organisation

<p><b>Title</b></p>	<p><b>Winter Health – Covid and Flu vaccination project</b></p>
<p><b>Aim:</b></p>	<ul style="list-style-type: none"> <li>• To identify and dispel COVID-19 vaccination fears (Eradicating vaccination related misconceptions)</li> <li>• To increase understanding of the barriers to vaccinations</li> <li>• Increase Health Creator’s ‘Winter Health’ knowledge.</li> <li>• Increase Health Creator’s confidence to manage their own health</li> </ul>
<p><b>Description</b></p>	<p>The project was delivered by Adeela Rathore (project lead) with 8 Health Creators. As part of Winter Health, the group focused on the Flu and Covid-19 vaccinations.4 Sessions were held by the VCSE lead:-</p> <p><b>1<sup>st</sup> Session – Winter health – what is this?</b> This session introduced the project and explored what ‘Winter Health’ means.</p> <p><b>2<sup>nd</sup> Session – Collating community views/opinions on Covid-19 and flu vaccinations.</b> The Health Creators talked to people in their community who had, had one or both vaccinations and from the information, a short questionnaire was produced to identify ‘needs’ to stay well, managing their health and concerns regarding the Covid-19 and Flu vaccinations. It was important for the Health Creators to understand why people from their community get ill in Winter and what steps could be taken to avoid this; including the importance of taking up the Flu and Covid-19 vaccinations. The implications of flu and covid on existing medical conditions including Diabetes, Asthma and other conditions was also explored.</p> <p><b>3<sup>rd</sup> Session - Information finding</b> – During this session the Health Creators found websites informing them on how to access the vaccinations (booking sites and the availability of vaccinations locally). Factual information was also sought on side effects to eradicate misconceptions and misinformation, (promoting the use valid internet sites such as NHS, Gov.uk, GP’s, MLCO, Cheetham and Crumpsall Integrated Health etc) – record info found. Impact of other existing health conditions on the community was investigated within the context of health inequalities.</p> <p><b>4<sup>th</sup> Session</b> – During this session, resources were produced i.e. leaflet and video.</p> <p>A unique aspect to this project, when compared to other projects was that the project lead delivered the sessions in her own language to the group and translated information. Hopewell explained that they deliver many sessions under similar principles to Health Creation; but took the opportunity to delve deeper into the theme to expand their knowledge and practice.</p> 
<p><b>Outcomes –</b></p>	<ul style="list-style-type: none"> <li>• Health Creators confidence increased (linked their personal experiences with the 6 features and 3C’s and additional aspect added; Resilience)</li> <li>• Health Creators feel empowered (increased skills and knowledge)</li> <li>• Leaflet produced to share with their community</li> <li>• The main features embedded- listening and responding, strengths-focused, self-organising and reciprocity</li> </ul>





## Case Study 5. Elizabeth Shaba-Appoh: Ceebee Gold Foundation

<p><b>Title:</b></p> <p><b>Aims:</b></p>	<p><b>Winter Health - “Get Moving”</b></p> <ul style="list-style-type: none"> <li>• Increase group participants confidence to increase their physical activity/to promote an active lifestyle</li> <li>• Encouraging participants to experience different activities</li> <li>• To increase participants knowledge of the benefits of healthy eating and physical activity</li> </ul>
<p><b>Description (200 words)</b></p>	<p>Project co-ordinator hired to support the project delivery to increase physical activity within an educational program. The project focused upon building the self-esteem of a mixed group of individuals aged between 18 to 85 years of age!</p> <p>Healthy exercise options were introduced to the group members which included walking, gym activity and light aerobic exercise. Motivational health topics were also conducted during shared community meals. Used this platform to discuss vaccinations and group led health discussions.</p> <ul style="list-style-type: none"> <li>• The group met weekly and once the group understood the project, they began the interventions. The group was split into smaller groups with a group leader who had responsibility for getting feedback and managing the physical activities. Members were held accountable for their physical activity actions/weekly goals and monitored to ensure participation and transparency. Smaller groups encouraged meaningful engagement and support for each other.</li> <li>• The physical activity program had to be adapted to be inclusive i.e. elderly people wanted to engage slowly and at a varied pace. Therefore, the program was structured with low impact exercises which would suit all ages.             <ul style="list-style-type: none"> <li>• Community cohesion was evident as members encouraged each other. The ‘Evaluation Wheel’ was used to measure the 3C’s and reported an increase in self-confidence and positive physical and mental health, as well as an increase in physical agility. Members became self-reliant and were happy with the selection of physical activity exercises which suited their ideal age range.</li> </ul> </li> </ul>
<p><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Improved health (physically and emotionally – measured by Evaluation Wheel).</li> <li>• Well organised project that the community group enjoyed</li> <li>• Participants increased physical activity at home also</li> <li>• The 3C’s and 6 features were all embedded in the project</li> </ul>



## Case Study 6. Allan Mandindi and Rita Salika: Malawi Heritage U.K.

<b>Title:</b>  <b>Aims:</b>	<b>Diabetes - To engage our community and our volunteers to raise awareness of the effects and symptoms of diabetes</b> <ul style="list-style-type: none"> <li>• <b>To raise awareness of diabetes in the community</b></li> <li>• <b>To develop our volunteers to become Health Creators</b></li> </ul>
<b>Description</b>	<p>Group delivered a diabetes themed project via 2 leads and 5 Health creators.</p> <p>A Whatsapp forum was created to share project information with everyone who engaged with Malawi Heritage U.K. (above 100 people!) and was also used to manage the project i.e. allocated tasks and responsibilities.</p> <p>Discovered that most participants were unaware about diabetes, especially the difference between Type 1 and Type 2. Connections were made with the wider community (mainly African Caribbean community) via drop-in sessions held at the Malawi Heritage Centre to discuss any concerns/queries regarding diabetes once the Health Creators felt they had enough knowledge from their Fact Finding Session. Project leads gave control to the health creators, once they saw that people could take responsibility.</p> <p>The Health Creators produced leaflets to provide information about diabetes and (jointly produced from feedback from the community and the volunteer conversations) these were used at 4 drop-in sessions, posted physically (100 - 150 households) and posted on the Whatsapp Forum.</p> <p>An additional benefit is that the project supported the hub to get more established in the community, as volunteers made themselves available to the community at specific opening times (mainly in the evening). Almost 29-30 people attend our Centre every week.</p> <p>The Health Creators gained a vast amount of knowledge and shared their knowledge with their friends and families, e.g. Health Creator (Tina) met an acquaintance at the bus stop and explained both diabetes to her—excellent!</p> <p>Health Creators continue to share information as they valued the project (THCF) and the Project enabled the hub to ‘have a direction/purpose’, supporting the community.</p>  
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Health Creators more confident to talk to people</li> <li>• Health Creators knowledge increase in diabetes</li> <li>• Resources produced</li> <li>• Hub recognised in the community</li> <li>• Increased awareness in local community – Type 1 and Type 2 diabetes</li> </ul>

## Case Study 7. Marcelina Stengert: Newleaf Foundation

<b>Title:</b>	<b>Winter Health – Moving Safely</b>
<b>Aim:</b>	<ul style="list-style-type: none"> <li>To encourage Winter Walking to increase physical activity and emotional health and wellbeing in targeted population (African Caribbean)</li> </ul>
<b>Method</b>	<p>VCSE lead recognised that people tend not to walk in the Winter and wanted to encourage more of this; especially with people from the African Caribbean ethnic group.</p> <p>After the project launch and project planning session, the VCSE lead recruited 3 Health Creators who researched the benefits of walking and keeping safe during the cold weather/winter season. Their learning was shared with the group and the group.</p> <p>The lead set up a Whatsapp group to organise the walks and group participants had the opportunity to ask questions before-hand. The Lead would do the walk sometimes on her own to assess the suitability of the walk during the week. The first walk was in November 2023 and after the Health Creators learnt the steps needed to organise walks and developed the confidence to do this; the lead then passed on this role to the Health Creators and provided support when and if necessary. The group grew as participants invited others to join the walks and giving back to the community and their families.</p> <p>15 walks were accomplished in total between Nov – April (Clayton Vale, Boggart Clough Hole Park, Brookdale Park). Even the lead found new spaces in parks that she had visited before the project! i.e. some people did not know about Clayton Vale!</p> <p>Through consulting with the group, walks were planned to suit peoples’ needs and the group was extended to include families; to be inclusive for all and the idea of having ‘a walk and picnic’ is being looked into for the warmer months; so the walks will continue. An issue that arose was inappropriate footwear and the lead will look into fundraising to try and purchase the right footwear for her group.</p> <p>The lead believes that the Framework helped her deep dive into walking benefits and to empower her community.</p> <ul style="list-style-type: none"> <li><i>“Health Creation has given me a platform to be able to deliver my work effectively”</i></li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Approximately 22 Whatsapp Members (not including young adults or children)</li> <li>15 walks held</li> <li>Raised awareness of scenic areas’ in locality area and new areas</li> <li>Group participants confident in walking</li> <li>Adaptation of walks to suit target group (families included, picnic and a walk)</li> <li>Participants reporting sleep and mood improvement</li> <li>Children developed connections – made friends with other children on the walks 3C’s</li> <li>Participants developed trusting relationships and shared personal experiences</li> <li>Project helped VCSE lead and participants to identify benefits of walking in nature</li> <li>The 3C’s and 6 features were embedded in the project</li> </ul>

## Case Study 8. Nisi Olorok and Idowu Morafa: Across Ummah CIC

<b>Title:</b>	<b>Diabetes (Healthy eating) – West African Population</b>
<b>Aim:</b>	Increase knowledge regarding diabetes <ul style="list-style-type: none"> <li>• to increase the community’s awareness of the available services for diabetes</li> <li>• Improve community well-being by introducing healthy eating.</li> </ul>
	<p>Rationale: Across Ummah is a community interest organisation intensively working to combat problems in society by providing holistic community health and well-being services. The diabetes intervention was a culturally sensitive intervention that targeted residents of Manchester who were of African descent. This intervention was performed to assess the population group's understanding of diabetes, the awareness of available services for diabetes, empowerment of the Health Creators, and to foster community well-being by introducing healthy dieting. Given that most of the population groups have lived outside of the UK for extended periods, their perceptions of the diseases may be influenced by their cultural background or skewed by their understanding of diabetes from outdated scientific research facilities in contrast to those found in the UK. Also, the likelihood of regular educational awareness programs not being undertaken in the population group's home countries provided a rationale for the intervention. The cultural shift and the distortion of normal life these families face upon moving to the United Kingdom makes it very difficult to uptake new lifestyles and therefore access the available services for diabetes management in their locality.</p> <p>The health creation intervention was delivered across 6 health workshops:-</p> <ul style="list-style-type: none"> <li>• a pre-program was rolled out to engage the target population primarily assess any barriers in delivering the intervention, assess the population group interests and plan for the format and promotion of the intervention. This introductory session was very informal and was open to everyone to share their experiences of diabetes.</li> <li>• The first session was tagged <i>“Bridging the gap with chats, Healthy living and diabetes”</i>. The key theme for this session was understanding what generally constituted healthy living. This session was followed by a discussion about how the disruption of sleep, diets and exercise resulted in diseases. This session was concluded with the introduction of diabetes.</li> <li>• The second session focused on diabetes; the definition, types of diabetes, risk factors, symptoms, methods of diagnosis, treatment options, and signposting sources of information on diabetes.</li> <li>• The third session focused on the role of Government, the role of community organisations and the individual role in diabetes prevention.</li> <li>• The fourth session was focused on common misconceptions about diabetes.</li> <li>• The final session was focused on case studies on the risk factors of diabetes and a Q&amp;A session.</li> </ul> <p>To gain the attention of the service users how diabetes could affect their marriages, their jobs etc was discussed. The attendance of each session varied, but on average 25 service users participated in the intervention. From the HCF, this project measured listening and response among service users, reciprocation, strength focus and self-</p> 

## 14 Contacts

For more information on the programme please contact:

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## 15. The Evaluation Framework

Evaluation was conducted throughout the project

Month	Activity/Intervention	Outcome/Output	Evaluation Tool
Oct 2023	1. On-line and personal study sessions and ongoing support before and following 12 community meetings.	Local Health Creation Lead developed. <ul style="list-style-type: none"> <li>Project Manager Health Creation knowledge increased</li> </ul>	<ul style="list-style-type: none"> <li>Project Manager reflection</li> </ul>
Oct 2023	2. Recruitment <ul style="list-style-type: none"> <li>12 VCSE organisations recruited</li> </ul>	<ul style="list-style-type: none"> <li>12 VCSE organisations embedded Health Creation in their activities.</li> <li>12 SLA's</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic questionnaire (Pre &amp; Post)</li> <li>6 features tick sheet</li> </ul>
Nov 2023	3. Launch to gain understanding of the Health Creation Framework	<ul style="list-style-type: none"> <li>Increase voluntary organisations leads understanding of health creation.</li> </ul>	<ul style="list-style-type: none"> <li>Launch evaluation.</li> <li>Diagnostic questionnaire (Pre &amp; Post)</li> </ul>
Nov 2023- Dec 2023	4. Vaccine up-take intervention/activity developed and implemented. <ul style="list-style-type: none"> <li>1 x health creation process session <b>with project manager</b></li> <li>1 x Vaccine focussed/winter health intervention – group session.</li> <li>1/or more Vaccine programme/winter health delivery session</li> </ul>	<ul style="list-style-type: none"> <li>Activity outcomes (dependent on activity as VCSE's deliver different activities/interventions)</li> <li>Increased feelings of 3C's when confronted by complex health systems (and 6 health creation features)</li> <li>Reduced health inequalities.</li> <li>Enhanced health and wellbeing.</li> <li>Increased confidence and develop greater control to positively impact upon the determinants of health.</li> <li>Improved understanding and trust in vaccination programme</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge, Skills and Values Questionnaire*</li> <li>Participant questionnaire 3C's (at 3 months and at end)</li> <li>Recording Form (3c question at on-line sessions)</li> <li>Photographs</li> </ul>
Jan 2024	5. What does it mean to be a 'Health Creator lead' session?	Workshop produced	<ul style="list-style-type: none"> <li>Register</li> <li>Participant evaluation form</li> <li>Photographs</li> </ul>

	<ul style="list-style-type: none"> <li>• VCSE organisation workshop led by project manager.</li> </ul>		
Feb 2024	6. Community Health Creator Platform Roll Out <ul style="list-style-type: none"> <li>• Enabling information sharing and celebration amongst members utilising off the shelf volunteer management platforms</li> </ul>	<ul style="list-style-type: none"> <li>• Membership form</li> <li>• Data platform</li> </ul>	<ul style="list-style-type: none"> <li>• Number organisations</li> <li>• Number of members</li> </ul>
Feb 2024	7. To establish a sustainable learning network - share best practice, reflection on work, trouble shooting, guest contributors	<ul style="list-style-type: none"> <li>• Monthly on-line 1.5-hour workshop attended by all health creating team</li> </ul>	<ul style="list-style-type: none"> <li>• Registers</li> <li>• Feedback recorded</li> </ul>
March 2024	8. Review <ul style="list-style-type: none"> <li>• Feedback from organisations of activity/intervention impact</li> </ul>	Production of case studies/experience/pod casts to share stories	<ul style="list-style-type: none"> <li>• Stories/case studies/pod casts/phone videos</li> <li>•</li> </ul>
March 2024	9. Community Health Creators established. <ul style="list-style-type: none"> <li>• Role defined and agreed at session (minimum 90 participants)</li> <li>• Organisations to ensure communications/messages and processes are embedded in their work</li> </ul>	<ul style="list-style-type: none"> <li>• Registration forms</li> <li>• How many conversations have been had with people 'outside' of the project.</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Evaluation Form</li> <li>• Feedback form</li> </ul>
Jul 2024	10. Celebration Ceremony	<ul style="list-style-type: none"> <li>• Numbers attending as part of project</li> </ul>	<ul style="list-style-type: none"> <li>• Photographs</li> <li>• Register</li> </ul>
Sep 2024	9. Report	<ul style="list-style-type: none"> <li>• Report produced</li> </ul>	

<sup>i</sup> Our greatest asset. <https://www.ippr.org/articles/our-greatest-asset>

<sup>ii</sup> Health creating system could save NHS 18billion a year. *BMJ* 2024;386:q2043