



Manchester Local
Care Organisation



Long-term Conditions - Health Creation Project North Manchester

INTERIM IMPACT REPORT

Interim Report Period: February 2025 – July 2026

Project Period: February 2025 – March 2027

Funded by Manchester Local Care Organisation (MLCO)
Delivered by Manchester Settlement, in partnership with four Neighbourhood Health Creation
Organisations and 16 micro-organisations across North Manchester

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Report Glossary

Term	Meaning
MLCO	Manchester Local Care Organisation - the project commissioner/funder
NHCO	Neighbourhood Health Creation Organisation - one of four neighbourhood lead organisations
HCVO	Health Creation Volunteer Organisation - micro-community partner organisation delivering activity
LTC	Long-term condition – project priority - chronic respiratory disease (COPD), cardiovascular disease (CVD) and hypertension
VCFSE	Voluntary, Community, Faith and Social Enterprise sector/ organisation
3Cs	Connection, Confidence, Control - the programme's outcome framework

1 Executive Summary

The Long-Term Conditions Health Creation Project - North Manchester is a community-led health inequalities programme, funded by Manchester Local Care Organisation (MLCO) and delivered by Manchester Settlement with four Neighbourhood Health Creation Organisations (NHCOs) and 16 community Health Creating Organisations (micro-organisations) across North Manchester.

The project methodology is principally modelled around Action Learning approaches. MLCO fundamentally invested in both activity that targeted people with long-term conditions, but most significantly they invested in the learning and organisational development of networks of neighbourhood VCSFE organisations. 20 organisations have developed their practice within the approaches of 'The Framework for Health Creation' designed by the Health Creation Alliance (See Appendix 1), an approach that Manchester Settlement had been delivering at a smaller scale for 3 years.

This interim report sets out the programme's design, delivery and emergent evidence of impact to date, and invites comment from stakeholders across the Greater Manchester health and care system. Stakeholders are invited to comment on this report and to recommend further areas of enquiry.

Participant voice: "Since the start of the project, the impact on people around me has been very positive. My family feels more reassured because I now have a better understanding of my diabetes and how to manage it safely."

The case for the programme

North Manchester has some of the lowest life expectancy rates in England, with a gap of up to 8 years compared with more affluent U.K areas, and high local prevalence of multi-morbidity, with residents developing two or more long-term conditions 10–15 years earlier than the national average. In North Manchester, secondary and primary care face some of the most challenging drivers of poor health in England with people facing the widest health inequalities in the country; attempting to manage diseases that are rooted in housing, employment, education, poverty and social isolation, factors that healthcare alone cannot solve. Therefore, this programme responds directly to this by shifting delivery into trusted community and faith settings and by focusing on three priority long-term conditions (LTCs): chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD), and hypertension.

1.1 Scale of delivery

Metric	Interim figure
Neighbourhoods covered	Cheetham Hill & Crumpsall; Higher Blackley, Harpurhey & Charlestown; Miles Platting, Newton Heath, Moston & City Centre; Ancoats, Beswick, Clayton & Openshaw
Recruiting neighbourhood lead organisations	4 recruited, Service Level Agreement's (SLA's) with Manchester Settlement agreed
Recruiting HCVO's (micro-organisations)	16 recruited, SLA's with neighbourhood lead organisations agreed
Health Creators trained and supported	51 trained to be able to inform and support wider community
Learning events delivered	7, to NHCO's and their Project Co-ordinators 12, run by NHCO's for HCVO organisation partners
HCVO activity in neighbourhoods	- 16 x community-led projects - 616 participants
Priority long-term conditions	Chronic obstructive pulmonary disease (incl, severe asthma), Cardiovascular Disease (incl Diabetes) and Hypertension

1.2 Emerging impact

This interim report has considered evidence gathered through 135 participant surveys, case studies, and through discussions with partner organisations. Open narrative feedback has been grouped in order to identify themes in the benefits reported. This feedback points to consistent improvements in **Connection Confidence** and **Control** (the programme's '3Cs' outcome framework), and a shift among participants **from passive awareness of their condition to active self-management**.

- Healthier lifestyle changes were the most commonly reported significant change in participants' lives (32.6% of responses).
- Confidence, control and self-management was the second strongest theme (25.9%).
- Improved mental wellbeing, motivation and reduced stress followed closely (25.2%).
- Impact is also reaching beyond direct participants: 32.6% described sharing health knowledge with family or community members.

The programme is also generating organisational-level impact: partner organisations report developing stronger listening, power-sharing and strengths-based practice as a result of applying TFHC. Several organisations - including Jamia Mosque, have engaged in a statutory partnership programme for the first time, enabling them to reach community members who have not previously engaged with commissioned health programmes.

1.3 Looking ahead

The main focus for work until the end of the funded period is around embedding Health Creation related delivery and approach and supporting smaller organisations to continue the work. Each Neighbourhood Health Creating Organisation (NHCO) is planning a booster delivery phase using reprofiled budgets allocated by the steering group. There are plans to refine data collection and opportunities are being identified to deepen links with NHS social prescribing, and to explore partnerships with an evaluation/learning body and the GM Creative Health Strategy. These are set out in full in Section 10.

The NHCO's are also using the learning from this and previous health creation projects (in some cases) to secure funding for further projects using 'Health Creation' and the capacity building model as unique features as part of their proposals.

2 Introduction & Purpose

This report illustrates the core concepts, design and emergent evidence of impact for the Long-term Conditions - Health Creation North Manchester Project. The Project has been funded through The Manchester Local Care Organisation from February 2025 to March 2027.

The report is providing an interim analysis of the project journey, and emergent evidence of impact. Stakeholders are invited to comment on the report, and to recommend further areas of enquiry.

3 Project Funding Model

The [Manchester Local Care Organisation \(MLCO\)](#) centrally funded the initiative for a two-year delivery period running from **1 April 2025 to 31 March 2027**.

[Manchester Settlement](#) acts as the principal voluntary sector holding body, managing the distribution, training, and framework roll-out across the North Manchester neighbourhoods. Manchester Settlement managed the whole project budget of £461,250.

Year	Amount	
2024/25	£51,250	Infrastructure set up, including purchase of IT and systems for partner use
2025/26	£205,000	£77k for Manchester Settlement, £128k for partners
2026/27	£205,000	£77k for Manchester Settlement, £128k for partners

Neighbourhood Core Allocations: Four designated Volunteer Lead Partners (NHCO's) receive a direct core grant of **£16,000 per year** each explicitly ring-fenced to recruit, train, or deploy a dedicated local **Health Creation Co-ordinator**.

Grassroots Network Sub-Grants: Each of the 4 neighbourhood NHCO's then makes 4 grants of £4,000 each to **4 additional smaller community/grassroots organisations** within their specific neighbourhood to build their network.

4 Strategic Context

4.1 Alignment with the NHS 10 Year Plan

The Framework for Health Creation complements the NHS 10 Year Health Plan exceptionally well because both focus on improving health outcomes by working *with communities*, not simply delivering more healthcare services. Health Creation acts as an enabler of the NHS Plan's ambitions, particularly around prevention, neighbourhood health, community empowerment, and reducing health inequalities. It provides the "how" behind many of the Plan's strategic objectives and supports the NHS 10 Year Plan to meet the wider objectives. The NHS 10 Year Health Plan sets the strategic direction, while the THCF provides a practical way to deliver it at neighbourhood and community level.

"Health Creation is not separate from the NHS 10 Year Plan. It is a practical methodology for delivering many of the Plan's ambitions, particularly the shift from treatment to prevention, from hospital-based care to neighbourhood health, and from professional-led services to empowered communities and citizens."

NHS 10 Year Plan Priority	Health Creation Contribution
Sickness → Prevention	Focuses on wellbeing, resilience and wider determinants of health
Hospital → Community	Builds community capacity, social capital and local solutions
Reducing Inequalities	Empowers communities and addresses root causes of poor health
Personalised Care	Uses co-production and relationship-based approaches
Sustainable NHS	Reduces avoidable demand through stronger communities and self-management

4.2 Why North Manchester, why these conditions

The NHS has identified a set of major long-term conditions as a national priority through its Major Conditions Strategy. This programme focuses on three of them:

- Chronic Obstructive respiratory disease — includes severe asthma
- Cardiovascular disease (CVD)
- Hypertension

Three data points make the case for a place-based, community-rooted response:

a. The life expectancy gap: North Manchester has some of the lowest life expectancy rates in England, with a gap of up to 8 years compared with more affluent UK areas.

b. Early, multiple long-term conditions: high local prevalence of multi-morbidity means individuals are diagnosed with two or more long-term conditions up to 10–15 years earlier than the national average.

c. A 'failure to engage' pattern: clinical data showed secondary and primary care engagement processes were failing to reach the highest-risk demographics. Shifting delivery to trusted community spaces directly addresses poor clinical uptake, urgent and emergency care pressures, and historic distrust in public services.

Participant voice: “The most significant change is that I now feel confident and disciplined in managing my blood pressure independently. I clearly understand the importance of a balanced diet, regular physical activity, hydration, and routine monitoring.”

4.3 Fit with MLCO priorities

The programme is designed to support Manchester Local Care Organisation's priorities by applying a health equity lens and working through trusted community organisations to help narrow gaps in health outcomes. It focuses on partnership working that enables people in North Manchester to live healthy, independent and fulfilling lives as part of dynamic, thriving and supportive communities.

4.4 Fit with the North Manchester Strategy

The Health Creation Project is a community-led intervention designed to feed directly into the £4.5 billion North Manchester Strategy - a 20-year healthcare-led placemaking and civic regeneration masterplan.

North Manchester General Hospital

The redevelopment of North Manchester General Hospital is in 'wave one' of the national New Hospital Programme. The projects in this wave have construction start dates spanning 2025 to 2030. The Secretary of State confirmed that the Trust should expect construction at North Manchester General Hospital to commence within the date range of 2027 to 2028.

The masterplan for a new sustainable health campus at North Manchester General Hospital includes:

- A new best in class acute hospital, modern mental health inpatient hospital (North View) and community-based health and wellbeing services, all embracing integration, innovation and technology
- Training and employment opportunities for staff and the community
- A new residential community focused on keeping people well at home
- Commercial space focusing on healthy ageing, research and business development
- Good-quality outdoor space, encouraging healthy activity and connection to the local neighbourhood

Victoria North

Victoria North is set to create 15,000 new homes over the next twenty years, at least 20% of which will be affordable. It will create better connected public spaces, new and improved transport links, and more homes, parks and retail spaces for the city's growing population. There are plans for new schools and healthcare facilities.

District Centre Developments

Manchester City Council's District Centres programme provides a development and regeneration focus to the District Centres. This includes working with the NHS to explore how developments in District Centres can help to improve the city's primary care and community-based health estate. Examples include potential new improved health facilities at Harpurhey and Moston Lane.

4.5 Responding to the North Enquiry

Community capacity research (the North Enquiry) found that North Manchester's voluntary, community, faith and social enterprise (VCFSE) sector was less resourced than the Central and South of the city, and that groups here were both less likely to apply for funding and less likely to be successful when they did. Engagement with organisations supporting communities experiencing racial inequality in North Manchester also found a clear preference for support to be delivered in and by their own communities. Supporting organisations that are led by, and/or directly support, Black, Asian and Minority Ethnic communities and are based in North Manchester is therefore a specific priority for this programme.

4.6 Fit with Making Manchester Fairer

Manchester's Making Manchester Fairer programme identifies long-term conditions as a significant contributor to health inequalities, with particular emphasis on deprived neighbourhoods, communities with lower healthy life expectancy, ethnically diverse communities, and people experiencing social isolation and poverty - all core to this programme's target population. Making Manchester Fairer workstreams fundamentally recognise the importance and priority that needs to be given to giving communities power and agency in the decisions that impact on their daily lives. The Health Creation approaches are absolutely aligned to this approach.

4.7 Fit with Live Well Manchester

GM Live Well is described as “**growing everyday support in every neighbourhood**”. It is the cornerstone of the 10-year growth and delivery plan aimed at reducing health, social and economic inequalities across Greater Manchester.

By integrating support with a focus on prevention, social connection and economic inclusion it aims to ensure that every resident can live as well as possible.

The Key components are:

- Live Well centres, spaces & offers
- An optimum neighbourhood model of integrated support
- A resilient VCFSE eco-system
- A culture of prevention (workforce and organisational development geared towards prevention)

Live Well Manchester has a concentrated focus in two neighbourhoods of North Manchester. The programme has an implementation plan that very much connects with the principles within this Health

Creation work. The Live Well approach demands working with residents and community organisations in ways that proactively construct the conditions necessary for working in ways that shift power from large organisations into communities. The organisations that this Health Creation Project has supported have been well placed to become significant partners in the role out of Live Well in their communities

5 The Framework for Health Creation

Health Creation is a relational model that treats social connections, trust and community confidence as legitimate interventions for improving health outcomes - not simply a delivery style layered onto conventional health programmes. Its purpose is to shift health and care systems from treating illness toward preventing it, on the premise that health can be actively made, maintained or restored. Manchester Settlement has continued its relationship with the Health Creation Alliance, to whom the Health Creation model is attributed.

The Framework for Health Creation is built around six features (characteristics of how we work) driving three outcomes (Connection, Confidence, Control) across four relationships.



This project has applied the framework through an action learning approach. Manchester Settlement has used the project funds to identify, train and support four Neighbourhood Health Creating Organisations (NHCO), who have in turn identified, trained and supported four neighbourhood HCVO/micro-organisations. These 16 organisations have then delivered numerous interventions that have impacted on individuals Connection, Confidence and Control, which has impacted upon their awareness/management of long-term health conditions.

Participant voice: “Being active is an important aspect of staying healthy. Being connected to others supports how I feel about the condition I have.”

5.1 Six features, one common language

TFHC identifies six features which, taken together, give partner organisations, project co-ordinators and participants a shared language for identifying strengths and areas for development:

Feature	What it means in this programme
Listening and Responding	Actively hearing what people and communities say and responding in ways that show they have been understood. Modelled throughout the programme via Reflection Meetings and Partner Meetings and embedded in project plans so that barriers are surfaced and solutions co-produced.
Power-shifting	Moving power and decision-making closer to communities, participants and people with lived experience. In practice, decisions on NHCO project expenditure, project co-ordinator recruitment and project activities are entrusted to the relevant organisations, with community voice bringing in lived experience.
Strengths-focused	Recognising and building on people's existing skills, assets, knowledge and capabilities. The capacity building programme has supported volunteers to take on Health Creator roles and project co-ordinators to learn in the role, with support and guidance rather than a deficit-first approach.
Truth-telling	Creating safe, respectful spaces for honest conversations about challenges, needs, inequalities and what needs to change. NHCO leads recruit their own

	project co-ordinators - often from the same community - which supports trust and honest conversation. This practice also embedded in the 1-1 Reflection Meetings between the NHCO Lead and the Project Manager.
Reciprocity	Building mutual relationships where people, organisations and communities give, receive and contribute together - recognised throughout the programme as key to participants feeling valued rather than simply 'done to'.
Self-organising	Increasing confidence is leading to project participants and health creators self-organising; for example, setting up buddying schemes and planning their own walks outside of the projects. Others are training to take blood pressure readings and organising community reading sessions as part of their projects. The capacity building continues throughout the Programme using different methodology, seeing volunteers also taking on the 'Health Creator' role.

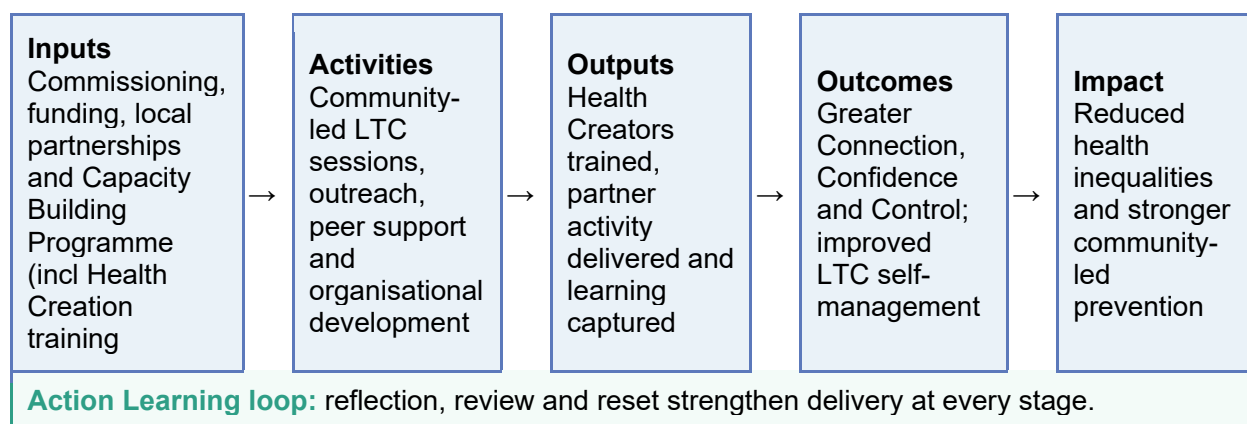
5.2 Four relationships

TFHC works across four relationships, each with a distinct purpose:

- Between community members - building social connection/capital and the ability to take action and control.
- Between neighbourhood VCSFE focussed organisations and communities - respecting and supporting pre-existing relationships.
- Between the NHS and communities - moving beyond treating 'patients en masse' toward relationships.
- Between the NHS and other local partners (including emergency services, education, housing and VCSFE) - collaborating toward shared goals.

5.3 From features to outcomes: Theory of Change

The programme's Theory of Change sets out how investment in commissioning, project planning and partnership building leads - via activity designed around Long-term Conditions (LTCs) and organisational development, to outcomes on Connection, Confidence, Control and then on onto LTC management and organisational development, supported throughout by ongoing learning, reflection, review and reset.



6 Programme Design & Delivery Infrastructure

6.1 A different kind of commissioning

The programme reflects a deliberate, 'brave' shift in public health commissioning - away from standard medical models and toward community-led, relationship-based preventative approaches. The strategy addresses severe regional health inequalities by investing directly in VCFSE organisations for both activity delivery and organisational/community development. This investment in the long-term presence of community organisations is truly different. It is a model of investing rather than procurement that respects and advances the position of VCSFE community anchor organisations as nodes of long-term community engagement and delivery.

6.2 Action learning and evaluation approaches

This interim report draws upon a selection of findings from evidence collected as part of the project evaluation strategy. This interim data collection has been useful for the presentation of outcomes and impact in both the development and learning of the organisations taking part, and on the direct and indirect impacts on participants. Drawing upon our experience managing projects that in a similar way require engagement and participation in structured data collection, the approach taken for this project has been multi layered. Evidence has built from a range of planned sources, data has also been collected continuously from unplanned conversations etc.

Manchester Settlement has carried out

- Evaluations of training
- Project Review Workshops
- Individual Reflection Meetings (with NHCO Leads)
- Video Interviews (with HCVO leads)
- Partner surveys
- Project Manager Reflections

The four Neighbourhood Health Creating organisations have carried out

- Partner surveys
- Reflective Partner Network Meetings

The 16 Health Creating Organisations have carried out

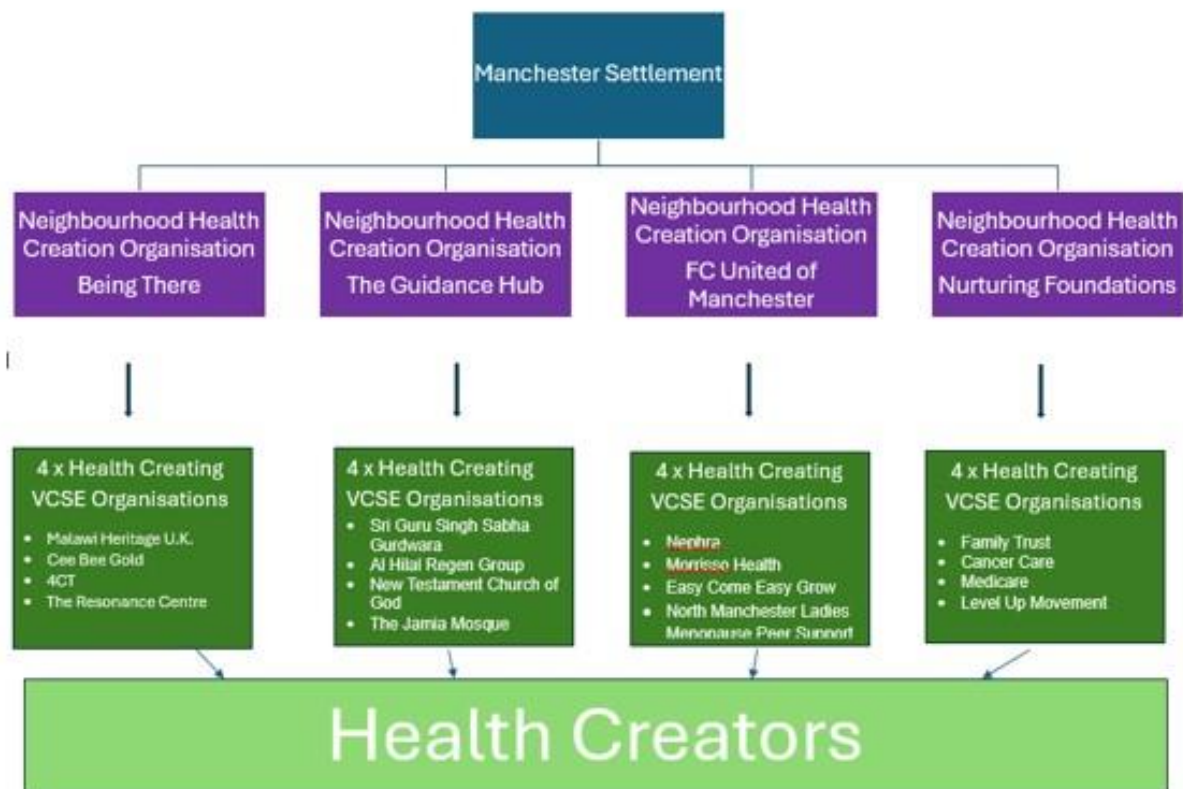
- Participant surveys
- Participant Case Studies/Testimonies
- Most Significant Change surveys

Data interpretation methods

The data collected has been purposely wide ranging in format, it has been largely qualitative data requiring the codification of responses into themes. The project team have utilised AI to aid with this interpretation.

6.3 Programme structure

- Manchester Settlement was funded to manage the whole project, through a Project Manager and steering group.
- Four lead Neighbourhood Health Creating Organisations were funded to employ a part-time Project Co-ordinator each.
- Each Neighbourhood Health Creating Organisation distributed four x £4,000 grants to HCVO/micro-community organisations.
- The Health Creation Alliance provides mentoring support and connections to national learning and evidence.
- 21 organisations formed the Health Creation Project Partnership across four neighbourhoods.



"Health Creators" are individual community members who, having taken part in Health Creation activities, have demonstrated the skills, knowledge and networks to be recognised as volunteer Health Creators.

Health Creation provides the support for the Health Creators to build their confidence by connecting with their linked VCSFE organisation and other group participants, but also by working with other partners during the project. This creates a bubble around the volunteer to become a health creator as they are guided and supported to take on roles that they normally would not. Their strengths are identified and implemented and their interests are developed. Because of this, the Health Creators take ownership and pride in their role; and actually manage aspects of the project.

At the time of writing 51 volunteer Health Creators have been recognised across the wider project.

6.4 Capacity building and learning support

A core principle of Health Creation is that everyone engaged with the project, from the lead organisation to NHCs, HCVO/micro-organisations and Health Creators themselves, should be able to take control. This is supported by:

Training programme (8 modules, delivered to NHC Leads and Project Coordinators):

1. Long-term conditions - the Manchester context
2. The Framework for Health Creation
3. Branding and marketing (including a dedicated logo design workshop)
4. Canva use
5. Project management skills
6. The Evaluation Framework
7. The Health Creation website – a tool for collaboration between all tiers of the programme
8. Partnership Working (Service Level Agreements)



Ongoing planning, learning and support systems:

Throughout the design and implementation of the project, Health Creation features have been built into all stages, transforming the way we have worked across the partnership.

Established the key programme design features

Listened to VCSFE feedback from previous projects and experience with working with the sector.
Incorporated below from responding to concerns: -

- VCSFE Financial gain
- Longer term contract
- Flexible use of funding (on activities, or just to help with organisational cost etc)
- Guidance and support to capacity build
- Power-shifting

Project Operational Plan

Timeline – 2-year contract to ensure first year provided time for capacity building programme with realistic timeframes for interventions to be planned and delivered.

Partner identification

'Established' Partners recruited with strong connections in neighbourhoods and experience of working in and delivering projects in their neighbourhoods.

Recruitment Process

- Detailed 'project specification' ensured thorough understanding of the project and partner roles.
- Simple recruitment process - application via 'letter of interest' with adequate application time period (3 weeks).
- Interviews - Questions sent out before interviews to all candidates.
- Question Responses - Interviewees answered question using their preferred methodology - presentation, flipcharts etc.
- Informal atmosphere created allowing interviewees to use written or computer notes.
- Successful candidates informed within 5 days of final interview.

Capacity Building Programme

- Eight training modules delivered (including long-term conditions slide deck).
- Everyone starting with 'same' level of knowledge and understanding.
- Support and guidance provided via PM continuously throughout the programme.
- Project Plans co-produced to develop learning and understanding of 'Health Creation' as part of project delivery (including handholding, peer modelling).

Reflection

Specific spaces developed for NHCO leads and PCs to raise concerns, develop co-produced solutions to challenges and bring own views/opinions to improve the programme (Reflection Meetings, Partner Meetings, 1-1 meetings).

Reciprocity - financial aspects

- Lead organisation ensuring that all partners paid on time.
- Grant funding - Monies available based on trust and outcomes (no detailed monitoring of expenditure).

7 What We Delivered – Our Outputs

7.1 LTC focused activity in neighbourhoods

Across the four neighbourhoods, 16 partner HCVO/micro-organisations delivered locally designed, culturally specific activity against the programme's three priority LTCs.

NHCO's and HCVO's

Participant Numbers

Being There – 92

Guidance Hub – 310

FC United of Manchester - 59

Nurturing Foundations -155

Total = 616

Number of Sessions January 2026 - August 2026 - Total = 553

Strategic Events Outputs (MS and MLCO)

- **THCA Summit** = over 300 participants,
> 250 presentation downloads

over 5000 THCA members reached online

- **Creative Health Conference** = >100

- **Making Manchester Fairer Event** = > 100

Our Long-term Conditions Project



GuidanceHub



Nurturing
FOUNDATIONS
Developing Young People and Communities



FOOTBALL CLUB UNITED OF MANCHESTER



being there life limiting illness support

Jamia Masjid
North Manchester
New Testament
Church of God
Al-Hilal Hub
Sri Guru Singh
Sabha Gurdwara

Family Trust
Cancer Care
Medicare
Level Up
Movement

Morrisso Health
NEPHRA Good
Neighbours
Easy Come
Easy Grow Mcr
North Manchester
Menopause Peer
Support Group

Ceebee Gold
Foundation
Malawi
Heritage UK
The Resonance
Centre
4CT

7.2 Descriptions of the projects undertaken by HCVO/micro-organisations

- Malawi Heritage UK worked with the Black/African community. They delivered educational, diet and physical activity interventions to manage hypertension; participants learn to take and understand their own blood pressure readings.
- Ceebee Gold Foundation worked with Black African communities. They delivered culturally grounded hypertension sessions covering barriers, cultural influences, physical activity, healthy eating and practical blood pressure monitoring.
- 4CT delivered hypertension-focused healthy lifestyle activity, including monthly exercise groups such as chair-based yoga and Tai Chi, supported by education and Nuffield Health hypertension sessions.
- The Resonance Centre delivered holistic, trauma-informed support for hypertension management, including discussion, therapeutic interventions and development of a blood pressure library for self-monitoring.
- Nephra Good Neighbours delivered cardiovascular disease prevention activity through yoga for people living with, or at risk of, arthritis and musculoskeletal conditions, with education on CVD and COPD.
- Easy Come Easy Grow Mcr worked with parents of children with SEND. The Well-Rooted project used gardening, food growing, physical activity and wellbeing conversations to support CVD prevention and management.
- North Manchester Menopause Peer Support delivered strength training, education and peer support to reduce cardiovascular risk, including content on blood sugar control and bone health.
- Morrisso Health used a community football and sports setting to identify high blood pressure and refer people into exercise, including single-sex sessions and links to the 'Know Your Numbers' campaign.
- Family Trust worked with Black and African communities. They delivered dance sessions combined with breathing and respiratory exercises in a culturally sensitive space, focused on COPD and CVD.
- Medicare worked with African and Caribbean communities. They combined blood pressure readings with regular swimming sessions, checking blood pressure before and after sessions to track change over time.
- Cancer Care Diaspora worked with African communities and cancer survivors. They delivered culturally relevant, discussion-based learning on health baselines, body signals, food and blood sugar, stress, blood pressure and movement for independence.
- Level Up Movement worked with African and Caribbean communities. They delivered physical activity and education on diet, exercise and medication routines to build understanding of high blood pressure in a culturally sensitive space.
- Jamia Masjid worked with Muslim men aged 55+. They delivered tailored support, training and guidance to build skills, access services and strengthen voice within the mosque community, with a walking initiative spreading to family and friends.
- Sri Guru Singh Sabha Gurdwara worked with the Sikh community. They delivered early intervention, workshops and drop-ins to raise awareness and share practical tools for hypertension prevention and management.
- Al-Hilal Regen worked with South Asian women. They delivered healthy eating sessions encouraging dietary change to support prevention and management of hypertension.
- New Testament Church of God worked with African and Caribbean communities. They delivered community engagement, advice, encouragement and signposting to improve awareness, support self-management and reduce complication risk.

Participant voice: “I enjoy everything about it, it educates me on how to manage my health condition, diet, stress and the facilitator breaks down to our level of understanding.”

8 Organisational development focussed activity

Alongside frontline activity, the programme delivered a Project Management Framework and organisational development programme with the following: -

- **Project and governance plan** - this entailed the development of a project steering group (monthly meetings) and lead organisation 'Operational Plans' for Year 1 and Year 2 to provide a clear framework for decision-making, accountability, and oversight throughout the project. The Programme also ensured that the recruited NHCO's had good governance in place.
- **Capacity Building Programme** - This programme entailed 8 training modules including long-term conditions slide deck which was delivered to the NHCO leads and Project Co-ordinators in Year 1 from Q1-Q2.
- **Evaluation Framework** - The framework has been developed to ensure consistent data collection due to the large number of project participants. Also, as outcomes are expected from the 'Health Creation' methodology used, as well as long-term conditions outcomes from NHCO leads, PC's, HCVO/micro-organisation leads and project participants, the framework offers creative and questionnaire tools (selected by the user) to ensure barriers to data collation are reduced.
- **Online Health Creation Platform** - The 'Health Creation' website is a platform recognised by the NHCO leads and PCs as a space where Health Creation strategic information and specific project information can be found by uploads from NHCO leads and PC's such as resources, reports.
- **Case studies** - As part of the Evaluation framework case studies have been requested from the HCVO/micro-organisations to show impact on organisation and participants. Case studies focus on behaviour change via the health creation methodology. One case study is requested per quarter from commissioners.
- **A series of professional impact videos** - Funding has been made available via GM Moving to produce 4 videos highlighting good practice and impact from the project so far, from each neighbourhood. A strategic video has also been produced to explain 'Health Creation' and how the framework can be used to empower communities; meeting NHS priorities and achieving equity especially for marginalised communities. All videos have been co-produced, led by the lead organisation working in partnership with Freshrb Health Media.
- **12 learning events, delivered by Neighbourhood Health Creating Organisations** - Using the 'Health Creation' principles, the programme ensures that 'learning and development' is cascaded throughout. Therefore, NHCO's have delivered training and learning sessions directly to the HCVO/micro-organisations which also includes arranging 'external organisations' providing health information such as Nuffield Health, BHA for Equality etc.
- **Communications** - 'Branding and Marketing' have been a focus of the programme to ensure that 'Health Creation' is recognised in Manchester. This entails a co-produced 'Health Creation logo', T-shirts and banners; providing a sense of ownership by all programme partners including MLCO.
- **51 Health Creators trained and supported** - The Health Creators have a 'proactive role' in project delivery within their communities and a key aspect of this is developing their confidence to do this. Health Creators can be established volunteers to HCVO/micro-organisation leads who are 'learning' as part of this programme and becoming Health Creators. The programme will develop further 'Health Creators' as projects continue; spreading into communities.

9 Impact and Outcomes

The programme's Theory of Change holds that working to the six Health Creation features builds Connection, Confidence and Control (the '3Cs'), and that this in turn improves participants' ability to manage long-term conditions. This section sets out the evidence against that chain, moving from the 3Cs, to LTC-specific outcomes, to organisational and system-level impact.

9.1 Impact on the 3Cs: Connection, Confidence, Control

Our Health Creation theory of change recognises that when we work in ways that are characterised by the 6 features of health creating practice, that individuals and organisations will feel improved Connection, Confidence and Control. When they feel these, those individuals or organisations can convert those capabilities into improved long-term health.

Participant voice: "I didn't do anything for myself health wise before this programme and I feel it's helping my confidence, and I've felt more confident than I have in years."

So it is important that we are assessing where participants have sensed impacts from the programme on the 3C's. Our evidence comes from their direct references to the 3 C's and sometimes relies on an interpretation of their feedback.

Connection

Case studies and narrative question responses show strong impact on social connection, belonging and reduced isolation. Participants value meeting others with similar experiences, making friends, sharing ideas and feeling part of a supportive community. This is also creating wider health benefits: people feel less alone, more emotionally supported, and more able to share learning with family, friends and their wider community - suggesting the project is strengthening informal peer-support networks around LTC prevention and management, not only supporting individuals.

Participant voice: "It's been nice to open up to like-minded people and people who are going through similar things to me."

Confidence

Case studies show the project is increasing participants' confidence to understand, discuss and manage their long-term condition(s). People describe feeling more outgoing, happier, more able to talk about health issues, and more confident to take practical steps; monitoring blood pressure, managing diabetes, exercising, making healthier choices and supporting others. This is being built through trusted facilitators, accessible activities, peer support and culturally familiar spaces where participants can ask questions and learn without judgement.

Participant voice: "Since attending the training, I feel much more confident in managing my diabetes."



Control

Participants report moving from awareness into practical self-management: increased understanding of conditions such as hypertension, diabetes, CVD and COPD, and greater responsibility for daily choices around diet, activity, medication, stress and monitoring. Several describe feeling more disciplined, independent and motivated - a stronger sense of control over their health and reduced worry.

Participant voice: “Better understanding of my condition helped me take control of daily choices around diet, activity and stress.”

9.2 Long Term Conditions-specific outcomes

Evaluation methodology note

The data driving this analysis is sourced from participant level surveys completed by individuals attending programmes delivered by the 16 Health Creating Organisations. 135 freeform/narrative surveys have been completed at the time of completing this interim report. Surveys asked for feedback on the impact that participants have felt from attending the programmes. AI tools have been utilised to assess and group feedback to identify themes and quantify those reporting those themes in their feedback. Each individual reported many benefits within their narrative, the percentages listed illustrate the strongest identifiable themes

Most significant change: reflective analysis

Participants were asked: "What has been the most significant change in your life?" (as a result of the programme). Participants continue to narrate the changes they are noticing. From these commentaries we can observe that 100% reported benefits

32% noted that they are making healthier lifestyle changes

26% noted that they have improved **confidence, control and self-management**

25% feel that they have improved mental wellbeing, motivation and reduced stress

Responses suggest the project is shifting participants from passive awareness to active management; many describe a clearer understanding of hypertension, diabetes, CVD or COPD risk, and specific lifestyle changes such as diet, walking, hydration, exercise, monitoring and taking medication more consistently. A notable group also describe improved confidence, reduced fear and better emotional resilience.

Participant voice: “The most significant change has been shifting from reacting to symptoms to actively managing my health. Better understanding of my condition helped me take control of daily choices around diet, activity and stress.”

Unexpected outcomes

Because HCVO/micro-organisations are inclusive by nature, activity is not restricted to those with a qualifying condition; it is delivered to everyone who trusts the organisation for support with their wellbeing. As a result, the programme is also generating health creation outcomes for residents who do not report a current long-term condition, across the following health issues:-

- Physical health & fitness - becoming more active, improving mobility, strength, fitness, and managing pain.
- Mental health & wellbeing - reducing stress, anxiety and loneliness, and improving confidence and emotional wellbeing.
- Heart health & blood pressure - preventing hypertension and cardiovascular disease.
- Healthy eating & weight management - improving diet, nutrition and food choices.
- Social connection - meeting people, reducing isolation, feeling part of a community.
- Healthy ageing & independence - staying healthy, mobile and independent for longer.
- Sleep & energy - improving sleep quality, reducing fatigue, increasing energy levels.

Wider impact on family, friends and community

Many participants described sharing knowledge with spouses, children, friends, relatives and community members - often framed as mutual support: families changing food choices together, encouraging activity, becoming more aware of health risks, and feeling reassured. Some also reported better relationships with professionals or reduced pressure on family members. The strongest themes emerging from the feedback are;

- 35% noted their Improved mood, confidence and social connection
- 32% noted that they have been Sharing knowledge with family/community
- 17% reported they have been Encouraging others to seek prevention/support

Understanding more about the nature and extent of this wider impact is a focus for our future evaluation work.

Most enjoyable aspects of the programme

The strongest themes emerging are

- Peer support, social connection and shared experience
- Accessible, practical and understandable learning
- Welcoming, respectful and non-judgemental environment

Participants value delivery that feels practical, understandable and relevant to everyday life. The sessions are repeatedly described as friendly, welcoming, non-judgemental and culturally appropriate. Peer connection is also important: people value meeting others with similar backgrounds or conditions, sharing experiences, asking questions, and learning in a relaxed setting rather than a rushed clinical appointment.

Overall LTC impact summary

Individual impact surveys show a consistent progression from increased understanding to practical self-management and wider community influence. Participants most often describe learning that their condition is serious but manageable, translating this into diet, exercise, medication, monitoring and confidence-building. The wider impact is strongest at family and community level, and what participants value most is the practical, accessible and culturally familiar nature of the sessions, alongside a welcoming environment in which to ask questions and learn from peers.

9.3 Organisational level impact

This programme was designed to promote long-term learning and development that improves community sector capacity and capability, responding directly to the capacity gap identified by the North Enquiry. Commissioners have therefore invested not only in immediate LTC understanding and management, but in longer-term community capacity - with the Health Creation approach underpinning project management from the Steering Group through to Manchester Settlement, NHCO Leads and the HCVO's.

"I am already confident in listening and responding, but having the mindset of implementing the health creation framework to every step of the project makes me feel more confident to make sure we obtain it at any stage of the project." - Project Co-ordinator, Being There

Project Coordinator Support Sessions

The coordinators reflected on their learning and development in support sessions with the overall Project Manager. When asked 'what aspect of the role the coordinators found most rewarding' they stated connecting with and meeting new people; this in turn enabled a better understanding of their communities; especially bringing those from different ethnic groups together.

Learning about 'Health Creation' was valued as a good framework to empower communities and that being part of a neighbourhood team was supporting the development of the coordinators.

Participant voice: "Learning about Health Creation principles and being the Neighbourhood Health Creation Coordinator for the LTC's Health Creation Project has shown me the importance and the benefits of implementing the Health Creation principles in every step of our work to help with underlying issues of the communities...working with our HCVO's. Gaining experience in the field of project coordination within this role is something I highly value for the impact of my integration with the community of Manchester." - Mert, Project Coordinator, Being There



Picture: Left to Right Maqsood – Guidance Hub, Temitope – Nurturing Foundations, Lauren – FC United of Manchester, Maqbul – Manchester Settlement (Project Manager)

An ice-breaker to understand what the PC's had found valuable in the first Year of the project was implemented and specific objects were selected to explain their views/opinions.

Glasses	Participant voice: "I had to look through different lenses. The lens of community members - solidifies your project plan."
Van	Participant voice: "We're on a journey - different starting points but same direction."
Candle	Participant voice: "Light! What can be brought to different communities to shed light on issues."
Ball	Participant voice: "This is such a vast project and we are working with so many different groups and organisations; so there are always going to be challenges. But by embedding the Health Creation principles of being truthful, developing confidence, and listening and responding appropriately, we always bounce back!"

With regards to the delivery methods of the programme (Training, Development and Capacity Building Programme, 'Marketing Campaign', The Framework for Health Creation and the Evaluation Framework) the PC's found the capacity building element of the programme very useful for both experienced and inexperienced PC's, with some stating that they had never been part of a project before where capacity building has been offered.

Participant voice: "Framework helps to develop people management skills, planning and organisation - understanding different HCVO/micro-organisation needs, understand lived experiences of community members/research, delegation, communication and working together." - Temitope, Nurturing Foundations

Participant Voice: "All the training has been invaluable to understand my role and improve confidence. Always left these sessions with a clear understanding - lots is always covered but it is done at a pace where I can understand and if not, I can always ask - Lauren, FC United of Manchester

Participant voice: "I feel listened to and know that I can feedback without judgement. Overall, I feel supported and guided from MR and my organisation." - Lauren, FC United of Manchester

Another aspect of value to the PC's is the practice of 'reflection' which allows people to adapt interventions by evaluating practice.

Listening and Responding

Partner organisations consistently describe developing more approachable, responsive working relationships that encourage engagement and collaboration — several specifically citing this as a skill they want to keep building, particularly around gathering and responding to participant feedback.

Participant voice: "I worked closely with the project lead to guide them and positively challenge them through exploring questions, to help them understand the needs of the HCVO/micro-organisations and identify practical solutions." - FC United of Manchester

Participant voice: "I would like to develop stronger active listening skills by being more intentional about asking open questions, allowing space without rushing to solutions, and reflecting back what I hear." - Family Trust

Power-shifting

Organisations describe building community-led sessions, giving service users a genuine voice in decisions, and extending responsibility to more volunteers/or Health Creators.

Participant voice: "This is a co-created project and all the work done is done together, not only by the group but by listening to the needs of the participant." - North Manchester Menopause Peer Support Group

Strengths-focused

Several organisations described actively building on participants' existing skills and abilities rather than focusing on deficits - from involving Health Creators in blood pressure monitoring and group communications, to positioning participants as leaders of their own projects and communities.

Participant voice: “Recognising people's strengths early and making them aware they can use it to their advantage to better their situation - we can make them leaders of the project, leaders of their communities and leaders of their own lives.” - CeeBee Gold

Participant voice: “We would like to see improvement in our organisation's strengths-based focus by consistently identifying and building on the skills, resources and achievements of participants and staff, rather than just addressing deficits.” - Family Unit Trust

An NHCO with ‘services’ across Greater Manchester is now embedding health creation practice throughout, supporting service-users affected by ‘other’ long term conditions i.e. Cancer. The ‘Framework for Health Creation’ has been identified as a useful tool for guiding organisational development to ensure practice is empowering.

Truth-telling

Organisations described truth telling as underpinning respect and development, including candid conversations about monitoring and evaluation compliance, while also naming it as an area for further growth, particularly around striking the right balance between honesty and support.

Participant voice: “We would like to continue developing a safe space where individuals and communities feel confident sharing lived experiences, challenges and needs, particularly in relation to long-term conditions and health inequalities.” - The Resonance Centre

Reciprocity and Connecting

Organisations recognise reciprocity and connection as areas they want to embed more consistently into day-to-day practice, from building relationships robust enough to keep participants engaged through difficult weather or circumstances, to reaching people who are harder to engage, to strengthening relationships with other organisations delivering health services.

The programme is developing connections and relationships between statutory organisations who can support in providing clinical guidance and information for the three priorities making an impact on project outputs and outcomes. Connections have been made with MLCO, BHA for Equality and Nuffield Health by the NHCO's and HCVO's increasingly have the confidence to reach out to these organisations.

Participant voice: “I would like to improve how we reach new people in the community, particularly those who may be harder to engage or less confident about getting involved.” - Easy Come Easy Grow

Participant voice: “Building better relations with other communities and organisations providing health services and tackling health issues.” - Guidance Hub

9.4 System level Impact

The Impact of Neighbourhood Partner Meetings

Partner Meetings led by the lead organisation, Manchester Settlement are held once every 4 months. Focussed around The Framework for Health Creation, the meeting have been attended by the 4 NHCO partner leads and Health Development Coordinators.



Participant voice: “Meeting the other partners and learning about the communities that they serve made me excited for the future of this project. We spent the morning listening and responding to our colleagues, their excitement and voicing potential challenges as we embark on this project, made a great foundation for the ultimate success of our project.” - Vikky, Being There CEO

Participant voice: “It's been refreshing to be part of a project that genuinely feels collaborative rather than transactional. The planning meeting didn't just outline logistics - it sparked connection. I left feeling optimistic, not just about the outcomes, but about the way we're going about it.” - Ifraz, Guidance Hub CEO

The programme is establishing links between organisations that the NHCO's may have not worked with before; developing an increase in knowledge of *local* communities and increasing the NHCO's potential to support others. This has been reflected in a NHCO CEO detecting an increase in enquiries from their community since beginning the project.



10 Stories of Change

These case studies illustrate, in more depth, how the Health Creation approach changes practice - for a participant-facing service, and for a first-time community partner.

Suddenly People Are Talking to Me

'L' struggles with COPD and joined the yoga class to help - even after the first session of yoga, she felt wonderful, "The benefit was almost immediate, because it slows you down". Rather than getting out of breath, she has more breath than usual - "the breathing exercises have calmed down my anxiety, my blood pressure is stable, and I now have to use the spray for my heart condition half as much." She now attends three sessions a week and has brought people along to join. It's not only helped her physical health but has reduced her isolation as the women in the group have connected - "suddenly people are talking to me".

FC United of Manchester - Nephra Good Neighbours

Improving COPD and Wellbeing Through Yoga

After years of facing difficult challenges in her life, and always putting her wellbeing last, this participant found herself struggling with both her physical and mental health. Living with COPD and experiencing depression and isolation, she had little opportunity to focus on her own wellbeing.

Encouraged by her daughter, she began attending the Health Creation yoga sessions at Nephra. Although she initially felt overwhelmed by the support she received, she quickly became a regular attendee. She now attends three sessions a week, alongside a friend who joined after hearing about her positive experience.

While the programme was primarily focused on cardiovascular health, the participant experienced significant benefits for her COPD. The breathing exercises taught in the yoga sessions helped her manage her breathing more effectively and reduced the anxiety that often accompanied her condition. She also reported that her blood pressure had stabilised and that she was having to use her emergency medication less frequently.

Participant Impact

The impact has extended beyond her physical health. Through the yoga group, she has developed new friendships and stronger connections within her local community, helping to reduce the loneliness she previously experienced. Reflecting on her journey, she described herself as "coming to the end of a dark tunnel" and said that Nephra has "opened her life up".

Key Learning

This case demonstrates how community-based activities can have unexpected benefits for people living with long-term conditions. By combining gentle physical activity, breathing techniques and social connection, the programme has helped this participant feel more confident in managing her COPD while improving her overall wellbeing and quality of life.

Guidance Hub - Jamia Masjid North Manchester

Muslim Men (55 years +)

Stories from Our Community

Community Member 1:

From being on this project, the most significant change has been my understanding of how serious hypertension really is. Before attending these sessions, I considered high blood pressure to be a

common and minor condition. However, I was shocked to learn that if it is not properly controlled, it can lead to serious health complications such as heart disease, stroke, and kidney problems. The information shared during the sessions made me realise that hypertension is a "silent enemy" that can damage your health without obvious symptoms. This has motivated me to take my condition seriously by improving my diet, taking my medication regularly, and following a healthier daily routine to protect my future health.

The knowledge I gained through these sessions has inspired me to share this important information with my family, friends, and members of my local community. Receiving the information in my mother tongue, Urdu, made it much easier for me to understand and remember. I plan to share what I have learned with friends who attend different mosques, especially those who are not confident in English. In our Pakistani community, many people consider high blood pressure to be a minor issue, but I now understand how dangerous it can be if left unmanaged. By raising awareness in a language people understand, I hope to encourage others to take their health seriously and seek early prevention and treatment.

What I liked most about this project was that the sessions were delivered in a friendly, welcoming, and culturally familiar environment. The information was explained in simple Urdu, making it easy to understand and relate to everyday life. I also appreciated the opportunity to ask questions freely and learn from the experiences of other participants who were facing similar health challenges. The sessions were practical, informative, and supportive, giving me the confidence to take better care of my health. I would be happy to attend more sessions like these in the future and recommend them to others in our community.

Community Member 2:

For me, the most significant change has been my understanding of how serious both hypertension and diabetes can be if they are not managed properly. During these sessions, I learned that high blood pressure is often called a "silent enemy" because it can cause serious health problems without showing obvious symptoms. As someone living with both hypertension and diabetes, this information made me realise the importance of making positive lifestyle changes. I have started paying more attention to my daily routine by drinking more water, becoming more physically active, following a healthier diet, and taking my medication more consistently. The practical advice and clear explanations given during the sessions have motivated me to take greater responsibility for my health.

The knowledge I gained from these sessions has had a positive impact on my family, especially my wife, who also lives with hypertension and diabetes. I regularly share what I have learned with her, and together we are making healthier lifestyle choices, including improving our diet and encouraging each other to stay active. I have also shared this information with friends and other members of my community, helping them understand that high blood pressure should never be ignored. It is rewarding to know that the awareness I have gained is encouraging others to take better care of their health as well. I have also spoken to several friends about the dangers of uncontrolled high blood pressure, particularly because many people in our community underestimate its seriousness. It gives me satisfaction to know that the knowledge I gained is helping others become more aware of their health and motivating them to make positive changes before problems become more serious.

These case studies highlight the impact that 'creating the right conditions' for individuals to engage reduces barriers to accessing health information. Health Creation has allowed the time for PC's to develop and deliver relevant 'engaging and learning spaces' (listening and responding) leading to positive and trusted relationships (truth-telling). The outcome has been a development of confidence, leading to self-management (self-organising and taking control) and sharing his learning within the community (reciprocity). Power has been shifted to the community members.

FC United of Manchester- Morrisso Health
Inclusive Community-Led Physical Activity for a Deaf Older Adult

At 62 years old, the participant wanted to improve his cardiovascular health and become more physically active. However, as a Deaf British Sign Language (BSL) user, he had previously struggled to access local, statutory exercise opportunities. Although services were available, communication barriers meant he was unable to fully understand what was happening or participate. Feeling excluded and unable to follow, he eventually stopped attending.

Through the Health Creation programme delivered by Morrisso Health, a different approach was taken to educate and practically support individuals about cardiovascular disease. Rather than expecting the participant to adapt to existing services, the organisation adapted its delivery to meet his needs, including the use of basic BSL by instructors and support from a Level 3 BSL student. This ensured the participant could fully understand the programme and engage confidently from the outset. Once communication needs were addressed, participation, confidence and wellbeing increased, giving him the opportunity to focus on his long-term condition.

Participant Impact

The impact was immediate. What began as attendance at an exercise session developed into regular participation in physical activity, helping him take positive steps towards improving his cardiovascular health, his confidence grew and he no longer felt excluded. He became an active participant in sessions, building relationships and becoming part of a wider community. Through ongoing attendance, he reported feeling more connected, more confident, and less isolated.

The programme also influenced his wider social network. After experiencing the benefits himself, he encouraged another Deaf friend to join, who subsequently encouraged others. This peer-to-peer engagement demonstrates the importance of trust and representation when working with underserved communities.

Beyond the exercise sessions, he became involved in the "Deaf and Hearing Together" group, where Deaf and hearing residents come together to socialise, learn from one another and develop new communication skills.

Health Creation in Practice

This project demonstrated how Health Creation goes beyond physical health. By creating an accessible environment, the programme increased confidence, strengthened social connections and enabled greater control over health and wellbeing, as well as sustainable engagement. Also, this case study highlights the strengths-focused aspect of The Health Creation Framework where the project facilitator from Morrisso Health, continued to learn and develop her BSL skills and is continuing to work with the BSL level 3 student.

Key Learning

This case highlights that meaningful access requires more than simply providing a service. Small adjustments can make a significant difference to participation and health outcomes. By creating genuinely inclusive environments by listening to the needs of the community, organisations can reduce inequalities, improve wellbeing and enable individuals to take a more active role in managing their long-term health.

FC United of Manchester - North Manchester Menopause Peer Support Group
Renewal Years: Building Confidence and Control During Menopause

The Renewal Years programme focuses on strength training, education and peer support to reduce cardiovascular risk (including hypertension), support blood-sugar control, protect bone health, and enhance mental wellbeing.

From the beginning, the project has been co-produced with the participants. They are encouraged to share their experiences, identify their priorities and influence the content of sessions. This created a programme that felt relevant, supportive and empowering. Through strength training, health education (including CVD) and group wellbeing discussions, participants began exploring how menopause affects both physical and emotional health while developing the confidence to take positive action.

Impact on Participants

A key outcome has been an increased understanding of cardiovascular health and the role physical activity plays in reducing future CVD risk.

Many women joined the programme with limited confidence in exercising independently and little awareness of how menopause can impact heart health. Through personalised support, practical demonstrations and encouragement from coaches and peers, they have developed the skills and confidence to engage in regular physical activity safely and consistently.

As the programme has progressed, participants have begun establishing sustainable exercise habits and viewing movement as an important tool for managing their long-term health rather than simply a fitness activity. They are becoming more aware of the importance of physical activity, recovery and self-care in supporting cardiovascular wellbeing and reducing future health risks.

A particularly valuable outcome has been the development of strong peer-support networks. Women regularly encourage one another, share experiences and celebrate progress together, creating a sense of accountability and belonging that supports ongoing engagement and positive behaviour change. This supportive environment increases the likelihood that participants will continue adopting and maintaining heart-healthy behaviours beyond the programme.

Health Creation in Practice

The programme demonstrates the three Health Creation principles in action.

Participants have built confidence through learning new skills and increasing their understanding of their health. They have developed connections through supportive peer relationships and shared experiences. They are gaining greater control by understanding their own health needs and making informed decisions about physical activity and self-care.

Key Learning

The success of The Renewal Years highlights the importance of creating safe, supportive spaces where people feel able to learn, grow and influence their own health journey. By placing women at the centre of programme design and delivery, participants have become active partners in improving their long-term health rather than passive recipients of support.

Nurturing Foundation – Medicare Foundation

Early Intervention in Cardiovascular Health and Health Creation leader!

Medicare Foundation has developed a swimming-based Health Creation programme to improve cardiovascular health among women from Black, Asian and Minority Ethnic communities (BAME).

Participants are encouraged to implement sustainable lifestyle changes, learn new skills, and observe the impact of swimming on their blood pressure levels. The programme has trained participants to take their own blood pressure readings before and after swimming sessions, delivers educational discussions on cardiovascular disease, provides the interpretation of blood pressure readings and practical swimming instruction.

General swimming lessons were capped at 12 participants for health and safety reasons and as women's confidence grew, more women wanted to be involved in the heart health project that focused around swimming to promote healthy lifestyles. Naana - the HCVO lead (Health Creator) met with the swimming pool manager to explain how the swimming was part of a wider programme to support the communities understanding around heart health and increased physical activity.

Naana explained the programme's wider purpose to the 'Broadway Bath Management Board', framing it not as a swimming lesson for women but as a health creation initiative designed to improve cardiovascular health, increase health literacy, and support long-term behaviour and explained how the women who attended were supporting each other and managing safety in the group for each other so reducing the risks for them and their families in the water.

The Pool manager was so impressed with the work and the connection to wider long-term health conditions that he increased the number of participants allowed in the pool and suggested that Naana approach another swimming pool to set up a similar approach in other areas.

Participant Impact

Of those attending, so far, five participants have recorded blood pressure readings within the hypertensive range (two of these individuals had no prior diagnosis), highlighting previously undetected cardiovascular risk. In line with National Health Service (NHS) guidance, they were appropriately signposted for clinical follow-up and have since commenced antihypertensive medication. The remaining three participants, although previously diagnosed and prescribed medication, were not adhering to their treatment plans. They are now being supported to improve medication adherence and incorporate regular physical activity and lifestyle modifications into their daily routines.

Due to participants receiving on-site pre and post blood pressure checks, participants are seeing a direct link between the swimming lesson and the effect on their blood pressure. Due to this, participants are seeing the immediate benefits to their health; supporting continued engagement in the project.

Health Creation in Practice

Strengths-focused - Naana is using her own strengths in data collation and reporting to feedback in a simple way health information to participants, a practice that she has not implemented before.

Power-shifting (Control) - Participants are setting their own weekly health goals guided by self-monitoring of their hypertension.

Key Learning

These outcomes demonstrate the critical importance of community-based blood pressure screening in identifying both undiagnosed and uncontrolled hypertension, particularly within BAME communities.

The unique aspect of this project is the direct link made between the physical activity and blood pressure readings due to the pre and post to the swimming lesson. This encourages participants to sustain their activity as the HCVO lead develops feedback graphs showing the direct effect of the project on participants health.

Also, Naana through her understanding of Health Creation and her ability to articulate the framework and impact of Health Creation; was encouraged to share her good practice at other leisure centres (system change).

Jamia Masjid North Manchester

First Time Commissioning – Organisation capacity building

Jamia Mosque had never previously been funded to deliver a community-based project, and statutory partners had not previously succeeded in forming a partnership with the Mosque. Through the Guidance Hub, a predominantly Muslim-led NHCO, Hamad, who had moved to the UK from Portugal, found an organisation that understood his culture and faith, and began his journey as a volunteer and Health Creator.

The project co-ordinator recognised Hamad's commitment and ambition, and he was recruited as the Jamia Mosque project lead. Since then, he has developed his confidence, knowledge and skills to deliver the project, conducting presentations, facilitating workshops, and recently managing the operational side of his project video with his co-ordinator's support. The coaching and peer-learning approach, and the knowledge that support was available from the lead organisation, have been central to his development.



"The Health Creation training was very useful for me. It was my first time attending, and I learned a lot. The presenters, Maqsood Ahmad and Maqbul Rose, explained everything clearly and even translated parts into Urdu, which really helped. I found the case study, the Three C's, and the Six Features very helpful, and I will use them in our Mosque project. The training gave me new ideas on how to support our community better, especially people living with long-term conditions. I feel more confident now and look forward to putting this learning into practice." Hamad Raza Khan, LTC Coordinator, Jamia Mosque

Health Creation in Practice

This case study highlights how 'Health Creation' has filtered through the model and impacted on the HCVO organisation (the 3C's). The project co-ordinator has delivered health creation projects previously in partnership with the lead organisation and has a good knowledge of the framework. He supported Hamad to develop as the HCVO lead and this has led to organisation capacity building.

Key Learning

It is the programme methodology that has enabled the organisation development of the HCVO (grassroot organisation). By cascading the Health Creation principles to all participants, via training, peer modelling and supporting and guiding, the lead organisation has developed a 'health creating' project co-ordinator who has been able to grasp this methodology and become a health creating lead in his neighbourhood.

11 Learning Points

Drawing together the case studies and delivery experience across all four neighbourhoods, several practice-level learning points emerge — distinct from, and additional to, the 3Cs impact evidence set out in Section 6.

11.1 What is driving success

- Trust and consistency: engagement is built on trusted relationships and consistent delivery in familiar, supportive environments.
- Flexibility is essential: adaptive, person-centred support is critical for participants with complex or with fluctuating health needs; rigid, standardised models are less effective.
- Small adaptations, big impact: simple changes - more blood pressure monitors, basic BSL, peer-led support significantly improve engagement and outcomes.
- Co-creation and feedback: ongoing participant feedback and co-design enhance relevance, engagement and sustainability.

Living and Breathing Health Creation

The Framework for Health Creation is based on relationships and the framework leads to positive relationships being established with trust being the underlying factor. By working in a truly health creating way means to know and understand your clients (the VCSFE sector in this project), the challenges they face and their needs.

Participant voice: “I am becoming more confident to help family friends make better choices in health and wellbeing.”

Throughout the programme, the lead organisation has modelled health creation practice which filters down from the CEO to the project manager, to the project participants; and this has been recognised by the NHCO leads. When all project participants are seen as equal partners; being an authentic leader (honest and accountable), apologising for mistakes, being honest with feedback makes project participants feel valued and respected. This creates an environment where barriers/challenges to health can be identified - looking at the ‘route causes of ill health’ and thus, co-producing solutions, led by a PM/lead that delivers with **compassion, care and consideration**.

Making others feel valued

Making others feel valued is much more than providing financial gain, time or support; it is very much about the ‘little things also. Running around the whole building looking for that one green tea teabag! Bringing in your partners favourite biscuits at your training session, delivering the much needed leaflets on a Saturday at an event because they ran out of leaflets and saying ‘thank you’ - this does not cost anything; but these are the things that people remember.

Participant voice: “I have learnt to not do things that trigger my symptoms. It is a very friendly environment and it’s easy to make connections. They support me on my daily activities and are encouraging and helpful.”

Coaching and Modelling

Project participants are encouraged to use the framework continuously; to ‘listen and respond, truth-tell, highlight issues and challenges and build in ‘reflection’, promoting an action-learning approach where ‘learning from mistakes’ is encouraged to build in best practice that can be shared - this is ‘Health Creating’; building peoples’ confidence via honest conversations; being an enabler, giving up your power, for others to have and take control.

11.2 What this means for the system

- **Early detection & prevention:** community-based screening and education enable earlier intervention and empower self-management.
- **Inclusive investment:** funding accessible, community-led models reduce health inequalities and strengthens community resilience - including for organisations, like Jamia Mosque, that statutory commissioning has not previously reached.
- **Accepting investment risks to secure added value:** - Trust communities to develop approaches to supporting LTC’s that develop a deeper understanding of self-management in a culturally accessible way. Accepting that this type of funding/investment has risks, but levers in the long term added value that come from more stable community organisations.
- **Organisational development & peer leadership:** developing health creators and peer-led models sustain engagement and reach beyond the life of any single funded activity.
- **Build with, not for:** the clearest advice from partners for future programmes is to build relationships, create inclusive spaces, empower participants, and plan with communities rather than for them.

11.3 Project Manager Reflections - Challenges and Learning

Recruitment of Partner Organisations

NHCO’s

Recruitment delays - A second round of recruitment was necessary in one neighbourhood and it has been recognised that a member representing each neighbourhood would have been valuable on the

'interview panel' in terms of 'neighbourhood knowledge' for the recruitment of the 'Neighbourhood Health Creating Organisations' to make the process more efficient.

Neighbourhood Health Creating Organisations

NHCO connections - Where NHCO's did not have good connections with grassroot organisations, the Manchester Settlement Project Manager assisted with recruitment. This caused a delay in projects commencing and identified the need for NHCO's recruitment processes/selection criteria to be clearer with regards to connections with grassroot organisations, rather than general community organisations. However, this has benefited the NHCO as the project is enabling the 'relationships' to be developed between organisations in the neighbourhood.

Project Coordinator - knowledge and experience

It is increasingly evident that for a project of this scale, implementing projects showing impact on LTC's using the health creation principles can be challenging for inexperienced project co-ordinators new to the role. The learning required regarding the methodology and knowledge of health conditions, as well as 'learning the PC role on the job' has led to PC's finding it difficult to navigate all of the project expectations; specifically, the understanding of project aims and outcomes and focusing on interventions impacting on these. This has affected the capacity of the Manchester Settlement Project Manager to manage the programme, as having to 'step into' the 'project co-ordinator' space; peer modelling project planning sessions and holding 1-1 support/project planning meetings to guide throughout the programme, and this continues.

The experience demands a reflection on the respective roles and responsibilities at the central and neighbourhood project management levels. There is a tension between immediate project management success and long-term development. A more gradual release of responsibility to the NHCO may be a model to be considered in the future.

VCSFE organisational fragility

The very nature of small VCSFE organisations places this sector in very fragile positions due to minimal paid staff (mainly run by volunteers) and very often people who cannot work due to their personal situation and circumstances. Within a year of the programme starting, we have seen what this looks like in our neighbourhoods, with a HCVO lead unexpectedly passing away, a NHCO leave their role, and another being on long term sick leave. These risks face all organisations, but smaller organisations are less able to respond quickly when events happen. Therefore, managing projects under these conditions requires a programme that is flexible to enable participants to adapt to these circumstances whilst being given support and understanding. We have found that the NHCO staff have managed to overcome these obstacles by listening and responding appropriately and have managed to continue with their projects.

The 6 Health Creation Features are continually evident across all project management phases, from the steering group to the activities. It has been pleasing to see that the steering group has recognised and respected the challenges that groups face and has diverted resources to help overcome those challenges. The culture of the investment model recognises that funding supports the long-term wider activity and outcomes that organisations provide, as such the investment cannot be exclusively monitored against short term outcomes, especially when these are interrupted. This has been helped with the 'long-term contracts', the PC role to support and guide and having a lead organisation and 'funders' that understand and work with the voluntary sector. The trusted relationships are key to these circumstances, so all partners can find solutions together; built on the foundations of respect and understanding.

Communications

Raising awareness of the project via newsletters and articles has been challenging for PC's and HCVO leads, leading to requests for mandatory case studies as a minimum. The lead organisation is therefore producing the main newsletters and articles. The reason for this may relate to capacity issues within the HCVO's and the PC's.

Reflections on the Evaluation Framework

Collecting information in a consistent way has proved difficult. The distributed control of the project – with Manchester Settlement directing the NHCO organisations and then the HCVO/micro-organisations. The position we had designed to be in at this stage in the project timeframe has not been achieved, there are gaps in our data which require us to revisit our evaluation plans for the last 6 months and future programmes.

The following improvement priorities have been identified: -

- The model for tracking participant progress through confidential coding was misunderstood and rarely followed, meaning that score progress data was meaningless. Moving forward, more simple reflections on improvement that require a single date point will be used.
- The Evaluation Framework containing questions that participants have found confusing leading to incorrect or none completion – more piloting of survey type tools is required.
- PC's not knowing when to complete forms and reporting that some forms are too long to complete.
- Gaps identified in EF as further information requested i.e. Health Creator role impact external to community projects, programme model information from HCVO's regarding project challenges and benefits.
- Upon reflection the EF would have benefited from being shorter and simpler, with less questions and less forms; with training to include the HCVO leads also in each neighbourhood as part of the 'lead organisation operational plan' in Y1.

Refreshed data collection priorities

Build upon feedback to refresh tools via a co-design process. Refreshed tools should aim to capture the following: -

- Nature and impact of the activity undertaken in communities by the Health Creators.
- Participant reflections on impact via a single - end of intervention measure.
- The impact arising from different interventions, distinct from the wider relationship between individuals and community organisations.
- The impact of the project at the neighbourhood partnership level; are organisations better connected and supported in a neighbourhood context.

11.4 Impact Summary

Overall, the project has demonstrated the value of adopting an action learning approach, using ongoing reflection, feedback and adaptation to address challenges as they arise. Organisations are on a learning journey, embracing Health Creation and this is impacting on their activity and their organisational development.

Evidence is emerging that the work the organisations delivered is observed by participants as improving aspects of their own **Connection, Confidence and Control**, and that this supports them in the management of their individual health condition, and their motivation to engage with wider preventative services.

Evidence is also emerging that as participants "graduate" to become Health Creators, they are having positive impacts upon family and friends in their wider lives.

The learning gained during Year 1 has informed improvements to programme design, partner support, evaluation processes and delivery arrangements, creating a stronger foundation for future implementation and sustainability.

12 What's next and future opportunities

12.1 Continuing the programme

- Each NHCO is planning a £7k booster project with their neighbourhood-based HCVO's, using funds reprofiled from other parts of the budget.
- Refining data collection to close current evidence gaps.
- Communication and celebration events for stakeholders.
- Sharing good practice between the NHCO's and the HCVO/micro-organisations across neighbourhoods, leading to organisation capacity building via increased knowledge of Health Creation and long-term conditions management knowledge.

12.2 Future opportunities

Participant voice: "I have shared my knowledge with my family and friends.. they have seen the difference in my overall health."

- Reaching 'underserved' communities and organisations - building on examples such as Jamia Mosque, never previously commissioned.
- Linking with the NHS health and social care system, particularly Social Prescribers, through Health Creation learning.
- Further developing potential project co-ordinators and leaders from organisations already demonstrating strong learning, such as FC United of Manchester and the Guidance Hub.
- Developing a partnership with the GM Creative Health Strategy, where project activities complement existing creative health work.
- Forming a partnership with an academic body - the University of Manchester is suggested as a research partner to evidence the impact of this work at a local and national scale.
- Capacity Building - NHCO's are replicating the model and using 'The Framework for Health Creation' for further funding opportunities i.e. Lottery Funding

13 Appendix 1 - The Health Creation Alliance (THCA)

The **Health Creation Alliance (THCA)** is a UK-wide, cross-sector movement that works to **improve health and wellbeing and reduce health inequalities** by promoting **Health Creation**. Its mission is to increase the number of years people live in good health in every community.

Unlike traditional healthcare approaches that focus mainly on treating illness or preventing disease, Health Creation focuses on **building the conditions that help people and communities thrive**. The Alliance role includes the following: -

- Brings together professionals, community leaders, voluntary organisations, public services and people with lived experience.
- Advocates for community-led and person-centred approaches to health.
- Influences policy and system change through campaigns, research and thought leadership.
- Shares best practice and learning across health, care, local government and community sectors.
- Supports the development of **Health Creating Neighbourhoods**, where communities play a leading role in improving health and wellbeing.