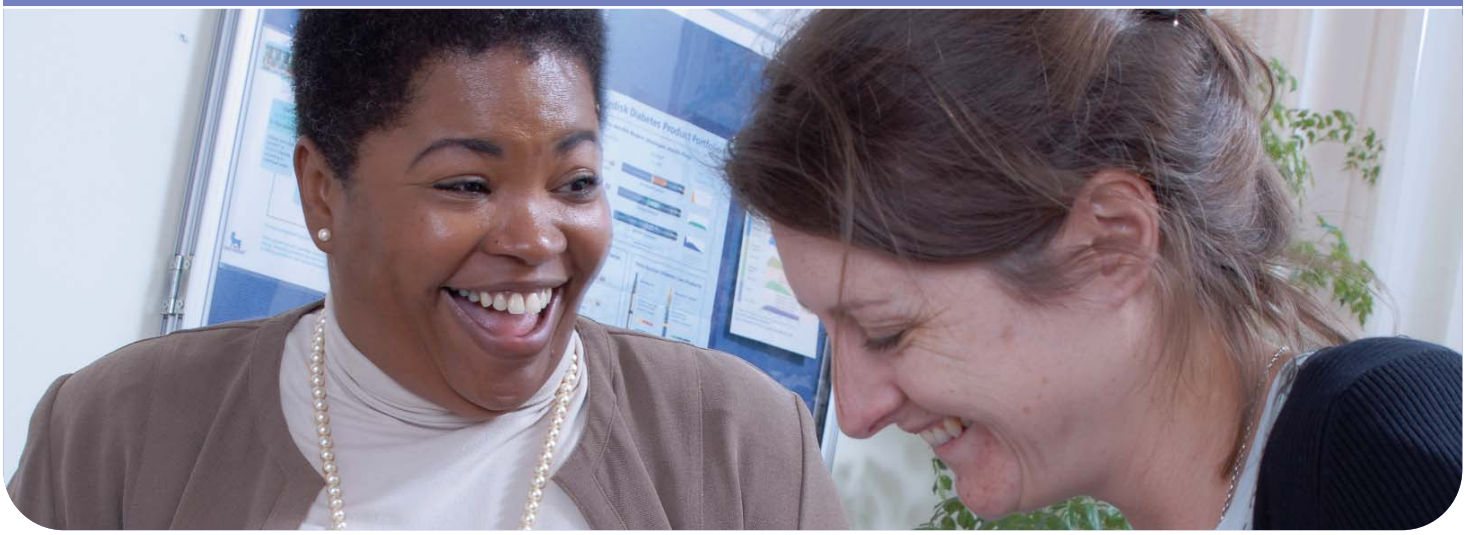
Briefing | May 2008

Co-creating Health



How Co-creating Health, The Health Foundation's ambitious new initiative, aims to transform long-term conditions care.

Over 17 million people in the UK are living with a long-term condition and this number is expected to double by 2030. Across the UK, excellent clinical care helps people with long-term conditions every day, but there is enormous potential for them to enjoy far better health and quality of life. However, to do this we will need to change the way we deliver health services dramatically.

Increasing evidence shows that engaged and informed patients achieve the best health and quality of life. They are more confident and better prepared to manage their condition – and are often more inspired to work with health professionals toward achieving shared health goals.

But successfully playing an active role in improving one's own health – often known as "self-management" – is not easy. It can involve understanding and following complex medical instructions and making difficult changes in lifestyle such as losing weight or doing more exercise. Patients need the support of their clinicians, but too few today are equipped to offer it. Providing effective support for self-management is an essential but neglected function of our health service.

"Within the UK, we know that many clinicians want to work more collaboratively with their patients," says Natalie Grazin, Assistant Director at The Health Foundation. "The problem is that neither clinicians nor patients are systematically provided with the support, skills and tools that they need to work effectively in this way."

Over the past decade, there has been an increasing emphasis on developing patients' self-management skills. There is good evidence that this approach helps people take an active role in managing their condition and improves health. However, self-management courses alone are of limited effectiveness if they are isolated from mainstream health services. Self-management support requires a whole system approach.

To accelerate the pace of change in this area, The Health Foundation has invested over £5 million in a new three-year, large-scale demonstration programme: Co-creating Health. This takes a whole system approach and aims to embed self-management support within mainstream health services.

"Our aim is to test how we can make support for self-management central to what NHS clinicians do on a daily basis," explains Natalie. "Ultimately, the vision is that Co-creating Health will inspire the spread of self-management support across the UK."

Co-creating health: building partnerships

Providing education and information for patients is an important part of the support they need. But supporting self-management also means fundamentally transforming the way that patients and clinicians interact with one another; working in partnership to achieve the best possible level of health and quality of life for patients.

Achieving the change from a traditional relationship between clinician and patient to a collaborative relationship is not easy. It requires changes to health systems and the development of new skills and approaches by both clinicians and patients. The table below shows the effect of the shift.

In order to support these needs, Co-creating Health is supporting change at all levels of the system and on a large scale.

> Over 500 clinicians across the UK are undertaking a nine-month advanced development programme to develop their self-management support and communication skills.
> Over 2,000 people with long-term conditions are participating in a seven-week self-management programme to build their skills, knowledge and confidence to self-manage.
> The eight Co-creating Health sites are changing and improving the way their health services are designed and operated so that they better support self-management.

Page six gives more details of these programmes.

In addition to these activities, sites are supported in a variety of ways to achieve the greatest possible impact locally and to share their knowledge and work together as a learning community.

These aims are supported through:
> tailored coaching and development support for project managers, clinical leads and local teams
> five national forum events – large two-day gatherings to share learning, knowledge and ideas between the sites' teams
> monthly themed conference calls
> interactive web-based support to facilitate the sharing of resources and discussion between sites
> self-evaluation support designed to help each site reflect and report on their own journey and learning.

Patient–clinician interactions

Traditional interactions		Collaborative interactions
Information and skills are taught, based on the clinician's agenda	→	Patient and clinician share their agendas and collaboratively decide what information and skills are taught
There is a belief that knowledge creates behaviour change	→	There is a belief that one's confidence in the ability to change ('self-efficacy'), together with knowledge, creates behaviour change
The patient believes it is the clinician's role to improve health	→	The patient believes that they have an active role to play in changing their own behaviours to improve their own health
Goals are set by the clinician and success is measured by compliance with them	→	The patient is supported by the clinician in defining their own goals. Success is measured by an ability to attain those goals
Decisions are made by the clinician	→	Decisions are made as a patient–clinician partnership

Based on Bodenheimer, California Health Care Foundation 2005:7

Patient's perspective | Shani Evans

Shani Evans lives with ongoing musculoskeletal pain. She has had the condition since her early 20s. Over the years, she has tried a number of treatments but was eventually told that her nerves were permanently damaged and that she was going to have to live with the condition for the rest of her life.

"It got to the situation that I couldn't work any more," Shani says. "I was so despondent and distressed that my relationship broke down and I couldn't keep up the mortgage payments, so eventually I lost my house. I was at absolute rock bottom and if it wasn't for my daughter I probably wouldn't be here today."

The turning point in Shani's life came in 2002 when she went on a self-management course. "It was the first time I really accepted the fact that my condition wasn't going to change and that I wasn't going to be cured," she explains. "Up until that point, you're always hoping there will be a cure, which is why you end up being so depressed when there isn't one."

Positive thinking
"The course taught me skills like pacing," she says. "So instead of getting into a vicious cycle where I would try to do too much on good days then end up being able to do nothing for several days, I learned to pace myself and look after my health a lot better."

This approach helped Shani become less reliant on her healthcare team. "I didn't need to go to the doctor as often for painkillers because I was keeping the pain under control," she says. "In other words: I controlled the pain, the pain didn't control me."

On the course she learned to set realistic targets. "My first goal was to actually walk to the shop and back and feel comfortable when I got home," she says.

Within a year, Shani was back to working ten hours a week. Five years on, she now works up to 30 hours a week. "I'm happy with that, whereas before the course I just wanted my old workaholic life back," she comments. "It taught me that you can still have a relatively good life living with pain."

Doctor, doctor
Another key part of self-management is changing the doctor-patient relationship. Shani agrees: "In the past, I used to go to the doctor and say, 'What are you going to do to fix my problem?', but now I'm saying something like, 'I'm not sure these particular painkillers are working the way that we hoped, can we try something else?'"

In terms of the way healthcare is organised, Shani would like to see more support for patients, enabling them to take an active part in improving their own health. "Within secondary care in particular, there's still too much emphasis on treatment rather than self-management," she explains.

Looking forward, Shani, who is a patient representative on the Bristol Co-creating Health Team, wants to help bring the benefits she's experienced through self-management to other patients. She sees Co-creating Health as an important way of doing that. "The whole point of me being part of it is to make sure that patients are listened to, and that we focus on spreading self-management further. There are still so many people out there that we're just not reaching."

She is also looking forward to greater patient involvement through the initiative: "We do have quite a good system of engaging patients in decisions around service development, but until now they have not been directly involved in the delivery of care. We want that to change."

"Introducing a self-management approach means that people can take back control over their lives and improve things despite the pain."
Dr Nick Ambler, clinical lead for the Bristol Co-creating Health team.

"Rheumatology has always prided itself on being an holistic type of specialty. It doesn't matter how good you are with your treatments if they actually miss treating the patient as a whole."
Dr Richard Reece, clinical lead for the Calderdale and Huddersfield Co-creating Health team

What is needed to support patients to self-manage?

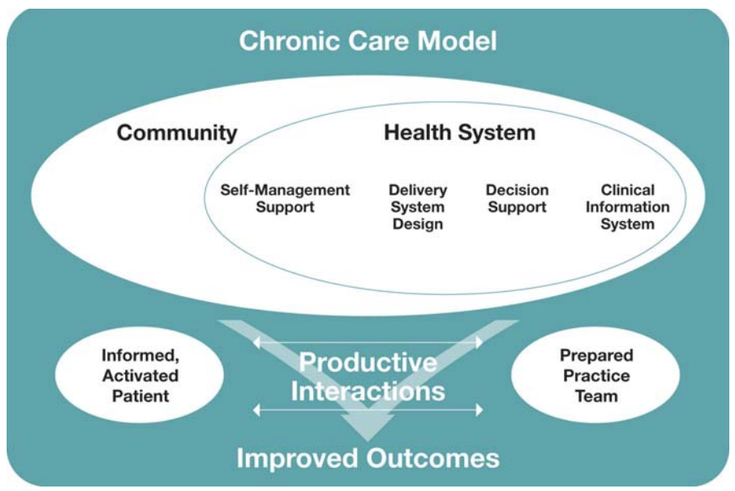
Co-creating Health builds on the wealth of UK and international experience and innovations in the management of long-term conditions. In particular, it draws on the Chronic Care Model developed by Professor Wagner and colleagues in Seattle, USA.

The Chronic Care Model (see below) is based on the assumption that the way clinical teams interact with patients makes a significant difference to patients' health outcomes.

There are two critical issues about these interactions:
> they should be characterised by collaboration and partnership
> they need to be structured around explicit, evidence-based processes that help patients to self-manage their condition effectively.

"We need to get everyone along the care pathway for depression to think about what they can do to support self-management. That's about changing the culture of the local health community. Co-creating Health provides the framework we need to do this."
Dr Ian Petch, clinical lead for the South West London and St George's Mental Health NHS Trust Co-creating Health Team

Wagner's Chronic Care Model



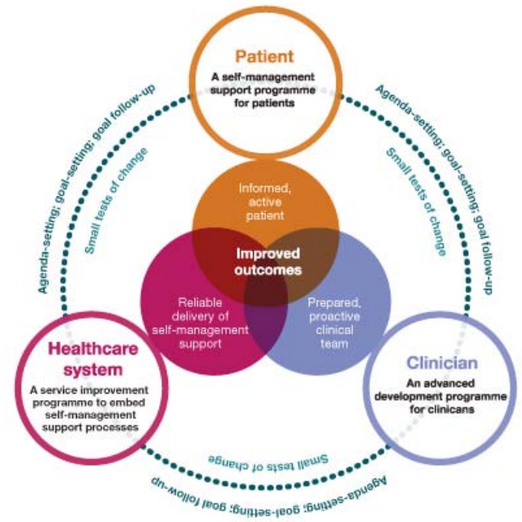
Wagner EH. Chronic Disease Management: What will it Take to Improve Care for Chronic Illness? Effective Clinical Practice 1998; 1:2–4

Co-creating Health: a model for self-management support

Building on the Wagner model, Co-creating Health enables clinicians and patients to make their interactions as productive as possible. It not only provides training on how to have collaborative partnerships, it also builds the required processes – joint agenda-setting,goal-setting and goal follow-up – into the delivery of clinical care.

These three processes are called 'the enablers' and are at the heart of Co-creating Health (see right).

Co-creating Health model



The 'enablers'

Agenda setting
The first enabler supports patients and clinicians to jointly agree the aims of each meeting they have. The evidence shows that when this does not happen effectively, patients feel dissatisfied with their experience. In addition, they are less likely to become 'active patients' and adhere to treatment advice, act on the lifestyle change advice or even attend their next appointment.

Establishing the patient's perspective at the start helps clinicians to work with the patient's own motivations and interests and improves both patient experience and outcome.

Goal setting
The evidence shows that the most effective way for someone with a long-term condition to begin to make health-improving changes is by choosing their own small and achievable goals. These goals do not need to be clinical in nature – but achieving them must be important to the patient and something they will be proud of. Achieving these goals builds confidence and momentum.

For people with long-term conditions, this is the first step towards building effective self-management skills and specifically, the all-important belief that they can make a difference to their health (known by health psychologists as 'self-efficacy'). Co-creating Health supports teams to develop health services in which setting such goals is a core part of patient–clinician interactions, fully supported by the system.

Goal follow-up
For all of us, the ability to keep up health-improving changes diminishes without regular reinforcement. Our existing health system is poorly designed to do this.

Proactive 'follow-up' by the health service fairly soon after a goal has been collaboratively agreed is needed to provide encouragement, advice and support. This marks a radical departure from our current system of contact between healthcare professionals and patients.

On-site programmes

Co-creating Health provides an integrated package of support to each participating team. A unique set of three inter-related programmes, mainly delivered on-site, have been specifically designed for Co-creating Health (see model on page five). They are based on evidence and leading-edge practice from across the world.

The Advanced Development Programme for Clinicians

The Advanced Development Programme for Clinicians aims to enable clinicians to strengthen the skills they need to work in partnership with patients and to provide self-management support. The nine-month programme consists of training workshops, web-based learning and action learning sets. Innovative features include the role of patients as co-trainers alongside local clinicians, as well as the use of patient feedback data to help clinicians assess their strengths and identify their own development goals. Over 500 clinicians in the UK will graduate from the programme between 2008 and 2010.

CFEP UK Surveys (Client Focused EvaluationProgrammes) designed the programme in partnership with The Health Foundation and are now delivering it at all eight Co-creating Health sites. CFEP has an international reputation for helping healthcare professionals gather patient assessments of their skills, and for their professional development and training services.

The Self-management Programme for Patients

The Self-management Programme for Patients (SMP) aims to help participants strengthen their health-related behaviours. It does this by developing health literacy, building appreciation of peer support, developing collaborative decision-making skills and building knowledge of self-management techniques as well as participants' skills and confidence to use these techniques.

The programme breaks new ground in a variety of ways. It was developed specifically for a UK context and is co-delivered by a clinician and a patient, creating a powerful model of partnership and collaboration for participants.

It aims to help participants build knowledge and skills for their own long-term conditions, alongside developing generic self-management skills such as problem-solving and action planning, which are particularly important for people with multiple long-term conditions.

The Expert Patient Programme Community Interest Company (EPPCIC) designed this programme in partnership with The Health Foundation and are now delivering it at all eight Co-creating Health sites. EPPCIC has drawn on its vast experience of delivering self-management programmes and training tutors to develop and run this new programme.

The Service Improvement Programme

The Service Improvement Programme aims to support the Co-creating Health sites to change and improve the way their health services are designed and operated so that they better support self-management. It provides the sites with information about self-management support systems as well as intensive change management support in the form of consultancy, facilitation and quality improvement training. The programme aims not only to create health services which can guarantee reliable, systematic delivery of self-management support, but also to build local skills and capability to achieve improvement which will last well beyond the life of Co-creating Health.

Finnamore Management Consultants designed this programme in partnership with The Health Foundation and are now delivering it at all eight Co-creating Health sites. Since its establishment in 1991, the company has worked exclusively in the health and social care sector, primarily on improvement, modernisation and service change.

> "Clinicians are really engaging with the Advanced Development Programme. We even had a GP come to a session while on annual leave – which is a sign of how well it has been received."
> **Chris Jackson, project manager for the Torbay Care Trust and Devon Partnership Trust Co-creating Health team.**

Evaluation

The Health Foundation has commissioned an independent evaluation of Co-creating Health by the Health and Lifestyles Interventions Applied Research Centre team at Coventry University

The evaluation has three goals:
> to assess the outcomes of the initiative – the benefits to patients, healthcare professionals, organisations and the healthcare system
> to describe how the initiative is delivered and experienced, in order to generate the information needed to make it replicable
> to explain how the outcomes were achieved – the critical factors that determined the scheme's outcomes.

Co-creating Health will be evaluated using quantitative and qualitative approaches including observations, surveys, interviews, self-evaluation, action learning, clinical outcomes and analysis of routine NHS data.

The Co-creating Health sites

During 2007, eight teams from across the UK were chosen through a rigorous selection procedure to be Co-creating Health demonstration sites.

Each local Co-creating Health project spans primary and secondary care and the local teams include patients, clinicians and managers. The initiative focuses on four clinical areas chosen by the local teams: chronic obstructive pulmonary disease (COPD), depression, diabetes and musculoskeletal pain.

"This initiative has opened up fantastic opportunities to transfer learning between very different clinical specialties." comments Natalie Grazin, Assistant Director at The Health Foundation. "And from the outset, the teams have been particularly excited by the initiative's opportunities to collaborate."

"Each site is receiving £150,000 from The Health Foundation to support their participation in the initiative. The sites are also contributing very significant resources of their own, both human and financial." Natalie continues.

Co-creating Health sites

Chronic obstructive pulmonary disease (COPD)	> NHS Ayrshire and Arran > Cambridgeshire Primary Care Trust > Cambridge University Hospitals NHS Foundation Trust
Depression	> Wandsworth Teaching Primary Care Trust > South West London and St George's Mental Health NHS Trust > Torbay Care Trust > Devon Partnership Trust
Diabetes	> Southwark Health and Social Care > Guy's and St Thomas' NHS Foundation Trust > Islington and Haringey Primary Care Trusts > Whittington NHS Hospital Trust
Musculoskeletal pain	> Calderdale and Kirklees Primary Care Trusts > Calderdale and Huddersfield NHS FoundationTrust > Bristol Primary Care Trust > North Bristol NHS Trust

Case study | Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) cannot be cured, but there are a number of ways to slow its progression and relieve the symptoms. Medical treatments can be very beneficial, but lifestyle changes, such as stopping smoking, keeping fit and eating a balanced diet are also important.

Given the importance of such lifestyle factors, self-management can be critical for people coping with COPD. Co-creating Health teams in Ayrshire and Arran and in Cambridgeshire are working to improve the support for self-management that they provide to people with COPD. One potential benefit may be that more people are helped to avoid emergency admissions to hospital.

A patient talking with Jonathan Fuld, Respiratory Consultant & joint clinical lead for the Cambridge Co-creating Health Team

"Through our participation in Co-creating Health, we want to empower clinicians and patients by helping them develop effective self-management strategies," comments Professor Edwin Chilvers from Cambridge University.

Dr Hans Hartung, clinical lead for NHS Ayrshire and Arran Co-creating Health team, believes that the whole ethos of the management of long-term conditions needs to change in order to achieve better health outcomes for patients. "A large number of patients with COPD haven't really been involve in their care and have limited knowledgeof their condition. The current management model is very top-down and hospital-focused. We need to move from a paternalistic attitude to a partnership approach between healthcare professionals and patients."

Hans sees Co-creating Health as a major impetus for taking forward existing efforts to redesign services. "The initiative is a huge motivator enabling us to make changes much faster and earlier than we had ever anticipated," he says. "We'll be able to get more people on board and bring down barriers quicker."

Hans describes seeing patients transformed as a result of gaining self-management skills. "Before, many patients with COPD were feeling hopeless, depressed and frustrated. A few months later they return in control of their illness and empowered to manage their lives. That is very rewarding to see."

Ultimately, Hans hopes the initiative will spread to other areas of healthcare: "If the project is successful, these ideas could be promoted across the management of other long-term conditions" he concludes.

Case study | Depression

Depression is an intensely personal condition. The most effective treatments, therefore, involve the patient directly in managing their own health in partnership with their clinicians. The Co-creating Health teams in Devon and South West London are both working to develop this model of self-management for the condition.

Self-management is particularly appropriate for people with depression and can help increase their sense of control over their lives. It can encourage people to recognise early warning signs and choose from a number of positive options that can avoid or reduce the chance of feeling overwhelmed.

Dr Ian Petch, clinical lead for the South West London Co-creating Health team, emphasises the need to offer people choice in the services they receive. "We don't just want to focus on professionally-driven treatments, but enable people to develop greater confidence in managing the condition themselves. We want to help people work on goals that are important to them"

The team hopes to build on these foundations through the initiative. "We need to get everyone along the care pathway for depression to think about what they can do to support self-management. That's about changing the culture of the local health community. Co-creating Health provides the framework we need to do this," comments Ian.

One of the most innovative and exciting aspects of the initiative is that local patients will not only be teaching other patients about self-management, they will also be teaching clinicians how to improve their self-management support.

Chris Jackson, project manager for the Devon Partnership Trust and Torbay Care Trust Co-creating Health team, has had good feedback from the patient representatives in the Devon team: "Our patients representatives have been engaged since the word go because they feel their experience and knowledge is valued throughout the programmes. It is not just 'lip service' – they, and I, really feel like co-creation is happening."

"Our patient representatives found the Advance Development Programme for Clinicians particularly inspiring. It was very interesting for them to see clinicians role playing with actors and hearing how they were putting into practice what they were learning on the programme." she adds.

Case study | Diabetes

Dr Maria Barnard, clinical lead for Co-creating Health at the Whittington Hospital NHS Trust, taking part in a role play (with an actor playing a patient) at a Co-creating Health Advanced Development Programme for Clinicians workshop

Diabetes can be treated very successfully by medication, as well as through changes to diet and lifestyle. However, these changes cannot happen without the full engagement of the patient, making this condition a key focus of Co-creating Health. The two diabetes teams, both based in London, are working to improve self-management support for patients with diabetes.

Decision time

"Self-management is crucial because someone with diabetes is making decisions about their diabetes every single day of their life," Anna Reid, nurse consultant for diabetes and clinical lead for the Guy's and St Thomas' Co-creating Health team explains. "They're thinking about what they have to eat, how their medication might affect them, their levels of activity and how these factors might affect their blood glucose. When you consider that patients with long-term conditions only see a health professional for several hours each year, then they really need to have the ability to make informed choices about their own health in a way that's relevant for them."

Diabetes affects some ethnic and social groups disproportionately. "Islington and Haringey are quite ethnically diverse and there are areas of significant social deprivation, which means that diabetes is an important local health problem," comments Dr Maria Barnard, lead consultant for diabetes and the clinical lead for the Whittington Hospital NHS Trust Co-creating Health team. "I think one of the attractions of self-management is that you're empowering people to be in control, which is a really powerful, and perhaps unique, way of dealing with healthcare inequalities."

Past and present

The two sites already have valuable experience in the area of self-management support: both have well-established patient education courses that teach people with diabetes specific skills around managing what they eat and how they use their insulin. Both teams have learnt that once patients are informed and empowered, they can bring their diabetes under control with minimal support from healthcare professionals.

The groups also create an indispensable source of peer support. "Patients can feel isolated," Maria says. "They know there are other people out there with diabetes but they don't know who they are. The groups opened up a real opportunity for learning from each other and they've found it hugely valuable."

Building blocks

For both teams, Co-creating Health represents an opportunity to build on this work, complementing the patient education courses by ensuring that self-management support is embedded into the practice of each and every clinician. "One of the things I found very attractive about this project was the idea of reaching out to other clinicians and supporting them to adapt the way that they work," Maria comments. "We know that self-management support is important but I don't think the skills are out there throughout the whole healthcare community."

Maria also sees it as a way of freeing up resources in the health service. "We know that effective self-management has been shown to reduce the use of NHS resources," she explains. "We can then make services more effective and efficient for patients – so it's a win-win situation."

Anna emphasises the importance of training healthcare professionals to support patients. "Some of the feedback we've had from patients is that they want to go to healthcare professionals who are trained in self-management methods and can talk through the issues in the same way that they've learnt to do."

Plans for the future

Looking forward, both teams have plans to share the learning from the initiative more widely. "Our vision is that we'll liaise with colleagues and build up a network of self-management support expertise. We really want to make that happen locally and push ourselves forward nationally in this area," says Maria.

Anna agrees: "There's a lot of interest in this. So we will be sharing it within our own hospitals. But there's also great interest from patients."

Ultimately, the team aims to capitalise on this enthusiasm and train local people to become patient self-management tutors and facilitators of the Advanced Development Programme for Clinicians. "There's a strong diabetes interest group in Southwark and people are keen to be involved in managing their own diabetes," says Anna. "This is also about doing the best for local people."

What do we already know?

Co-creating Health was designed through extensive consultation, learning from international best practice and comprehensive reviews of the available literature. We are grateful to all the experts, from the UK and worldwide, who have contributed to the development of this initiative.

The key conclusions from the literature reviews and from the expert advice received by The Health Foundation are summarised below.

The impact of self-management support

> Self-management support improves health-related behaviours, and as a result, clinical outcomes.

> There are mixed findings regarding the impact of self-management support on health service utilisation and more research is needed. Many studies are of insufficient duration to measure long-term effects.

> It may be that the impact of self-management support on clinical outcomes varies across conditions. However, much of the research is condition-specific and it is not yet clear whether the apparent difference in effectiveness is 'real' variation or is due to differences in research methodology.

> Research to date has tended to focus on clinical outcomes (as measured by clinicians) and not on quality of life outcomes (as perceived by patients).

Effective forms of self-management support

> The form of self-management support for which the existing evidence is particularly strong is the collaborative interaction between patient and clinician, which facilitates a personalised approach for each patient. Multiple contacts with a patient improve outcomes, yet these contacts do not need to take the form of traditional medical consultations.

> Providing information is a necessary – but not sufficient – intervention to improve health-related behaviours or clinical outcomes. Information-only patient education leads to improved patient knowledge but does not predictably lead to behaviour change.

> Goal-setting and motivational interviewing approaches create highly-rated patient experiences and have shown positive effects on health behaviours. The evidence base for their impact on clinical outcomes or on quality of life is at an early stage.

> Patients' self-management skills evolve over the course of their illness. Self-management support strategies that are tailored to the patients' specific stage of self-management have the potential to accelerate adoption of self-management skills.

Self-management courses for patients

> Programmes that activate and empower patients by teaching and promoting practical self-management skills are effective in achieving improvements in quality of life, knowledge, coping behaviour, medication adherence, self-efficacy and symptom management. Of these, improvement in quality of life is most consistently sustained on a long-term basis.

> There is not yet substantial evidence as to the differences in outcome between professionally-led and peer-led self-management courses for patients. Peer-led interventions are effective in building confidence and the experience is well rated by patients but professional support appears to be critical to sustaining a long-term effect.

> Improvements in healthy behaviour are generally not sustained by patients following a peer-led programme unless their clinicians are skilled in providing self-management support. The greatest benefit may be associated with the involvement of both professionals and peers within a system of self-management support.

Development of clinicians' skills

> Communication skills training is effective in developing clinicians' skills in collaborative decision-making with patients.

Development of the health system

> Provision of self-management support can feasibly become an integral function of both primary and secondary health services but requires significant attention to the design, operation and culture of the health system.

For more information about the evidence informing Co-creating Health, as well as the latest thinking on self-management support from around the world, visit www.health.org.uk/cch.

Further reading

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> **Department of Health (2006)** Supporting People with Long-term Conditions to Self Care: A guide to developing local strategies and good practice. Gateway ref: 5411

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> **Wagner EH, Austin BT, Davis C, Hindmarsh M, Schaefer J, Bonomi A** Improving chronic illness care: translating evidence into action. Health Aff (Millwood). 2001;20:64–78

Useful websites

www.improvingchroniccare.org
Improving Chronic Illness Care is an improvement programme launched in 1998 with the Wagner Chronic Care Model at its conceptual core, now effectively spread across the US. This website provides a vast array of research and practical quality improvement tools.

www.hsmc.bham.ac.uk/LTCnetwork/LTCNetwork
The Health Services Management Centre at Birmingham University has a Long-term Conditions Network. Many of the excellent presentations given to its meetings are relevant to Co-creating Health's vision and are available on this website.

www.newhealthpartnerships.org
New Health Partnerships is a quality improvement programme with 20 sites across the US working to embed self-management support into their health services. The site has useful comprehensive resource lists and links sections.

www.chcf.org/topics/chronicdisease/index.cfm?itemID=124673
Video with Techniques for Effective Patient Self-Management – The California Health Foundation has produced a 30-minute training video designed for clinicians, which outlines the strategies and tools of self-management support.

You can find links to these at www.health.org.uk/cch (some journal articles require a fee to download).

If you would like to keep in touch about Co-creating Health sign up to **www.health.org.uk/cch_updates**.

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The Health Foundation
is an independent charitable foundation working to improve the quality of healthcare across the UK and beyond. Our endowment enables us to develop leaders in healthcare, test new ways of improving the quality of health services and disseminate evidence for changing health policy and practice.

Front cover photo: The evidence shows that people with long-term conditions achieve the best possible health when they are supported to work together with clinicians, using collaboration, conversation and shared problem solving.