The Care Forum Autumn 2018 briefing - Prevention and Self-care

What is this document for?

This document is intended to brief voluntary, community and social enterprise (VCSE) sector organisations on the current national debates and local initiatives concerning prevention and self-care.

What are prevention and self-care?

The World Health Organisation defines primary prevention as 'actions aimed at avoiding the manifestation of a disease, [including]:

- changing the impact of social and economic determinants on health;
- the provision of information on behavioural and medical health risks;
- consultation and measures to decrease [ill health] at the personal and community level; and
- nutritional and food supplementation' (World Health Organisation, 2018).

According to NHS England, self-care is 'about keeping fit and healthy, understanding when you can look after yourself, when a pharmacist can help, and when to get advice from your GP or another health professional' (Warner, 2017).

How do prevention and self-care relate to each other?

Self-care may be part of a prevention strategy. So, for example, the 'provision of information' mentioned above may include providing information about how people can make healthier choices in their own lives. This is particularly important when we consider that the most powerful determinants of our health are believed to be those relating to our individual lifestyle choices, as expressed in the diagram opposite.

At the same time it's been argued that, without a wider prevention strategy, reliance on self-care can run the risk of reinforcing inequalities.

This is because 'the context of people's lives determine their health' (World Health Organisation, 2018) and our capacity to self-care is unevenly distributed. Advice to eat more healthily, for example, is easier to follow if you live in an area with many greengrocers than if you live in a 'food desert' such as Avonmouth (Tickle, 2016).

Source: Dahlgren and Whitehead, 1991
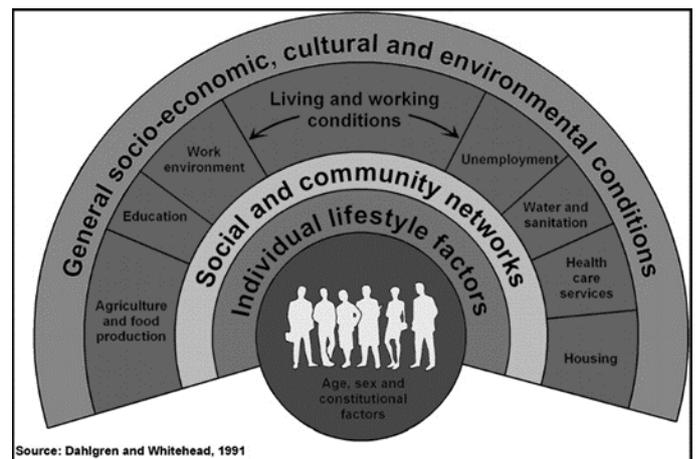
Why now?

The 2014 NHS Five Year Forward View began by listing social and economic factors that necessitated the reform of the NHS. The first change it listed was this:

> 'Long term health conditions - rather than illnesses susceptible to a one-off cure - now take 70% of the health service budget. At the same time many (but not all) people wish to be more informed and involved with their own care, challenging the traditional divide between patients and professionals, and offering opportunities for better health through increased prevention and supported self-care.' (NHS England, 2014)

Long term conditions (LTCs) are forcing the NHS to reflect on its approach, because 'the NHS was developed to provide largely episodic care. It generally treats people when they fall ill.' (Monitor, 2013) Prevention and self-care are viewed as better and more sustainable

solutions to LTCs, and a more involved cohort of patients make this newly possible. And unless there is a strong emphasis on prevention in particular, 'recent progress in healthy life expectancies will stall, health inequalities will widen' (NHS England, 2014). Self-care is particularly in vogue. In 2011, Paul Burstow, Minister of State for Care Services met with 17 members of the Self Care Campaign, 'the inaugural meeting of the Self Care Forum, whose purpose is to further the reach of self-care and embed it into everyday life' (Self Care Forum, 2018).

What have been the barriers to investment in prevention and self-care?

According to the Public Health Matters blog, part of the problem is evidence:

> 'One reason is that public health interventions can suffer from a lack of what is usually deemed to be 'high strength' evidence, such as randomised controlled trials (RCTs)'. (Ferguson, 2016)

Of course, as the blog goes on to point out, 'no-one ever undertook an RCT to produce evidence of the cost-effectiveness of wearing seat belts in motor vehicles – yet the impact on population health has been enormous by any standards'. This issue links to cost as well. Investment in public health does not make immediate savings, but many local authorities and NHS organisations are under pressure to make precisely those kind of 'in year' savings.

Regarding self-care, the NHS/lottery-funded 'Building Health Partnerships: Self-care' (BHP) project, which brought together voluntary, community and social enterprise workers (VCSEs) with staff from eight STPs (Sustainability and Transformation Partnerships) across the country, identified the same obstacle of evidencing impact, but also three other obstacles:

- an overstretched workforce with limited training

- understanding of self-care is still dominated by the medical model
- systemic issues including poor housing, lack of access to healthy food and other factors limit people's capacity to self-care

What are current approaches for overcoming these obstacles?

In the field of prevention, approaches based on behavioural economics - the "nudge" approach – are growing in popularity with policy-makers. The Nobel prize-winning psychologist Daniel Kahneman studied how people did not always act in their best interests, particularly when they were making rapid, everyday decisions. As Prime Minister, David Cameron was very interested in how he could harness this insight to govern. The Behavioural Insight Team (the so called "nudge unit") was set up to research and implement small changes that would have a wide impact on people's behaviour. As some of the leading proponents of 'nudge' have said: 'Putting fruit at eye level counts as a nudge. Banning junk food does not'. (Thaler, 2008) As this example shows, nudges are – in the short term at least – cheaper to implement than bans or other sweeping measures.

For NHS England, the patient activation measure (PAM) is 'at the heart of self-care support'. (NHS England, 2016) There is even a measure of how vigorously clinicians are supporting patient activation, the Clinician Support for Patient Activation Measure (CSPAM), which was surveyed by NHS England in 2015. This survey illustrates the extent to which clinicians are comfortable with the self-care idea. One respondent for example was concerned with the role of the internet, stating that 'patients often come to clinic with information they have gleaned from elsewhere and have managed to make themselves very anxious'. Another respondent questioned the logic underlying self-care: 'we must not impose involvement on patients who do not want to take this responsibility or do not have the resources to take more control'. (NHS England,

2015) Many clinicians felt that they would need specific training – for example in motivational interviewing – to promote self-care effectively.

The national BHP programme, meanwhile, concluded that the five interventions that would have the biggest enabling impact on self-care were:

- individual support;
- information;
- healthy environments;
- services; and
- community support.

How are health services engaging with these priorities in Bristol, North Somerset and South Gloucestershire (BNSSG)?

The five prevention priorities areas determined by Healthier Together (BNSSG STP) are:

Tobacco - building on Commissioning for Quality and Innovation (CQUIN) work in acute settings, focusing on vulnerable groups, in pregnancy, adolescents

Alcohol - identification and brief intervention in health and social care services

Obesity & Physical Activity - systematising social prescribing, return-on-investment interventions particularly for children including breastfeeding, supporting roll out of National Diabetes Prevention Programme

Cardiovascular Disease - vascular risk factors to reduce heart disease, stroke, dementia. Focus on blood pressure, cholesterol, and atrial fibrillation – links with STP stroke work

Mental Health - promoting positive mental health across the life course: increasing personal resilience and reducing social isolation

To progress the BNSSG Prevention Programme the STP ran a 'Prevention Plan - Next Steps Event' in May 2018, attended by stakeholders from across STP partner organisations and the BNSSG footprint.

Reflections and comments from the session will be fed into the Prevention Plan, and Implementation Groups will be formed to tackle each of the main themes. BNSSG was one of eight pilot footprints that recently took part in the BHP project mentioned above. Throughout a year of meetings, participants in the BNSSG strand of the programme provided detailed example of how self-care might look, or was already working, including:

- setting up self-managing patient groups (North Somerset);
- a multi-disciplinary team using guided conversation and motivational interviewing to set goals (South Gloucestershire)
- incentivising GPs to offer self-care training; and
- working with VCSE organisations to develop innovative approaches (IVAR, 2018)

The most important concrete steps for the VCSE to take in this context were identified as:

- ensure VCSE understand commissioning of self-care (and commissioning intentions)
- investigate what's needed to create a visible (integral partner) offer to the self-care/prevention priorities, including delivery and impact measures
- find ways to measure impact in a consistent way and share indicators for success including wellbeing measurements

We have produced this information sheet as a means of outlining some of the current thinking in relation to self-care. We will also be exploring these areas around commissioning plans, support needs and demonstrating impact in relation to prevention at our upcoming conference on 24 October. The conference report will also contribute to sharing good practice and learning arising from the conference.

Next steps:

1 - To book on the Prevention and Self-care Conference, 24 October contact:

T: 0117 965 4444

E: events@thecareforum.org.uk

2 - To let us know your thoughts on this briefing follow this link or go to

https://bit.ly/2oA0m2X

3 - To contact the VSS team at The Care Forum, contact:

T: 0117 958 9318

E: vss@thecareforum.org.uk

4 - Further reading:

Easton, M., 2018. *How should we tackle the loneliness epidemic?.* [Online]
Available at: https://www.bbc.co.uk/news/uk-42887932
[Accessed 9 July 2018].

Ferguson, B., 2016. *Investing in prevention: the need to make the case now.* [Online]
Available at: https://publichealthmatters.blog.gov.uk/2016/02/22/investing-in-prevention-the-need-to-make-the-case-now/
[Accessed 9 August 2018].

IVAR, 2017. *Briefing One: Improving self care,* London: Social Enterprise UK.

IVAR, 2018. *A Good Life in Old Age,* London: Social Enterprise UK.

Monitor, 2013. *Closing the NHS funding gap,* London: Monitor.

NHS England, 2014. *Five Year Forward View,* London: NHS England.

NHS England, 2015. *How much do clinicians support patient activation?,* London: NHS England.

NHS England, 2016. *Patient Activation: at the heart of self-care support,* London: NHS England.

Self Care Forum, 2018. *About Us.* [Online]
Available at: http://www.selfcareforum.org/about-us/
[Accessed 15 August 2018].

Thaler, R. H. S. C. R., 2008. *Nudge: Improving Decisions about Health, Wealth, and Happiness..* 1 ed. New Haven: Yale University Press.

Tickle, L., 2016. *Five a day? It's none a day in Britain's urban food deserts.* [Online]
Available at: https://www.theguardian.com/sustainable-business/2016/jul/05/five-a-day-cities-shortage-affordable-fruit-veg
[Accessed 9 July 2018].

Towers, N., 2016. *Building Health Partnerships: Self-care.* [Online]
Available at: https://www.socialenterprise.org.uk/blog/building-health-partnerships-self-care
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Warner, D. B., 2017. *What does 'self-care' mean and how can it help?.* [Online]
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Available at: http://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html
[Accessed 1 August 2018].

World Health Organisation, 2018. *The determinants of health.* [Online]
Available at: http://www.who.int/hia/evidence/doh/en/