



Longer lives but in poorer health

– experts urge action to boost health literacy



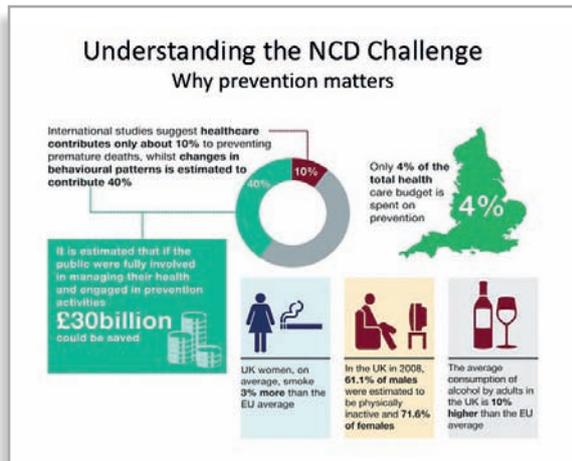
Longer lives but in poorer health – experts urge action to boost health literacy

Key outputs from the conference:

- People are living longer and spending more of their extra years in poor health.
- Unhealthy eating habits and tobacco-use continue to be the biggest contributors to ill health, accounting for 10.8% and 10.7%, respectively, of the nation's total disease burden.
- People managing their health and engaging in prevention activities could save the NHS around £30 billion by 2022-23.
- Health literacy is key to living a long and independent life and health education in schools is crucial.
- Within NHS England, the focus now is on prevention, a healthier NHS workplace, empowering patients, engaging with communities and developing the NHS as a social movement.
- The traditional focus on a biomedical model of health care provision, based on evidence-based medicine and clinical outcomes, is no longer sustainable.
- All pharmacy staff need to develop a patient-centred approach, to provide patients with personalised self care support, to listen to them and provide reassurance.
- Motivational Interviewing (MI) is not about giving advice; it is about seeing people as resourceful, motivated and able to provide their own solutions. With MI, the less you say, the more effective you are.
- The practice of self care has to become an embedded component of the health care system, with a central role in medical training courses, but this will require a change in mindset at the highest level.
- Self Care Week, the national awareness Week in November provides people-facing organisations with the opportunity to promote self care in their community.
- Self care is not self management – it is broader than long term conditions and includes self-treatment of minor ailments at home or with advice from a pharmacist and the healthy decisions people make to maintain their physical health and mental wellbeing.

First the good news – life expectancy in the UK is rising. Today, at current rates, one in five boys and one in every three girls aged five will live to celebrate their 100th birthday.

But there is also bad news – while people are living longer, they are also spending more of their extra years in poor health. Moreover, not everyone is sharing in the overall trend towards longer living; in 2013, if you were living in the most deprived areas of the country, you could expect to be only just getting close to the life expectancy levels enjoyed by less-deprived groups way back in 1990, the Self Care Forum (SCF)'s annual Self Care Conference, held in London, has heard.



“If you are going to live to 100, then you will probably work into your 70s, and that means remaining fit and healthy to be able to work,” Gul Root, lead public health pharmacist within the health and wellbeing directorate at Public Health England, told the Conference.

But the facts are stark. Despite the death rate falling for a number of conditions, the nation’s overall health burden is increasing. For example, over the last 23 years, death rates from diabetes have fallen by about 56%, but levels of illness and disability associated with the condition have gone up around 75%.

And unhealthy eating habits and tobacco use continue to be the biggest contributors to ill health, accounting for 10.8% and 10.7%, respectively, of the nation’s total disease burden.

Despite this grim scenario, the UK currently spends only 4% of its total national health care budget on prevention. Yet it is estimated that getting people fully involved in managing their health and engaging in prevention activities could save the NHS around £30 billion by 2022-23.

Why are longer years of life so often blighted by poor health?

A big problem is that too many people are still lacking health literacy – the skills to understand how to take better care of themselves and their families. According to research by the Royal College of General Practitioners (RCGP), 60% of working-age adults in England find health information too complex for them to understand. And as a result, they are very likely to experience poorer health outcomes, such as higher rates of hospitalisation, than people with better levels of health literacy.

This issue will become critical as the nation’s life expectancy continues to increase.

“Health literacy is going to be key to living a long and independent life,” Ms Root told the Conference.

The government says it is committed to helping people to get better at managing their own health and care needs. A recent highlight of NHS England’s developing National Self Care Programme was the announcement in April 2016 of a five-year roll-out of the Patient Activation Measure (PAM), an evidence-based tool which captures the extent to which people feel engaged and confident in taking care of their health and wellbeing.

The PAM will be made available to up to 1.8 million people over the five-year period, and local NHS organisations and their partners are now being invited to apply for free access to PAM licenses, which health officials say will help them assess and build their patients’ knowledge, skills and confidence.

But the project will apply to people with long-term conditions (LTCs) only, not to the whole population.

Not just about LTCs

The National Self Care Programme is being developed as a result of NHS England's Five-Year Forward View (FYFV) report on the future of the health service, published in October 2014. Commenting on this landmark study at the time, the SCF had pointed out that while a whole chapter of the FYFV was concerned with the importance of developing patient empowerment and engagement, the report contained little indication as to how this engagement might be achieved.

This suggests that the official view of self care is still that it is largely an issue for people with LTCs, not the whole population. And this position does not appear to have shifted since



publication in February 2006 of the first-ever government strategy on self care, which focused entirely on developing local strategies and good practice in supporting people with LTCs.

In contrast, the SCF's own Manifesto – entitled *My Health, My Life* – proposes Four Pillars of Engagement in self care for everyone – namely lifelong learning, empowerment, information, and local and national campaigns.

And this is the way the national conversation is moving.

“For the first time, we’ve got everyone talking about self care for life,” said SCF Co-Chair Dr Pete Smith, opening the Conference. *“Self care is nothing less than the actions needed to lead a happier, healthier, more fulfilling life.”*

Partnering for self care

This year's packed delegate list reflected the wide variety of organisations now involved in supporting self care. They included pharmacy – with both the UK and Dutch sectors represented – Clinical Commissioning Groups (CCGs), general practice, local authorities, self care organisations, and other sectors including the fire service, which in many areas has become an invaluable partner in getting self care messages and services out to communities.

For example this year, the NHS' annual Stay Well This Winter advice campaign will stress the importance of people getting their flu vaccinations, and this led to calls from Conference delegates for the campaign to work with a wider range of partners in order to get this message across. *“We would have people lining up down the street for flu jabs if you advertised them through the fire service,”* suggested SCF Self Care Champion Jean Arrowsmith, who is business manager for health at Coventry City Council.



Ms Root outlined ways in which Public Health England is working to support local initiatives to encourage increased levels of self care, including a programme to accelerate the roll-out of Healthy Living Pharmacies (HLPs). Many experts believe that HLPs are an ideal self care resource for communities, but far too few have yet been established.

Work is also underway to develop the role of community pharmacy in supporting self care. Efforts being made through NHS England's

Out of Hospital Urgent Care programme include improving the NHS 111 Directory of Services (DoS) information about pharmacy services, developing referral pathways from NHS 111 to community pharmacy to support self care for low-acuity conditions, and encouraging the local commissioning of minor ailment services, where appropriate.

Public Health England is also working to support individuals to take action through social marketing campaigns such as Change4Life, which targets children, young people and families to improve their lives through physical activity and eating well, and OneYou, which seeks to help adults, mainly those aged 40-60, to live more healthy lives.

"All these initiatives indicate the importance of working across the system coherently and in partnership to achieve change," said Ms Root.

Achieving this is requiring a major shift in attitudes within the health care system. 2014's Five-Year Forward View report had been critical of what it saw as the NHS's *"limited engagement with the wider community"* and *"its short-sighted approach to partnerships."* As a result, it said, the NHS was failing to fully harness *"the renewable energy represented by patients and communities, or the potential positive health impacts of employers and national and local governments."*

Towards a social model of health care

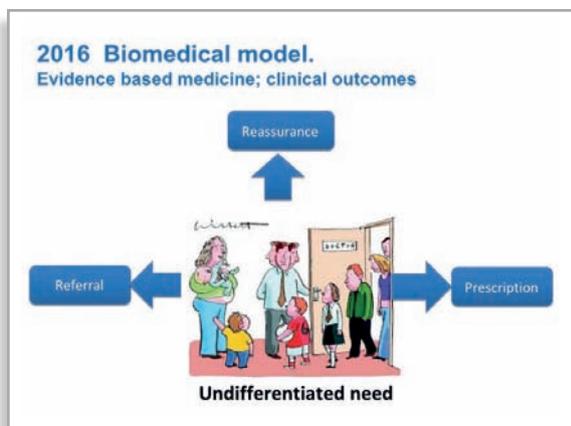
But there is now an awakening to the need to look at things completely differently. Within NHS England, the focus now is on prevention, a healthier NHS workplace, empowering patients, engaging with communities and developing the NHS as a social movement, said Anu Singh, director of public and patient participation and insight at the agency.

The traditional focus on a biomedical model of health care provision, based on evidence-based medicine and clinical outcomes, is no longer sustainable, and NHS England is now moving instead towards the development of a social model of health care, she said.



This work is being driven by six principles, namely that: care and support is personalised, coordinated, empowering; services are created in partnership with citizens and communities; services focus on narrowing inequalities; carers are identified, supported, involved; voluntary sector, community and social enterprise are key partners; and volunteering and social action are key enablers.

“We are now putting a change programme in place behind each of these principles – this is new,” said Ms Singh. And one example of change is the formal partnerships which NHS England is now setting up with smaller charities. *“Here, we are looking at what our role is, and at getting out of their space,”* she said.



The six principles apply across the entire population, but Ms Singh also emphasised the importance of getting support right for people with LTCs, 35% of whom have little or no confidence about managing their health and wellbeing. People with LTCs also account for more than 70% of total NHS spending, while around 5% of people in this group represent over 75% of unplanned hospital admissions. *“We are not supporting this community in the right way, and this is leading to pressure on emergency and GP services,”* she said.

“And health literacy is one of the key areas where we need to be making national progress.”

Help and support for young people

While most older people have had the chance to develop at least some level of self care capabilities, very many younger people have had little if any opportunity to obtain these skills. Brook, the pioneering charity set up in 1964 to provide sexual health services and advice to the under-25s, is now working with young people to help them develop these necessary skills, and improve their own health and wellbeing.

The ages between 10-20 are a time of huge change, and they form the basis of a person’s future physical, mental and emotional health and wellbeing, Brook’s chief executive Helen Marshall, and the charity’s head of wellbeing, Helen Corteen, told the Conference.

Through its programme – My Life – Brook is working with young people to help engage and motivate them to understand and manage challenges, supporting them to improve their own health and wellbeing, create a life worth living and develop life-long skills, they said.

How Brook helps

A group of six Brook Ambassadors – young people who have received support from or are working with the charity – told the Conference how My Life has helped them.

“Brook has shown me that my health is not worthless – it is very important, but I had never known that before,” said one, a young woman who is dealing with mental health issues and has been involved with the programme for two years. *“I now make an effort to keep commitments, to be somewhere. It can take a lot for me to get out of the house, but I know I’ll feel worse if I don’t. And Brook has provided me with a social network of people who can support and listen to me. A lot of people don’t realise that they need this.”*



The Ambassadors were asked: without Brook, where would you seek healthcare advice?

Only one of the group replied that they would seek help from their GP. Others felt that it was difficult to get an appointment with a GP at a time which is convenient for them, and that in any case appointments are too rushed and “symptom-led.”

“I can’t commit to an 8.30 am appointment in two weeks’ time – I need flexible access. So I go to a walk-in centre – I may have to wait but I know I’ll get seen,” said one of the Ambassadors.

Others were appreciative of on-line GP services but also felt there was a need for more preventative care services.

“My pharmacy knows me”

“I go to my pharmacy for advice and support,” said a young Ambassador who is living with type 1 diabetes. *“Our pharmacy is good – they know me, they’re friendly and helpful, and they are open long hours. If I go in with one question, they’ll answer ten. But in the NHS, there’s no consistency.”*

But others in the group, especially the boys, said they were reluctant to seek help or advice from a pharmacy, often for reasons of embarrassment. Some cited a lack of privacy, while others felt that while pharmacists could help them, they are unavailable. *“I understand the need for this less-formal way of accessing information, but my impression is that the person I’m speaking to isn’t the pharmacist, and they don’t have the answers I need,”* said one.

Concerns over health apps

Perhaps surprisingly, the young people were generally uneasy about using health apps for advice and information. *“Apps can be useful but you have to take the right precautions – if an app had my health details and my phone was stolen, it would be too embarrassing,”* said one. Others recommended the NHS Go app for young people, not least because it does not store personal information.

“Apps are a good idea to help increase health literacy and awareness, but I don’t always have confidence in the information they provide,” said one Ambassador.

“Apps are good as a reminder or refresher, but education is what’s needed,” the group agreed.

Health education in schools

So what did the Brook Ambassadors feel they had learnt from their schools’ health education programmes? Some said that these were good, although others felt that the information they were given was not always provided at a time when it would be most relevant to their particular stage of development.

Two Ambassadors who had attended the same school spoke of its *“huge problem”* with mental health issues. *“They though it was better to pretend these issues didn’t exist, rather than try to address them,”* said one, while the other felt the school tried to *“hide behind”* the school counselor to address these problems. *“But nobody wanted the shame of being seen going to the counselor’s office. We need a mechanism to empower students, to help them avoid these feelings of shame.”*

What single change to health education would the Ambassadors feel would help young people become more empowered?

“How you speak to us is crucial,” they responded. *“Instead of taking an ‘older and wiser’ approach, try talking to us as adults, and we will respond as adults.”*

And one called for *“health education in schools. We need to be told: ‘this is how you work as a human being. This is what to do if something goes wrong with you, as a biological machine’.”*

Innovation awards

For the first time, the Conference presented special awards for the most innovative self care campaigns run during the SCF’s annual Self Care Week national awareness campaign. The first winners are: Bracknell Forest Council in Berkshire, which is currently running an entire Year of Self Care; and the City of Bradford Metropolitan District



Council, whose long history of innovation includes the Self Care and Prevention Programme, which seeks to create a sustainable health and care economy across Bradford District and Craven, supporting people to be healthy, well and independent.

In addition, the Dyneley House GP Surgery in Skipton, North Yorkshire was Highly Commended by the Forum for its innovative Self Care Week activities.

A Year of Self Care

Bracknell Forest's Year of Self Care, begun in February, seeks to help residents take control of their health and wellbeing and encourage businesses to do more for their employees. Each month of the Year is dedicated to a different type of self care, i.e. February – mental wellbeing; March – healthy ageing; April – physical activity; May – eating and drinking; June – carer wellbeing; July – learning and volunteering; August – children and families; September – workplace health; October – quit smoking; and November – winter wellbeing.

"The aim of self care is staying in control," said Dr Lisa McNally, consultant in public health at Bracknell Forest Council. *"This is a social movement, and it has to focus on two pillars of activity: habitual – meaning all year round and every day, and holistic – social, emotional and physical."*

So there are clear links between the monthly activities, for example between February's theme of mental wellbeing and April's of physical activity, May's of eating and drinking and July's of learning and volunteering. Many Conference delegates welcomed the Year approach as the way forward in getting people to become fully-engaged with their health and wellbeing.

Building confidence

Discussing Bradford's award-winning initiatives were Enid Feather, clinical lead for self care and prevention at Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG) and Collette Connolly, head of commissioning for self care and prevention at Bradford City and Bradford Districts CCGs. They pointed out that lack of confidence is one of the major barriers preventing people from moving from a passive, dependent attitude to their health and wellbeing to an activated model. For example, they said: *"people consult NHS Choices for information, and then go to their GP to check that the information is correct."*



They also stressed the importance of promoting a social model of care – *“otherwise, when people are diagnosed with an LTC, they may then move to living their lives through a purely medical lens”* – and of getting the self care message out in the community through working with public transport, voluntary groups, etc.

Next year’s National Self Care Week Awards will include a new category – the Tenuosity Award, which will be given for *“getting into places where we’ve never been before with self care!”* Conference Chairman, Professor Ian Banks told delegates. *“We’re not looking at the usual suspects – maybe they could be bar staff, or park keepers, or.....”* he suggested.



Community pharmacies are the perfect place to support self care, offering a model that is free, convenient, fast and local – yet pharmacy remains seriously underutilised in the self care journey, said Reena Barai, an independent community pharmacist working in Surrey.

Ms Barai discussed the initiatives needed to create a central role for community pharmacy in the self care model. Crucially, all pharmacy staff need to develop a patient-centred approach, to provide patients with personalised self care support, to listen to them and provide reassurance – *“this is crucial, as most people already know the solution”* – and to refer when necessary, she said.

“We are open to all – without an appointment, offering a triage service that is personal, confidential and non-judgemental,” she told the Conference.

Community pharmacies must also be opportunistic and make every contact count – *“people don’t go to pharmacies just when they’re ill,”* she said – and pro-active, reaching out to the community wherever possible. *“We take the self care message wherever we can – to shopping centres, health fairs, mosques, care homes, car washes....”* she told the Conference.

Motivational Interviewing

Her staff have also received training in Motivational Interviewing (MI). This client-centred counseling approach uses guided conversations to enable people to find their own solutions and reasons to change their behaviour, rather than having a professional simply telling them what to do.

“People don’t like being told what to do. No matter how much and what you tell them, it makes no difference. We influence ourselves far more than anyone else,” said Jan Procter-King, a health care training specialist and primary care cardiovascular disease (CVD) nursing champion.

Why don’t we like being told what to do? *“We perceive advice as a threat – even if the person giving it is credible and means well. As healthcare professionals we tend to voice all the reasons why people should make changes to their lives, so what do we leave them with? And when people feel ashamed and guilty about their behavior they feel horrible – so they lie,”* she said.

MI is not about giving advice, it is about seeing people as resourceful, motivated and able to provide their own solutions. *“With MI, the less you say, the more effective you are,”* said Ms Procter-King.

The technique is also highly beneficial for healthcare professionals, she added. *“MI helps us to develop a mindset for letting go of the responsibility for patient change.”*

During discussions, delegates pointed to other techniques which can effectively overcome the professional/patient barriers that discourage people from making the positive changes they need. These include the use of Health Champions, particularly trained non-health care professionals, to have these conversations with patients.

Support to self care: whose responsibility? They also pointed out that one major reason why healthcare professionals do not currently have sufficient time to help people with self care advice and decision-making is because *“currently, it is nobody’s responsibility.”*

Along with clarifying where these responsibilities lie, a clearer idea about what good self care should look like is needed – not by trying to create a national *“one size fits all”* model, which cannot work, but at least getting away from the concept that this is just about LTCs. The practice of self care has to become an embedded component of the health care system, with a central role in medical training courses, but this will require a change in mindset at the highest level.

“For governments, linking self care purely to LTCs is welcome, because they can set short-term targets and show they have achieved them. But to fully develop effective self care, to the benefit of individuals, families and the nation, we have to be putting long-term measures in place,” delegates stressed.



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