

Helping people look after themselves

A guide on self care



Foreword

Self care creates a feeling of control and reduces anxiety for the individual. It improves their quality of life and disease outcomes and frees up the time of health and care staff.

But there is simply not enough of it. We know from patients that they want to get more involved in care, but don't always find it easy to communicate with or understand health and care staff.

There are other barriers too. Health and care is still too focused around single conditions, when many people live with multiple conditions. There is a lack of coordination between different services and a lack of continuity for the patient.

Addressing these barriers is a major challenge. But by working with our NHS partners and the voluntary sector, councils can play a vital part in tackling them. We can educate, inform and lead. We can reconnect people with their communities and shape those communities to make self care more likely. And, as the case studies in this brochure demonstrate, councils are involved in a range of innovative work to further embed the self care agenda.

The transfer of responsibility for public health to councils in 2013 has sparked a surge in innovative programmes. Some are featured in these case studies. They include councils spread across England, covering both rural and urban environments and with varying levels of deprivation and affluence. The challenge for us all is not just to develop good practice but to champion and share it.



Councillor Izzi Seccombe

Chair

LGA Community Wellbeing Board

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Introduction

Key statistics

- 70 per cent of the NHS budget is spent on people with long-term conditions
- between a third and a half of people with long-term conditions do not take their medication as prescribed
- each A&E attendance costs the NHS £132 on average and a GP visit £45
- one in five GP appointments is for minor conditions, such as back pain, headaches and colds, costing £2 billion a year
- four in 10 people who visit A&E leave without having any treatment
- one million emergency admissions are thought to be preventable
- in 2014, nearly a quarter of all deaths (23 per cent; 116,489 out of 501,424) in England and Wales were from causes considered potentially avoidable through timely and effective healthcare or public health interventions
- there were 583 million visits to NHS Choices in 2015 (a rise of 83 million on the previous year).

At a time when resources are tight, we're going to have to find new ways of...boosting the critical role that patients play in their own health and care.

Simon Stevens, Chief Executive, NHS England

A new culture of care would ensure that people's experience of involvement and of being supported to self-manage would be treated as key measures of success for the NHS.

Jeremy Taylor, Chief Executive of National Voices

What is self care?

Self care is quite a broad concept, but in essence it is about an individual looking after themselves in a healthy way. It can include getting people to live healthier lives by quitting smoking, drinking sensibly or exercising more.

The term is also used to cover taking medications and treating minor ailments and knowing when and how best to seek help.

Then there is self management, which is about people protecting and managing their own health. The term is most often used in the context of long-term conditions, such as heart disease, diabetes and respiratory problems, for which there is no cure.

When talking about self care people will often refer to health literacy. This is the degree to which individuals can obtain, process and understand basic health information to make informed decision-making. This is a pre-requisite for any type of self care.

Why do we need it?

Quite simply, because we have to. It makes sense for the patient and for the public purse.

There are 15 million people with long-term conditions and it is estimated they consume 70 per cent of NHS resources, account for half of GP visits, two thirds of all outpatient appointments and three quarters of all inpatient stays. But despite this heavy use there is only so much health and care staff can do. About 80 to 90 per cent of their care is done by themselves, family and friends, but between a third and a half of them do not take medication as prescribed.

Better self management could make a big difference. And so could getting people to live healthier lifestyles, which can both help improve the health of people with long-term conditions and prevent others developing them. Lack of self care among the general population also places a terrific burden on services.

Back pain is one of the most common causes, for example a visit to a GP, yet the majority of cases can be treated with over-the-counter treatments and self care.

A fifth of appointments are taken up by minor ailments, such as coughs, colds and indigestion, costing the NHS an estimated £2 billion a year. But many could be better dealt with in other settings, such as pharmacies or by the individual caring for themselves.

We have robbed people of their ability to self care, whether for minor ailments or long-term. We're now reaping the whirlwind – people are coming to us with conditions that they could self treat.

Professor Ian Banks, founding member of the Self Care Forum and retired GP

What's being done?

Self care has long been talked about. In 2002 Sir Derek Wanless' review of health spending talked about the importance of public engagement.

For the past decade or so choice has been championed as a way of getting the public more engaged in their health and more recently the NHS Constitution attempted to enshrine individual responsibility as a key part of the 'contract' between the patient and health service.

But still evidence suggests patients are not as involved as they should be.

Analysis of inpatient surveys shows that one in 10 want to be more involved in their care. Two thirds feel doctors and nurses do not always answer their questions in a way they can understand and one in five say they are not given enough information about their condition.

Separate studies have suggested there is a lack of health literacy with a third reporting difficulties reading and understanding basic health information, the British Medical Journal has reported.

In his first speech as NHS chief executive Simon Stevens acknowledged that with resources tight the sector would have to look to do more to "boost the critical role that patients play in their own health and care".

And his Five Year Forward View made 'empowering patients' a key priority. That has been followed up with the launch of a range of initiatives targeted at self care, including work on patient activation to boost health literacy and Realising Value, which is looking to provide the evidence base for change. These both feed into the work of the vanguard areas that are pioneering new ways of working.

People need to be supported more actively to make better decisions about their own health and welfare because there are widespread, systematic failures that influence the decisions individuals currently make.

Derek Wanless, 2004

How can councils get involved?

Local authorities are clearly a key partner for the health service in encouraging self care. In fact, in many areas councils are playing a leading role as the case studies later in this document show.

When considering self care, it may be useful to think of it as a house. The foundations are commissioning tactics that embed self care. One of the walls is supporting people to develop the knowledge and skills to self care, while the other relates to enabling staff to help them to do these. These walls are then bridged by a roof representing organisational systems that allow all of this to take place. The approach is known as the House of Care.

I want to free people with long-term conditions from the constant merry-go-round of doctors' surgeries and hospitals.

Rt Hon Jeremy Hunt MP, Secretary of State for Health

Top tips for councils

- seek to improve the education, skills and confidence of patients
- encourage patient participation at every opportunity
- work with health and care professionals – you need them to understand the importance of self care and how to encourage it
- don't forget that social factors, such as increasing citizenship, harnessing community spirit and social networks, can play an important role
- make use of technology – apps and online help and support will be effective for some
- work with your voluntary sector partners – they may be more trusted and closer to the communities you are seeking to get active in self care
- ensure self care messages are joined up and consistent to minimise patient confusion
- make the most of national campaigns such as NHS England's Stay Well This Winter, Stoptober, the Self Care Forum's Self Care Week and the World Health Organization's World Antibiotics Awareness Week.

Case studies

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Bracknell Forest Council: hosting a year-long self care festival

- Bracknell Forest is one of the areas that has taken part in the national week of self care.
- It used that experience to host its first ever 'year of self care' in 2016.
- The 'festival' of self care was promoted via a website and social media and saw different themes focused on each month.

The Berkshire borough of Bracknell Forest is one of a number of areas that has taken part in the national self care weeks held in late autumn.

It got involved in 2012 and over the years the week has gone from strength to strength. In 2014 events were organised at more than 100 locations, including GP surgeries, children's centres, cafés and the local leisure centre. There were street doctor sessions, a calendar of free events from zumba and boxercise to organised walks. In total over 700 people got involved.

After that the council along with the local clinical commissioning group decided to take it one step further and launched its Year of Self Care in 2016.

The idea was to create a theme for each month with January set aside for introducing the concept and December for sharing success stories.

The topics covered were:

- mental wellbeing (February)
- healthy ageing (March)
- physical activity (April)
- eating and drinking (May)
- carer wellbeing (June)
- learning and volunteering (July)

- children and families (August)
- workplace health (September)
- quit smoking (October)
- winter wellbeing (November).

"We were really pleased with the success of the self care weeks, but we began to think self care is for life, not just for Christmas," says the council's public health consultant Lisa McNally. "It is something we need people to get in the habit of so we set about creating a much wider movement.

"We based the year on asset-based community development approach. Each month we tried to get things going with the view to the community carrying on with them."

The whole year has been promoted on a dedicated website, but other techniques were used from month to month to get people engaged. For example, in February during the mental health month social media was used heavily. The public health team have their own social media account, which rivals in influence the council's own.

Central to the social media campaign was a film, which set out why being active, social and kind were essential to good mental health. The film and other elements of the month's social media activity reached over 200,000 people. Meanwhile, school sessions were also run on emotional wellbeing.

By comparison the winter wellbeing month was more targeted at older people. GP patient participation groups were used to reach out to people, while the children of older residents were targeted as well. That month focused on the importance of the flu jab, falls advice and keeping warm during winter.

But one of the most successful months was the physical activity. Over 90 people took part with half of those carrying on the groups they helped to start. Workplaces also got involved and a new Bracknell Parkrun has been established as a result.

Dr McNally says: “We ran short taster exercise classes aimed at people who were not doing regular exercise. We didn’t base it in the gym, but outside. We know gym-based exercise can put people off.

“We also created time for socialising so people would make friends. That was very important as we have found that once our input ended the people taking part kept it going because they wanted to see each other.”

One of those was Karen Maskell. “We started going for coffee together after each session,” she says. “We got on really well, and it was nice that we were also joined sometimes by our coach Vikki. The social part of the programme quickly became as important as the fitness part.

“As we approached the last few sessions it was clear that many members simply didn’t want things to end – so we resolved among ourselves to carry on meeting. We formed our own walking group, meeting at different times and venues, and generally continuing to support each other.”

Ms Maskell has also got involved in other activities, including a singing group. “For me, the Bracknell Forest Year of Self Care is about taking a realistic approach and doing what I can within my own restrictions. But what is fundamental is the support and inspiration I get from other people.”

Dr McNally says such experiences sum up the approach Bracknell Forest has taken. “It’s not something we can ‘do to’ people like a medical treatment – or something we can simply scare people into with stark health warnings. Rather, for self care to be sustained long-term it really needs to have a strong social element – with fun and mutual support as its key ingredients.

“But the nature of this work means the statutory services then have to step back. That can be a little scary as you cannot keep looking over their shoulder and checking what is happening, but we need to have confidence in our methods.” Bracknell Forest certainly has. Planning for another year of self care began some time ago with January now dedicated to alcohol as the council aims to build on its 2016 success.

Contact

lisa.mcnally@bracknell-forest.gov.uk

Wigan Council: making a deal with residents

- To minimise the impact of austerity Wigan has drawn up a “deal” for residents – encouraging them to play their part in community life of which self care is a core part.
- To help them be active on self care the council and local NHS has set up a network of integrated teams to work with those at risk.
- Over 2,000 health champions have also been trained to encourage people to adopt healthy lifestyles.

Wigan Council has made a deal with local residents: the council will do its bit to keep taxes low, cut red tape and deliver good quality services, but it expects local people to play a part too.

That means getting involved in community life, recycling, getting online – and staying healthy. The Wigan Deal was launched in 2014 as a way of minimising the impact of the austerity drive.

Council chief executive Donna Hall says: “We were the third worst area affected by austerity so the deal was all about getting a conversation going about how we respond to the challenges. What we did was make a series of commitments and ask that our residents do also.”

In terms of health, the buzz words are taking charge and taking responsibility. Ms Hall says this was spelt out in the Deal for Health and Wellness, a joint approach produced by the council and local NHS last year. It talked about the opportunities presented by the devolution of power and spending across Greater Manchester and drew up a list of commitments for residents and service providers.

Ms Hall says: “It asks residents to do their bit to stay healthy by being active, quitting smoking, drinking and eating sensibly and for those who have long-term conditions taking an active role in their care.”

So what help has the council provided to the 80,000 residents with long-term conditions? The drive on self care and prevention actually predates the Wigan Deal so there was already much going on that is now being built on. For example, in April 2013 the council and local NHS launched a network of integrated neighbourhood teams.

There are 16 across the borough and each consists of representatives from GP practices, community matrons, link workers, district nurses, social care and mental health services.

The aim is to streamline the approach to case managing care for patients with multiple long-term conditions and in doing so reduce hospital activity.

GPs identify patients who have a 30 per cent or higher risk of admission to hospital and they are then referred on to Integrated Neighbourhood Teams (INTs). Each year about 5,000 new patients are referred to the teams where a care plan is agreed and a care manager appointed.

A big element of the plans is self care. For example, the teams have link workers who have access to an online “community book” to help patients access non-statutory local services and support.

This can involve everything from local walking groups to arts classes. “For too long we have been designing services around what we think patients want,” says Professor Kate Ardern, Wigan’s director of public health.

“What we have tried to do is provide an integrated service that works for the individual. For example, there was one man who had early stage Alzheimer’s. He liked running but could not go on his own so what we were able to do was buddy him up with a local running club and get people to accompany him.

“That is much better for that individual than just providing the standard care.”

Early results suggest the programme is working. A&E attendances among those referred to the integrated teams have reduced by a third and unplanned admissions by nearly 40 per cent.

But Wigan has also sought to encourage self care and promote prevention in other ways too. The national Healthy Living Pharmacy has been run with 58 outlets now taking part in the scheme, which sees staff proactively support and promote behaviour change and self care. This has subsequently been followed up with a version for dentists, the first of its kind in the country.

Wigan has also focused on creating an army of health champions under its Making Health Everyone’s Business approach to public health. It has been running since 2008 and has seen people from all walks of life trained in how to encourage people to stay healthy.

More than 2,300 people have taken part including council staff, fire crews, members of local sports clubs and local residents. The role of the health champions varies depending on the setting. It can involve initiating health chats, distributing leaflets and posters, instigating activity programmes and supporting environment changes, such as having bike racks installed. There is also a dedicated scheme for the heart and cancer champions scheme.

Meanwhile, September saw the town organise its first ever festival dedicated to health and wellness. The week-long Wellfest incorporated the annual 10km run and Proms in the Park along with new attractions such as a street-based velodrome for budding cyclists and the formal roll-out of the Daily Mile across the borough’s primary schools. Residents were also encouraged to get health MOTs from trained staff at these events.

Local sports and community groups were encouraged to get involved by running their own activities which they could promote under the Wellfest banner and on the dedicated website.

Contact

k.ardern@wiganmbc.gov.uk

Hertfordshire County Council: creating a dedicated website

- Hertfordshire is creating a website to encourage people with long-term conditions to get more involved with self management.
- It is part of a wider strategy to put self management at the centre of the health and care system.
- It builds on previous work, including an award-winning online programme to get people engaged in their own health.

Hertfordshire County Council's public health team is aiming to make self management a central part of the local health and care system.

It is in the process of developing a self management website that will contain information about the 10 most common long-term conditions.

As well as advice about how to manage conditions and when you may need to seek medical attention, it will also signpost residents to local support groups that can help.

The idea is that local health staff will direct patients to the website – and so make self management a core component of the patient pathway. To help achieve this, a self management strategy is being drawn up with the local clinical commissioning groups and hospital trusts to get them to agree a common approach to the issue.

The council hopes that as well as benefiting patients it will also support the delivery of Hertfordshire's sustainability and transformation plan (STP) priorities. Public health consultant Miranda Sutters says: "All too often we see self management as an

extra, an add-on. It's not a central part of how we care for patients and we wanted to change that.

"Long-term conditions require patients to get involved, but they can only do that with the right support and encouragement from health and care staff.

That is what we are hoping to achieve with the website and strategy. We want to see GPs and nurses referring patients to the website, which will act as a one-stop shop for everything they need to know. The voluntary sector is also an important partner.

"There is a lot of information out there, but not all of it is reliable. This way patients know they will be using something they can trust."

The aim is to launch the website and get local partners to agree the strategy by the end of the year. The work builds on previous projects aimed at self care and prevention that have been run by the council. For example, Hertfordshire has employed a health psychologist, Michelle Constable, to make use of behavioural science techniques.

Part of her work has involved helping GPs and nurses to improve their communication skills and techniques to support patients to become more involved in the management of their long-term conditions.

To help achieve this Michelle ran a series of half-day workshops last spring for about 60 primary care. She says: "We wanted to support the doctors and nurses to build on current practice and develop the skills to engage patients to become more involved in self management.

“Too often we tell patients what to do, but you can improve patient outcomes by working collaboratively and finding out what barriers they may experience in trying to change their behaviour.

“When we talk to patients they give us little clues about previous experiences of trying to change their behaviour and why this might have been difficult for them. If we look out for these clues and understand the patient’s perspective we can use this information to support them.”

She hopes to do more of the workshops in the future. Work has also been done with pharmacists including a project to get them to carry out medicine reviews for patients with long-term conditions and provide additional support for those patients newly diagnosed with one.

This is part of the national New Medicine Service, which sees pharmacists provide advice on everything from medicines adherence to health lifestyles.

Hertfordshire has also run a digital support service called Do Something Different.

People who took part signed up to get daily prompts sent to their phone, tablet or PC encouraging them to become healthier one step at a time. It covered new ways of being active, what to eat and how to cook food. For example it recommended a local sports club or activity that was taking place or prompted the individual to try new foods.

Users signed up for six weeks and there were tailored programmes for type 2 diabetes, pregnancy, stress, happiness, healthy weight and being healthy.

The scheme was launched in 2014 and ran for two years during which time over 1,000 residents got involved.

Those who used the free apps reported significant benefits, including a 20 per cent drop in alcohol intake, 37 per cent increase in physical activity and 29 per cent rise in fruit and vegetable consumption.

The success was also recognised by the Royal Society of Public Health, which awarded it a health and wellbeing award in 2015, praising its “innovative and creative approach”.

Jean, who has diabetes, says it helped her keep on top of her condition. “Do Something Different has reminded me to eat better and get back into exercise,” she says. “Although I have always tried to do this, sometimes it slips, and this reminded me to get into good habits again.”

Contact

miranda.sutters@hertfordshire.gov.uk

Royal Borough of Kingston Upon Thames: setting up a special hotline

- In Kingston a special hotline has been set up to promote health lifestyles – and self care in particular.
- The service links people with local services – provided by the NHS, local authority and voluntary sector.
- This includes the Expert Patient Programme for people with long-term health conditions, which has been running for 12 years.

Encouraging people to adopt healthy lifestyles and getting involved in self care is so important in the Royal Borough of Kingston that a special hotline has been set up for the public.

The number is staffed by advisers who can provide information and advice about what help is available from the council, NHS or voluntary sector.

The hub puts people in touch with a wide array of healthy lifestyle support from the local stop smoking service to schemes that encourage physical activity and weight management.

There are also a variety of services to help older people, including a falls service and the 'Supporting You at Home' programmes run by the charity Stay Well.

But a key part of the offering is the dedicated projects squarely aimed at encouraging self care. One of the longest running is the Expert Patient Programme, the globally renowned scheme designed by Stanford University in the US, which is open to anyone with a long-term health condition. Kingston started using the programme in 2004, becoming one of the first areas in the UK to adopt it.

The six-week courses are run by volunteers who themselves have long-term conditions. They provide two-and-a-half-hour sessions aimed at building the confidence and skills of those taking part.

All the work is done in groups and covers topics such as sleep management, diet, physical activity, mental wellbeing and medicines management. Hans Schrauder, the programme's manager, says: "There is a big emphasis on setting goals and meeting them. It is very important to show people that progress is achievable and that helps build confidence so each week tasks are set.

"The majority of long-term conditions are caused by lifestyles so group discussion and problem-solving is also a very important part of it. The tutor will never just say 'this is what you need to do', they will always ask the group to come up with solutions together."

Referrals come from a variety of sources, not just via the phone line. GPs and social care staff refer patients, while self-referral is an important route too.

The aim is to run 10 courses a year with between eight and 16 participants. The scheme is self-sustaining in that new tutors are recruited from the courses to ensure there is always a group of people ready to run them.

Tutors received four days teaching and are observed during their first two courses. They receive expenses, but are not paid.

"It means they have a real passion for what they do and I think that provides a good role model for those who are on the courses," says Mr Schrauder.

And it certainly seems to be working. Questionnaires are completed after each course with satisfaction rates regularly above 80 per cent and participants reporting a 20 to 30 per cent improvement in self-efficacy.

One of those was Amanda, who took part in the programme after being treated for cancer and severe back pain. She says she felt “isolated and really lost” before doing it.

“Going on the course meant meeting other people with similar problems. I realised that I was not on my own.” In fact, she was helped so much in learning how to manage her condition she went on to become a tutor.

Alongside the Expert Patient Programme, there are also dedicated schemes for particular long-term conditions.

For example, Kingston runs its own Desmond programme, a national scheme which involves group education for those newly-diagnosed with type 2 diabetes.

It is delivered by two specialist nurses, who aim to equip participants with the skills needed to keep on top of their condition. Those taking part are also encouraged to bring a friend or family member to help support them afterwards.

And the scheme has proved so successful that there is a new course aimed at those who have been living with diabetes for some time. Healthy Hearts, meanwhile, provides a similar service to those with heart disease. The education programme is again delivered by nurses and is provided during four to eight separate sessions. Patients are taught about exercises they can do, stress management and relaxation techniques and provided with information about their condition.

For the over 50s who have been diagnosed with osteoporosis there is the 12-week Better Bones Service. Participants take part in weekly exercise classes, which teach them about the different types of activity they can do to strengthen bones as well as providing lifestyle, medication and nutrition advice.

Iona Lidington, Kingston’s associate director of public health, says: “Self care has been a key priority for us. Patients may only come into contact with a health professional a few times a year whilst they have to look after themselves 365 days a year, so if we can get in early and provide them with the knowledge, skills and confidence to look after themselves it is beneficial for everyone.

“And that is where the hub plays an important role. We are able to help people navigate their way round a whole range of services and schemes the NHS and council provide – as well as ones the voluntary sector are providing – so people find the most appropriate support for them.”

Contact

iona.lidington@kingston.gov.uk or hans.schrauder@nhs.net

Calderdale Council: embedding staff in the community

- Calderdale's Staying Well programme has seen staff work with community groups to get local people engaged in their health and wellbeing.
- They are helped to access local groups with the aim of reconnecting them with their local communities.
- Nearly 800 people were helped by the project in the first 18 months – with those taking part reporting improvements in their health and reduced loneliness.

Working together, the NHS and local authority in Calderdale have embedded staff in the community to help tackle loneliness and improve health and wellbeing – and in the process encourage self care. The Staying Well project was launched in 2014 and saw four workers appointed to work with local organisations in North Halifax, Elland, West Central Halifax and Hebden Bridge to create a unique partnership to reach deep into the community.

The Staying Well hubs were charged with identifying and supporting older people who were lonely and socially isolated and strengthening community cohesion and partnership work.

Each was given a £50,000 budget to invest in services or facilities to help achieve this. The money was spent on a variety of different measures, including making facilities more accessible by installing ramps and better lighting, building a new community facility and investing in existing and new services. The latter included everything from lunch clubs to film, arts and crafts and fitness groups. In total, 63 existing groups were supported and 36 new ones established.

The project worked closely with the council's neighbourhood schemes teams, a network which supports community groups across the borough.

When referrals were made to Staying Well a check was made to see what contact the individual had had with the statutory services and a home visit was made to assess what help was needed. Follow up support was then provided if and when needed.

Rachel Swaby, the Staying Well worker for Elland, says: "It really differs from person to person, but once you do that initial visit it is about working out what is right for them.

"I will sometimes accompany them to the activity whether it is a lunch club, a choir or some form of volunteering. But at other times it is just about checking in with them that they're okay. We are not there for medical needs, but we can signpost them to the services that can help. And sometimes it is about working with local organisations to set up new groups and help support the expansion of existing ones. That is where our community organisations can really help. They know the areas really well and are trusted."

The impact has been impressive. Within the first 18 months 779 people had been referred to the programme – a third from statutory service, but the rest from voluntary organisations, self-referral or from family and friends, an evaluation from the University of Lincoln showed.

Over half had one long-term condition and another 38 per cent have two or more – diabetes, cardiovascular disease, musculoskeletal difficulties and mental health problems were the most common.

But thanks to the support they were given, their wellbeing improved. Two thirds described themselves as lonely or very lonely at the start of the programme, but by the 18-month mark the mean score of loneliness had fallen.

Improvements were also seen in health-related quality of life, particularly in the younger groups with users aged 59 and under reporting an improvement of 70 per cent. Calderdale public health consultant Caron Walker believes this shows the importance to a person's health and wellbeing of connecting them with their local communities.

"While this is really a public health prevention programme, it does also have an impact on the individual's ability to support themselves. Taking part in activities, volunteering and getting involved in your local communities can be really beneficial as it gives people the confidence and connections to help them improve the quality of their own lives.

"This is going to become more important. We have an ageing population and the numbers of people living with long-term conditions is increasing so it is vital we help people and communities in this way." In fact, Calderdale is so pleased with how it has gone that it is in the process of expanding the project into more areas with help from funding from NHS England's vanguard programme – at the moment the four hubs cover under a quarter of the local population. That investment is also helping Calderdale develop a community-based Co-creating Health programme. The training programme is aimed at improving the self management skills of both patients and health and care staff and has been used successfully by the local acute trust for a number of years.

Calderdale and Huddersfield NHS Foundation Trust has run separate programmes for individual conditions, including chronic pain management and chronic obstructive pulmonary disease (COPD).

But the community version will focus on more generic ill-health, both mental and physical. "There is still much to do, but with Staying Well and this programme we are helping to change the way we promote health and wellbeing," adds Ms Walker.

Contact

caron.walker@calderdale.gov.uk

Kirklees Council: ensuring there is 'something for everyone'

- Kirklees has had great success after designing its approach to self care around four key strands – education, technology, exercise and one-on-one help.
- The most recent addition is the online My Health Tools system – used by 3,000 since it was launched in September (2016).
- Research shows those helped by the education programme have reduced their GP usage.

Kirklees Council has sought to develop something for everyone when it comes to encouraging the self management of long-term conditions.

At the heart of the offer are four main options, covering education, technology, exercise and one-on-one help.

The schemes – aimed at people with conditions ranging from chronic pain and heart disease to dementia and diabetes – have been developed over a number of years as the importance of self-care has grown.

The most recent addition is the online My Health Tools. This was launched last September and covers three topics – persistent pain, breathing problems and anxiety.

It provides a guided journey through self care for each of the conditions and since it was launched over 3,000 people have used it. The success has convinced the council to extend the scheme. Diabetes and depression will be added to the list in the coming months.

In terms of education, Kirklees is one of a number of councils to run an Expert Patient Programme, a seven-week course run by volunteers who have long-term conditions themselves.

The group programme was designed by Stanford University in the US and adapted for use in the UK. It encourages people to learn self management skills, such as relaxation techniques, healthy eating and nutrition and how to manage symptoms.

Evaluation of the scheme shows that those who have taken part have 10 per cent fewer visits to a GP than those that do not. Mohammed was referred on to it as he has diabetes. He says: "It was really good. We learnt about the symptoms cycle, fatigue, depression, tiredness, stress – all that sort of thing.

"Before that I thought it was just me. I didn't know how to deal with it. The groups were brilliant, the tutors were brilliant." Kirklees also provides a version of this programme for carers called Looking After Me.

For those who want to make changes and prefer one-on-one support there is the health trainers scheme. Health trainers meet with the individual for about one hour up to six times.

One of the people to benefit is Katherine Morgan, a mum of three who was suffering with back problems when she was referred to the health trainers. During her sessions, the health trainer helped Ms Morgan learn relaxation techniques and how she needed to protect her back.

"My health trainer made me realise I had a condition that had to be managed and I had to control my frustration. I think that is where she helped me the most. I have now been discharged, but they are always on the end of the phone. It is a great service."

And finally there is the long-running exercise on referral scheme PALS (Practice Activity and Leisure Scheme). It last up to 45 weeks and, unlike the other projects which accept self-referrals, can only be accessed following a GP referral.

Clients have access to more than 180 different activities and figures show 89 per cent of people who have attended are still physically active 12 months later. Over the last year 4,500 people have attended one of these three programmes.

“We have tried to ensure there is something for everyone,” says Sharron McMahon, the council’s self care manager. “It is a real priority area for us and is something we have been looking to develop further since public health moved into local government in 2013. “Some of the programmes pre-date that, but we are always looking for new ways to reach out to people. That is why we launched the My Health Tools system.

“The increase in the number of people with long-term conditions means it is essential we support people to look after themselves.” While these four projects represent the core part of the council’s approach, there are also a number of other schemes that the council also uses. These include the national Reading Well on Prescription programme, which includes a list of books to help people manage health conditions such as anxiety and depression.

Local libraries also offer a Reading Well Mood-Boosting Books option, which includes uplifting novels, non-fiction and poetry. There is a dedicated recommended reading list for dementia too.

Kirklees public health director Rachel Spencer-Henshall says: “In Kirklees one in four people are living with at least one long-term condition and this will increase in the future so helping those people is incredibly important.”

Contact

sharron.mcmahon@kirklees.gov.uk

Bradford City Council: establishing a dedicated self care and programme

Self care is such a priority in the Bradford district that the council has set up a dedicated programme to oversee it.

There is a governance structure that includes a programme board and expert reference group to provide advice and a manager, Tina Butler, has been employed by the council to oversee the public health-funded programme.

She works with a project officer and liaises closely with the individual leads for self care at the two local clinical commissioning groups.

“It’s a real partnership between the council, NHS and voluntary sector,” says Ms Butler. “We truly co-produce this and are able to call on all the expertise that is available. If we need administration support or programme marketing support for example, there is someone who can help us.”

The creation of a self care programme was given the green light in 2013, but it has only been this year that the team has been able to get the various workstreams up and running.

Currently there are five areas of focus:

- children and young people
- older people
- the workforce
- navigation
- working-age adults (including planning for end of life).

These priorities are guiding many of the individual projects that are now being developed.

A schools pilot is getting underway that will see a self care poster competition run and a network of young champions appointed. The programme is also in the process of looking at developing an e-learning package for schools to use, co-created with children and young people. It will provide the basics of what self care is and what young people can do to keep themselves happy in terms of their health and wellbeing.

A version for adults and health and care staff is also being produced. This will be accompanied by the roll out Making One Change Challenge which asks the public and workforce to pledge to make one change to their lifestyles.

Ms Butler says: “It can be something very small, maybe pledging to walk up the stairs at work rather than take the lift or getting out for a walk at lunchtime or setting up a tai-chi class over a lunch break. We tried it with council staff recently and it was really successful.”

As well as encouraging staff to adopt healthy lifestyles, the programme has also sought to equip them with the skills, tools and confidence to encourage the local population to follow suit.

A conference on motivational interviewing was held in May with over 150 health and care staff attending, including GPs, social workers, home care staff and nursing staff.

At the close of the event, attendees made a number of pledges to help Bradford push ahead with its self care and prevention agenda.

For example, a group of physios and occupational therapists agreed to promote self care in the residential care homes they work in.

Ms Butler wants to build on this. The programme is now in the process of commissioning a training programme, to reach health and care staff and members of the public.

The programme team has also held engagement sessions in local pharmacies and shopping centres and with staff teams in hospitals, social care and the third sector, to promote the importance of self care.

It gave Ms Butler's team the opportunity to hand out literature – there is a suite of tools, including leaflets and postcards on self care and long-term conditions – and, most importantly, to have a conversation with members of the public.

The sessions even attracted interest from some unexpected sources – with hairdressers and even a local butcher getting involved in promoting self care.

Alongside the printed literature the council also has a dedicated self care section on its website.

But to help the programme penetrate deeper in the community, it is also working with a local voluntary sector group, which will be running a health and wellbeing bus.

The vehicle will tour different parts of the community, including parks, community spaces and industrial estates to promote self care. People will be encouraged to get their BMI measures along with other health checks and they will be taught about the importance of managing their own health, including their mental health. The bus will also be prominent during the national self care week in November. "We have lots planned. We are going to try to get people to sign up to the Make One Change Challenge and really get the city talking about self care.

"I think we are beginning to see a change in the culture. This is a massive task – it is probably the most challenging programme I've worked on – but I think bit by bit we can make a real difference in how Bradford thinks and acts."

Contact

tina.butler@bradford.gov.uk

Nottingham City Council: creating a ‘super’ self care pilot

- Nottingham created a “super” self care pilot in 2015 to act as a test bed for a whole range of different initiatives.
- The scheme has seen staff given training and an online directory developed while everything from social prescribing to the use of apps has been tried.
- The most successful elements of the project are being extended city wide.

Nottingham has been making progress on self care after creating a “super” pilot area where a whole host of different projects could be run. The joint council and NHS project was launched in 2015 in Bulwell and Bulwell Forest, two of the neighbourhoods with the highest levels of health need in the city.

Over the past 18 months they have pioneered a variety of different programmes – with the successful ones now in the process of being rolled out across the city.

One of the first steps was to provide half-day training sessions to local health and care staff in how to encourage and support self care. Nearly 400 staff, including nurses, community matrons and pharmacists, have now undergone the training.

GPs across the two areas also have signed up to social prescribing. Within a year 100 patients had benefitted by being referred on to care coordinators who have arranged support for them.

This has included everything from physical activity groups and befriending services to Citizens Advice, mental health support and social clubs.

In fact, it has proved so successful that it is one of the projects that is going city-wide, while consideration is being given to extending social prescribing powers to pharmacists.

David (not his real name) is one of the people to benefit. Suffering ill-health, he was referred to a care coordinator by his GP over concerns about social isolation. During his initial assessment call, David mentioned how he used to play football for Mansfield reserves when he was younger and how much he missed it.

The coordinator signposted him to Football in the Community, run by Notts County FC, and they introduced him to walking football. He now plays it on a regular basis and says his social life has returned and his low mood improved.

A key part of the success of the social prescribing is how it links in with other elements of the pilot. For example, a team of 17 community navigators, led by voluntary sector group the Bestwood Partnership, has been created to help people who need extra support. They accept referrals from the social prescribing project as well as working in the community and using their existing links to help local residents.

The role of the navigator is to introduce individuals to local services and activities.

“They provide a bit of extra support, hand-holding you could say, to give people the confidence they need to make a change,” says Kevin Banfield, the council’s programme manager for the pilot. “It has been really successful and is certainly something we’re looking to extend further.

“But what has been really important is the way everything inter-connects. It is why we did it like this – we could have trialled different things in different places, but by having it all in these areas I think we’re having the greatest impact.”

Alongside the navigators and social prescribing, Nottingham has sought to use technology. An app, RallyRound, has been made available which allows people to create and maintain support networks for vulnerable relatives and friends.

It works by getting people who live close to the vulnerable person and can offer support to sign up to the individual’s account. When things need to be done, for example a light changing or a bit of shopping picking up, the family member or friend puts a call out on the account and then whoever is able to do that responds.

An online directory of services has also been established. It includes everything from what local health services, clubs and activities are available to information about long-term conditions.

The directory will be supported by the creation of self care hubs, which are touchscreen information portals that are going to be situated at convenient community locations, such as supermarkets and the local library. What has also been impressive is the low cost nature of the interventions. Altogether the pilot has cost under £100,000. However, what has been achieved so far is just the start. The NHS and council are now seeking to set up drop-in clinics where social care staff can help people with advice, assessments and arrange low-level equipment that may be needed to help people live independently.

Rachel Jenkins, a senior project manager at Nottingham City CCG, who leads on the pilot for the NHS, says: “We are really pleased with how it has gone – we’ve learnt a lot and made a lot of progress too.

“One of the things we have realised is that we have to do more to make people aware of what self care is and why it is important. So we are planning to take part in the national self care week this autumn and hold promotional events to get people talking about self care and we are going to dedicate one day to the mental health – I think there is a tendency to focus on physical elements but good mental health is just as important. Our aim is to place self care at the heart of everything we do.”

Contact

rachel.jenkins@nottinghamcity.nhs.uk
or kevin.banfield@nottinghamcity.gov.uk

Want to know more?

NHS England self care pages

<https://www.england.nhs.uk/ourwork/patient-participation/self-care/>

A practical guide to self management support (Health Foundation, December 2015)

<http://www.health.org.uk/sites/health/files/APracticalGuideToSelfManagementSupport.pdf>

The House of Care toolkit (NHS IQ)

<http://www.nhsiq.nhs.uk/improvement-programmes/long-term-conditions-and-integrated-care/long-term-conditions-improvement-programme/house-of-care-toolkit.aspx>

Expert patients (Reform, February 2015)

<http://www.reform.uk/wp-content/uploads/2015/02/Expert-patients.pdf>

Supporting people to manage their health (King's Fund, May 2014)

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/supporting-people-manage-health-patient-activation-may14.pdf

Skills for Care self care pages

<http://www.skillsforcare.org.uk/Topics/Self-Care/Self-care.aspx>

Self Care Forum

<http://www.selfcareforum.org/>

Self Management UK

<http://selfmanagementuk.org/>

How to implement a self care approach to demand management (Self Care Forum)

<http://www.selfcareforum.org/wp-content/uploads/2013/10/How-To-Guide-PDF-FINAL.pdf>

House of Care (NHS England)

<https://www.england.nhs.uk/house-of-care/>

Supporting self management (Realising the Value programme, September 2016)

http://www.nesta.org.uk/sites/default/files/rtv-supporting-self-management.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7528512_NEWSL_HWB%202016-26-09&dm_i=21A8,4HD1C,FLWS8I,GMHNY,1



Local Government Association

Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

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