



Public Health  
England

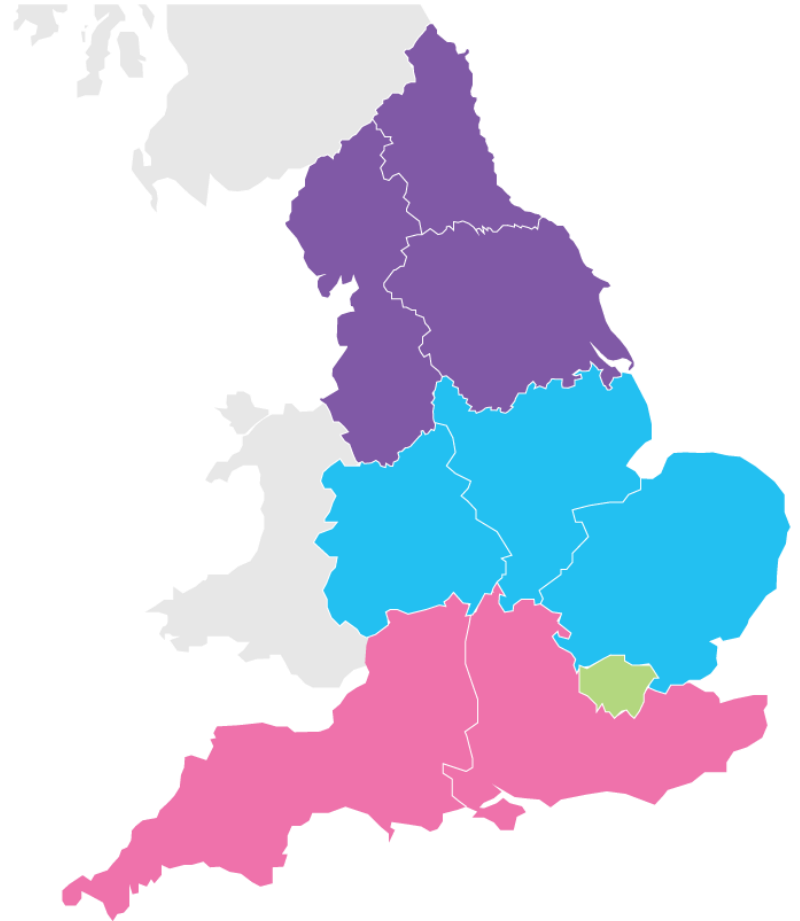
Protecting and improving the nation's health

# Support for self care and health literacy – a national perspective

**Gul Root, PHE, Lead Public Health Pharmacist,  
Health and Wellbeing Directorate**

# About Public Health England

- We protect and improve the nation's health and wellbeing, and reduce health inequalities.
- Locally focussed
  - 4 regions, 9 centres
  - 8 K & I hubs
  - Other local presence
- Key roles:
  1. System leadership
  2. Health protection
  3. Local support



# Overview

## **The Challenge**

## **Responding to the Challenge**

## **Supporting Local Action**

- Supporting professionals
  - AllOurHealth
  - Physical Activity Clinical champions
- Enabling access to high quality support in local communities
  - Healthy Living Pharmacies
- Supporting individuals to make a change
  - OneYou
  - Change4Life

## **Looking Ahead**



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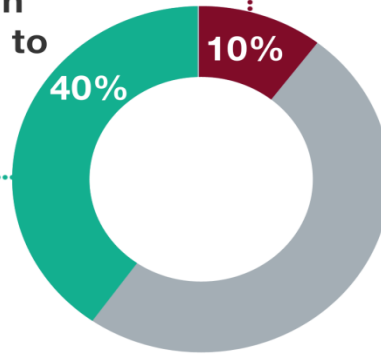
# The Challenge:

Non-communicable diseases in England

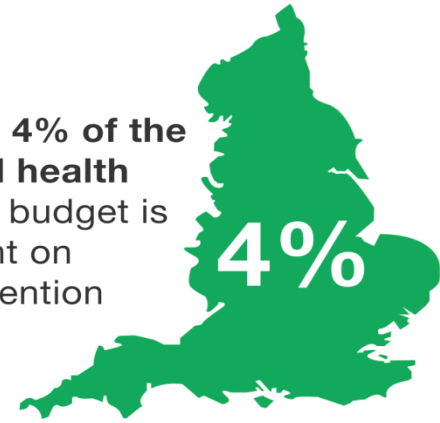
# Understanding the NCD Challenge

## Why prevention matters

International studies suggest **healthcare contributes only about 10%** to preventing premature deaths, whilst **changes in behavioural patterns is estimated to contribute 40%**



Only **4%** of the total health care budget is spent on prevention



It is estimated that if the public were fully involved in managing their health and engaged in prevention activities

**£30 billion**  
could be saved



UK women, on average, smoke **3% more** than the EU average



In the UK in 2008, **61.1% of males** were estimated to be physically inactive and **71.6% of females**

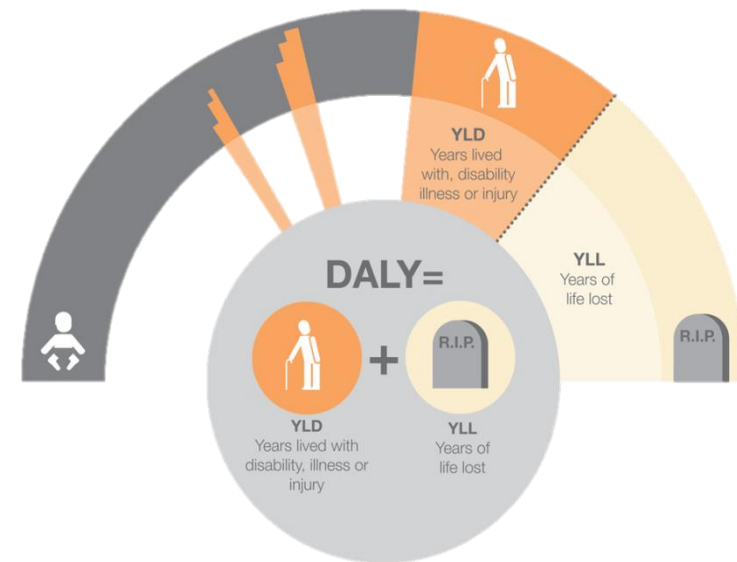


The average consumption of alcohol by adults in the UK is **10% higher** than the EU average

# Understanding the NCD challenge

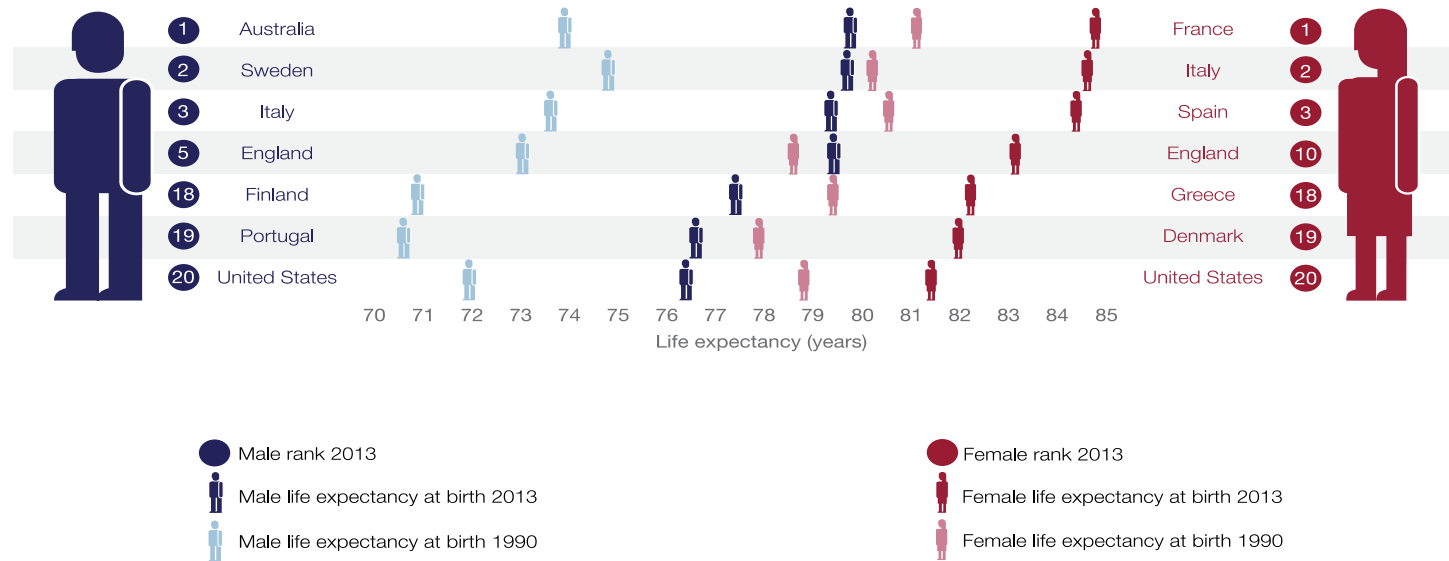
Global Burden of Diseases, Injuries and Risk Factors Study 2010

- The Global Burden of Disease project involves more than 1,000 researchers in over 100 countries, and pulls together data on premature death and disability from more than 300 diseases and injuries in 188 countries, by age and sex, from 1990 to the present.
- This enables us to make meaningful comparisons between countries over time, and rank the diseases and risk factors in terms of their overall burden on a population.
- The 'burden' is measured by combining two indicators; the number of years of life lost to disease and the number of years lived with disability as a result of disease:



# Understanding the NCD Challenge

Life expectancy at birth, 1990 and 2013 for England and EU 15+



Between 1990 and 2013, life expectancy in England saw one of the biggest increases in EU15+ countries (incl Australia, Canada, Norway and USA) - a 5.4 year increase from 75.9 years in 1990 to 81.3 years in 2013.

This is mainly because of falls in the death rate from cardiovascular disease, stroke, chronic obstructive pulmonary disease (COPD) and some cancers (with progress partly offset by increased death rates from liver disease).

# Understanding the NCD Challenge

## Morbidity in England

- But while life expectancy has increased, this hasn't been matched by improvements in levels of ill-health.
- So, as a population we're **living longer but spending more years in ill-health**. Indeed, for several conditions, although death rates have declined, the overall health burden is increasing.
- For example, while deaths rates from **diabetes** fell by about 56%, the increases in illness and disability associated with diabetes have been substantial, rising by around 75% over the last 23 years.
- **Sickness and chronic disability** are causing a much greater proportion of the burden of disease as people are living longer with several illnesses.
- **Low back and neck pain** is now the leading cause of overall disease burden, with hearing and vision loss, and depression also in the top 10, alongside diseases with a high mortality you would expect, such as ischaemic heart disease, COPD and lung cancer.



# Understanding the NCD Challenge

## Inequalities

- While life expectancy overall has increased, there has been **little, if any, improvement** in inequalities;
  - By 2013, those living in the most deprived areas are only just approaching the levels of life expectancy that less-deprived groups enjoyed in 1990.
- These inequalities are also reflected in the burden of disease and risk factors in that more **deprived groups are affected proportionally more** by them. The types of disease and risk factor are roughly the same across all deprivation areas however.
- While the GBD data highlight **regional differences in life expectancy** and disease burden, the inequalities are actually greater within regions than between them and are therefore largely related to deprivation not geography.



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# Responding to the Challenge

# Supporting change

Enabling individuals to make positive and sustained changes in their lives is about supporting them to see a better reality and a pathway to achieving that reality. This is about enabling people to meet their potential.

Empowering self-care and increasing health literacy are a key part of enabling people to make healthier choices across their life course to minimise the burdens of life as they age.

1 in 5 boys and 1 in 3 girls aged five now will live to 100yrs, if you are going to live to a hundred then you will probably work into your 70s and that means remaining fit and healthy to be able to work.

Responding to the challenge requires coherent system wide action, people need to have opportunities and access to support as well as tackling the environment in which they live so that is easier to be active, eat healthily, drink sensible and sleep well than it is to take a health risk.



# Supporting professionals

*Human behaviour flows from three main sources:  
desire, emotion, and knowledge.*

Plato

# Why professionals?

Professionals have

- Defined roles in society
- Structured education and training
- Various degrees of quality assurance

Professionals are who we turn to for advice, especially at significant life events



# All O♥r Health (AOH)

A structured approach to support a social movement of healthcare professionals to engage in prevention at scale.

AOH aims to realise the potential of making every contact count, address HCPs concerns around having behaviour change conversations, and their own personal health issues.

AOH delivers this approach through:

- Accessible evidence for practice, resources and tools
- Metrics and outcomes measures
- Education
- Alignment with and support through other programmes
- Alignment with public facing health campaigns
- Culture change and social movement
- Building capacity and capability

# Physical Activity Clinical Champions

National peer to peer education cascade designed to increase the skills and confidence of professionals promoting physical activity in routine clinical consultations.

Supported by funding from Sport England the Clinical Champion programme includes 21 GP Clinical Champions and pilot champions for midwifery, mental health nursing and physiotherapy.

Supported by funding from the Burdett Trust we will be expanding this programme for a year long trial of 21 Nurse Clinical Champions as well.

Training focuses on increasing knowledge and skills and is tailored to different clinical audiences.

To date the programme has trained over 4,500 healthcare professionals.

Training is supported by nine e-learning modules on BMJ Learning on physical activity and specific clinical pathways and an e-learning on motivational interviewing.

**Physical activity benefits for adults and older adults**

**BENEFITS HEALTH**

- IMPROVES HEALTH
- IMPROVES SLEEP
- MAINTAINS HEALTHY WEIGHT
- MANAGES STRESS
- IMPROVES QUALITY OF LIFE

**REDUCES YOUR RISK OF**

- Type 2 Diabetes **-40%**
- Cardiovascular Disease **-35%**
- Falls, Depression and Dementia **-30%**
- Joint and Back Pain **-25%**
- Cancers (Colon and Breast) **-20%**

**What should you do?**

For a healthy heart and mind: **Be Active**

To keep your muscles, bones and joints strong: **Sit Less**

To reduce your chance of falls: **Build Strength**

**Improve Balance**

**MINUTES PER WEEK**

**75** VIGOROUS INTENSITY (AEROBIC) (minutes per week)

**150** MODERATE INTENSITY (AEROBIC) (minutes per week)

**A COMBINATION OF BOTH**

**BREAK UP SITTING TIME**

**2** DAYS PER WEEK

Something is better than nothing. Start small and build up gradually: just 10 minutes at a time provides benefit. **MAKE A START TODAY!** It's never too late!

**UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: <http://bit.ly/startactive>**

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**Physical activity for early years (birth – 5 years)**

Active children are healthy, happy, school ready and sleep better

- BUILDS RELATIONSHIPS & SOCIAL SKILLS
- MAINTAINS HEALTH & WEIGHT
- CONTRIBUTES TO BRAIN DEVELOPMENT & LEARNING
- IMPROVES SLEEP
- DEVELOPS MUSCLES & BONES
- ENCOURAGES MOVEMENT & CO-ORDINATION

**Every movement counts**

**Aim for at least 3 Hours across everyday**

PLAYGROUND, CLIMB, JUMP, MESSY PLAY, THROW/CATCH, SHIP, COLLECT PLAY, DANCE, GAMES, PLAY, TUMMY TIME, SWIM, WALK, SCOOT, BIKE

**Move more. Sit less. Play together**

**UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: [www.bit.ly/startactive](http://www.bit.ly/startactive)**



# Enabling access to high quality support in local communities

*Twenty years ago, I wrote a book called 'It Takes a Village.' And a lot of people looked at the title and asked, 'What the heck do you mean by that?' This is what I mean. None of us can raise a family, build a business, heal a community or lift a country totally alone.*

Hilary Clinton



# Community pharmacy supporting self care

- PHE, DH and NHS England would like to see a greater use of community pharmacies to support self care and be seen as the first port of call for minor ailments
- CPCF – support for self care an essential service
- Sign posting – where they are not able to provide the support themselves
- Pharmacy teams are equipped and trained to deal with minor ailments and do this everyday



# Healthy Living Pharmacy



## What is a Healthy Living Pharmacy?





# Acceleration of rollout of Healthy Living Pharmacies (HLPs)

- Lead public health pharmacist, PHE, provides strategic leadership for accelerating rollout of HLPs, working alongside the HLP Task Group
- PHE supports HLP acceleration through a regular newsletter that celebrates good practice as well as supporting skills development through a topic-based briefing approach
- Established a buddying scheme where early implementers support new implementers
- Regular communication with HLP leads, LPCs, commissioners to encourage and support HLP implementation
- PHE also supports the HLP Task group of the Pharmacy and Public Health Forum, chaired by Greg Fell, Director of PH in Sheffield



# HLPs the way forward

- Transition from a totally commissioner led process for all 3 levels of HLPs to a profession-led self assessment process for level 1 HLPs, with a proportionate QA process
- Underpinning quality criteria and compliance with a self assessment process have been cascaded Las, LPCs and HLP Leads
- Avoid duplication with GPhC and CPAF requirements
- RSPH leading on the QA process, following a formal tender process
- Will communicate the QA process when it is finalised within the next few weeks in the near future
- Levels 2 and 3 will still be commissioner-led

# Minor Ailments and self care, NHS 111 referring to CP

- UEC review identified community pharmacies as key environment for supporting the public and patients seeking help in managing minor conditions. Work is underway through the NHS England Out of Hospital Urgent Care programme to develop the role for community pharmacy supporting self care
- Improving the NHS 111 DoS information about pharmacy services
- Developing referral pathways from NHS 111 to community pharmacy to support self care for low acuity conditions
- Encouraging the local commissioning of minor ailments services where appropriate



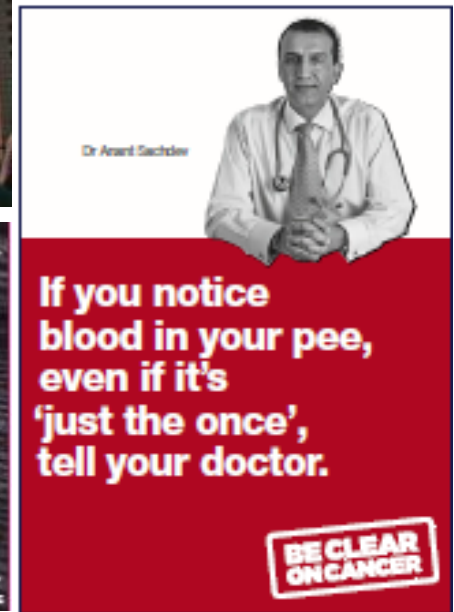
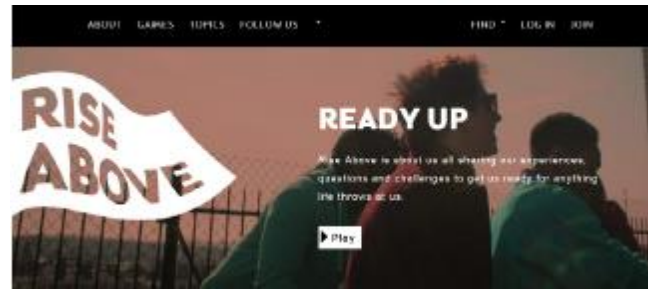
# Supporting individuals to make a change

*Change will not come if we wait for some other person  
or some other time. We are the ones we've been  
waiting for. We are the change that we seek.*

Barrack Obama

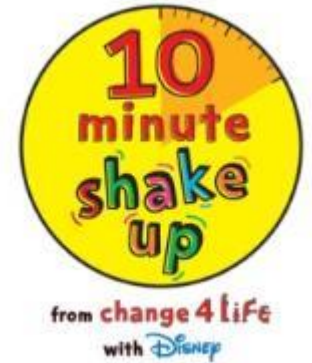
# PHE Social Marketing

- Starting well
- Living well
- Ageing well





# Creating an Active Society: C4L



2.7 million Children, young people and families signed up to C4L

Two core themes: Physical Activity and Healthy Eating

Over 200 partner organisation and 700,000 local supporting organisations who activate the brand locally through local activities.

10 Minute shake up in partnership with Disney engages 100,000s of children each year with their favourite characters to get active.

Independent evaluation in 2014 found that participation added on average an extra five minutes to daily activity levels

Just 21% of boys and 16% of girls aged five to 15yr currently meet their recommended 60 minutes of activity each day.





# Creating an Active Society: 1U

New umbrella branding for adults, targeting primarily 40-60yr C2DE demographic

Built on evidence base of risk behaviours, consumer insight and appetite for change

Seven core themes: Checking yourself, Sleeping better, Stressing less, Being smoke free, Drinking reasonably, Eating Well, Moving more

Uses a quiz to engage and highlight potential for improvement followed up by prompts and signposting

Partnerships with Amazon, BBC, Halfords and many others

Local authorities working with One You brand as well as businesses tailoring for staff wellbeing programmes

Ties in with existing products and new digital products in development

19% of men and 26% of women are not even achieving 30 minutes of moderate activity a week.





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# Looking ahead

*Very little is needed to make a happy life; it is all within yourself, in your way of thinking.*

Marcus Aurelius

# Looking ahead

- **Health literacy is going to be key to living a long and independent life**
- **Supporting better self-care allows people the control to maximise their own potential and achieve their goals**
- **Achieving change takes all of us working across the system coherently and in partnership**

The  
**FUTURE**  
depends on  
what we do  
in the  
**PRESENT.**  
Mahatma Gandhi