Anu Singh
Director of Public and Patient Participation and Insight

The national self care programme
The context

“One of the great strengths of this country is that we have an NHS that - at its best - is ‘of the people, by the people and for the people’.

"Yet sometimes the health service has been prone to operating a ‘factory’ model of care and repair, with limited engagement with the wider community, a short-sighted approach to partnerships, and underdeveloped advocacy and action on the broader influencers of health and wellbeing.

"As a result we have not fully harnessed the renewable energy represented by patients and communities, or the potential positive health impacts of employers and national and local governments.”

NHS Five Year Forward View, 2014
2016 Biomedical model.
Evidence based medicine; clinical outcomes

Undifferentiated need

Reassurance

Referral

Prescription
Once in a generation

- Complex, whole system transformation
- Radical shift in cultures, practices and in patient and clinical responsibilities
Our focus

- Getting serious about prevention
- A healthier NHS workplace
- Empowering patients
- Engaging communities
- The NHS as a social movement
6 principles to help drive these changes

- Care and support is personalised, co-ordinated, 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
- Volunteering and social action are key enablers

- Improved health and wellbeing
- Empowering people and communities
- Improved care and quality
- Improved efficiency and finances
The inescapable facts

- Over **30%** of our population lives with a long term condition (LTC)
- **66%** of people who are aged 65+ live with 3 or more conditions
- **70%+** of NHS spend is on treating people with LTCs
- Approx **5%** of people living with LTCs account for **75%+** of unplanned hospital admissions
35% of people with LTCs have low / no confidence to manage their health and wellbeing

20% of population

15% of population

Level 1

Build Knowledge Base, Self-Awareness & Initial Confidence
- Understand condition and/or disease prevention basics and their role
- Become aware of own behaviors and symptoms
- Pursue small steps to build confidence

Level 2

Increase in Knowledge, Initial Skills Development
- Close any knowledge gaps
- Clearly understand the role they must play
- Focus on clinically meaningful behavior change through small steps
- Most behaviors will not yet achieve guideline level

Level 3

Skills Development, Gains in Knowledge
- Strive for behavior development consistent with guidelines
- Be self-aware and good at monitoring one's health and responding to changes
- Lifestyle behaviors come into stronger focus

Level 4

Maintaining Behaviors & Techniques to Prevent Remission
- Achieve guideline behaviors
- Maintain behaviors and learn to anticipate difficult situations
- Develop bounce back strategies
- Focus on closing gaps around nutrition, activity, and coping with emotions

Improved health

Increased self-management ability

Reductions in unwarranted utilization of services

www.england.nhs.uk
Delivering the change

Peer support
Health coaching
Health as a Social Movement
PAM
VCSE coalition
Asset based communities
Behavioural science
Social prescribing
Shared workforce competencies
Shared decision making
Digital
Contractual mechanisms
Person and community-centred approaches
Thank you for listening

Any questions