

Creating Self Care Communities

A Self Care Summit 2018



“We have to develop health literacy, make self care fun and challenge the Merchants of Doubt, we have to create Self Care Communities”

– Self Care Summit experts

A Self Care Summit was organised with the Royal Society for Public Health (RSPH) by the Self Care Forum, experts who work to further the reach of self care and embed it into everyday life. The Self Care Forum regularly publishes information to promote self care, runs an annual Self Care Week and, every year from 1999 to 2017, has organised a national self care conference.

For 2018, the Self Care Forum decided to hold a National Self Care Summit instead, inviting leading figures from the NHS, government, Royal Colleges and other health professional organisations, patients' groups and academia, to consider how best to help people understand about self care and give them the skills they need to look after their own and their families' health and wellbeing.

The intention with the Self Care Summit was to examine how to accelerate self care in the population in order to help secure the health of the nation in ten years.

“Our 19 annual conferences have served a good purpose, but they haven't been able to reach real conclusions about how to move forward. You are among the most senior people who can make this happen,” Self Care Forum trustee Prof Ian Banks, told the invited experts.



Key outputs from the Self Care Summit

System integration: Enabling new structures such as Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs) to become vehicles for self care, and inspiring and helping to create innovative local Self Care Communities. This role would help achieve enormous benefits for individuals, their communities and the healthcare system, and would fit well within the Self Care Forum's Self Care Continuum.

Holistic approach: For everyone to achieve their optimal levels of health and wellbeing means considering the whole person – where they live, their education, working and social lives, etc, this is a life course.

Communication: Are we getting the right messages across? We need to make sure that people are getting the most up-to-date and accurate information, so they are confident of accessing the most appropriate care for their condition, including making informed proactive wellness choices. And the language must be agreed and consistent, right across the system.

Health literacy: Higher levels of education mean higher levels of health and wellbeing. Health education needs to be included on the National Curriculum. People need good literacy skills to self care, and, vitally, to be able to make sense of misleading and dangerous healthcare myths which appear on social media and in print.

Research: Nationally, we need to identify what works best in helping people to manage and improve their own health and use this best-practice evidence to help local communities create their own self care campaigns.

Motivation and appeal: Self care is fun
– let's celebrate it!

Good access to reliable health information is crucial

For people to feel confident about taking more responsibility for their own health, they must be able to access the most accurate and up-to-date information. But all too often, the messages they receive are mixed, confusing – and even dangerous, the UK's first-ever Self care Summit has heard.

Effective self care for all – actions that individuals can do for themselves, both alone and together with others, to look after their health and wellbeing – depends on everyone having access to the right



information, Shirley Cramer OBE, chief executive of the Royal Society for Public Health (RSPH) told the Summit.

But she is concerned how available and clear such information currently is, particularly around prevention, and asked: "are the public getting what they need?"

Health and wellbeing: a life course

RSPH chair Phillip Woodward welcomed the Summit and said that working collaboratively with its participants was “a no-brainer.” The vision of the RSPH is to allow individuals to optimise their own personal health and wellbeing, and the main thrust here is prevention, which the Society works to achieve through training, publications, lobbying and advocacy. “But health and wellbeing is also a life course,” said Mr Woodward, and he emphasised the Society’s role in supporting the wider workforce – over 15 million people in the UK including firefighters, hairdressers and postal workers – in helping support the public’s health in a variety of ways.

Ms Cramer discussed the massive challenge of achieving health and wellbeing for all. Poor housing, homelessness, mental health issues, living in a food “desert,” unemployment or being in poor-quality jobs, lack of social interaction – these all have direct negative effects on health. “If everyone is to enjoy their best levels of health and wellbeing, we must all have the same opportunities, so we need to level the playing field – but how? This is a huge priority for us,” she said.



In March, the RSPH published a report, *Life on Debt Row*, which showed the damaging effects which the UK’s burgeoning high-cost cost credit sector is having on people’s health, particularly amongst the poorest. Another study, *Health on the High Street*, published by the Society in November, ranked the UK’s healthiest and unhealthiest high streets in terms of their different types of businesses and the impact these have on the public’s health and wellbeing. This found that the unhealthiest high streets have more payday lenders, bookmakers, tanning salons and fast food outlets, while the healthiest have more pubs and bars, libraries, pharmacies, dentists, opticians and leisure centres.

Average life expectancy for people living in areas with the 10 healthiest high streets is two and a half years longer for those in the 10 ranked least healthy, it adds.

Moreover, The Lancet recently published research showing that the mortality burden in the UK’s most-deprived local authorities is more than two times that of the least-deprived.

Ms Cramer asked: “why do the poorest people have the worst environments?”

Getting the right messages across is a challenge, and we have to think harder about this, delegates agreed. Even the most successful campaigns have failed in some areas – for example, some people still believe that e-cigarettes are as harmful as tobacco, and many do not know what constitutes a “unit” of alcohol.

Anti-smoking campaigns which target children to educate their parents have been hugely successful, but the effects have not been across the board, added Prof Ian Banks, a Self Care Forum trustee and former general practitioner (GP) who is also president of the European Men’s Health Forum.

"All over Europe, the statistics do not show that we are improving the health of poor people – and this is totally unacceptable," he said.

"We need to change society – not just get people to look after themselves," urged Professor Sir Michael Marmot, Professor of Epidemiology and Public Health at University College London (UCL), where he is director of the Institute of Health Equity.



In August 2008, the World Health Organization (WHO)'s Commission on the Social Determinants of Health, chaired by Sir Michael, had concluded, after a three-year investigation, that "social injustice is killing people on a grand scale." The "toxic combination of bad policies, economics and politics is, in large measure, responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible," the Commissioners reported.

10 years after the Commission report, it is disappointing that its findings and recommendations have not filtered further into global public health thinking, Sir Michael acknowledged. However, he added that many groups are working in this area; for example, he is currently chairing the Commission on Equity and Health Inequalities created by the Pan American Health Organization of Health (PAHO) to look at ways to improve inequalities in health outcomes of people in the Americas.

The vital role of education

Education has a central role in enabling people to enjoy high levels of health and wellbeing. Around Europe, life expectancy is higher in countries where more people go on to university education than in those where few people do so, Sir Michael told the Summit. But research also shows that the health disadvantages for people with low levels of education are far less if they live in countries which "attend to the basics, such as childcare, transport, food, money, education, while for those who do not live in such societies, having a low level of education is disempowering and associated with worse conditions," he added.

Challenging the "Merchants of Doubt"

Education is also essential for people to be able to see beyond the often-dangerous challenges to established scientific facts which regularly appear in broadcast, print and social media.

Also, England's chief medical officer, Professor Dame Sally Davies, has recently condemned claims being spread on social media that the measles, mumps and rubella (MMR) vaccine is not safe. These anti-vaccine campaigns are "social media fake news" which has led to a drop in uptake levels of the MMR vaccine, Dame Sally told the BBC, and of the people who spread these myths, she said: "when children die, they will not be there to pick up the pieces or the blame."

Behind these attacks on established science are the “merchants of doubt – the same hired guns, pseudoscientists” who also promote uncertainty and doubt over other topics such as climate change, said Sir Michael.

“There are never just two sides to an argument – the science never backs this,” said Helen Donovan, professional lead for public health at the Royal College of Nursing (RCN). “It is for us to keep talking about where the evidence is, where the science is,” she urged.

Literacy and education

“So literacy – and not just health literacy – is important,” said Sir Michael. “If people are literate, they can understand and figure things out for themselves, to be able to manage their lives.”

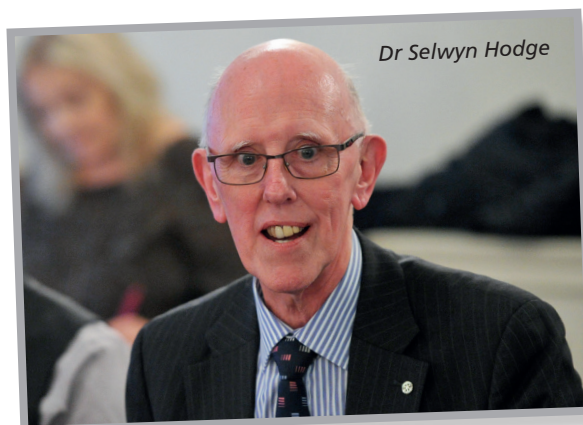
Every year, this RSPH gives awards to celebrate outstanding contributions to championing the public’s health. One such prize is the Public Health Service Journal Award for excellence in academic research, and for 2018, this Award went to research looking at how current concepts of health literacy are being applied to improve health services and reduce health inequalities; this paper was the most-cited in the Journal during 2017.

But levels of health literacy remain worryingly low. Studies show that 43%-61% of English adults of working age do not routinely understand health information, and that nearly half of all UK adults need help to self care for self-treatable conditions.

Dr Selwyn Hodge proposed a renewed focus on health education in schools.

The government consulted on planned new regulations covering Relationships Education, Relationships and Sex Education and Health Education, with the aim of developing a new curriculum for all schools to follow by September 2020. The Health Education component of this curriculum is set to include mental wellbeing, physical health and fitness, healthy eating, drugs and alcohol, basic first aid and internet safety and harms.

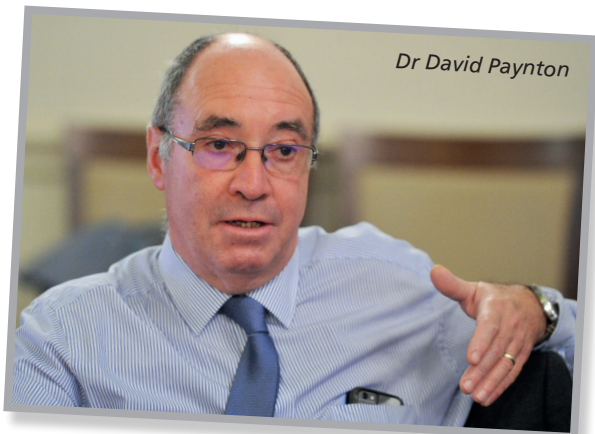
Said Prof Ian Banks: “if we can pass at least one resolution today – such as getting health literacy included as a subject on the National Curriculum – this will change the future.”



Internet safety is also a major concern for the RSPH. With the Young Health Movement, the Society has published research looking at the effects of social media on young people’s mental health, including a league table of social media platforms according to their impact, negative or positive, on young people.

“We have told the social media companies that this is a massive issue that they also need to be looking at,” said Shirley Cramer.

The delegates then asked: who is responsible for supporting people to self care? And are we making sufficient use of partnerships?



Dr David Paynton, national clinical lead for the Royal College of General Practitioners (RCGP)'s Centre for Commissioning, believes that developments such as the wider use of social prescribing are contributing to people's greater ownership of their own health. With other medical colleges, the RCGP is currently looking at "what medicine is all about," he said. "Is our adherence to and fixation with the biomedical model as the only solution, rather than patients taking some control, creating just as many problems for them? As a GP, I see many people who are very isolated and very lonely," he said.

For nursing professionals, the self care agenda is much wider now, in both pre-and post-registration education and with the changing models of care, noted Stephanie Aitken, deputy director of nursing at the RCN.



Added Helen Donovan: "prevention is now a key strand in nurse training, but there is only so much we can do in giving people resources. We need more lobbying, more promotion – self care is for everyone."

In a recent briefing paper, the Proprietary Association of Great Britain (PAGB) has told the government that self care, and methods of supporting people to self care, should be included as a key requirement in the professional training curricula for GPs and other healthcare professionals. PAGB stresses the responsibility of all NHS healthcare professionals to ensure that people have the right information, so they can access the most appropriate care for their condition and ensure that the burden on services can be minimised.

Phillip Woodward wondered: is this all about resources? Is this all about "throwing money" at this issue?

Sir Michael responded that resources are "absolutely vital," but pointed to the decline in government spending on services such as primary care and education, and emphasised that action to reverse these spending cuts is "not throwing money at the problem."

"If you pay attention to social conditions, then to some extent the self care issue will take care of itself,"

– Sir Michael Marmot

The RCN's Helen Donovan agreed. The cuts in local authority nursing posts are creating "a crisis. School nurse positions are at desperate levels. The challenge is that there is no single solution, but we do need to be lobbying for more money," she said.

Lisa McNally, director of public health (DPH) at Bracknell Forest Local Authority in Berkshire, said "I wouldn't be able to look my fellow DPHs in the eye if I didn't say we need more money, but there needs to be a balance. We pathologise – we do public health to people rather than with them – and NHS England's mandate of NHS Health Checks, sexual health services, etc is all about treatment, treatment, treatment. But to me, Citizen's Advice is just as important – and social isolation is the big issue." She suggested that if the mandate on Directors of Public Health was loosened progress could be made on the bigger challenges, including social isolation and literacy.

Lars Münter, lead coordinator at Self care Initiative Europe (SCiE), pointed to the ground-breaking programme in Frome in Somerset which offers support to local people with health problems who are also suffering from loneliness and social isolation. Providing this support has led to a significant reduction in admissions to acute hospital wards. Coordination is vital, he said; for example, how do we help people manage their money so that they can afford to buy healthy food such as fruit?

"GPs are now seeing huge numbers of people for whom biomedicine is not the solution," agreed James Sanderson, director of the personalised care group at NHS England. The agency has made a commitment to becoming much better at involving patients by giving them the power to manage their own health and make informed decisions about their care and treatment and supporting them to improve their health.

"Across the country, there are some great examples of how this is happening, but there is still a level of disjointedness nationwide, and while we have very strong evidence for putting people at the centre of their care, we are still looking at the impact on individual organisations rather than on the whole system," he said. "We need to be moving from the evangelical, conceptual approach and stating: 'these are the models that work',"



Getting the language right – “self care is not no care”

Helen Donovan called for more joint working, consensus and getting the language right. “People still believe that encouraging self care is about cost-cutting and saving money, but self care doesn’t mean no care. We have to move away from people having things done to them rather than with them, and we need to be commissioning properly – setting targets can be a barrier.”

Prof Ian Banks agreed. “Getting the language right is immensely important and tackling the myths that self care is a way of keeping people from using health services and keeping costs down is a huge hurdle. We know that the opposite is true.”

“Self care is about common sense, about better use of services, prevention and earlier diagnosis, but one problem is that we are often preaching to the converted. Out there, people do not see self care as we do”.

– Ian Banks

In its recent briefing paper, PAGB warned Ministers that policy developments such as the new curbs on prescribing of certain over-the-counter (OTC) medicines could be deterring people from accessing healthcare support and advice. To remedy this, it calls for GPs to be able to write “recommendation prescriptions,” through which they can recommend an over-the-counter (OTC) treatment to people consulting them with self-treatable conditions. This can be accompanied with a Self Care Forum factsheet to explain how to self care for a range of conditions.

Paul Bennett, chief executive of the Royal Pharmaceutical Society (RPS), reminded the Summit that people access their healthcare information from more than one source – not only their GP, but also their friends and their pharmacist.

“We need to create some consistency of terminology, and do this together. The groups round this table don’t talk to each other enough,”

– Paul Bennett



Paul Bennet

15 million GP appts/ year could be dealt with through self care

92% of UK adults believe it is important to take more responsibility for their own health to ease the burden on the NHS. Yet research shows that over 15 million GP appointments each year could be dealt with through self care, Dr Farah Jameel, a London GP who serves on the British Medical Association (BMA)’s GP committee, told the Summit.

The BMA estimates that 50% of GP appointments, 64% of outpatient appointments and 70% of inpatient bed days are caused by preventable ill-health.

And the costs are enormous – £810 million a year on unnecessary GP appointments, while £136 million could be saved annually by reducing inappropriate prescriptions for OTC medicines for self-treatable conditions, £25 million if a more appropriate number of callers to the NHS 111 helpline were directed to self care, and £625 million if all Accident and Emergency attendances receiving a primary treatment or guidance or advice were diverted.

So, asked John Smith, chief executive of PAGB: how do we get the message across to individuals not to see their GP as the first place to go when they are ill?



Several initiatives have been put in place. For example last winter, the RCGP unveiled its “3 before GP” mantra” which states that, before booking an appointment with their GP, people should ask themselves: can I – self care? – use the NHS website or similar reputable websites/resources? – seek advice/treatment via a pharmacist?

And PAGB is calling for the Stay Well Pharmacy campaign, which runs over the winter to encourage people to seek advice and treatment initially from their community pharmacy, to continue all year round. Moreover, it says, there needs to be a wider roll-out of the Community Pharmacy Referral Service pilots, which allow NHS 111 call operators to refer appropriate non-emergency patients directly to community pharmacies.

Other steps towards developing the “pharmacy-first” model sought by NHS England should include enabling community pharmacists to refer patients to other healthcare professionals, fast-tracked if necessary, and to have “write” access to patient medical records, so that any medication or advice offered can be recorded consistently, PAGB adds.

“Now more than ever is the time to produce a national strategy for self care,” PAGB has urged Ministers.

Discussions at the Summit kept coming back to the need for the various groups round the table, and others, to be working more collaboratively.

While the Patients Association would not, in the past, have been so involved in a meeting like the Summit, it has recently redefined its strategy, said chief executive Rachel Power, and she called for even wider representation around the table, to include Citizens’ Advice, housing education, dentistry, etc. “We need to represent the whole person,” she said.

How do we harness the achievements to date and make some quick self care wins?

Dr Farah Jameel felt we could be making much greater use of the technology which is already available to cascade information to patients and automate tasks.



Rachel Power



Dr Farah Jameel

For example, GP surgeries could be texting the results of blood tests to patients immediately they receive them, saving patients the anxiety of having to wait to see a doctor in person. She also suggested using the capabilities acquired through the Human Genome Project to let people know when they are predisposed to certain diseases.

Making self care fun!

As well as using the right language to help people self care effectively, the right tone is important. Said Lars Mürter: “in Denmark, we are moving away from health always being a ‘serious’ business towards making it fun.” For example, Danish prostate cancer survivors are offered the opportunity to play football in local teams, and this has been found not only to improve their muscle and bone mass and general fitness but also help them regain pride and the desire to remain active and enjoy life.

This scheme has proved hugely successful – “and these men would never have gone to the national cancer rehabilitation programme,” he pointed out.

“Also in Denmark, we have health-related competitions for singing, dancing – and for Employer Of The Month, who is crowned Hygiene Idol!”

To help find inspirational models for local initiatives which will engage people, the Self Care Forum website has a best-practice page with exceptional case studies including how to plan for Self Care Week, while the Centre for Empowering Patients and Communities – an online, virtual network aimed at encouraging and developing self care – can also provide useful ideas.

Participation in the ground-breaking project in Frome, Somerset which offers support to people suffering from loneliness and social isolation, has led to higher levels of physical and social activity among those taking part, said Lisa McNally. “This is making self care fun, vibrant and social, and we need to be giving DPHs a free hand on spending on programmes like this – improvements in smoking, alcohol abuse and obesity will follow,” she forecast.

So how can these initiatives and their huge benefits be replicated nationally? “It’s about prevention rather than treatment, it’s about fun, and communities,” said John Smith.

“Do we need a national strategy, to develop programmes which local organisations can then use to speak to people directly?”

– John Smith

Delegates were generally happier with the idea of some form of central co-ordination than with a centrally-imposed strategy.

Leadership is an issue, agreed Dr David Paynton. “The NHS is hierarchical rather than enabling, but things are happening around shared medical records, decision-making, etc. We need to bring all these initiatives together with a common narrative that has to be understood, then co-produced and implemented locally.”

Social prescribing is nothing new, noted Ralf Mold, senior strategy adviser at Public Health England; advising people to get a fishing license was included in Promoting Better Health, the government’s 1987 white paper on plans to strengthen the role of primary care in health promotion and preventing ill-health, he pointed out. “But we have to separate the common narrative – the ‘what’ – from the ‘how,’ which will be very different across the country. No two communities are alike, and there cannot be just one strand for achieving this – the country is very diverse,” he cautioned.

Locally, there is also a danger of “silo arrogance – our silo is better than yours,” added James Sanderson. “We mustn’t go so heavily from the centre, but at the same time we do not need to keep re-inventing at the local level – we need some standard framework so things aren’t so fragmented.”

“Better campaigns are run by people on the ground, not leaders – we need the enthusiasm of individuals,” added Dr Selwyn Hodge.

Shirley Cramer suggested an “overarching enabler,” along the lines of the Well-Being of Future Generations (Wales) Act 2015. This legislation requires all public bodies in Wales to consider the long-term implications of their decisions, to work better together and with people and communities and to work to prevent problems such as poverty, health inequalities and climate change. “These requirements allow for much longer-term planning at local level,” she pointed out.

Wonderful strategies not being implemented?

How well are the structures already in place performing? For example, while every local authority has a health and wellbeing strategy, how many of its goals are they able to achieve in the current environment?

Delegates’ responses were not particularly upbeat, but Lars Münter pointed out that “it is not just in the UK where we see wonderful strategies not being implemented.

“We have to look at self care in the context of Integrated Care Systems (ICSs) or Sustainability and Transformation Partnerships (STPs) – there is money behind them and everything else is becoming irrelevant,” said Lisa McNally. “So, to what extent can ICSs and STPs become a vehicle for self care?”

Prevention is certainly mentioned in STPs but the ability to do anything about it, particularly in the overstretched hospital acute sector, is another question, said Stephanie Aitken.



For example, while the social prescribing model operated at the Royal Free Hospital in London has been “brilliant, it has now all but gone because of the current workload and lack of momentum. This is about strategy versus implementation, about concept versus reality, and we need a clear mandate from the top,” she stressed.

Motivation and support from the Self Care Forum

Lisa McNally wondered whether the Self Care Forum could apply “a bit of healthy motivation” to STPs and ICPs to inspire them to do more around self care and realise the benefits. Dr Farah Jameel agreed. “Seven-day 8am-8pm access became a must-do for GPs – should this be the same for self care?” she suggested.

Dr David Paynton also called on the Self Care Forum to provide GPs with some practical support to enable them to incorporate self care into consultations. Giving the example of overprescribing of penicillin and citing time pressures.

“It takes us 30 seconds to prescribe the drug, or two minutes to explain to the patient why they shouldn’t be prescribed it, so we need some common tools and techniques.”

– Dr David Paynton

Is there any further role here for the Healthy Living Pharmacy programme?

The Healthy Living Pharmacy concept had had “a very difficult birth,” due to the problem of getting community pharmacy to engage with it, Paul Bennett told the Summit. However, participation in the scheme was included as a marker in the community pharmacy quality payments scheme of the pharmacy contract, and this proved to be a “massive step change.” Currently 95% of community pharmacies providing NHS services are Healthy Living Pharmacies. “Again, whether or not they are all operating at a high level is a question – there are always other priorities, and the scheme needs focus and encouragement,” he said.

Delegates then discussed the role of social determinants in health inequalities. “We all agree that self care is good but going upstream and enabling people to self care is a different job,” said Phillip Woodward. In February 2010, a team headed by Prof Sir Michael Marmot published a review entitled Fair Society, Healthy Lives, which concluded that reducing health inequalities would require action on six policy objectives, namely: giving every child the best start in life; enabling all children, young people and adults to maximise their capabilities and have control over their lives; creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and develop healthy and sustainable places and communities; and strengthening the role and impact of ill-health prevention.

Marmot Cities and Self Care Communities

Following the Review, a network of local authorities in England (Stoke, Newcastle, Gateshead, Bristol, Somerset and Coventry) committed to becoming “Marmot Cities,” in which local organisations agree to work together to reduce differences in health outcomes between the most affluent and most deprived areas.

Could the benchmark for healthy living set by Marmot Cities be replicated to create Self Care Cities? Could “a coalition of voices” – such as that between the Department of Health, the British Heart Foundation and cancer researchers, which helped reduce the number of smokers in the UK so dramatically – be developed to help local health providers deliver self care in their communities?

Delegates welcomed the idea of creating Self Care Communities rather than Cities, and pointed to the example of WellNorth, the movement which works to deliver grassroots projects to improve people’s lives across 10 Pathfinder regions in the North of England.

The value of developing Self Care Communities is clear, in terms of improved health and wellbeing for its inhabitants and the subsequent benefits to the community’s efficiency, but these achievements would have to be measurable and demonstrable. So, how do we illustrate what “good” would look like? What would a Self Care Community need to be doing to receive this seal of approval?

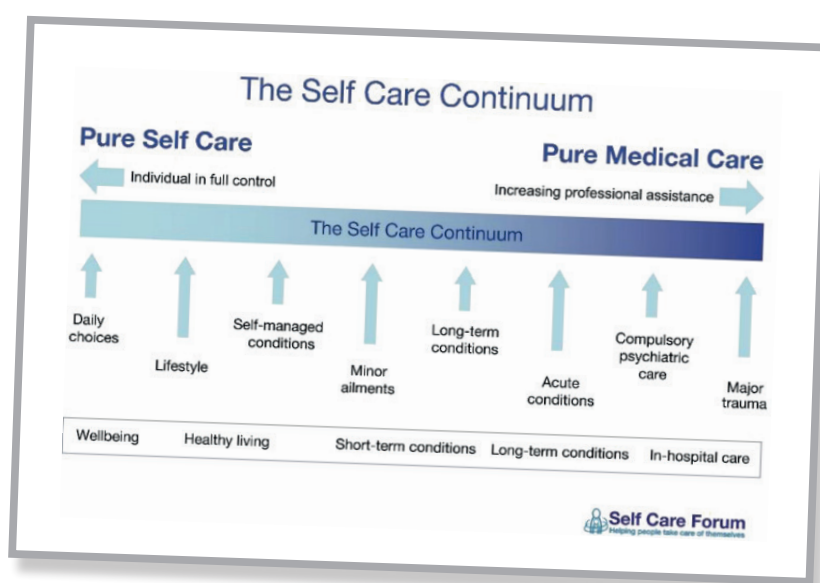
Lars Münter suggested that this could be achieved along the lines of the United Nations’ Global Compact, a voluntary initiative based on commitments by company chief executives to implement universal sustainability principles and take steps to support UN goals. “It’s not enough now just to sign up to this – you have to show that you are making improvements,” he said.

Delegates saw enormous potential in creating an enjoyable, competitive environment, challenging local communities and groups to be the most creative in self care. Why wouldn’t people want their local community to be recognised in this way?

“People love competitions,”
– Lisa McNally

She also saw a role for the Self Care Forum in rewarding and acknowledging such community initiatives.

Dr Selwyn Hodge agreed, pointing out that developing Self Care Communities would fit well within its Self Care Continuum (which covers everything from promoting everyday wellbeing and taking care of self-treatable conditions to the management of long-term conditions and recovery after major trauma).



“Communities work because of their people.”

– Dr Selwyn Hodge

The Self Care Forum intends to take this work forward, involving local and national health and public health experts to co-produce a framework for a Self Care Community using the concept of a “Marmot” City to help develop the model. This work will also be informed by the NHS Long Term Plan and the 2019 green paper on prevention, which was announced with the launch of the “prevention is better than cure” vision. To meet this challenge, we urge the Department of Health and Social Care to appropriately fund prevention and public health.

About the Self Care Forum

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The Self Care Forum is a charity and was established in 2011 by a coalition of people passionate about furthering the reach of self care and embedding it into everybody's everyday life, making it a lifelong habit and culture within the population.

It produces resources for organisations responsible for supporting people to better look after their own health and their family's health such as NHS organisations, local authorities, surgeries and charities and is currently producing tailored toolkits to help with integrating self care strategies into localities.

Its resources are mostly free and downloadable from the website and include factsheets which can be used to support people to become self care aware for the management of self-treatable conditions,

top tips which are a series of pointers particularly for surgeries to adopt a self care approach which works well with its How To Guide.

A series of case studies highlighting exemplary self care practice are also available providing information on what works and what doesn't work for a range of self care initiatives including antibiotic awareness, coaching, Self Care Week programmes and the management of minor conditions in children.

Self Care Week – the annual national awareness week is also organised by the Self Care Forum and in 2018 more than 600 organisations participated to communicate how people can better look after their own physical health and mental wellbeing, and why this is important. The Self Care Conference is also organised by the Self Care Forum to showcase best self care practice and acts as a conduit to bring like-minded people together to share views, tips and ideas on how to implement self care strategies.

The Self Care Forum wants increased levels of health literacy in the population and is keen to see comprehensive health education introduced onto the national curriculum so that schoolchildren will grow up understanding how to look after their own physical health and mental wellbeing.

Securing the health of the nation in ten years is its vision and, to move towards this the Self Care Forum plans to collaborate with experts at the national, regional and local levels to develop a self care communities blueprint that is fully joined-up.

If you would like more information about the Self Care Forum or to be a self care champion email selfcare@selfcareforum.org.

Self Care Summit Attendees

Dr Selwyn Hodge (event chairman),
Self Care Forum

Phillip Woodward (event chairman),
Royal Society for Public Health

Shirley Cramer CBE, *Royal Society for Public Health*

Prof Ian Banks, *Self Care Forum*

Prof Sir Michael Marmot, *University College London*

Stephanie Aitken, *Royal College of Nursing*

Lee Balch, *NHS Employers*

Paul Bennett, *Royal Pharmaceutical Society*

Helen Donovan, *Royal College of Nursing*

Dr Farah Jameel, *Medical Association's General Practitioner's Committee*

Lisa McNally, *Bracknell Forest Local Authority*

Ralf Mold, *Public Health England*

Lars Münter, *SCIE (Self care in Europe)*

Dr David Paynton, *Royal College of General Practitioners*

Rachel Power, *Patients Association*

James Sanderson, *NHS England*

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