

## Health Scrutiny Committee

Meeting to be held on 13 January 2015

Electoral Division affected: ALL
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### Self-Care – Asset Based Approaches and Health Literacy

(Appendices A - D refer)

Contact for further information:

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#### Executive Summary

As part of the on-going scrutiny of the 'Living Well' element of the Health & Wellbeing Strategy, the Committee is provided with this report which presents an overview of self-care, particularly concentrating on asset based approaches and health literacy.

A number of hyperlinks are included within the paper and supporting documentation attached as appendices to provide members with further information.

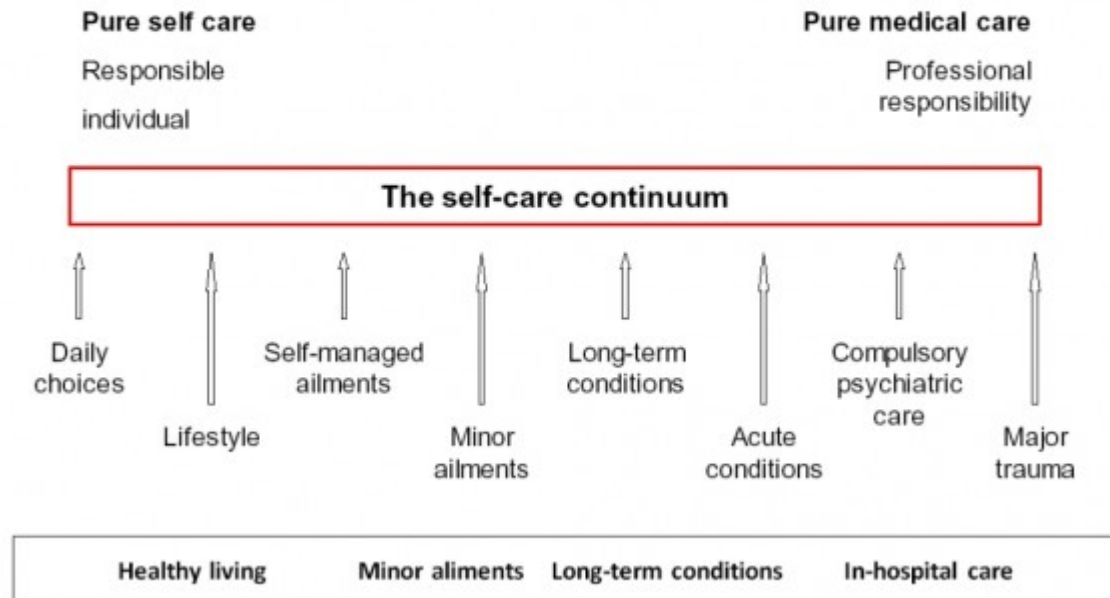
#### Recommendation

The Committee is asked to note and comment on the report.

#### Background

1. Self-care can be understood in many different ways. In its simplest form, the term refers to our ability to function effectively in the world while meeting the multiple challenges of daily life with a sense of energy, vitality, and confidence. Self-care is initiated and maintained by us as individuals, and requires our active engagement.
2. The term self-care spans a full range of issues: physical, emotional, intellectual, and spiritual. It can be referred to as 'wellness', a 'healthy balance', and 'resilience'. It is important to note, though, that no matter how one breaks down the dimensions of self-care, in the end, all of these different aspects are interconnected. Failure to take care of oneself in one realm can lead to consequences in another.
3. Self-care can be considered on a continuum, as illustrated below:

# The self-care continuum



4. The continuum illustrates the sliding scale of self-care, starting with the individual responsibility people take in making daily choices about their lifestyle, such as brushing their teeth, eating healthily or choosing to do exercise.
5. Moving along the scale, people can often take care of themselves when they have common symptoms such as sore throats, coughs etc., for example by using over-the-counter medicines. The same is true for long term conditions where people often self-manage without intervention from a health professional. This includes the Expert Patients Programme which is a self-management programme for people who are living with a chronic (long-term) condition. The programme aims to support people by:
  - increasing their confidence
  - improving their quality of life
  - helping them manage their condition more effectively
6. At the opposite end of the continuum is major trauma where responsibility for care is entirely in the hands of healthcare professionals, until the start of recovery when self-care can begin again.
7. Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long-term. In many cases people can take care of their minor ailments, reducing the number of GP consultations and enabling

GPs to focus on caring for higher risk patients. Furthermore, increased personal responsibility around healthcare helps improve people's health and wellbeing and better manage long-term conditions when they do develop. The [NHS Choices](#) website provides self-help information on a wide range of health and wellbeing topics.

8. It is estimated that around 80% of all care in the UK is self-care. The majority of people feel comfortable managing everyday minor ailments like coughs and colds themselves; particularly when they feel confident in recognising the symptoms and have successfully treated using an over-the-counter medicine before.
9. However people often abandon self-care earlier than they need to, typically seeking the advice of a doctor within a period of 4-7 days. The main reasons for this are:
  - Lack of confidence in understanding the normal progress of symptoms (e.g. that a cold can last up to 14 days)
  - The perceived severity and duration of symptoms
  - Reassurance that nothing more serious is wrong
  - A prescription to 'cure' the illness, even though the same medicine may be available over-the-counter
10. Often simple changes aimed at meeting the needs of local communities can be very effective at encouraging increased self-care. These include giving patients the information they need to care for their common ailments and to make healthy lifestyle choices, signposting people to the right local services and outreach work to provide health advice in non-traditional settings such as pubs, libraries and job centres.
11. This report looks specifically at improving self-care through asset based approaches and health literacy.

## **Asset Based Approaches**

12. The Local Government Association produced the report [A Glass Half-Full: How an Asset Approach Can Improve Community Health and Well-being](#). It identified assets / strengths as 'any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses'.
13. Improving the public's health, reducing health inequalities and achieving other social goals have traditionally focussed on the deficits and problems of individuals and communities. Understanding communities by their high mortality and morbidity rates, high hospital admissions, high crime rates, high worklessness etc. is only seeing part of the picture. The common response to such problems has been to provide more services, valuing professional intervention as the answer and a focus on 'the failure of individuals and local communities to avoid disease rather than their potential to create and sustain

health and continued development'. All too easily communities are seen as problem areas and people as passive recipients of services.

14. In contrast, an approach that values assets identifies the skills, strengths, capacity and knowledge of individuals and the social capital of communities. It provides a different story of place that is a positive and outcome focussed picture that values what works well and where health and well-being is thriving. Community pride and spirit is therefore higher and people are engaged in solutions that are more sustainable for that community, with use of outside support where it is needed most.
15. By acknowledging how individuals and communities are currently contributing to health outcomes, their role as co-producers of health and well-being, as empowered producers and active participants, is enabled. Engagement is meaningful and empowering rather than tokenistic and consultative. People identify their own assets and work collaboratively to develop them. The process itself leads to increased well-being through strengthening control, knowledge, self-esteem and social contacts – giving skills for life and work.
16. Therefore in relation to the focus of this report, the asset based approach is integral to enabling greater condition management, self-care and care closer to home; it also can help improve individual and community resilience in challenging times; and is strongly connected to the issue of health literacy.

## Health Literacy

17. Healthy literacy can be considered as:

'the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions'

Institute of Medicine, USA

Or alternatively:

'The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health'

World Health Organisation (WHO)

18. Evidence from the WHO publication Solid Facts shows that having higher levels of health literacy enables individuals to participate more fully in society and to exert a higher degree of control over daily events. A European health literacy survey was undertaken between 2009 and 2012. An animated info-graphic details the main outcome of the project, manifesting health literacy as a topic on the European health agenda.

19. Health literacy can be looked at in terms of three issues:

- a. **Functional literacy:** ability to read, write, count (in health contexts)

- b. **Communicative/interactive literacy:** ability to discuss and participate (in health decisions) and gather and apply new (health) knowledge to changing circumstances and behaviour change
- c. **Critical literacy:** ability to look at health information, decide whether it applies to you and is best for you, and to take greater control over life events and situations that influence health

20. The Health Literacy Report of the Royal College of General Practitioners identified health literacy as an important determinant of health. People can be well educated and be very literate, yet have low health literacy, but low health literacy is most common in people with low basic skills. Recent surveys in the UK show that the percentage of adults below the literacy level expected at the end of full-time compulsory education (16 years) is 43%; for numeracy the percentage below the expected level at the end of compulsory education is 78%. This is reflected in the levels of health literacy. Forty-three per cent of the English adult working-age population cannot fully understand and use health information containing only text. When numerical information is included in health information, this proportion increases to 61%. For Lancashire this equates to just over 400,000 people with low levels of health literacy and almost 600,000 if the information includes numerical information.

21. In particular the report identifies those facing the biggest barriers are older people, black and ethnic minority groups, those with low qualifications, those without English as a first language, those with low job status and those living in poverty.

22. Health literacy is important for health and wellbeing because it affects:

- Self-care skills
- Health attitudes & beliefs
- Health behaviours
- Health outcomes

It is relevant in terms of health outcomes across the life course because:

- Most patient instructions are written (including those via the internet)
- Verbal instructions can be complex, delivered rapidly, and easy to forget in a stressful situation
- In an increasingly complex health system there is a wider range of medication, tests, screening and procedures with greater self-care requirements

### **Current Activity and Opportunities**

23. A range of actions have been taken by various services to improve health outcomes through asset based approaches and promotion of health literacy, including:

- The Lancashire Community Asset Network is a collaborative of staff from a range of partners across Lancashire, set up to enable working across organisational boundaries to embed asset-based approaches into everyday practice. Members collaborate, sharing good practice, accessing learning and developing new tools and approaches to intelligence, commissioning, service design and delivery. The overall aim of this project is to understand and build community assets across Lancashire to enable Lancashire's citizens and communities to enjoy the best possible life chances.
- The Health and Wellbeing Board is making a number of important changes or 'shifts' in the way that partners work together. Two of the shifts relate to assets and self-care:
  - Build and utilise the assets, skills and resources of our citizens and communities
  - Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice
- The Working Together with Families programme has utilised an asset based approach to ensure that, where appropriate, in every interaction with families and children, their strengths, assets, interests and ambitions were taken into account, and that they were encouraged to build on these to improve outcomes. The focus has been on developing strength based approaches to assessment and action planning, which was mainly done through embedding this approach throughout workforce development, as well as developing family voice opportunities. This approach is discussed further at Appendix A.
- Red Rose Recovery is an example of an organisation that takes an asset based approach to it's work with people in recovery from addiction and substance misuse. The organisation does not provide treatment services; rather it assesses people identifying what keeps them strong in their recovery, their skills, their motivations and their aspirations with regard to activity, learning and long term ambitions. Officers recruited from the recovery community then support individuals to connect with local resources and participate in opportunities they have identified, strengthening their personal capacity and reducing the likelihood of relapsing.
- Connect 4 Life utilises an asset based approach with community connectors, based with LCC and third sector organisations, to connect people to local community resources to improve wellbeing through support and reducing social isolation. Similarly Green Dreams is a social enterprise set up by a GP who noticed many patients were attending his surgery for social rather than medical needs. Workers support people to access provision in local communities and get involved in volunteering or personal development. Advice and support is provided to help people with issues such as housing, addiction, benefits and a range of other issues.
- A multi-agency conference has been held to raise the profile of the health literacy agenda and scope collaborative working (Appendix B).

- An independent researcher was commissioned to do a baseline study with a further education establishment on how health literacy is being delivered in adult courses or the potential to include this topic (Appendix C).
- A follow up workshop with further education providers was held to revitalise this agenda although there was some reluctance to engage further due to financial constraints. The workshop outcomes and next steps are attached at Appendix D.
- A two year commitment has been secured for implementing a public health campaigns programme led by the Communications Team. This will include alignment with Public Health England in terms of activity, looking at the effectiveness of social marketing to improve health literacy on priority areas of public health such as:
  - Smoking
  - Early diagnosis (symptomatic)
  - Youth risk behaviours
  - Eating well
  - Physical activity
  - Sexual health
  - Alcohol
  - Cancer
  - Dementia friends
  - Substance misuse
  - Health checks
- Health literacy is also being addressed through collaboration between Lancashire County Council, Liverpool City Council and Belfast City Council via the Healthy Cities programme. It is intended to produce a series of health literacy briefing papers for local politicians, policy makers, and commissioners of health, social care and adult education services. Once the papers have been produced a regional workshop is planned to progress this agenda, promoting the briefings and agreeing local action to tackle the health inequalities resulting from poor health literacy.

**Consultations-** N/A

**Risk management** - There are no risk management implications arising from this report.

**Local Government (Access to Information) Act 1985**

**List of Background Papers** - N/A