Self-care everybody's talking about it

self help uk

A discussion paper by Self Help UK on behalf of Regional Voices

regional voices for better health

Contents

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Self-Care; Everybody's Talking About It

The challenge

Our National Health Service (NHS) remains the envy of many people around the world. It remains free at the point of use and provides universal healthcare to all.

In the last couple of decades waiting times for operations have fallen dramatically, health outcomes across many conditions have improved, avoidable deaths are down, people are living longer, clinicians are treating more people every year, and cost savings and efficiencies are consistently sought and found[1].

Despite this, health and social care in England are facing unprecedented challenges. Our organisations and institutions are at a capacity and financial precipice. Without radical change future need and demand for services will not be met. People are living longer with increasing health needs. New developments in healthcare are driving up the cost of interventions. Public expectations of health and care services increase year on year. Non-communicable diseases, (cardio-vascular diseases, diabetes etc.) are on the rise; with lifestyle choices contributing significantly. As a result, demands for services are rising at an alarming and unsustainable pace.

There appears to be an inability or unwillingness to increase the share of GDP spend on health and social care to the levels required to meet these challenges. Indeed, many would argue that it is not possible to ever fully meet demand however much more we spend, and if substantial increases in spending were to be made, radical additional solutions will still need to be sought.

Many of the answers lie in system-wide changes to the way we organise delivery of health and care, and cultural change in our use of services. Supporting people to better manage their own health, to self-care, is one of the answers now enshrined in national policy and guidance.

Several policy papers, including the NHS Five Year Forward View[2] (5YFV), suggest that the Voluntary and Community sector (VCS) has a vital contribution to make in supporting people to self-care.

Aim

In this paper we explore the extent to which the recognition of the contribution of the VCS at policy level is replicated at a local level in the commissioning of VCS organisations across the East Midlands and East regions by Clinical Commissioning Groups (CCGs). This is aimed at CCGs and VCS providers with the objectives of:

- Increasing the understanding amongst CCGs of the potential contribution of the VCS to support people to overcome barriers to self-care and promote enablers of self-care.
- Contributing to the conversation about the potential role of CCGs as commissioners and VCS organisations as providers to addressing the barriers to self-care and creating the enablers to self-care.

[1] NHS England et.al. Report. October 2014. Five Year Forward View.

[2] NHS England et.al. Report. October 2014. Five Year Forward View.

Self-care

Self-care is any activity people undertake for themselves and family members to prevent accidents or illness and to maintain or increase their health and wellbeing following minor ailments or when living with long term conditions.

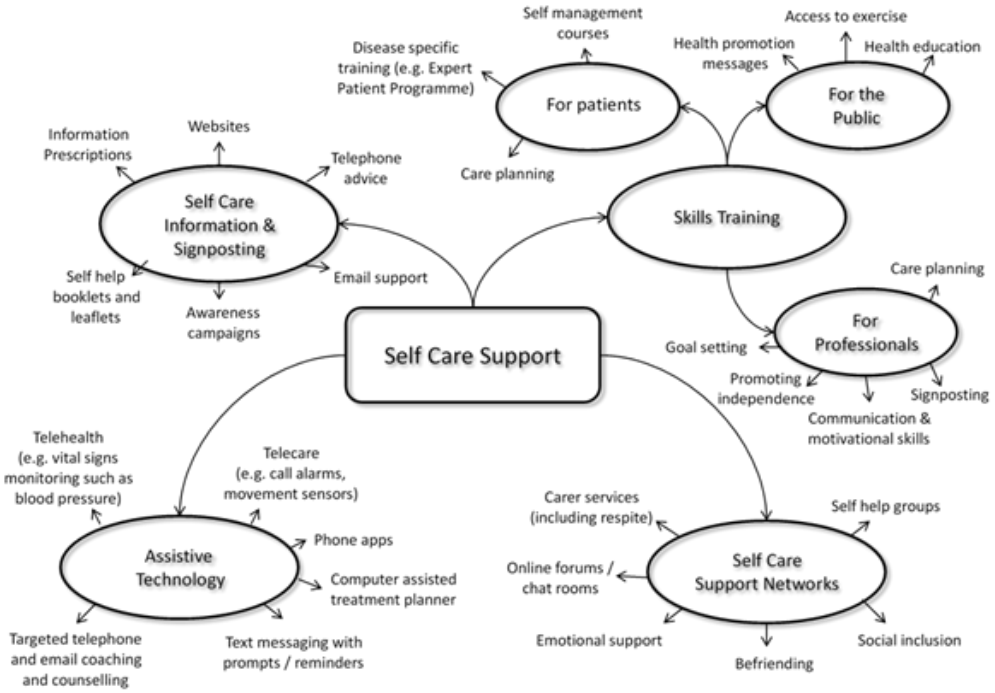
Self-care begins with the simplest every day behaviours, usually learnt in childhood, such as cleaning your teeth, eating more fruit, taking regular exercise, using over the counter medicines for minor ailments etc. However, self-care has a vital role to play, not just in preventing illness, but also in improving health and wellbeing for people recovering from acute conditions and trauma, particularly people living with long term conditions.

The majority of health and social care expenditure is used for the treatment and care of people with long term conditions; estimates suggest £7 in every £10 spent[3]. Approximately 15 million people are living with one or more long term conditions, a figure predicted to rise significantly in the coming decades. The number of people living with multiple long term conditions is also rising.

The collective financial and capacity challenge that this represents for our health and care system is unparalleled in the history of our welfare state.

Our focus in this paper therefore is on 'self-care support' for people living with long term conditions.

The Welsh Assembly Framework for Self-care Support (2009)



[3] Department of Health (2012). Long-term conditions compendium of information: 3rd Edition.

In defining 'self-care support' we have used the 'self-care and care planning framework[4]' introduced by the Welsh Assembly in 2009. This framework includes skills training (for the public, patients and professionals), self-care support networks, assistive technology and self-care information and signposting services.

The language of self-care

Many terms are used to describe self-care support activities often without the term 'self-care' actually being used. Terms such as 'supporting independence', 'enablement', 'promoting independence', 'putting patients in control' etc. In the main this reflects the variations in aims within programmes. However, this may also reflect, in part, the perception for some that the term 'self-care' is in itself problematic. A fear that 'self-care' may be misinterpreted as 'no care'.

The variety of terms used in association with this agenda makes it difficult to capture, with confidence, the scale and nature of self-care support.

Future research, mapping of activity, etc. would benefit from an accepted terminology.

Health commissioning of the VCS

Supporting people and communities to self-care is part of the very fabric of the VCS. The VCS is actively engaged in providing self-care support services across the East and East Midlands. We provide some examples below.

In South Lincolnshire the Lincolnshire CVS is providing support for people living with COPD. This is an example of a service that combines the reach and expertise of the VCS around social and emotional support with the clinical expertise of a local provider. The COPD Clinic[5] combines emotional and social inclusion support with care planning skills.

This is facilitated by CVS Healthy Living Team staff, with support from Lincolnshire Community Health Services Respiratory Clinicians. The aim is to reduce isolation for people living with COPD and their carers, by providing care and support in a non-clinical setting.

Funded initially by the Health Foundation, the CVS hopes to demonstrate to local commissioners the value of the service to continue beyond March 2017.

In Mid-Nottinghamshire, Mansfield & Ashfield CCG and Newark & Sherwood CCG have commissioned Self Help UK to develop the Self-Care Hub. This is an example of commissioning a VCS organisation to support people to self-care across any condition, from newly diagnosed with a long term condition to approaching end of life care.

The Hub supports people to access self-care advice, information and support. They can do this through a website, email, phoning the information line or by visiting a drop in session. People are supported to access self-care support services and to create self-care action plans.

[4] Improving Health and Wellbeing in Wales a Framework for Supported Self-care. 2009. Report. Welsh Assembly Government.

[5] For further information see http://www.lincolnshirecvs.org.uk/7913-2/

The Hub also locates staff directly within Local Integrated Care Teams. These Self-care Advisors receive referrals from GPs and Integrated Care Team staff and support people at high risk of unplanned hospital admission. They do so using an asset based approach.

In Nottingham City the CCG, together with the Local Authority and other partners, piloted a whole system approach to self-care in the Bulwell and Bulwell Forest wards. The pilot involved providers from the statutory and VCS. It included a range of initiatives intended to support people to access services in their community including:

- A self-care website with information and advice for the public and professionals to access[6].
- Self-care training enabling professionals to support people to self-care[7].
- Rally Round- an online tool that family and friends can use to support someone they care about.
- Community Navigators - a volunteer led service supporting people to remain independent. Providing direct support to access services[8].
- Social prescribing – a service where GPs identify people who would benefit from some form of person/social support and refer to a Care Coordinator service.

A number of CCGs across both regions (East and East Midlands) already commission VCS organisations to provide information solutions – manage websites, supply databases, hard copy directories, operate information lines etc.

In Derbyshire the Voluntary Sector Single Point of Access (VSPA) provides signposting support to reduce isolation and promote engagement that will improve physical and mental health. Provided by North Derbyshire Voluntary Action (NDVA) and commissioned by Erewash, Hardwick and North Derbyshire CCGs, the VSPA receives referrals from health and social care professionals across North Derbyshire. It identifies appropriate VCS services and supports the 'service user/patient/client' to access those services. The VSPA also supports commissioners by identifying gaps in the sector.

The Newark & Sherwood CVS is funded by their local CCG to provide the Dementia Information Service. People with dementia, their families and carers can access information and advice about voluntary, community and statutory services.

Social prescribing[9]

Social prescribing is considered by many to be a natural development for VCS infrastructure organisations, e.g. CVS.

Social prescribing may offer a solution to two of the key barriers to commissioning the Voluntary sector:

- CCG lack of knowledge of the local VCS
- small VCS organisations unable to apply themselves to largescale contracts.

[6] This website, managed by Self Help UK supported the self-care system change pilot in Bulwell & Bulwell Forest.
[7] Also delivered by Self Help UK.
[8] Provided by The Bestwood Partnership http://www.bestwood.org.uk/home.html
[9] Sometimes referred to as 'A Community Referral'.

Social prescribing is a way of linking patients with non-clinical support in the community. Potentially social prescribing offers support to either complement or replace existing treatments providing by clinicians. There is not yet a widely shared detailed definition of social prescribing. Perhaps unsurprisingly then a range of approaches to social prescribing have been implemented around the country and within our region.

Social prescribing schemes usually involve some sort of link role between clinicians and local community sources of support. It is not associated with any one condition or issue. Schemes are usually intended to support people with 'low level' mental and physical health needs that are exacerbated or possibly caused by non-clinical issues.

Schemes vary in approach and scale and therefore impact. Common outcomes from social prescribing programmes include[10]:

- Improved confidence and self-esteem.
- Increased psychological wellbeing and positive mood.
- Reduction in anxiety and depression.
- Improved physical health.
- Increased levels of motivation, hope and feeling in control.
- Improved sociability and communication skills.
- Reductions in use of health services.
- Reductions of social isolation and loneliness.

In West Leicestershire the CCG has funded Voluntary Action Leicester to manage a 'Social Seeding' programme. The programme manages small scale pump priming grants for innovative community services targeted at vulnerable healthcare users.

It is an example of commissioners recognising the sector reach, knowledge and expertise of VCS infrastructure and capitalising on it to innovate around services for seldom heard groups and other vulnerable communities and individuals. For example, the service works with offenders, the homeless, teenage parents, etc. It is hoped that services funded through the scheme provide learning, address unmet need amongst vulnerable groups and reduce the pressure on urgent and emergency care[11].

In Nottingham City social prescribing forms are used by GPs in the self-care pilot area to identify non-medical issues that people need support with. The forms are passed to Care Coordinators to help the patient navigate and access support. Support is determined by the needs of the individual and may include anything from support in carrying out physical exercise to joining a self help group.

Barriers to commissioning

Although VCS organisations are engaged in self-care support activities and in some instances CCGs are funding these, VCS respondents expressed disappointment in the 'lack' of health funding for the VCS in

[10] Outcomes repeated from NHS Health Education England. March 2016. Report. Social prescribing at a glance, North West England.

[11] For more information, visit: http://www.valonline.org.uk/social-seeding

our region to support self-care. Our CCG respondents reflected this opinion.

There does appear to be a distance between what the VCS sector respondents believe they can contribute, the intentions expressed in the Five Year Forward View and the actual scale of commissioning we have found. Our interviewees suggested a number of reasons why CCGs are not funding the VCS more widely.

Respondents felt that CCGs 'do not know' their local VCS. It was suggested that one of the implications of this was a tendency to commission the larger more 'visible' VCS organisations or national health charities. Interviewees also felt that this was further exacerbated by the large scale of contracts. Large contracts often present smaller local VCS organisations with significant risk, particularly when accompanied by short-term funding. For instance, the need to temporarily expand staff, premises and internal systems and then remove these if funding does not continue.

Respondents had concerns that the nature of commissioning and procurement was such that it did not incentivise prevention. This has implications for self-care per se but presents particular difficulties for VCS organisations that frequently work within a social model often concerned with prevention.

A number of VCS respondents felt that the CCGs commissioning for self-care is short term, small in scale and lacks an overarching strategic approach.

Amongst the CCGs we spoke to a number do not have a specific self-care strategy[12], however self-care does feature in most CCG strategic and delivery plans. However, it is often included in a particular work stream, a long term condition pathway or contained within a wider initiative in some way.

Self-care, for most CCGs that we spoke to, falls across the remit of many individuals. Most CCGs that we spoke to do not have an individual with specific responsibility for self-care.

Most CCGs that we spoke to do not have a distinct self-care plan but for most it features in a variety of pathways in a variety of plans. This was reflected in some of the testimony from CCG respondents.

There was a commonly held opinion amongst respondents that the focus of CCGs was drawn primarily to issues around the acute sector and the link between pressures here (in terms of commissioning) and the need to address self-care was not well articulated.

Other respondents suggested that the structures and pressures within CCGs were such that there is an element of silo working, that without a dedicated individual/team to address self-care it was difficult for staff in different work streams to know what is being commissioned by colleagues.

There appears to be a perception, at least amongst some within CCGs, that:

- VCS funding is something that sits within the social care world,

[12] This appeared to be the position at the time of writing. However, many areas are or have recently published Sustainable Transformation Plans and these may contain specific self-care strategies.

- VCS is supported by local authority funding and able to contribute to the self-care agenda without further health funding
- VCS will do prevention work without commissioning from health.

It is also perceived that commissioning in the Voluntary sector around self-care, when it happens, is concentrated amongst the 'big nationals' (e.g. Age UK) because big charities are highly visible, known, trusted, understood. Local charities struggle with large NHS contracts.

However, large charities whilst making invaluable contribution to our communities, are only a fraction of the sector overall and sometimes miss a local focus and local knowledge[13]. In the East region there are approximately 16,500 charities and in the East Midlands nearly 11,000[14]. The majority of charities involved in health are in fact small local charities.

Missed opportunity?

The King's Fund suggests that self-care has a critical part to play in sustaining and improving our health system to meet current and future need. Active support for self-management, primary and secondary prevention feature as the first three of their 'ten priorities for commissioners'. They suggest that projected need requires a "*strong re-orientation away from acute and episodic care towards prevention [and] self-care*"[15]. Are CCGs missing an opportunity to harness the potential of the VCS to drive up self-care? It would appear so.

Our research with VCS organisations and CCGs is not comprehensive but nonetheless, it strongly suggests a lack of whole system approaches to self-care, a lack of coherent strategy to drive up self-care support and scant funding of local VCS organisations to support people to self-care.

Others looking at efforts to increase self-care[16] have found a similar picture. Claire Reidy, et.al.[17] writing in the BMJ found 'tensions' between local aspirations and those expressed by NHS England in respect of self-management support. They found that local plans often identified self-management as a priority and yet local initiatives to increase self-management were 'notably absent'.

Reidy and colleagues were looking at self-management in relation to the move towards a more person-centred model of healthcare. The VCS has a critical role to play in relation to developing a more person centred approach.

The VCS has routes into the community, existing connections, methods and approaches that enable meaningful engagement between the public and commissioners. The VCS supports individuals but it engages the whole community. It has the potential to create

[13] Voluntary organisations with £1m+ turnover only account for 3% of all charities. NCVO. 2016. UK Civil Society Almanac.
[14] Using the NCVO definition of charities.
[15] Naylor. C, et.al. April 2015. Transforming our health care system: Ten priorities for commissioners. The King's Fund.
[16] Not always using the language of 'self-care'.
[17] Reidy. C. et.al. June 2016. Commissioning of self-management support for people with long-term conditions: an exploration of commissioning aspirations and process. BMJ Open.

the conditions within communities and amongst individuals to increase self-care and self-management in a way that statutory services often struggle to achieve.

The Five Year Forward View (5YFV) places significant emphasis on the need to harness the potential contribution of the VCS to empower individuals and reach communities and calls for stronger partnerships with VCS organisations recognising that, "*these voluntary organisations often have an impact well beyond what statutory services alone can achieve*"[18].

There is the potential for local VCS organisations to contribute significantly to the self-care agenda. The moves towards place based commissioning, localism and prevention represent real opportunity for the VCS. However, recognition of the potential contribution by the sector in policy needs to be reflected in local strategy and local commissioning.

The acceptance of the importance of increasing self-care to the future sustainability of our health and social care system coincides with the introduction of new commissioning arrangements within health in the form of CCGs.

The funding relationship between CCGs and VCS organisations is in its infancy. A number of our respondents expressed the view that CCGs have 'little knowledge or understanding of who the VCS is or what it can achieve'.

Many of the VCS organisations we spoke to told us that they saw little or no funding opportunities around self-care in their areas[19]. Others told us that where they were engaged in self-care support activity funding was not from CCGs.

This is recognised as a concern within the 5YFV, "*too often the NHS conflates the voluntary sector with the idea of volunteering, whereas these organisations provide a rich range of activities, including information, advice, advocacy and they deliver vital services with paid expert staff.*"

As funding relationships mature knowledge and understanding will increase. However, waiting for knowledge and understanding to grow organically will take time. There may be a need to expedite this through proactive mapping of the sector by CCGs and dialogue between the two sectors to enable CCGs to understand how the sector operates and the potential it represents.

Barriers and enablers to self-care

The '*Progressions 2012: Health care everywhere*' report commissioned by Ernst & Young suggested that the scale of increasing need and demand for health and care services requires a fundamental shift "*from the two places in which health care has traditionally been produced, delivered, consumed and paid for – the hospital and the doctor's office – to a third place: the patient*"[20]. At the heart of this

[18]NHS England et.al. Report. October 2014. Five Year Forward View.

[19] We know that CCGs have and are funding self-care support services and so this cannot be universally true, but it is a strongly held view by many of our interviewees.

[20] http://www.ey.com/gl/en/industries/life-sciences/progressions-2012---health-care-everywhere. Accessed 13/2/2017

shift is behavioural change amongst patients to the management of their health and the role of the professional as both expert and enabler.

People are ready to self-care, we do it now, every day. People want to be in control of their health, in control of decisions about treatment and how they live their lives – 'no decision about me, without me'.

The Nielsen Company undertook research in over 50 countries across the world. They found that, "*respondents are willing to take some personal responsibility for enhancing their self-care".* However, they also determined that there is *"still a high expectation on government and healthcare professionals to provide a lead in the future*"[21].

Although there are criticisms of the evidence base concerning self-care, there is a growing body of evidence that demonstrates the effectiveness of interventions to support self-care[22].

Behaviour change can be encouraged by interventions. Taking one example, we looked at the JUSC[23] project (Joined Up Self-Care) in Erewash in the East Midlands. JUSC evaluated the impact of a health education and promotion programme on people's self-care habits and behaviour. The project looked at three themes; prevention of coronary heart disease (CHD), LTC management by people with asthma and treatment of minor ailments by mothers with young families and included a range of interventions to increase self-care.

The evaluation found for CHD that, "*those who took up the intervention showed a marked increase in healthy behaviours affecting their risk of CHD*". The evaluation determined that "*Extending CHD prevention outside the NHS, especially to those with lower awareness of risk factors, is critical to changing behaviour at the community level"*.

They found an increased willingness to self-care amongst participating mothers rather than see a health professional for minor ailments.

For balance, the evaluation found less conclusive findings for the Asthma intervention (an Expert Patients Programme), although they did find that, "*patients in the intervention group were more likely to be confident about discussing asthma with their GP and to ask questions*".

A range of partners or stakeholders were involved in this programme, including voluntary groups and the authors recommendations include the need to recognise "*that the NHS cannot support self-care on its own… that it needs to engage in effective strategic partnerships, especially with other local community, voluntary and private agencies… in order to build self-care as a lifelong habit and culture*".

It is possible therefore to change behaviour through self-care support.

[21] Nielson Company. Report. 2008. How to Drive Growth in Self-care – A Multi-Country Study Undertaken for AESGP

[22] For more information and links to further research and best practice visit http://www.selfcareforum.org/

[23] Working in Partnership Programme & PAGB. Report. October 2006. Self Care Aware: Joining Up Self Care in the NHS: Evaluation of the "Joining up self-care" project in Erewash Primary Care Trust.

However, a lot of our respondents, both from CCGs and the VCS, highlighted many individual, cultural and structural barriers that are hindering the implementation, adoption or success of changes intended to support self-care.

Money

Scarcity of resources was identified as a key barrier to supporting self-care.

The shortfall between demand and resources is creating significant pressures on commissioners. Commissioners feel that the pressures are such that it is possible prevention 'falls off the radar'. These pressures make it increasingly difficult to fund preventative activities for which it is notoriously difficult to demonstrate impact and value.

A number of respondents felt that the capacity and structures within the commissioning system are such that the concentration is on statutory providers in the main, leaving little time to spend on non-statutory providers.

Many of our VCS interviewees believed that commissioners, in health or elsewhere, had the mistaken impression that self-care 'already happens' and that it 'doesn't need to cost anything'. This is particularly the case in relation to peer support and support groups and also the perception that organisations in the VCS are operated by volunteers and without incurring costs.

Somebody else

How self-care is perceived can have a significant impact on one's attitude towards it.

For some of our respondents' self-care is clearly perceived as primary prevention, those behaviours and habits that maintain good health and well-being and prevent or offset long term conditions. For those respondents promoting and supporting self-care is very much the province of public health and the individual.

Similarly, a number of our VCS interviewees felt that commissioners were under the impression that where self-care support did exist, provided by the voluntary sector, that it was funded by the local authority or that somehow it was achieved with little or no cost. That health did not have a commissioning responsibility in this respect.

We are already doing it

Some respondents felt that there was a resistance to commissioning self-care support services that is driven by belief amongst some clinicians and other professionals that 'we are already doing this'.

Unfortunately, however, research suggests this is not the case and consistently points to the need to change practice to move away from a single condition, episodic approach to a more enabling partnership approach to healthcare. For instance, the Deloitte 2014 report[24] on general practice suggests that, "*the biggest single challenge for general practices is the need to shift from treating episodic illness to working in partnership with patients … and develop shared decision-making and self-management strategies to tackle chronic conditions*".

[24] Deloitte Touche Tohmatsu Limited (DTTL). Report. 2012. Primary care: Today and tomorrow. Improving general practice by working differently.

The evidence base is inadequate

A number of CCG respondents felt that the evidence base for self-care support was inadequate. The difficulties in quantifying the impact of self-care support programmes, often aiming to prevent ill health or the need for more intensive support, made it difficult to attest to the value of commissioning self-care support, to 'justify' public spend.

Respondents felt that the time given to evaluate the impact of self-care support initiatives was too short (perhaps linked to short-term funding). That many self-care support programmes, designed to change behaviours amongst the public and professionals, needed a long time to embed and therefore the impact would not be realised in the short term.

Benefits sought from self-care support programmes are often closely or directly aligned with other transformational programmes making it difficult to attribute impact to the self-care support programmes. In addition, outcomes are often related to prevention which again makes it difficult to attribute impact.

With a contested and problematic evidence base and so many pilot stage approaches to choose from, some of our CCG respondents felt the plethora of choices difficult to navigate.

There is insufficient capacity in the system to support self-care

Capacity is an issue both within CCGs and the VCS. Capacity to respond to the scale of the challenge, to capitalise on opportunities or to learn from the myriad of approaches being 'tried' to support self-care across the country.

For a number of CCG respondents, the sheer scale and diversity of the sector is a barrier to engaging. They simply do not have the capacity to get to know their local VCS sector in detail. For many the solution is to commission a VCS infrastructure organisation to act as conduit or prime provider on behalf of the local sector. However, a number of respondents pointed to an absence in their area of VCS infrastructure who could perform this role.

Capacity issues in General Practice is a crucial issue. The demand for primary care services continues to rise and the number of GPs in the system is struggling to keep pace. Respondents from CCGs and the VCS both felt that General Practice is the key to driving up self-care. One CCG respondent said, "*Getting buy-in from GPs is essential [but] how do you get this into GP practices when everything is being thrown at them*".

For our VCS respondents, capacity was also a real pressing issue. Many felt that commissioners had a perception that the sector can expand indefinitely to meet the self-care challenge. They felt that this perception was born out of a basic misconception of the VCS as cost free. Many respondents felt that the sector was struggling to meet current demand and to meet further demand required long term investment.

Technology will solve everything

Many of our VCS respondents felt that commissioners in health and elsewhere placed too much faith in technology to resolve all capacity issues. However, conversely a number of our CCG correspondents pointed to the limitations of technology.

Some CCG respondents stated that many of their patients were not in a position to make the best use of self-care technology without extensive support and that there isn't the capacity to provide such support. Similarly, VCS respondents explained that without grassroots organisations within the community to support and promote such technology the potential impact could not be achieved.

The potential that technology represents, from wearables and monitors to applications on smart phones, is significant. Sir Muir Gray[25] has on more than one occasion held a smart phone aloft and declared it the future of health[26]. However, without significant support many sections of our population are unable to fully benefit from this potential.

Enabling self-care

Information is key. It featured in many of the responses of our interviewees in a variety of ways.

Many interviewees said that whilst self-care messages are 'out there', the scale of the challenge is such that there is a pressing need to increase the volume and effectiveness of messages about self-care.

For some of our respondents the transition from organisational based thinking to place based and person centred health and social care will greatly increase the scope to increase supported self-care. For many this change is inextricably linked to changing thinking from single condition to a more holistic approach.

The importance of accessible and promoted directories of services available via the internet was mentioned by many interviewees. A number of localities in the East and East Midlands have established or are in the process of establishing online search facilities including self-care information, usually in partnership with local authorities.

Advocates and exemplars of self-care within communities is seen as a key enabler to increasing self-care. Many respondents pointed to the importance of peer support groups and self help groups, describing how they are often better able to convey self-care messages than professionals.

The role of Practice Nurses as champions for self-care within GP practice was considered by some to be a potentially significant resource.

The role of VCS health trainers and similar roles such as community navigators[27] is seen as a crucial addition to making information available and accessible. Recognition that for many people simply providing them with the contact details of a support organisation is not enough. For many a level of support, of hand holding, is required to support them with their intentions.

Funding is the key enabler mentioned by respondents, whether they are from the commissioning or provider side. There is the need to tackle the perception that VCS organisations are funded 'elsewhere' or operate using volunteers only. There is also the need to tackle the perception that the VCS can expand to meet any

[25] Sir Muir Gray is the Director of NHS National Knowledge Service, amongst other high profile positions within Health and elsewhere.

[26] At NHS Expo2015 for instance.

[27] A variety of terms are used across different localities for similar signposting support roles.

additional demands placed upon it through the self-care agenda without additional funding.

Commentary

National policy, driven by the 5YFV, has at its heart prevention and self-care. Our findings suggest that local plans and commissioning behaviour are not yet fully aligned with national policy.

At a national level, self-care is accepted as central to the future survival of the NHS and Social Care system and this is reflected in the responses of all of our CCG respondents. Self-care features within work stream plans in all of the areas we looked at however, a number of localities do not have specific overarching self-care plans.

Beyond the intentions expressed in local plans however, commissioning of local voluntary sector organisations to support people to self-care is sporadic. This has implications for lost potential impact, loss of innovation and may mean opportunities to reach seldom heard communities are missed.

A key barrier to commissioning the VCS is the lack of knowledge amongst commissioners about their local VCS. Addressing this barrier means more than producing a directory of services. It requires understanding of what the sector is, how it works, what it can provide and the challenges it faces. Knowledge and understanding of the sector will build in time as funding relationships mature. However, social prescribing could offer quicker solutions to this barrier and provide a strong platform for future commissioning.

Another key barrier is the perceived lack of an evidence base for self-care support. There is evidence available, however the testimony from our respondents suggests that it is not sufficiently robust to drive commissioning decisions. Evaluation of small scale commissioned supported self-care initiatives is difficult for a number of reasons: it is difficult to definitively demonstrate impact with a small scale project; it is difficult to attribute impact to services working on a prevention model; and without an accepted measure of impact for self-care it is difficult to compare approaches.

The NHS Self-Care Support Programme has granted licences to use the Patient Activation Model (PAM) across 47 organisations[28]. The PAM measures patient activation, a proxy outcome for people's 'ability' to self-care. This may provide a solution for comparing services for all organisations to use in the future.

The lack of funding within the system and the mechanisms we have for commissioning constitute the main barriers to commissioning more self-care support. Whilst there is an overall acceptance of the need to invest more in preventative services, the reality of pressures within the system is such that diverting money from the hospital and the doctor's office to the patient has so far proved very difficult to do. However, if the pressures faced by our health and social care system are to be eased a long term sustained programme of investment in self-care and prevention is required.

[28] Patient Activation Model (PAM) https://www.england.nhs.uk/wp-content/uploads/2016/04/patient-activation-narrative.pdf Accessed 6/2/2017.

This research

This research was carried out by Self Help UK on behalf of Regional Voices in the East and East Midlands regions. The research is part of the Health and Care Voluntary Sector Strategic Partner Programme (SPP).

Self Help UK's involvement forms part of the Regional Voices contribution to SPP Priority 4: Engaging all people and communities "*Voluntary at heart – supporting the voluntary sector to put patients and communities at the heart of health and care*"

The research sought to address:

- Identification of the barriers and enablers to self-care from the perspective of VCS organisations working to support people to self-care and CCGs seeking to commission services that increase self-care.
- Identification of existing examples of VCS providing self-care support services enabling people to overcome barriers and increase their self-care activities.

The research largely consisted of telephone interviews with CCGs and VCS organisations between April 2016 and March 2017. Participants were self-selecting. The research is not necessarily representative of the majority views across CCGs or the VCS.

Regional Voices

Regional Voices is a nationwide partnership of regional voluntary sector networks which champion and support the involvement of local voluntary and community organisations in developing policy and designing and delivering services.

The Health and Care Voluntary Sector Strategic Partner Programme (SPP)

The SPP was launched in April 2009 to improve communication and dialogue between the Department of Health and Third Sector health and social care organisations across England.

The programme enables voluntary sector organisations to work in equal partnership with the Department of Health (DH), NHS and Social Care to help shape and deliver policies and programmes, for the benefit of the sector and improved health and wellbeing outcomes.

As one of 22 Voluntary Sector Strategic Partners, Regional Voices is actively involved in finding and implementing new approaches and solutions addressing some of the most pressing challenges facing the health and social care system.

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