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The task at hand



'We needed to get people's views on what self-care means to them and reflect on the implications for the design of an effective self-care strategy for the borough'.

A handwritten signature in black ink, appearing to read 'Andrea Crew'.

Andrea Crew
Chief Officer

NHS Dudley Clinical Commissioning Group and Dudley Council Public Health asked Healthwatch Dudley if it could help with public engagement work to get people's views on self-care and what it means to them.

More specifically, they were interested in having conversations on five themes: minor ailments, long-term conditions, caring, mental wellbeing and the role of professionals. The aim being to improve understanding of self-care and assist with the development of a self-care strategy for the Dudley Borough.

This report sets out what we did and our findings. In turn, it elaborates on what the implications are for policymakers and our recommendations.

Inquiry in brief

NHS Dudley Clinical Commissioning Group and Dudley Council Public Health asked Healthwatch Dudley if it could help with public engagement work to get people's views on self-care and what it means to them.

We undertook engagement activities with community groups and representatives to coproduce ideas around five self-care themes and design a self-care pack. The pack was used by different groups to stimulate discussions on the themes. Notes on the session outcomes were sent back to Healthwatch for analysis. The findings show it is necessary to have:



- Ongoing conversations with people from all types of backgrounds
- Develop strong and enduring relations with communities and individuals to understand and support them with self-care
- Determine what opportunities exist for self-care quick wins
- Get the messages on self-care out to more people
- Get more people more involved and in control of what happens in the area where they live
- Strive to make the most of existing community assets and people's knowledge and skills
- Ensure there are sufficient resources to support an integrated approach to self-care
- Ensure there is personal and collective responsibility taken for promoting self-care and supporting people to do it.

CHAPTER ONE

Background

The World Health Organization suggests ‘Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness. It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure etc.), environmental factors (living conditions, social habits, etc.), socio-economic factors (income level, cultural beliefs, etc.) and self-medication.’¹

Meanwhile, the Self Care Forum, which seeks to further the reach of self-care and embed it into everyday life in the UK remarks that ‘Self-care is the actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness.’²

Defining self-care

NHS England has, for some time now, been encouraging people to choose self-care for life and elaborating on how people can look after their own physical health and mental wellbeing as well as that of their family. It envisages more people ‘Taking action for both themselves and others whilst understanding how to use health services’.³ Meanwhile, the Self Care Forum has estimated that around 80 per cent of all care in the UK is currently self-care - but there are still 57 million GP consultations a year for minor ailments. And people abandon self-care when they ‘Lack

¹ World Health Organization (1988) ‘The role of the pharmacists in self-care and self medication: report of the 4th WHO consultative group on the role of the pharmacist’, Geneva, 1998, <http://apps.who.int/medicinedocs/en/d/Jwhozip32e/>

² Self Care Forum, The Self Care Continuum, <http://www.selfcareforum.org/about-us/what-do-we-mean-by-self-care-and-why-is-good-for-people/>

³ NHS England (2018) ‘Encouraging people to choose self-care for life’, <https://www.england.nhs.uk/2018/11/encouraging-people-to-choose-self-care-for-life/>

confidence in understanding the progress of symptoms and need reassurance'.⁴

They refer to people and events and actions located on a self-care continuum that varies from pure self-care and the responsible individual (making daily choices about lifestyle and the self-management of conditions or minor ailments through long term and acute conditions then to compulsory psychiatric care and treatment for major trauma that is comprised of pure medical care with professionals responsible for what happens (see Figure 1, below).

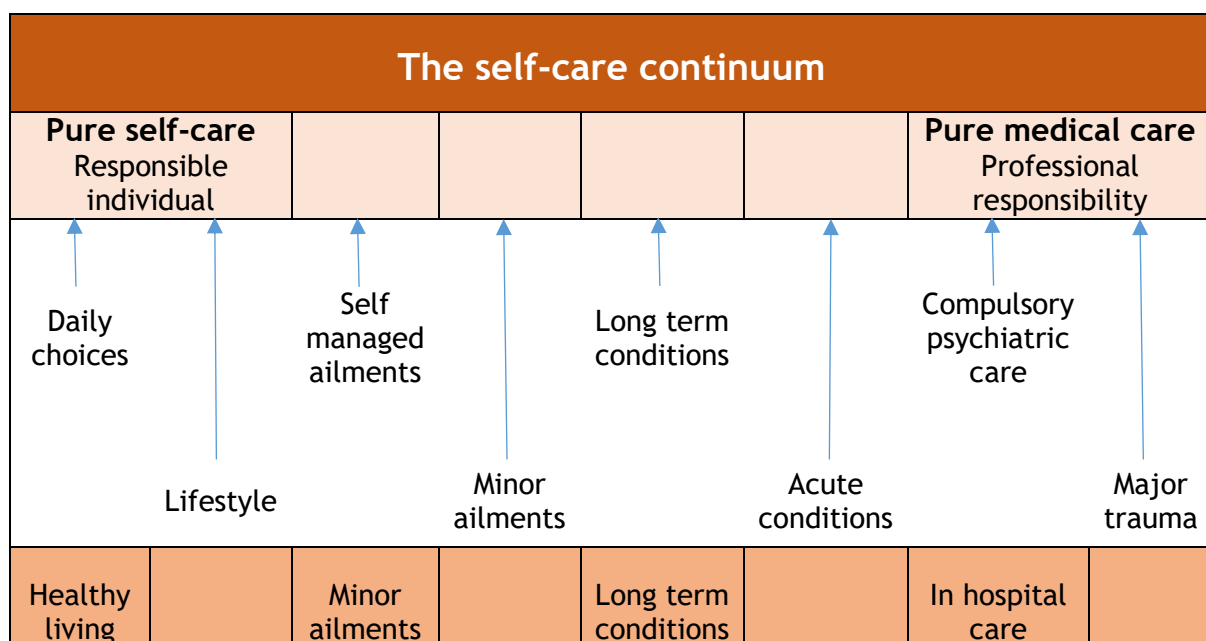


Figure 1: The self-care continuum (Self Care Forum)

Towards the pure self-care end of this spectrum there are, for example, the colds, sore throats and flu that do not need antibiotics and can be treated at home. At the same time, the local pharmacists can help in recognising common health complaints and give advice or medicines to help with symptoms and treatment.⁵

Factors impacting on health and wellbeing

People's capacity and ability to self-care is ultimately about much more than just how they are able to manage common or minor ailments or long-term conditions and

⁴ Self Care Forum, (2019) 'What do we mean by self-care and why is it good for people?', <http://www.selfcareforum.org/about-us/what-do-we-mean-by-self-care-and-why-is-good-for-people/>
⁵ British Medical Association (2016) 'Self-care - guidance for patients', <https://www.bma.org.uk/about-us/patient-information/self-care>

reduce the need to visit the doctor's surgery. In 2018, the United Nations Special Rapporteur on Extreme Poverty and Human Rights, on a visit to the UK, remarked that it should be 'Obvious to anyone who opens their eyes to see the immense growth in foodbanks and the queues waiting outside them [and] the people sleeping rough in the streets ...'.⁶ In turn, the Kings Fund has reported on the worrying plateauing out of increases in life expectancy and a widening gap in health inequalities.⁷

We need to pay attention to wider determinants of health and wellbeing and how they impact on people's capacity and ability to self-care. It is also necessary to improve our knowledge and understanding of communities and how unhealthy behaviours are 'Usually not the origins of poor health but the end point of a long chain of causes and consequences in people's lives' (see Figure 2, below).⁸



Figure 2: Factors that influence an individual's health and wellbeing (Dahlgren and Whitehead)⁹

⁶ United Nations (2018), Human Rights, Office of the High Commissioner, 'Statement on Visit to the United Kingdom, by Professor Philip Alston, United Nations Special Rapporteur on extreme poverty and human rights', <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23881&LangID=E>

⁷ Buck, D., Baylis, A., Dougall, D. and Robertson, R. (2018) 'A vision for population health: Towards a healthier future, The Kings Fund, <https://www.kingsfund.org.uk/projects/vision-population-health-england>

⁸ Lovell, N. and Bibby, J. (2018) 'What makes us healthy? An introduction to the social determinants of health', The Health Foundation, <https://www.health.org.uk/publications/what-makes-us-healthy>

⁹ Dahlgren G, Whitehead M. (1991) 'Policies and Strategies to Promote Social Equity in Health', Stockholm, Sweden: Institute for Futures Studies, https://ideas.repec.org/p/hhs/ifswps/2007_014.html

It is not always easy to think about and make healthy lifestyle choices. The neighbourhood our homes, the jobs we do, our family, friends and other social connections all matter and help to shape who we are and how we live .¹⁰ And ‘Our health and wellbeing is shaped by what happens in our daily lives’.¹¹

Changing times

It is widely acknowledged that a person’s opportunity for good health starts long before they need health care. Therefore, there is a strong case for thinking that responsibility for health should extend beyond the person and the health and social care system to include the whole of society. In turn, evidence shows, people want health and social care support that works for them and helps them to stay well or manage any illness or health condition they might have.



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¹⁰ Department of Health and Social Care (2018) ‘Prevention is better than cure: Our vision to help you live well for longer’, <https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>

¹¹ Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I (2010) ‘Fair Society, Healthy Lives’, Institute of Health Equity, University College London, <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

However, people also say they experience difficulties communicating with health professionals, want a more empathetic approach, and don't find it easy to get access to consistent information that helps them to make lifestyle and health choices.¹² What we need is a place based rather than organization-based approach to health and wellbeing. And 'A person-centred approach that delivers care and support in partnership with individuals and, where they wish, their families and communities'.¹³

A contemporary view is that 'Thinking about the value of good health encourages a focus on the benefits of creating health and wellbeing in today's environments, rather than simply treating disease in individuals. It provides the basis for considering the moral, social and economic case for investing in action that creates and maintains health'.¹⁴ Meanwhile, NHS England and others are promoting the idea of health as a social movement. And how through 'Building on the energy, commitment and creativity of local people and groups, momentum builds towards change - in the quality of local experience, in the capacity of local communities, in the way health and care issues are addressed locally, and in how professionals as well as local citizens think about health and care, relate to each other, take decisions and act'.¹⁵

The question is 'How can we best enable self-care opportunities and behaviour in the Dudley Borough?' Moving away from the provision of just simple transactional services, with people's narrow health and care needs assessed by professionals, without holistic or whole person needs being taken into account, to care planning, where holistic needs are taken into account (but with a focus on deficits), and more transformational self-care with a better understanding of assets and deficits, joint care planning and a situation where a person's wishes are paramount.

¹² Healthwatch England (2018) 'What people have told us about health and social care: A review of our evidence', <https://www.healthwatch.co.uk/news/2018-10-19/what-people-have-told-us-review-last-three-months>

¹³ Local Government Association (2018) 'Shifting the centre of gravity: Making place-based, person-centred health and care a reality', <https://www.local.gov.uk/shifting-centre-gravity-making-place-based-person-centred-health-and-care-reality>

¹⁴ NHS England (2014) 'The Five Year Forward View', <https://www.england.nhs.uk/five-year-forward-view/>

¹⁵ Arnold, S., Coote, A., Harrison, T., Scurrah, E. and Stephens, L. (2018) 'Health as a Social Movement: Theory into Practice', Royal Society for the encouragement of Arts, Manufactures and Commerce, <https://www.thersa.org/discover/publications-and-articles/reports/health-as-a-social-movement-theory-into-practice>

Dudley Borough

‘A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future.’

Dudley Borough Vision 2030

Healthwatch and the Dudley borough

In 2013, Healthwatch was set up, in line with proposals outlined in the Health and Social Care Act 2012.

There are 148 local Healthwatch organizations forming a network that extends across all of England.¹⁶

Healthwatch Dudley is the statutory champion for the borough and local people on health and social care matters. Its board decides on strategy and sets priorities for action to improve understanding of how health and social care services are working (or not) for people in the borough.¹⁷

The Dudley Borough is centrally located within the Black Country. The 2011 census estimated the borough population to be 312,925.

Most people (88.5%) describe themselves as White British. The number of people aged 65 and over is higher than both regional and national averages (18.6% compared to 16.9% regionally and 16.3% nationally).¹⁸

People’s health is mixed compared with the England average. Life expectancy in the most deprived areas of the borough is 9.5 years lower for men and 5.8 years lower for women than in the least deprived areas.¹⁹

¹⁶ Healthwatch England, <http://www.healthwatch.co.uk/>

¹⁷ Healthwatch Dudley, <http://www.healthwatchdudley.co.uk>

¹⁸ 2011 Census Area Profile for Dudley www.dudley.gov.uk/2011census

¹⁹ Public Health England, Local Authority Health Profiles, <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132696/pat/6/par/E12000006/ati/102/are/E06000034>

Self-Care

Topics of interest

The NHS Dudley Clinical Commissioning Group and Dudley Council's Public Health team decided early on that it would be useful to get people's views on self-care based on five pre-determined themes. They were minor ailments, long-term conditions, caring, mental wellbeing and the role of professionals.²⁰

Minor ailments

There is a renewed focus on the value of the homely remedy, and medicines purchased over the counter, used to treat minor ailments. It is linked with attempts to get people to think first about other care options before going to see their doctor. The intention is to stimulate a cultural shift with more people taking greater personal responsibility for dealing with minor ailments and better supported to look after themselves (the NHS minor ailments are listed in Table 1, on page 12).

The NHS minor ailment scheme which operates in different parts of England, including the Dudley borough, is designed to enable people with minor health conditions to get access to medicines and advice instead of going to see their doctor. It provides an option for people to see a qualified health professional, a pharmacist for example, at a convenient and accessible location in their community.

²⁰ The NHS Dudley Clinical Commissioning Group is responsible for planning and commissioning (buying) health services for people living in the borough. Services that it commissions include: elective hospital care; rehabilitation care; urgent and emergency care; and most community health care. Its operational and long-term strategic plans set out how it intends to deliver and develop safe, high quality health care (see www.dudleyccg.nhs.uk/ Dudley Council's public health service is involved in activities designed to help maintain people's health and wellbeing and reduce differences between groups. and their health by promoting healthier lifestyles (see <https://www.dudley.gov.uk/search-results/?keywords=public+health>

Minor Ailments

Mild skin conditions such as acne, eczema, psoriasis, impetigo, athlete's foot.
Coughs and colds, including blocked nose (nasal congestion) and sore throats.
Conjunctivitis, cold sores and mouth ulcers, warts and verruca.
Constipation and piles (haemorrhoids).
Hay fever, dry eyes and allergies (including rashes, bites and stings).
Aches and pains, including earache, headache, migraine, back pain and toothache.
Vomiting, heartburn, indigestion, diarrhoea and threadworms.
Period pain, thrush and cystitis.
Head lice (nits), nappy rash and teething.
Bruises, sunburn, minor burns and scalds

Table 1: Minor ailments

Long-term conditions

There is a growing interest among healthcare professionals in the further development of initiatives and support for people with long-term conditions. It could include help to learn new skills to improve self-management and self-care strategies, help for people to find out more about their condition and better partnership working with their healthcare team to develop a care plan that is right for them.

'About 15 million people in England have a long-term condition. Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension' (The Kings Fund).

At the same time, the aim is to more fully embrace the idea that people have key role in protecting their own health, choosing appropriate treatments, and managing long-term conditions. They can also be more involved in creating more sustainable ways of living as part of a team effort with support that promotes independence and prevents unnecessary visits to the doctor's surgery or hospital.

Caring

In the current political and social care context there is increased pressure on families to step in and provide care for relatives when the state does not. A large number of people provide regular and significant amounts of unpaid care for someone in their family or that they know well. A question that arises, though, is how well their role and contribution as a carer is recognised and valued in society and by professionals and others.

Caring will affect us all in some way or other at some point in our lives. It can, though, be very complicated for carers to understand what their different rights and entitlements are. And get the help and support they need to provide care without putting their own lives on hold or risking their own health and wellbeing.

‘Across the UK today 6.5 million people are carers, supporting a loved one who is older, disabled or seriously ill ... whether round-the-clock or for a few hours a week, in our own homes or at the other end of the motorway. Caring is such an important part of life. It’s simply part of being human’ (Carers UK).

The task is to find ways to do as much as is possible to promote carer independence and wellbeing given there are constraints on finances and other resources. An important aim is to reduce the risk of carers reaching a crisis point. And seeing what more can be done to ensure carers are able to effectively get access to information and advice that helps them to plan and manage their situation.

NHS England remarks that it is necessary to raise the profile of carers and do more to promote a person-centred approach where partner organisations and professionals work in partnership with carers and the people they care for to help them stay well. In combination with providing high quality services that respond to people’s needs.

Mental wellbeing

NHS England lists some keys to mental wellbeing. They are: the connections that you have with family, friends, colleagues and neighbours; being active and finding things you enjoy doing; keeping on learning new skills to build or retain a sense of achievement and confidence; give to others - from just a smile to full on volunteering; and be mindful - of your own thoughts and feelings, your body and the world around you. It is also about caring about yourself and being able to look after your physical and mental health - eating and sleeping well and enjoying yourself.

Much current debate has focused on resilience - the capacity to cope with adversity and avoid breakdown under stress. It includes the individual using different personal resources to resist the impact of negative events on their lives.

Mental health is: 'A state of well-being in which every individual realizes his or her own abilities, can cope with the normal stresses of life, can work - productively and fruitfully, and is able to make a contribution to his or her community' (World Health Organisation).

Mental wellbeing can also be about quality of life and how someone sees them self in the context of the culture and environment in which they live. However, it is not just about moment-to-moment feelings of happiness. Rather it is about how satisfied a person is with their life, them having a sense of purpose, and being in control of what is happening to them.

In some quarters there is much talk of mental wellbeing and how people are able to thrive (or not) and show grit or a passion and determination to get back up when they fall. But, everyone is different and it is perfectly possible for someone who has ongoing mental health problems to still enjoy a good quality of life and mental wellbeing.

Role of professionals

Professionals are an important, if sometimes under-utilised, group of individuals. They provide a range of services that help people to stay well and have a good quality of life. In turn, people are reassured and have confidence in what professionals do when they act with integrity, effectively use their expertise to solve problems, and have up-to-date knowledge and skills.

They are often also well placed to initiate and develop services that take into account and attempt to improve the wider social context for people and deal with health inequalities.

‘Health professionals play a central and critical role in improving access and quality health care for the population. They provide essential services that promote health, prevent diseases and deliver health care services to individuals, families and communities based on the primary health care approach’ (World Health Organisation).

Professionals are also part of a wider community and network of relations between themselves and the public. They are getting more involved all the time with the public in the co-production of healthcare initiatives, plans and treatments. And power has been transferring from professionals to the public, which has helped to reduce the feeling that there is a culture and way of working that is about us and them.

Self-care

‘Is about keeping fit and healthy, understanding when you can look after yourself, when a pharmacist can help and when to get advice from your GP or another health professional. If you have a long-term condition, self-care is about understanding that condition and how to live with it’.

NHS England

CHAPTER TWO

What we did

Healthwatch Dudley undertook engagement activities with community groups and representatives to help coproduce ideas around five self-care themes, the design of a self-care pack and prompts to stimulate conversations on the five themes (see Appendix 1, on page 37).

An event was held where people were able to participate in a series of world café style conversations on self-care (see Appendix 2 on page 38). The information obtained from the event was used to develop a self-care pack to be shared with organisations and groups so that they could run sessions and gather people's views on self-care and what it means to them. The outcomes from the event were:



Caring

- Inadequacies in the information, advice and support carers get.
- It is important to know where to go for help to prevent stress, the breakdown of family and other relationships and crisis.
- Carers experience difficulties getting professionals to understand their situation and needs.
- Carers often have to juggle different work, home and caring responsibilities.

Role of professionals

- There was a focus on how knowledge and information can best be shared between professionals and people wanting their help.
- Exchanging information in ways that help to empower the person so that they are more in control of their health and wellbeing.
- People want professionals to spend time getting to know them and how they understand their own bodies.
- Relations must be respectful and trusting so that people feel confident about asking questions and challenging views.

Mental wellbeing

- A person's mental wellbeing is affected societal norms and people's individual's attitudes towards what normal mental health is.
- It can be difficult to know what good mental wellbeing is and how it relates (or not) to, for example wealth and consumerism.
- When a person does have a problem with their mental health it can be difficult to get access to the services and help needed.
- Mental wellbeing is about emotions, how we feel about ourselves, and the extent to which we are able to make valued contribution to society and community life.
- Mental wellbeing is also about having goals, being able to manage expectations, and deal with adversity.
- Professionals may lack the knowledge and skills needed to help people with their mental wellbeing.



Long term conditions

- Someone with a long-term health condition can benefit from help to find ways to cope with its adverse impacts on their day-to-day living.
- They must carefully pace themselves, taking advantage of opportunities to participate in activities whilst understanding the limitations there are on what they can do.
- The self-management of their condition must begin with self-love, action to build a positive outlook, and the setting of personal goals and targets.
- People can help each other to achieve their personal and collective goals.
- Professionals must take a holistic view of the person to fully understand their circumstances and give them power and control over their condition and how they live.

Minor ailments

- Much conversation centred on people's understanding of what a minor ailment is and when symptoms might indicate someone has something more seriously wrong with them.
- People need to know where to go and who they can talk with to get advice and help on minor ailments.
- It is necessary to know what you can do for yourself and when you need to seek the help of others.
- Schemes to help with minor ailments need to be effectively advertised and promoted to raise public awareness and also trust in the services provided.



The self-care pack

The information that was obtained from the world café event was used in the planing and production of a draft self-care pack.

Subsequently, a reference group, comprising of six people who were volunteers or representatives from different community groups, was convened (see Appendix 3, on page 39).

The group took part in a session to review the pack and suggest any changes to made to it in readiness for its wider circulation to a range of organisations and groups.

Meanwhile, two members of the

Dudley council public healh team remarked that the pack was put together in a way that set the tone on self-care and what it might be about and expectations around how it should be used to stimulate conversatuions.

They also felt it was eye-catching and would get people’s attention though some slides contained a little bit too much information.

A member of the NHS Dudley Clinical Commissioning team thought the pack was presented in a straightforward way and read well. However, some clinicians felt that the pack was, at times, a bit wordy.

Groups holding self-care pack sessions	
Brierley Hill Fire Station - Purple Watch	Friends of Ridgeway Surgery
Young Health Champions	Dudley Carers Alliance
Beacon Centre for the Blind, Stourbridge	Dudley Deaf Group
Queen’s Cross Network - Sign Café	Lepal Medical Practice - Patient Participation Group
Headway Black Country - people with head injury	Patient Opportunity Panel
Dudley Dementia Alliance	Headway Black Country - carers
Queens’s Cross Network - people with disabilities	Wellbeing Group - HIV

Table 2: Self-care conversations

After people had commented on the draft self-care pack a number of amendments were made to its text and to simplify the layout. It was reviewed again by the Friday Friends group that meets at the DY1 Community Building in Dudley.

Then a first print run of fifty copies of the pack was ordered in readiness for getting it out to interested organisations and groups (see Appendix 4, on page 40). The pack was rolled out to interested organisations and groups between October and December 2018.

Pack details were put onto the Healthwatch Dudley website and it was made available to download as a set of slides. NHS Dudley Clinical Commissioning Group sent a message out about the pack to its online network of contacts, including general practice based patient participation groups. They also included details on the pack in their newsletter.

Dudley council's department for Adult Social Care and its community development workers received information about the pack. And Dudley and Walsall Mental Health Trust sent a message out to its Psychological Therapies Hub members telling them about the pack.

Packs were handed out at a patient opportunity panel meeting to patient participation group representatives. And they were taken away by organisations and groups attending a Winter Community Information event, held at the DY1 Community Building in Dudley.

In total, 26 organisations or groups had copies of the self-care pack (see Appendix 5, on page 41). And 14 organisations or groups held self-care discussion sessions using the pack (see Table 2, on page 20). Most sessions were run by organisations and groups themselves. A few were facilitated by Healthwatch Dudley staff.

What we found

In this section we outline the findings from an analysis of the information obtained from groups who used the self-care pack to have discussions on self-care and the five topics of interest. The information collected was carefully coded and sorted into categories where there were similarities in what people were saying. The categories of information identified help to reveal connections or patterns that improve understanding of self-care.²¹

First thoughts

There were remarks made at an NHS Dudley Clinical Commissioning Group event called ‘Looking after me and others’ that ‘A lot of people want to self-care, but they can’t do it without support’ and ‘We know what we should do, but we don’t always do it’. Meanwhile, at a patient opportunity panel meeting people had talked about community assets and activities.

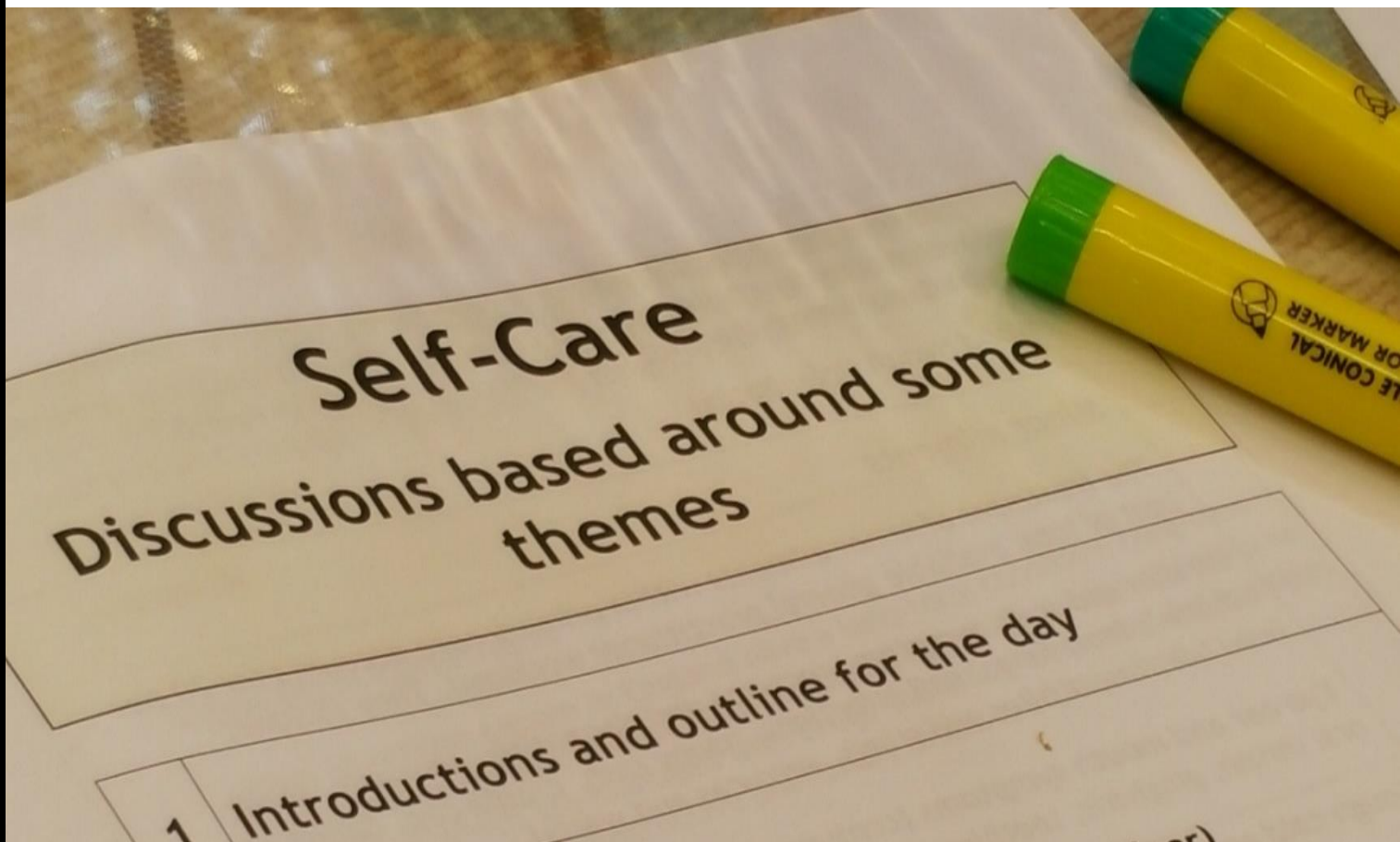
They recounted stories about allotments and using spare or waste land to grow vegetables and flowers. Tea dances, get togethers and fish and chip dinners. And how these activities can contribute to a sense of happiness and wellbeing. But, it was also felt that bureaucracy and red-tape often got in the way and prevented communities from taking action to develop activities and socialise. Many of the people who took part in conversations about self-care felt it is often about simple things like:

- Getting up and getting into the right mind-space
- Getting dressed ... brushing teeth and being presentable
- Eating healthily ... exercise and keeping fit
- Listening to music and occupying your mind

²¹ Glaser B.G. and Strauss A.L. (1967) ‘The discovery of grounded theory: Strategies for qualitative research’, New York: Aldine de Gruyter.

- Sometimes it is just be about having matching socks.

On a deeper level self-care is about understanding yourself and others understanding you. It is about understanding there will be days when you feel down, being able to recognize the warning signs, and having the resources to deal with knocks and setbacks. And sometimes it is about slowing down, listening to your body, getting through the day, and having people around who listen and care about you.



We need professionals

‘Be casual and cool - you aint gonna talk to someone in a suit’.

People want help and advice from well-qualified and trained professionals who can provide them with information on how they can look after themselves or treat them when it is necessary.

The information giving and receiving relationship will work better when there are good ongoing communications that *‘Instill confidence that something can be done’*, whether it is simply about having a conversation, providing advice or the diagnosis of an illness or condition.

A person’s ability to self-care will depend much on information being presented in an easily understandable way. At the same time, professionals need to *‘Provide accurate [and] relevant information and dispel misinformation’*. And answer questions, having had time to reflect on what someone has told them.

Professionals need to have conversations with people because *‘We need them, in terms of next-*

steps’ in thinking about our health and self-care.

Then there are the conversations that can happen between professionals and the public to see how community or voluntary groups can help with self-care through the provision of different services that contribute to improving skills and quality of life.

It would be good to see more professionals working outside of their institutions and organisations and closer to and with communities and the public.

It was remarked *‘They should come to our natural environment’* and work with people to find out what their health and wellbeing needs are and what can be done together to maintain or improve quality of life.

Finding time for mental wellbeing

‘Being around other people and socialising, this makes you talk and communicate, this makes you feel better’.

There is something about mental wellbeing that is about having control and choice over what we do and what happens to us.

It is also necessary to have stability in our lives so that there is time and space to think about self-care and keeping well. We need, for example, a secure place to stay, reliable employment and good relationships with family and friends.

In such circumstances it is easier to focus on getting to know ourselves and what our health and wellbeing needs are. At the same time, there must be a clear *'Acknowledgement that we all have mental health as well as physical health'*.

We need to reflect on what is happening in our lives to *'Identify the positives, new opportunities, new hobbies, new experiences'* and deal with any knocks and setbacks.

It is also felt our mental wellbeing is dependent a lot on being surrounded by people we love and trust and *'Being connected with others and community, sharing with others'*.

It is to do with how others see us and having a sense of being valued and a purpose in life. However, there may be times when we simply need to think about the present and, with the support of others, get through each day as it comes.

We can work to overcome knocks through having things to look forward to and the removal of barriers that stop us from doing the things we want to or achieving our goals.

Sometimes maintaining good mental wellbeing is about *'Finding time to look after yourself, doing things you want to do, outside of busy lives at work ...'* and being able to express our emotions and laugh.

Meanwhile, societal attitudes to mental ill health have changed for the better but there is, in some situations, still much *'Lack of understanding of mental ill health so people get branded or stigmatised'*.

There are, though, ways people with mental health problems can help and support each other through, for example, peer-to-peer support, to tackle feelings of isolation and loneliness.

But, they also need help to be empowered and use their experiences in discussions to decide how they might be better able to take care of themselves or what course of treatment might be undertaken.

It is also appropriate to *'Shout about what voluntary groups and charities'*

are doing to help people with mental health problems and their care and wellbeing.

Caring can be isolating

‘Allow ourselves, as carers, time to self-care, prioritise you, it’s okay to put yourself first’.

Carers need to feel that others they know or work with have a sense of compassion and understanding of the stresses and strains they face in their caring role. And how those stresses and strains can impact on their ability or opportunities to self-care.

They sometimes need someone to be there for them who appreciates that one size doesn’t fit all when it comes to finding ways to meet their needs. It was remarked that it is important to *‘Look after yourself’* and it’s okay to put yourself first and sometimes say no when the demands on your time and energy are too high.

But, feelings of guilt and not being a good carer can get in the way of taking action to look after yourself. In these circumstances it can be helpful to have contact with other carers since *‘caring for someone can be isolating’* and it provides an

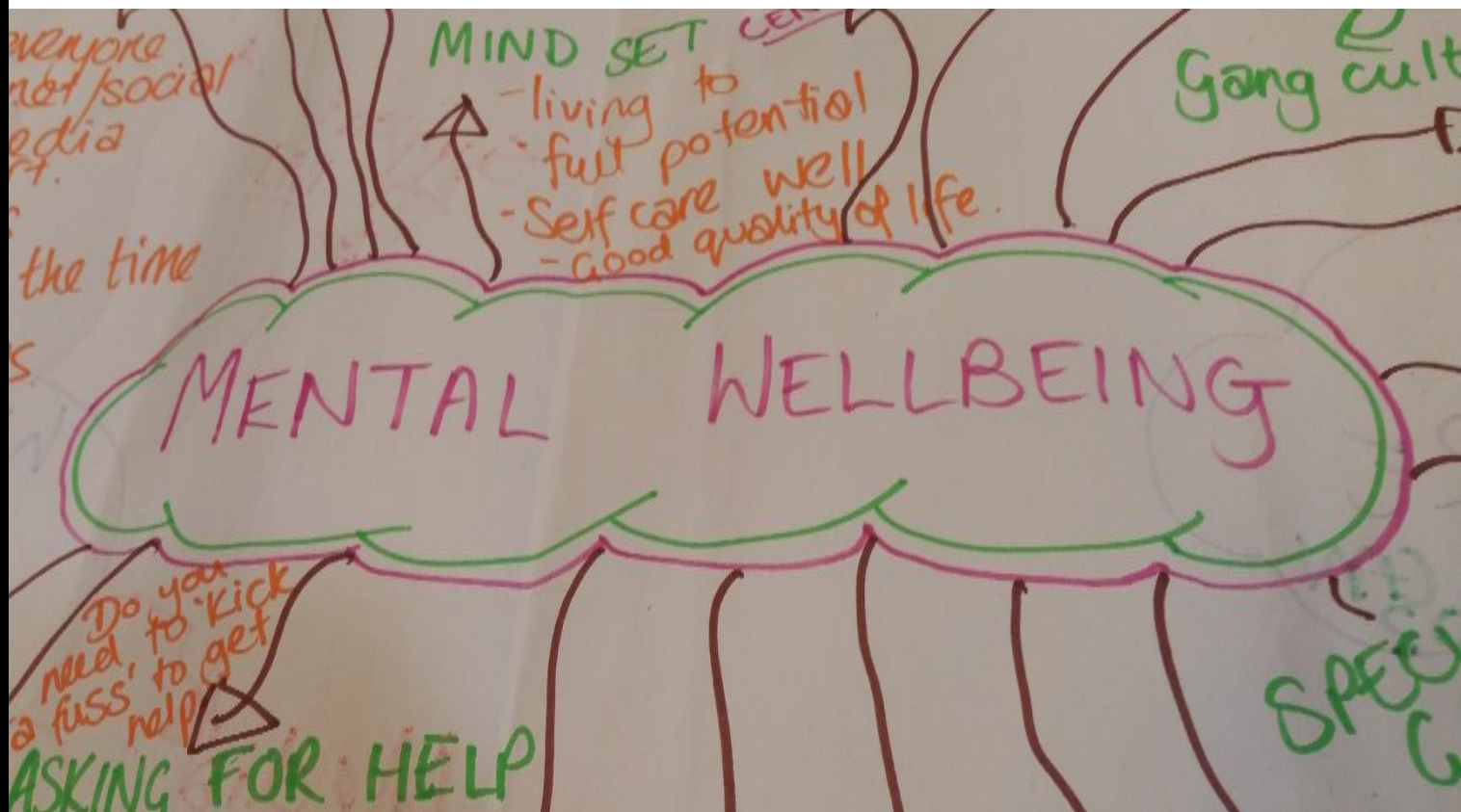
opportunity to talk about how you feel, your wellbeing and looking after yourself.

Carers want information and support that helps them to ensure the person they care for has the best quality of life possible for as long as possible. At the same time, some of them commented a *‘Partner, parents and extended family are the most important support for me’*.

Another remark was *‘Don’t feel guilty about asking for help’*. Although it was acknowledged that getting the help you need may not be easy and the quality of any help you do get can be quite variable. Sometimes this means people are not treated well or with dignity and respect.

People point out family and neighbourhood structures have changed and this can make it more difficult or even impossible for one family member to care for another and carer self-care more difficult.

Families are often not so close, geographically or in terms of connectedness as they were in the past. It was, not that long ago, more normally the case that *‘Older relatives like grandma and grandad*



were cared for by the family, [being] taken in to live with their adult children was quite normal'. And there was more evidence of neighbours helping each other with errands, childcare, and just keeping an eye out. Meanwhile, more of us are living longer and with multiple long-term health conditions.

Consequently, there is a growing number of older people, some with their own health problems, who are caring for elderly parents or relatives, who may also have health problems.

In addition, there are, for example, still many grandparents helping to

care for grandchildren. All of these carers will have their own very particular self-care needs that must somehow be met to help them with their physical, mental and emotional wellbeing.

Living with a long-term condition

You need to look for the positives living with a long-term condition and self-care needs to be as much about improvements in other aspects of your life as it is coping with illness.

When you have a long-term condition it is important to be able to get access to information that helps you

as a person and is not just about how to deal with a set of health conditions.

It must also be *'Information that you can understand'* and helps improve communications between yourself and healthcare professionals. But, it was remarked *'Don't be afraid to ask for help'* when it is needed.

And consider how you can *'Manage your expectations'* whilst recognising it is good to be *'Having fun and banter with others'*. Someone with a long-term condition *'Can feel isolated, losing connections [and] confidence'*.

So it is useful *'Talking with others that are all in the same boat'* to get practical help and emotional support when you need it. There is stigma and discrimination associated with having a long-term condition. So, *'Don't describe people by their condition, remember they are a person'*.

And always remember that someone with a long-term condition is an expert on their condition by experience.

They must be allowed to share their stories with healthcare professionals and others to work out what self-care

means for them, see how it can fit with their lifestyle and help them to keep on top of their condition.

In turn, thinking about the future can cause anxiety and sometimes *'Better communications [are] needed between services'* and people you trust to provide reassurance the right self-care options are being considered.

In the future, it might be the case that *'Technology and better using it to help people get around and self-care'* is one way forward together with opportunities for dialogue and, where appropriate, space to ask questions or challenge professional viewpoints and opinions.

Understanding minor ailments

'When is it not a minor ailment, but more serious'.

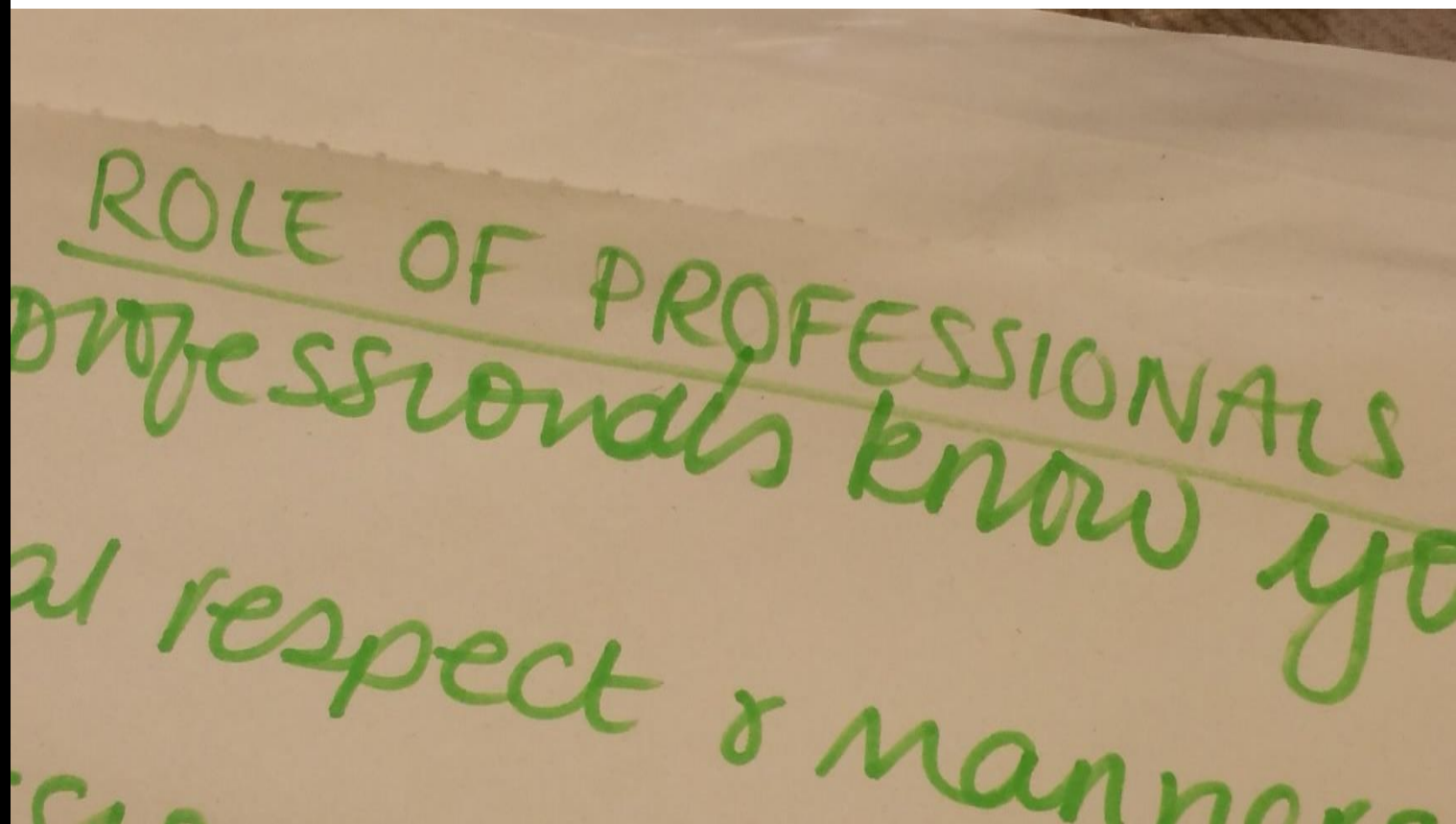
People feel there is often little option but to *'Go to A&E for anything, everything'* to do with their health and care when they cannot easily get access to GP or other healthcare professional advice that they can trust.

On the other hand, there are individuals who are *'Not happy if [there is] no antibiotic'* at the end of

their conversation with a healthcare professional. But, people also say there is a lack of awareness of what help and advice is available to help them with self-care and minor ailments.

And what is required is more advertising and promotion of what is

available including minor ailment schemes. It seems there are many people who do not understand what is meant by minor ailments. However, most of them indicate they welcome *'Being supported to make decisions'* about what to do when they have a cough or cold, or some other minor ailment, what medications to take.



CHAPTER FOUR

What it all means

In this section we consider the findings of the self-care project findings for thinking about what self-care means and the implications for managers and policymakers with an interest in the topic.

Managers and policymakers, with an interest in self-care, need to work with people, from a wide variety of backgrounds, to learn more about what it means to them and how they might be supported to do it or get better at it. Consequently, a self-care strategy, intended to apply to a whole population, will need to take a non-judgemental approach to thinking about lifestyles and how best to meet different health and wellbeing needs.

It is necessary for professionals to develop strong and enduring relationships with different communities and work with them to decide how to plan self-care work and take initiatives forward.

However, there are some groups of people who stand to quite quickly benefit from a focus on self-care. For example, it was estimated that in 2011 there were around 32,850 people in the borough living with a long term condition (see National Census).

As people remarked there is much self-care activity already happening each day in communities. But, people need support from others around them, including professionals, family, and friends, in order to make it easier to self-care and do it well. In such circumstances self-care can become an empowering experience where individuals participate in discussions and decisions on how best to meet their health and wellbeing needs.

The promotion of self-care must not be about professionals preaching to the public on its merits and their poor choices. People do not want to be told, in a condescending way, what to do to maintain or improve their health and wellbeing.

Self-care is not just about people living in disadvantaged areas or who are of a certain type or description. Although, there may be more people who are, for example, overweight or who have diabetes living in a disadvantaged as opposed to a more affluent area.

People's unhealthy behaviours are usually not the origin of poor health, but the end point of a long chain of causes and consequences in their lives. And some people find it harder to do self-care stuff because of where they live, their job or how they are able to get access (or not) to help and services.

We need to think about what hinders or stops people from undertaking self-care activities. It can be because they are living in poor or insecure accommodation, are struggling to live on a low income, or have no family or friends nearby to offer help and support (Department of Health and Social Care, Prevention is better than cure: Our vision to help you live well for longer, 2018).

In turn, it can be difficult for someone to get to the places where the best priced healthy foods if they do not own a car and public transport services are poor in the area where they live. And the proliferation of takeaway food businesses on many high streets and the way that food and drinks advertising works can all make self-care more difficult. It was not until 2018 that fizzy drinks were banned from sale in NHS hospitals whilst many young people continue to eat unhealthy lunches because there are no affordable and healthy meals available at their school.

Time and effort must be given to making the most of what communities and individuals have to offer in terms of their knowledge and skills. We need to think about how individuals can best contribute to the advancement of self-care work. And how this can be done in conjunction with considering who has power and how it can be shared to help achieve self-care goals.

This will help to ensure people are meaningfully involved in place based discussions and decision making that means they have more real control over what happens regarding matters that affect them or the area where they live. And prevent avoidable misjudgments in thinking about people or an area that happen when those in positions of power or authority are not a part of or in close touch with a particular community.

For self-care to work well people need helpful information, in the right format, and at the time when they need it. In turn, communications between professionals and the public must work well with clear explanations and time taken to explain self-care ideas or intended objectives.

The aim must be to give people real choice over what happens regarding the self-care actions they undertake. And reassure them that they will be able to get access to services and professional help when they need to.

In terms of healthcare this might be when they are in touch with NHS 111, a pharmacist or their GP. However, as Healthwatch England research has shown, people can experience difficulties communicating with health professionals. They want a more empathetic approach, and access to information that helps them with lifestyle choices. Importantly, people want professionals and others to understand who they are, listen to their stories, and take an interest in the place here they live.



People want their views to be taken seriously and need others to be around who care about them - whether it be professionals, family or friends.

It is felt that as well as individuals having responsibility for their self-care there also needs to be a sense of collective responsibility with people caring for and helping each other with their health and wellbeing. Self-care that is comprised of individual action and people working together to achieve mutually desired goals. It is not as straightforward as saying it is the individual's responsibility or it is someone else's responsibility.

Meanwhile, we all need a level of stability in our lives that supports us in our self-care, whether it is having a decent place to live, a secure job that pays at least a living wage, or family and friends we can turn to who care about us. And a sense of belonging to a community and being able to make a contribution to neighbourhood

life. Then, when we experience a knock or feel down it is more likely we will be able to find a solution to problems and bounce back.

However, people can find it difficult to bounce back when their anxiety or low mood is a consequence of ongoing and seemingly intractable stress caused, for example, by insecure or low paid employment, financial problems and not being able to pay bills, and not being able to take time out to care for ourselves.

It is argued there is a moral, social and economic case for action that improves people's health and wellbeing.²² More specifically, we all stand to benefit from actions and activities that help people to be productive and contribute economically and through participation in civic life and society.

Therefore, it would seem to be sensible to provide services and early intervention to help people with self-care and other key aspects of their life like housing and employment or when they are feeling low. And prevent more serious health and wellbeing problems from arising.

NHS England is promoting the idea of health as a social movement and building on the energy and creativity that already exists in communities and among local people.²³ We need to carefully take account of local achievements and success stories and know what people's aspirations and desires for the future are. As well as seeking solutions for problems and the difficulties that people face in their lives.

It is important to get to know a community, the people who live in it, and listen to their stories. In this way we can understand the history of a place in ways that will inform how we think about self-care and, its purpose and how best it can be done.

²² Lovell, N. and Bibby, J. (2018) 'What makes us healthy? An introduction to the social determinants of health', The Health Foundation, <https://www.health.org.uk/publications/what-makes-us-healthy>

²³ NHS England (2018) 'Encouraging people to choose self-care for life', <https://www.england.nhs.uk/2018/11/encouraging-people-to-choose-self-care-for-life/>

CHAPTER FIVE

What's next?

Recommendations for action and how to evidence progress on developing a self-care strategy in response to findings outlined in the report are set out in Table 3, below).

	Action	How
1	Develop ongoing conversations with people from all types of background to get a diversity of views on self-care and wellbeing	Reach out into communities, connect with gatekeepers, target the lesser heard voices at times and in places and ways that are convenient for them
2	Develop strong and enduring relations with the wider community and individuals with influence to understand what self-care support they need	Promote an inquisitive and non-judgemental approach to working with communities and thinking about lifestyles and aspirations
3	Determine the opportunities that exist for self-care and wellbeing quick wins	Target resources to help particular groups and people who are, for example, overweight or have diabetes, heart or lung problems
4	Get the messages on self-care, where to get help with it, and how to be involved in thinking about what it is out to more people	Clearly define and make available different types of information on self-care involve people in deciding what it is and how it can best be supported
5	Get more people involved and in control of what happens in the area where they live and thinking about the environment and services	Identify what opportunities there are for the coproduction of neighbourhood plans and the design of services - to meet housing, jobs, transport, leisure health and wellbeing needs

6	Make the most of existing community assets, people’s knowledge and skills, and the good things that are already happening in an area.	What is happening to embed a place-based approach to understanding an area, its history, culture and people, the strength of community bonds and ties, and the implications for thinking about self-care and wellbeing?
7	Ensure sufficient resources are provided to support an integrated approach where self-care, health, and wellbeing are seen as being bound together with early intervention to prevent problems.	What resources are available to help with the promotion and development of self-care initiatives and the incorporation of self-care policies into joined-up housing, employment, health and social care pathways?
8	Ensure there is personal and collective responsibility taken for promoting self-care and supporting people to do it.	What is being done to distinguish between and understand personal self-care responsibilities and organisations and individuals’ collective responsibilities to make self-care work for everyone?

Table 3: Recommendations and actions

Appendix 1

Self-care strategy group

Dudley council's Self Care Strategy Task and Finish Group and representatives from Dudley Council Public Health and NHS Dudley Clinical Commissioning Group tasked Healthwatch Dudley with getting a self-care pack out to organizations and groups who indicated an interest in using it to get people's views on self-care and the five identified topics of interest. Healthwatch would receive feedback from sessions, analyse it, and prepare a report on findings and recommendations. In turn, the report would be used to inform the development of a self-care strategy for the Dudley borough.

Meanwhile, Dudley borough, through the NHS Dudley Clinical Commissioning Group, was approached, by NHS England, to become a demonstrator site for personalised care along with the other boroughs in the Black Country Sustainability and Transformation Partnership area (Sandwell, Wolverhampton and Walsall). The project would include themes on health coaching, self-management, social prescribing and peer-to-peer support.

So it was decided to also align the self-care project work with this work and action to develop a self-care strategy for the Black Country. Key questions on self-care and the five identified topics of interest were:

- What are people's perceptions and thoughts on self-care?
- What makes self-care attractive and meaningful to people?
- Where are we with self-care?
- What might self-care look like in the future?
- What prevents or enables self-care behaviour?

World Café Event

The world café method is a format for promoting group dialogue. It can be modified to meet a variety of contexts and needs. And comprises of creating a welcoming and friendly environment - with small tables, paper and coloured pens - where people can gather to have conversations. The host, for the day, welcomes people and provides an introduction to the event and its purpose. Then there are a number of short rounds of conversation. At the end of each round of conversations people can, if they wish, move from one table and topic of discussion to another table and topic of discussion.

A world café style event was held at the DY1 building in Dudley. In total, 27 people (7 male and 20 female) gathered and were seated, in groups of four to six, around five tables - one for each of the identified five self-care topics of interest. Healthwatch Dudley's chief officer provided an outline for the day and the engagement manager from NHS Dudley Clinical Commissioning Group provided details on the how findings from the day would be used and the development of a self-care strategy for the borough.

People attending the event participated in five rounds of conversation each lasting approximately 10 minutes - at the end of each session they were free to move to a different table and conversations on a different self-care topic. A facilitator at each table ensured people were respectful of each other and different views and everyone was able to have a say. They also made notes on the conversations that took place. At the end of the event there was time to share discoveries and insights in a whole group conversation.

Appendix 2

Self-Care Discussions based around some themes

1	<p>Introductions and outline for the day</p> <p><i>Healthwatch Dudley (Andrea Crew, Chief Officer, Rob Dalziel, Participatory Research Officer)</i></p> <ul style="list-style-type: none"> • Introduction: Healthwatch Dudley. • Plan of action for the day (speakers and world café activities). • Ground rules² <p><i>NHS Dudley Clinical Commissioning Group (Helen Codd, Engagement Manager)</i></p> <ul style="list-style-type: none"> • Introduction: NHS Dudley Clinical Commissioning Group. • What is self-care? • A self-care strategy for the Black Country
2	<p>What are the themes?</p> <p>Mental wellbeing “Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” When we are mentally healthy we can form positive relationships, cope with day to day challenges, and use our abilities to reach our potential. It is about much more than just the absence of mental ill health (World Health Organisation)</p> <p>Minor ailments The treatment of minor ailments within primary care accounts for 20 per cent of total available general practitioner workload. They include:</p> <p>All skin and scalp symptoms (eczema and dermatitis, psoriasis, acne, athlete’s foot, fungal nail infections, nappy rash, cradle cap, dandruff, head lice, insect bites and stings, verruca and warts)</p> <p>Eye ear and mouth symptoms (conjunctivitis, cold sores, mouth ulcers, oral thrush, gingivitis, teething)</p> <p>Cough cold and flu symptoms (colds, flu, coughs, sore throat)</p> <p>Allergy /hay fever symptoms (hay fever, nasal congestion)</p> <p>Stomach symptoms (heartburn and indigestion, infantile colic 0 to 2 years)</p> <p>Bowel symptoms (constipation, diarrhoea, haemorrhoids, threadworm)</p> <p>Urinary / gynaecological symptoms (thrush, cystitis)</p> <p>Pain symptoms (headache, dysmenorrhoea pain, migraine pain, muscular pain, earache, back pain, sprains, strains)</p> <p>Sleep travel and smoking symptoms (travel sickness)</p> <p>Self-care - Journal of consumer-led health, 2010, Vol.1 No.3.</p> <p>Caring Across the UK today 6.5 million people are unpaid carers, supporting a loved one who is older, disabled or seriously ill. Our loved ones are living longer with illness or disability, and more and more of us are looking after them. Whether round-the-clock or for a few hours a week, in our own home or for someone at the other end of a motorway. Caring is such an important part of life. It’s simply part of being human. For some it’s sudden: someone you love is taken ill or has an accident, your child is born with a disability. For others, caring creeps up unnoticed: your parents can’t manage on their own any longer, your partner’s health gets gradually worse (Carers UK)</p> <p>Long term conditions About 15 million people in England have a long-term condition. Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension (Kings Fund)</p>

	Role of professionals A person formally certified by a professional body of belonging to a specific profession by virtue of having completed a required course of studies and/or practice. And whose competence can usually be measured against an established set of standards. A person who has achieved an acclaimed level of proficiency in a calling or trade (Business Dictionary)
5	What's next?
	<ul style="list-style-type: none"> • Round-up of today's activities • Flashcards (for use with groups) • People's Network Event • A resource pack • A report on findings and recommendations • Writing a report, where it will go, and feedback

Ground rules

WE WANT YOU TO DO THE TALKING: Let's hear from everyone, one person at a time, we may call on you if we haven't heard from you in a while.

THERE ARE NO RIGHT OR WRONG ANSWERS: Everyone's ideas and experiences are valuable, it's important to hear all sides - positive and negative, we will not always agree, but we must always show respect for one another.

WHAT IS SHARED IN THIS ROOM STAYS IN THIS ROOM: Please keep everything you hear today confidential, we will summarise themes without identifying individuals by name.

Does anybody have any questions or anything they want to add?

Does everyone agree on how we treat each other when we talk about pharmacy services?

Appendix 3

Self Care Pack Pilot Working group

Name	Area of interest
Angela Rea	Airtime COPD
Sue Hatton	Healthwatch Volunteer
Stuart Steel	Patient Opportunity Panel
Paul Acutt	Carer
Josh Uddin	Disability in Action
Rachel Horne	Airtime COPD

Appendix 4

self care
In Dudley borough

mental wellbeing

minor ailments

caring

long term conditions

role of professionals

what is self care?

THE NHS SAYS

“Self care is about keeping fit and healthy, understanding when you can look after yourself, when a pharmacist can help and when to get advice from your GP or another health professional.

If you have a long-term condition, self care is about understanding that condition and how to live with it.”

But can it mean more?

We want to know what self care means to you...

What's it all about?

This pack is to help you start conversations on self care, health and wellbeing with people you know.

We would like you to talk about one or more of these topics:

- » mental wellbeing
- » long term conditions
- » caring
- » minor ailments
- » role of professionals

Each topic includes discussion ideas based on conversations that local people have already been having.

However, you might have different views or ideas.

The discussions you have will contribute to a Dudley borough self care strategy

How to get started

1. **Decide how long you want your discussion to last - and stick with it**
2. **Choose which topics you would like to discuss**
3. **Agree a note-taker**
4. **Talk about self care!**
5. **Make sure everyone feels included and can have a view - there are no right or wrong answers**
6. **Tell us what you talked about (please see our feedback card)**

mental wellbeing:

Mental health is:
“a state of well-being in which every individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

World Health Organisation

People in Dudley borough are talking about:

- Dealing with stigma, assumptions and attitudes
- Getting information, help and advice
- Freely talking about mental health
- How services work for them
- Involving local people in service planning
- People helping each other

What works? How could things be different?

caring:

“Across the UK today 6.5 million people are carers, supporting a loved one who is older, disabled or seriously ill... whether round-the-clock or for a few hours a week, in our own homes or at the other end of the motorway. Caring is such an important part of life. It's simply part of being human.”

Carers UK

People in Dudley borough are talking about:

- Family, work and caring roles
- Emotional and physical wellbeing of carers
- Getting information, help and advice
- Understanding younger and older carers
- Involving local people in service planning
- People helping each other

What works? How could things be different?

minor ailments:

Mild skin conditions such as acne, eczema, psoriasis, impetigo, athlete's foot

Coughs and colds, including blocked nose (nasal congestion) and sore throats

Conjunctivitis, cold sores and mouth ulcers, warts and verrucas

Constipation and piles (haemorrhoids)

Hay fever, dry eyes and allergies (including rashes, bites and stings)

Aches and pains, including earache, headache, migraine, back pain and toothache

Vomiting, heartburn, indigestion, diarrhoea and threadworms

Period pain, thrush and cystitis

Head lice (nits), nappy rash and teething

Bruises, sunburn, minor burns and scalds

www.nhs.uk

People in Dudley borough are talking about:

- Understanding minor ailments
- Knowing your own body
- Getting information, help and advice
- Trust and confidence in the people who help us
- Helping yourself and people helping each other
- Involving local people in service planning

What works? How could things be different?

long term conditions:

“About 15 million people in England have a long-term condition. Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.”

The King's Fund

People in Dudley borough are talking about:

- Knowing your body and coping strategies
- Quality of life and personal goals
- Involvement in decisions about personal health and healthcare
- Helping yourself and each other
- Involving local people in service planning
- Getting information, help and advice

What works? How could things be different?

role of professionals:

"Health professionals play a central and critical role in improving access and quality health care for the population. They provide essential services that promote health, prevent diseases and deliver health care services to individuals, families and communities based on the primary health care approach."

World Health Organisation

Other professionals help us with essential things including housing, education, our environment and keeping safe.

People in Dudley borough are talking about:

- Information that empowers people
- Professionals and the public understanding each other
- Respectful and trusting relationships
- Professional values, training and approaches
- Professionals and the public working together to solve problems

What works?

How could things be different?

Your feedback

After your session we would like you to share your conversations with us.

Please try not to include anything that will identify individuals in the information that you feed back.

Healthwatch Dudley will include your ideas in a report that will inform a local self care strategy.



Get in touch

Please contact us to decide how to return your valuable feedback, or to answer any questions:

Healthwatch Dudley
 hello@healthwatchdudley.co.uk
 03000 111 001
 7 Albion Street
 Brierley Hill
 DY5 3EE

healthwatch Dudley Dudley Clinical Commissioning Group NHS Dudley

Appendix 5

Self Care Pack Circulation

Dudley and Walsall Mental Health Partnership NHS Trust	Dudley Canal and Tunnel Trust
Dudley Metropolitan Borough Council (Commissioning)	Camp Hill Village Trust - Shared Lives
Airtime (chronic obstructive pulmonary disease)	Dudley Metropolitan Borough Council (Trading Standards)
Black Country Neurological Alliance	Age UK, Dudley
White House Cancer Support	Dudley Metropolitan Borough Council (Living Well Feeling Safe)
Witness Service (Citizens Advice Bureaux)	Dudley Metropolitan Borough Council (Enabling Community Support)
Dudley Group NHS Foundation Trust	South Staffordshire Water
Dudley Metropolitan Borough Council (Lye Community)	Black Country Partnership Foundation Trust (Health Visiting)
Dudley Carers Network	Brierley Hill Fire Station - Purple Watch
Friends of Ridgeway Surgery - Patients Participation Group	Young Health Champions
Dudley Carers Alliance	Beacon Centre for the Blind, Stourbridge
Dudley Deaf Group	Queen's Cross - Sign Cafe
Lapal Medical Practice - Patient Participation Group	Headway Black Country (head injuries service)

Healthwatch Dudley would like to thank Helen Codd, Engagement Manager, NHS Dudley Clinical Commissioning Group; Dr Mayada Abu Affan, Consultant in Public Health, Dudley Metropolitan Borough Council; and the other members of the Self Care Strategy Task and Finish Group for their help and assistance.

Thank you also to the Self Care Pack Pilot Working Group and everyone who participated in discussions on self-care and what it means to them.

The self-care project and report was commissioned by NHS Dudley Clinical Commissioning Group.

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