Scottish Public Health Review

One view from Tayside

Drew Walker
Director of public health

Demography Headline Projections

Scotland's 65+ population projected to rise by 21% between 2006 – 2016

By 2031 it will have risen by 62%

For the 85+ age group, a 38% rise is projected for 2016

By 2031, the increase is 144%

The 'dependency ratio' increases: 20% by 2020

Poverty and Health

Stress

Lack of Direction

Loss of Hope

Learned Helplessness

Health tends to decline in communities where levels of interaction are low and where people feel insecure

(Smith Institute – 2008)

Implications

- Our current pattern of services and spending are unsustainable against future finance and demand
- The historic pattern failed those with the highest need. The overarching commitments to early intervention; equally well and anti-poverty challenge historic service models anyway
- We need to fundamentally rethink how we deliver and what we are delivering

Changing roles:

Traditional service delivery model

- **Planners** specify what the services will look like, procure them and then monitor the services using targets
- **Practitioners** assess need, ration resources and deliver services to passive recipients
- **Users and communities** are defined by what they lack and receive care based on how needy they are perceived to be

"Our health-care system is sickening as it obscures the political conditions that render society unhealthy; and it expropriates the power of individuals to heal themselves and to shape their environment."

Ivan Illich

Changing roles:
Co-production model

Planners, Practitioners, Users/Communities

- **All three have a role** in assessing needs, mapping assets, agreeing outcome targets, planning allocation of resources, designing and delivering services, monitoring and evaluating impact
- Professional and experiential knowledge are valued and combined, everyone's capacity is developed.
- Minimises waste by developing solutions with users
- Can often reduce costs by focusing on person-led community-involved services, relieving pressure on expensive specialist services

Staff Experience

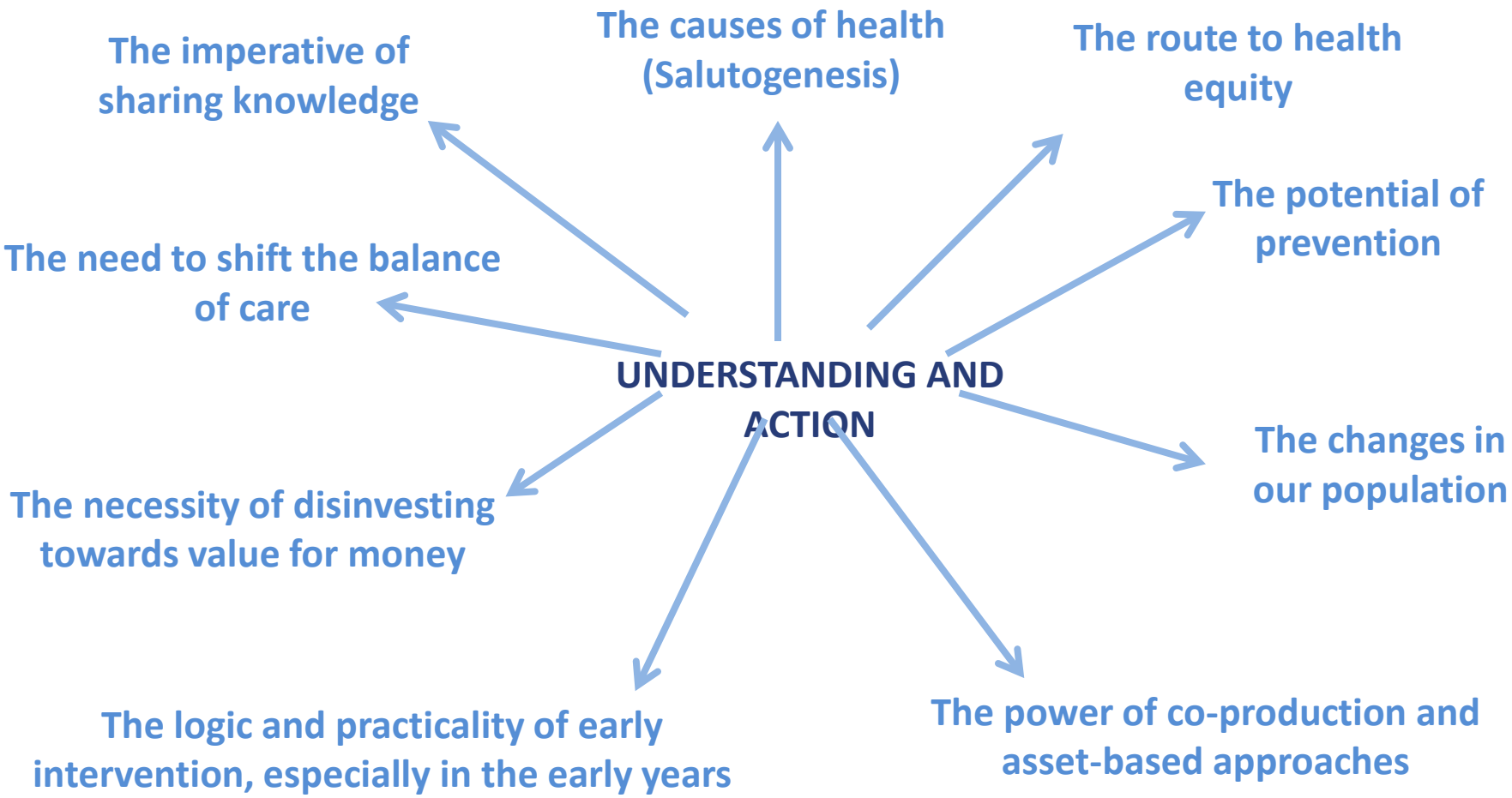
"Nothing can prepare you for the sense of pride you feel when a client achieves a goal they have set themselves or the pride they feel in themselves for making positive changes in their lives. It is a fantastic feeling to know that you have been the catalyst in bringing about these changes"

Communities in Control

"The challenge is to work with communities, not to find out what they want and then provide it, but to enable them to take control and provide their own solutions. Communities need to be involved in the delivery of services, behaviour change initiatives and solutions, as well as in their design. This enablement and related ideas are called co-production".

The Specialist Public Health Role

"The evil that is in the world almost always comes of ignorance, and good intentions may do as much harm as malevolence if they lack understanding" Albert Camus



Challenges

- Culture Change - our biggest challenge for the NHS and throughout the public sector
- Time to build relationships –learn together, plan together, deliver together
- Courage - Public service leadership needs to learn to ‘let go’ and build co-production into existing services