

Health Futures Planning 7

Examining strategic direction

Graham Lister

Hopes and Fears for the Future of Public Health

- ◆ These slides show the result of asking three simple questions
 - What do we mean by Public Health?
 - What will change Public Health?
 - What will this mean for Public Health in 2015?
- ◆ I asked a group of “thought leaders” to comment
- ◆ Then we took the material to a national conference to obtain video feedback from participants to see this go to
 - http://www.silverbullet.tv/silver_bullet_media_ukpha_conference.htm
 - Or click here if you have Google video player



Your Future of Public Health

- ◆ You are invited to examine these comments and produce your own vision of the role of public health in 2015
- ◆ You can either produce a summary slide or a series of video feedback comments

What is Public Health?

- ◆ “The science and art of preventing disease, prolonging life and promoting health through the organised efforts *and informed choices* of society, *organisations, public and private, communities and individuals* ”



This is clearly wider than the direct impact of public health functions. PH should be a catalysts for the engagement of all society, including: the public, community groups, NHS and LAs, all sectors of the economy and the state in making choices for health.

Sir Donald Acheson Chief Medical Officer 1988 as amended by Derek Wanless 2003.

WHO on the future of Public Health

Derek Yach Director Non Communicable Diseases and Mental Health

◆ 1986 Ottawa Charter key action areas

- Building healthy public policy
- Creating supportive environments
- Strengthening Community action
- Developing personal skills
- Re-orienting health services

◆ 2002 Report Reducing Risks, Promoting Healthy Lives

- Renewed Public Health focus on preventable threats to health, which include tobacco and alcohol, poor diet, stress, lack of physical activity and violence.
- Need to improve the evidence base for PH action and to develop the leadership role of public health.





David Byrne

EU Policies for Public Health

◆ Current focus on

- Health and safety at work
- Food health safety
- Healthy impact of policies

◆ New focus on

- Information for health
- Rapid reaction to threats
- Health promotion and
- Diseases prevention

◆ Future

- EU Public Health Laws
- Wider application of HIA
- EU health technology assessment
- Health at the centre of EU internal and foreign policy



A US view of “The Future of the Public’s Health in the 21st Century”

IoM Report from USA Committee Chaired by Jo Ivey Bouffard

◆ Points to

- Poor performance of US health system
- New health threats

◆ Calls for overhaul of

- Funding,
- Organisation
- Coordination
- Technology and
- Workforce

◆ Need for

- Population health approach
- To determinants of health
- Better PH infrastructure
- Partnerships for health
- Clearer accountability
- Better evidence base
- Better health communication
- Reformed access to health



A UK view from Parliament

The Select Committee on Public Health 2001

- ◆ Rebalance PH and NHS
- ◆ Clarify leadership of PH
- ◆ Develop partnerships
- ◆ Improve the evidence base
- ◆ Stress implementation
 - 97% of research descriptive
 - Focus on behaviour change
- ◆ Better incentives for health improvement
- ◆ Be clear about what works
- ◆ Focus on action !





The CMO's Project to Strengthen the Public Health Function 2001

Sir Liam Donaldson Chief Medical Officer

- ◆ National Strategy for health awareness
 - Saving Lives Our Healthier Nation
- ◆ Improved surveillance of health
- ◆ National public health research strategy
- ◆ National PH forum to improve co-ordination
- ◆ Health and Local Government to work together
- ◆ Public Health input to Regional Government
- ◆ Focus on community development and hard to reach
- ◆ Strengthened multi disciplinary public health staffing
- ◆ Develop public health leadership skills

A view from the Health Development Agency

Jeff French: Director of Policy and Communication HDA

◆ HDA

- Develops the evidence base and capacity for PH

◆ Key changes may include

- Local democratic control
- Of health and local government functions
- New integrated public health structure
- Workforce crisis

◆ In ten years time

- PH must be evidence based with
- Clear professional standards and
- Better management and organisation
- Evidence informed policy making and
- Bias for action e.g
- Behaviour change



NICE Thoughts for the Future of Public Health

Andrew Dillon Chief Executive National Institute for Clinical Excellence

- ◆ NICE supports
 - Clinical standards
 - Service guidelines
 - Referral protocols
 - Technology assessment
 - Cost/effectiveness advice
- ◆ Change will come from
 - Medical/technical advances
 - Public expectation of choice
 - Cost pressures
 - Re-emergent diseases
 - Possibly terrorism
- ◆ This may result in
 - Greater need to define public priorities/limits
 - To set standards and guide use of drugs/tech
 - PH as patient guide to public/private choices
 - Accelerating change in PH role and health !



Health Economist's Thoughts for the Future

Charles Normand Professor of Health Policy LSHTM

- ◆ Changes arising from
 - Need to show cost/benefit e.g. screening
 - Increased focus on behaviour change e.g. for chronic patients
 - Separation of PH from clinical service agenda
 - Greater focus on Healthy Public Policy
- ◆ This may mean
 - Health economics and behaviour change recognised as equally important as clinical
 - Policies and behaviours changed in small but important ways for health e.g. walking to school, labelling of foods,



A view of Public Health Leadership and Management

- ◆ PH faces difficult management problems
 - Inter-agency, multi disciplinary, complex structure
 - Different approaches needed for
 - Community leadership /health promotion /health protection/ emergency response and research
 - Lack of outcome measures or protocols
- ◆ Over the next ten years it must improve skills in:
 - Evaluation, finance and programme management
 - Leadership and management
 - Support for social engagement with health
- ◆ Need for a leadership and management development initiative for Public Health and for community champions for health.



Graham Lister

A View from the Profession

Siân Griffiths President of the Faculty of Public Health Medicine

- ◆ The Faculty is active in:
 - Professional affairs
 - Education and standards
 - Advocacy and policy
- ◆ Key drivers of change:
 - Focus on health equity
 - Global health agenda
 - Greater health awareness
 - Evidence and knowledge of what works.
- ◆ In ten years expect increased:
 - LG/NHS engagement with PH
 - Recognition of health impacts
 - Role of PH professionals in
 - Community development
 - Policy health impact assessment
 - Using information to reduce
 - Health and information inequity
 - Guiding patient choice
 - Supporting behaviour change
 - Using evidence based solutions and professional judgement



A view from General Practice

Peter Smith Chairman National Association of Primary Care

- ◆ GPs will need to work in teams with Public Health Nurses and Pharmacists to support self-care
 - in taking decisions with Drs
 - in self medication decisions
 - in self-help groups
 - in health education
 - in participating as volunteers



A View from Pharmacy

David Taylor, Professor of Pharmaceutical and Public Health Policy,
School of Pharmacy, University of London

Key changes will include:

- ◆ new preventive medicines and risk assessment tests;
- ◆ greater emphasis on service user choice and control;
- ◆ more informed awareness of the environmental and lifestyle determinates of health.

This ought to bring more equal user/provider relationships and less rigid professional role demarcations

In 10 years local pharmacists will be:

- ◆ playing a central role day to day health care delivery;
- ◆ supporting patients in their management of their medicines;
- ◆ providing more evidence based health protection and promotion.



Strategic HA thoughts for the future

Robert Sherriff Exec Director P H / Clinical Leadership Thames Valley

- ◆ Potential change drivers
 - Terrorism (possibly)
 - Health inequalities
 - Need to show value for money
- ◆ A PH network focussed on
 - Health Protection: communicable disease and environmental health
 - Disease Prevention: vaccination and immunisation, screening, health promotion.
 - Health Impact: of social and economic policies
 - Health effectiveness: need assessment, evidence based medicine, leading clinical change.
- ◆ Led by Public Health Specialists
 - Supported by Community Health Practitioners: i.e. Health Visitors, School Nurses, Practice Nurses and others



PCT Thoughts for the Future

Jane O'Grady, Director of Public Health Vale of Aylesbury PCT,
Rachael Wells, April Brett, Jane Potter PH Specialists

◆ Key changes

- Multi disciplinary approach
- Possible move to local government
- Re-emergent diseases e.g MDR TB, Malaria and other threats

◆ Possible impacts

- Broader approach to determinants of health
- Wider engagement with community groups
- Potential split between public health planning role and prevention services based in local government.
- Re-integration of prevention work with environmental health services
- Greater emphasis on health protection in response to terrorism and re-emergent diseases.



Public Health Practitioner Views

Vivyan Pink Clinical Manager, Health Visiting Vale of Aylebury PCT
Helen Hamilton, Elizabeth Green, Sue Allen, Christine Johnson and
Maureen Aylmer, Jan McGregor, Jilly Attree, Bernie Halford

- ◆ Future may bring
 - Wider role for Public Health Practitioners targeted at: problem families, e.g. domestic violence, chronic patients e.g. depression, communities e.g. volunteers and hard to reach people.
 - Requires: less fragmentation, better management in public health and across other agencies (possible role for a wider local agency) .
 - Continued development of skills in needs assessment/targeting, behaviour change, community engagement and working with volunteers, (if we cannot expand resources).



View from Over the Counter Medicines

Gavin Bell President PAGB, Vice President Roche Health

- ◆ Response to minor illness
 - 46% not treated
 - 9% home remedy
 - 25% non prescription med
 - 14% medicine found in home
 - 10% consultation with Dr
 - 1% advised by Practice Nurse
 - 1% advice from pharmacist
- ◆ Level of self-care will be fundamental to demand for health services



Comparative View: Survey of European Patients

Helen Magee Picker Institute

- ◆ What do you do for minor illness
 - Self care Visit Dr Nothing
- ◆ UK 55% 26% 17%
- ◆ Germany 29% 55% 14%
- ◆ France 30% 48% 19%
- ◆ Spain 31% 51% 11%
- ◆ Belgium 25% 50% 22%
- ◆ Netherlands 24% 33% 40%

Action needed to reinforce and enable personal responsibility for health



The Expert Patient Training and Support Programme

Jim Phillips

- ◆ Training for chronic patients course:
 - Goal setting action plans
 - Problem solving
 - Symptom / fatigue management
 - Exercise and lifestyle
 - Dealing with emotions
 - Communications
 - Understanding medication
 - Community resources
- ◆ New approach to self care offered to 20,000 patients by 2004 through evidence based national programme.



NHS Direct Thoughts for the Future

Edmund Jahn senior NHS Direct manager and service innovator

◆ Drivers of Change

- Economics- need to show value for money
- Communications technology- used by all patients and health service providers
- Skill shortages - need to free clinical time
- Political- centralisation vs local control

◆ In ten years we may see

- All services using similar systems for disease management and support for self care
- Patient access to health information using Digital Interactive TV and other services
- Integrated HMO networks using computer expert systems to guide patients to appropriate services and to control quality



Digital Interactive TV Open Health

A thought for the Future from the late Michael Young

- ◆ The Information Society
- ◆ DiTV in all homes by 2012
- ◆ Two way communication for health and community support
- ◆ Impact on Public Health
- ◆ Health care advice at home
- ◆ Patient monitoring
- ◆ Follow up to hospital care
- ◆ Targeted health messages
- ◆ Access to self care support
- ◆ Support for patient choice
- ◆ Contact with support groups
- ◆ Instant feedback from patients
- ◆ All delivered to individuals through DiTV



Champions for Health

Fiona Adshead Deputy CMO



- ◆ We need to use social marketing skills for health
- ◆ Deploying integrated campaigns for health choices
- ◆ Focussed on a few key health issues at a time
- ◆ Expressed in simple, direct language, that
- ◆ Listens and speaks to those we most need to reach
- ◆ Carried into communities by champions for health
- ◆ To support positive choices for health

OurHealth

Proposal by Sharon Grant, Chair Commission
on Patient and Public Involvement in Health



- ◆ CPPIH seeks new public engagement with health
- ◆ Patient and Public Involvement Forums are an important first step, but need:
 - Wider approach to community engagement
 - Building upon existing PCT Forums and community networks
 - Enabling and supporting community leadership for health
 - Articulating public and patient health needs and issues
 - Locally and nationally
- ◆ We call this OurHealth



The Health of the People Act

Proposals by Stephen Monaghan

- ◆ Current PH law outdated
 - Last renewed in 1984/88
 - Some elements from 1848-78
- ◆ New knowledge of effective PH measures
- ◆ New health threats and
- ◆ New Public Health organisation structures
- ◆ Impact of European and Human Rights legislation
- ◆ **Need for new law**
 - Recognising individual liberties and responsibilities
 - But with powers to protect the “Communal Good”
 - To avert risk of harm
 - To protect the incompetent
 - To prevent risk to self
 - Transparent processes to protect individuals and businesses
 - Clear duty of government to promote health and well being

The Fully Engaged Scenario

Derek Wanless



- ◆ “Fully engaged” needs government leadership and support
- ◆ Involvement of employers, NHS, LAs, community groups
- ◆ But primarily depends on individual and family choice
- ◆ It requires
 - Clearer leadership and direction of PH effort
 - A better evidence base of what works
 - Interventions (including fiscal measures, regulation and investment) based on cost effectiveness
 - Better information for patients on health risks and PH outcomes
 - Improved PH management and social marketing skills

The New Age of PH

Ilona Kickbusch Yale Professor for
Global Health



- ◆ Public Health must address the globalisation agenda by action on health as:
 - A global public good
 - A key to global security
 - A responsibility of business
 - A right of global citizenship
- ◆ Global health is a local issue for us all



Healthcare Students' Views of the Future of Medicine

- ◆ We believe in a world where health is a realised human right for every person across the globe
- ◆ Where inequalities in health and healthcare delivery do not exist
- ◆ Reduction of poverty and education are the keys to improve health
- ◆ Global Health is a local issue which requires action from everybody
- ◆ Public health will only improve with better teaching for undergraduates, improving its image to appeal to a new generation and allowing them to really impact the health of the population

Global Health • Local Issue

medsin-uk

Claire Procter
President, Medsin-UK
www.medsin.org

Responding to *Choosing health*

David Hunter, Chair, UKPHA



Choosing health put PH on the policy agenda, but

- ◆ The focus is on individual choice and responsibility
- ◆ Government's stewardship role gets little mention
- ◆ Giving the lead role for PH to the NHS is a mistake – PH will always play second fiddle to acute care
- ◆ Leadership for the whole health system is needed of which the NHS is but a part
- ◆ The focus must be on healthy public policy and healthy communities

Captain James T Kirk



To boldly go.....

- ◆ The following scenarios are not forecasts, but
- ◆ Playful explorations of future possibilities
- ◆ Intended to raise discussion
 - What is possible or likely ?
 - What is desirable, what to be avoided ? and
 - What should we do to create the future?
- ◆ Please produce your own vision of the Future for Public Health





Tim Berners-Lee

Techno World

Scenario based on wide use of communications and information technology

- ◆ Wellness screening for mental and physical health
- ◆ Genetic screening
- ◆ Open Health DiTV self-care information/communication
- ◆ Effective behaviour change support science
- ◆ Health impact assessment is understood and used
- ◆ Information on health risk of all products and lifestyle
- ◆ Health expectations increase
- ◆ Evidence base for PH action
- ◆ Increased self-care
- ◆ Managed by protocols
- ◆ Growing inequity for information poor
- ◆ Junk Food Convention



Osama bin Laden

Plague World

Scenario based on fear of terrorism and re-emergent diseases

- ◆ Major incidents lead to
 - Minister for Homeland Security
 - UK Health Protection Agency
 - Command and control structure
 - Powers to co-opt and enforce
 - Surveillance greatly increased
 - Global health a political priority
 - Less focus on other PH issues
- ◆ Increased public awareness
- ◆ Emphasis on personal responsibility for health
- ◆ Greater choice but
- ◆ Less solidarity and hence
- ◆ Less group self-care
- ◆ Increased health inequity



Joseph Chamberlain

Reordered World

Scenario based on institutional and social change

- Europe wide approach to
 - Public Health Laws, Health risk/tech assessment, Info for health, Health surveillance
- ◆ English local democracy
 - Regional Assemblies : Health, Transport, Education, Employment and more
 - Local Councils : Public Health, Social Services, Amenities, Environment, Community /Consumer Support
- ◆ **Social solidarity increases**, more active citizenship, community ownership of health
- ◆ **Integrated PH role** in social and community development
- ◆ **Re integrated** with environmental health
- ◆ **Focussed** on cost effective health strategies
- ◆ **Wider engagement** -by all health staff, teachers, groups pharmacists etc for self care



Antoine de Saint-Exupéry

Your task is not to foresee the future, but to create it.

Jeff French, David Taylor, Geoff Rayner, John Wyn Owen and Fiona Sim suggest actions

Potential trends

- ◆ Consumerism and rejection of paternalism, emphasis on
- ◆ Responsibility and choice
- ◆ Enabled by medical and information technology
- ◆ Globalisation shapes lifestyle diet and global health
- ◆ Smaller state with greater role for EU and regions
- ◆ Danger of loss of community

PH actions to create a better future

- ◆ Informing and empowering citizens, enabling people to take charge of their lives.
- ◆ Improving equity of access particularly for disadvantaged
- ◆ Corporate Social Responsibility partnerships and global regulation
- ◆ EU approach to global health
- ◆ Regional strategies for health
- ◆ Mass engagement in health issues and healthy communities



Mary Parker Follet

The third way....

Other ideas which resulted from working together

- ◆ Need for better leadership and management of PH with
 - **New Health of the People Act recognizing new realities for both communicable and non-communicable diseases.**
 - **National body to advise on cross government health risks and Public Health research**
 - **Wider PH role in developing active citizenship and healthy communities with champions for health and social issues.**
 - **National and local social marketing for health**
 - **OurHealth to support public engagement with health**
 - **Leadership and management training.**

Your hopes and fears for the Future of Public Health

- ◆ If you have found this exercise helpful
- ◆ Please join in, either as an individual or group
- ◆ Send your one or two slide version of the future to
 - G_C-Lister@msn.com
- ◆ Spell out your hopes and fears, focus on action
- ◆ To avoid the dangers and achieve a better

Future for Public Health
- ◆ Identify your scenario with your hero or villain