



Public Health in Scotland

**Association of Directors of Public
Health**

29th November 2006

Sir Henry Littlejohn and Sir William Gairdner



Child Health in 19th century Glasgow





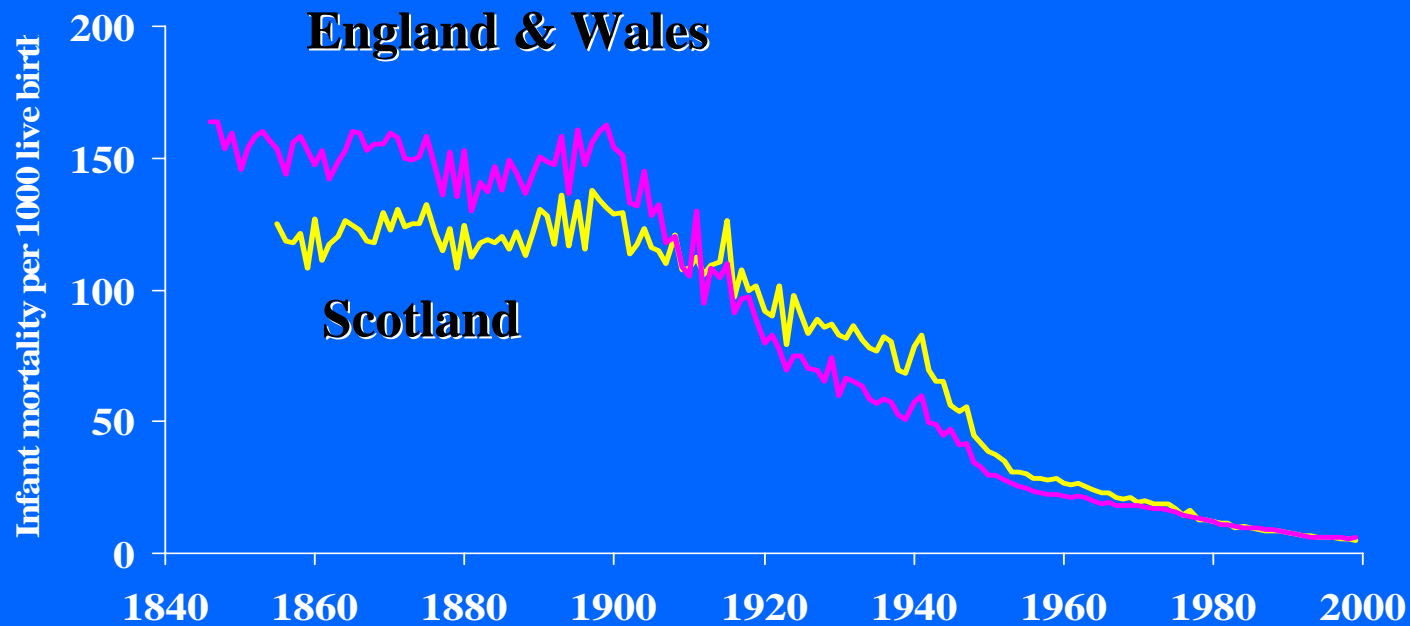


Health inequalities in 1861

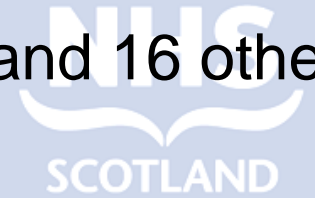
	Servant: Resident	IMR/1000 births
West end	1 : 2.8	17.8
Central	1 : 67.8	260

John Strang City Chamberlain

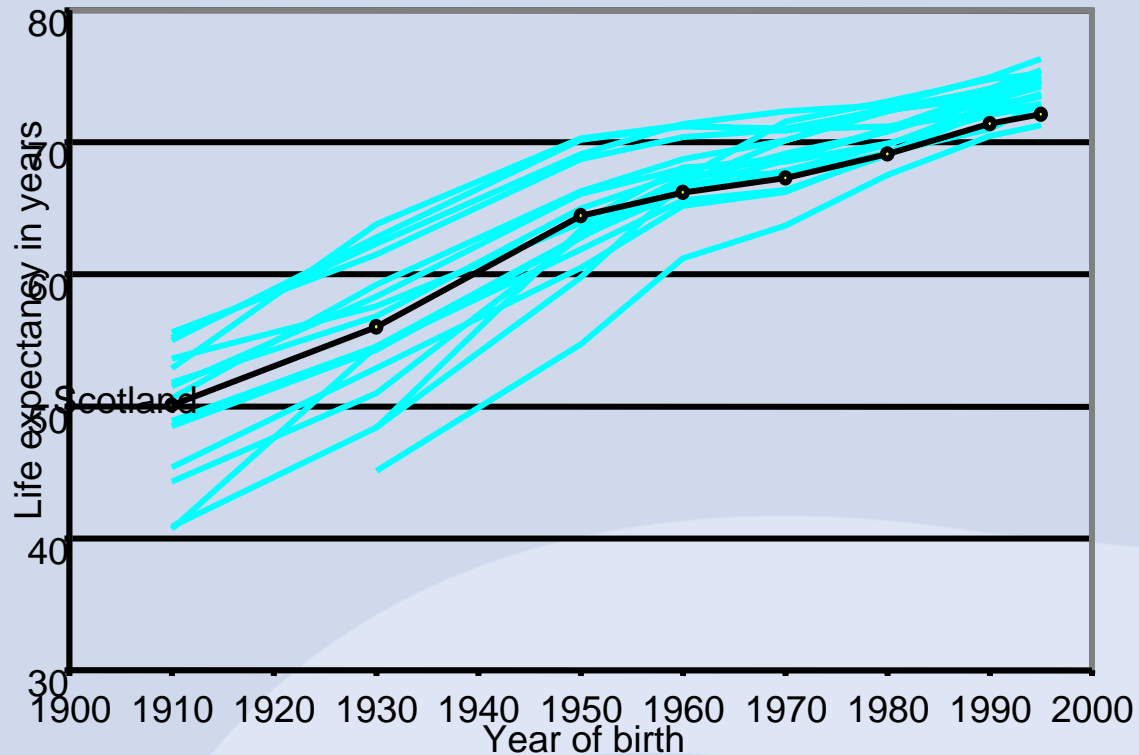
Infant mortality trends 1848-1999



20th century trends in life expectancy in Scotland and 16 other Western European countries

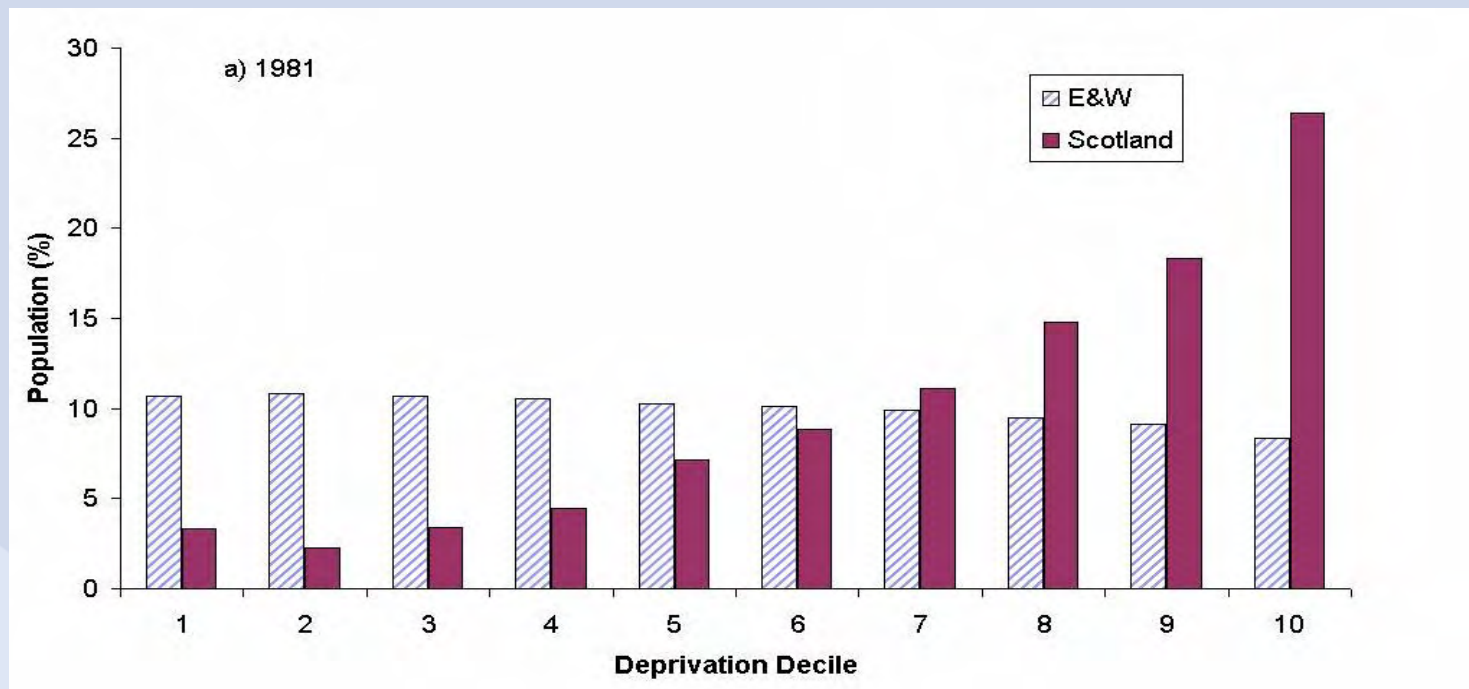


Males

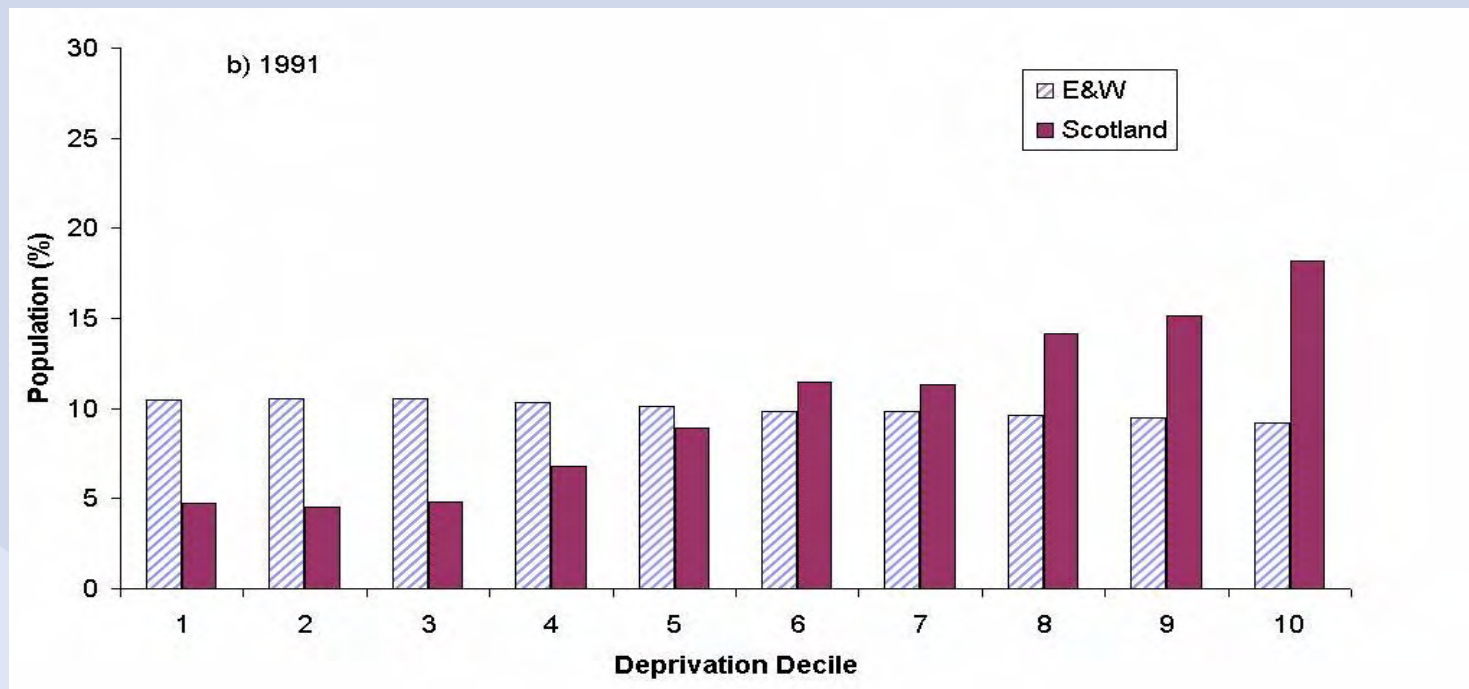




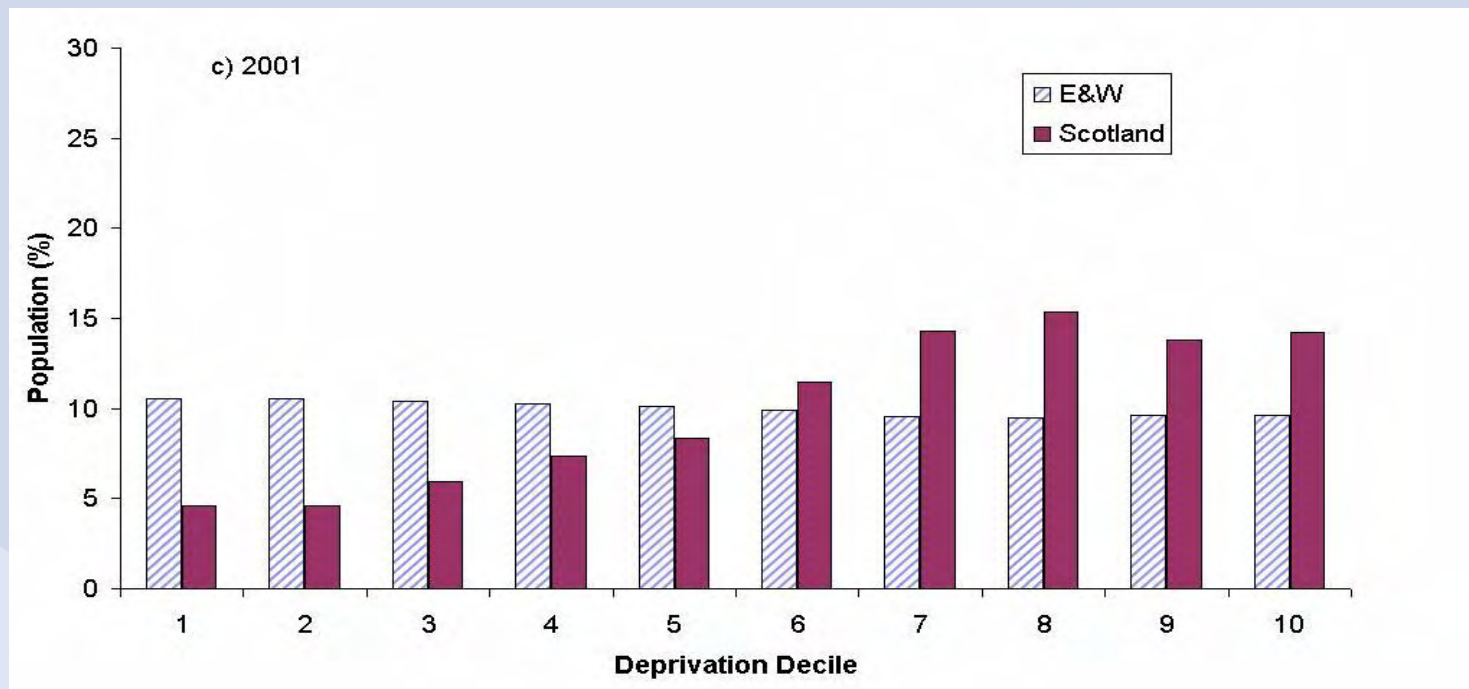
Deprivation in 1981



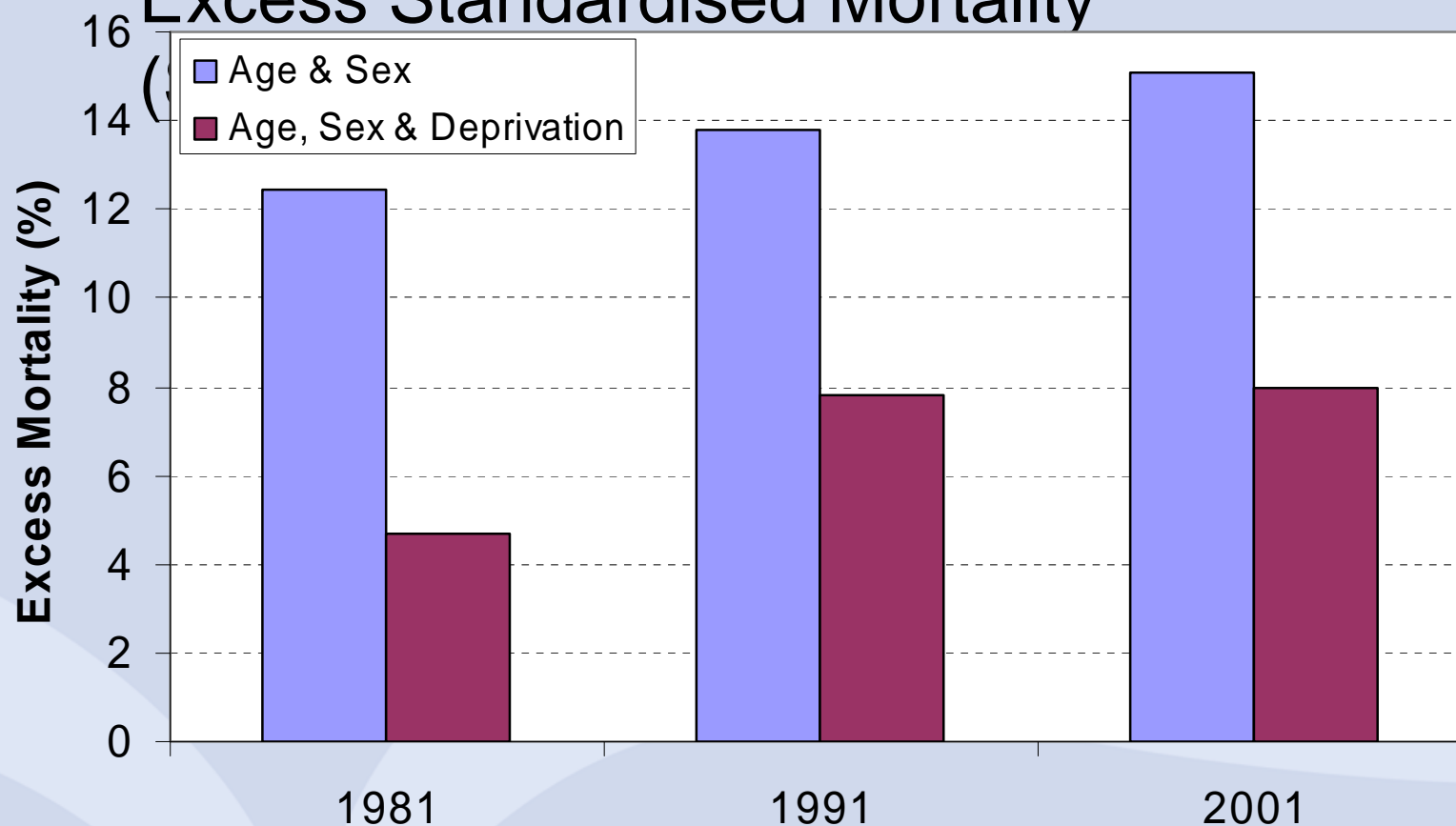
Deprivation in 1991



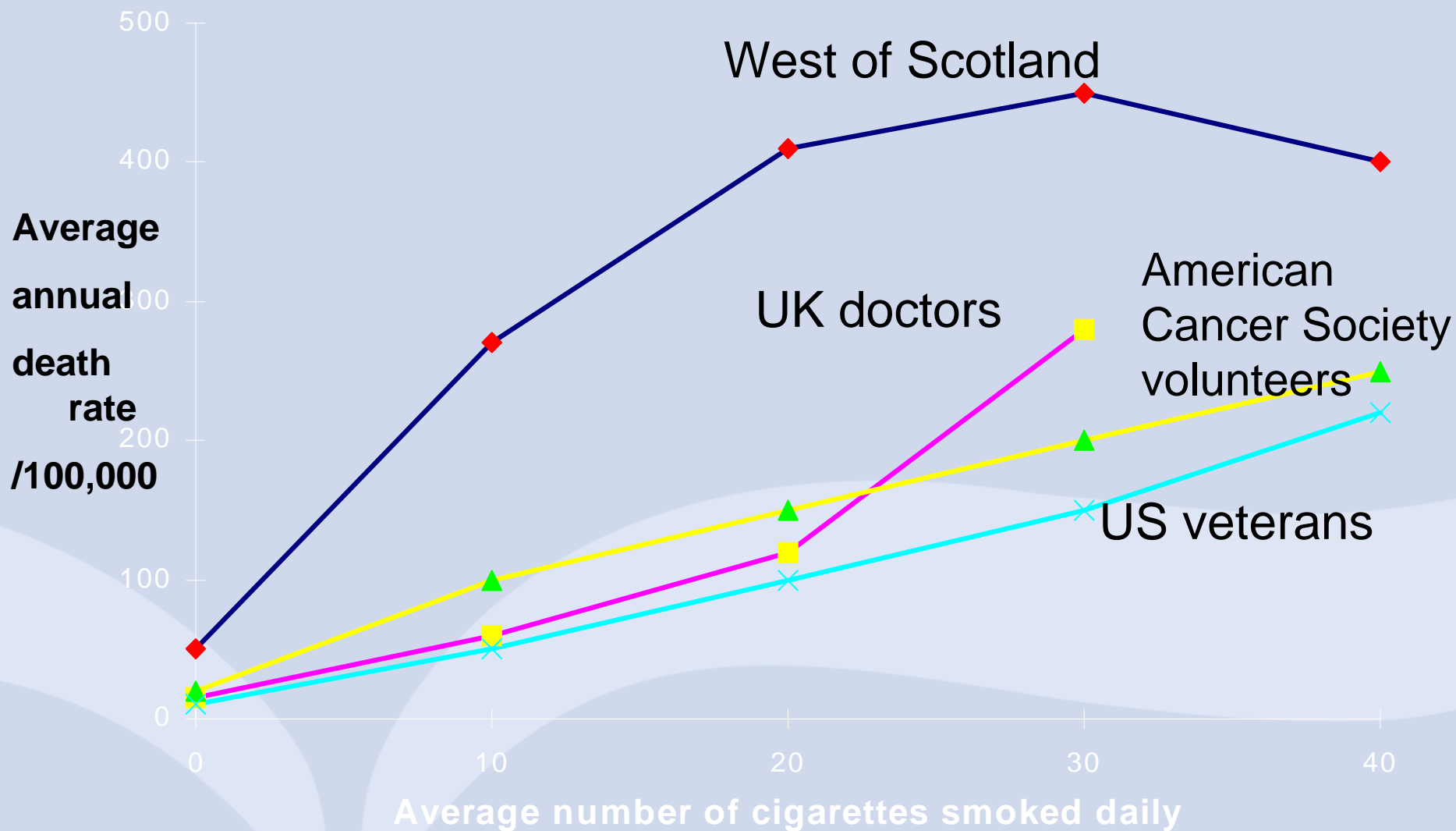
Deprivation in 2001



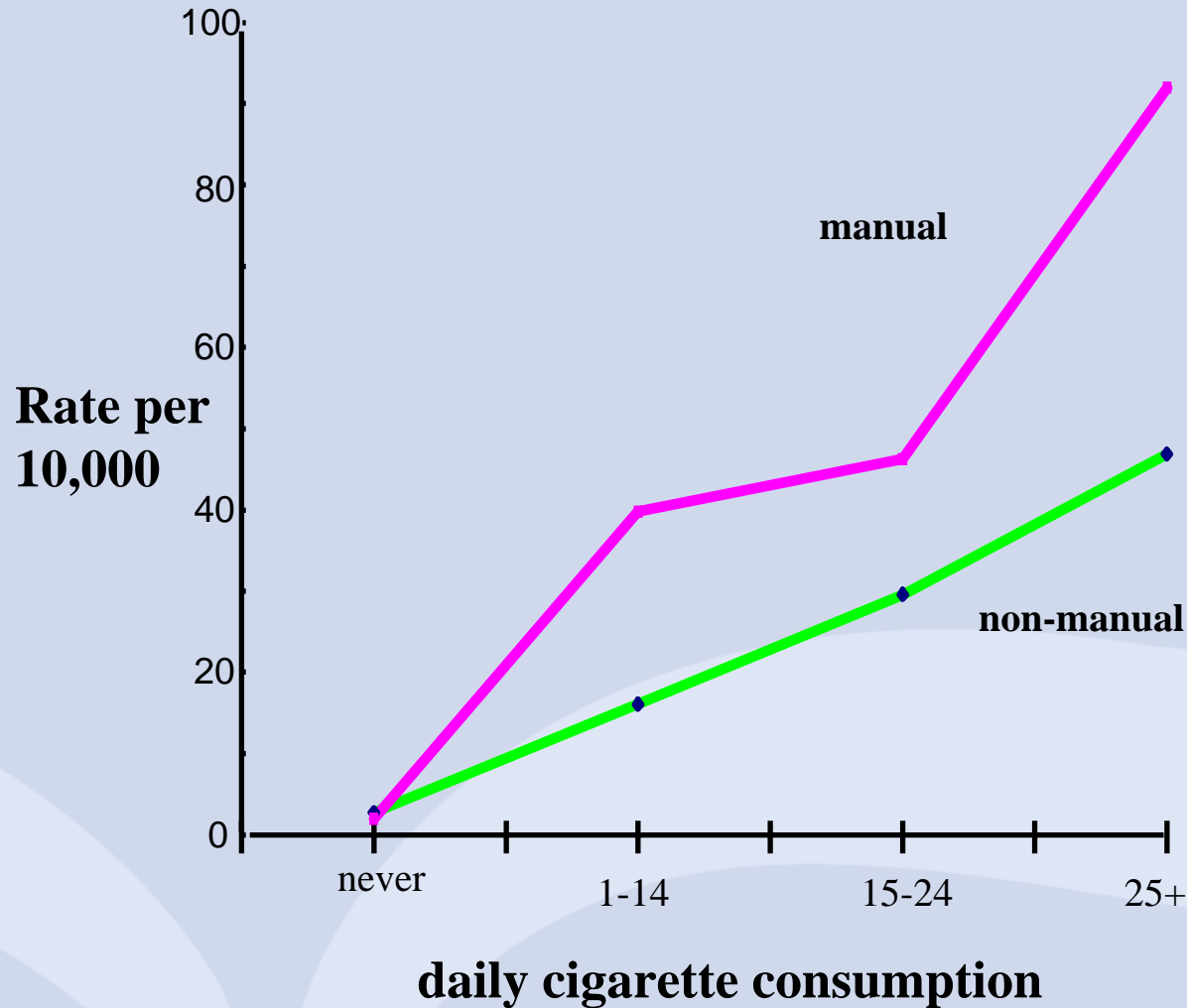
Excess Standardised Mortality



Comparison of lung cancer mortality in West of Scotland and 3 major cohorts



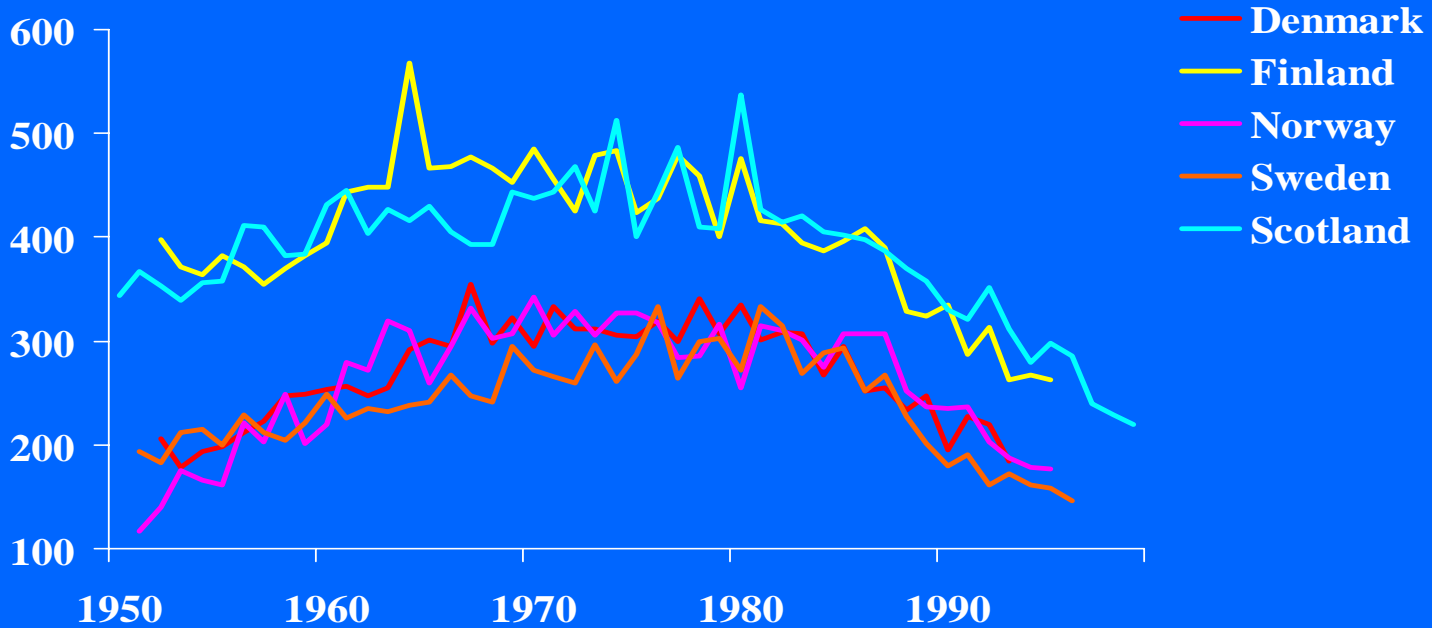
Lung cancer mortality by social class



Coronary heart disease mortality

Men aged 15-74 years

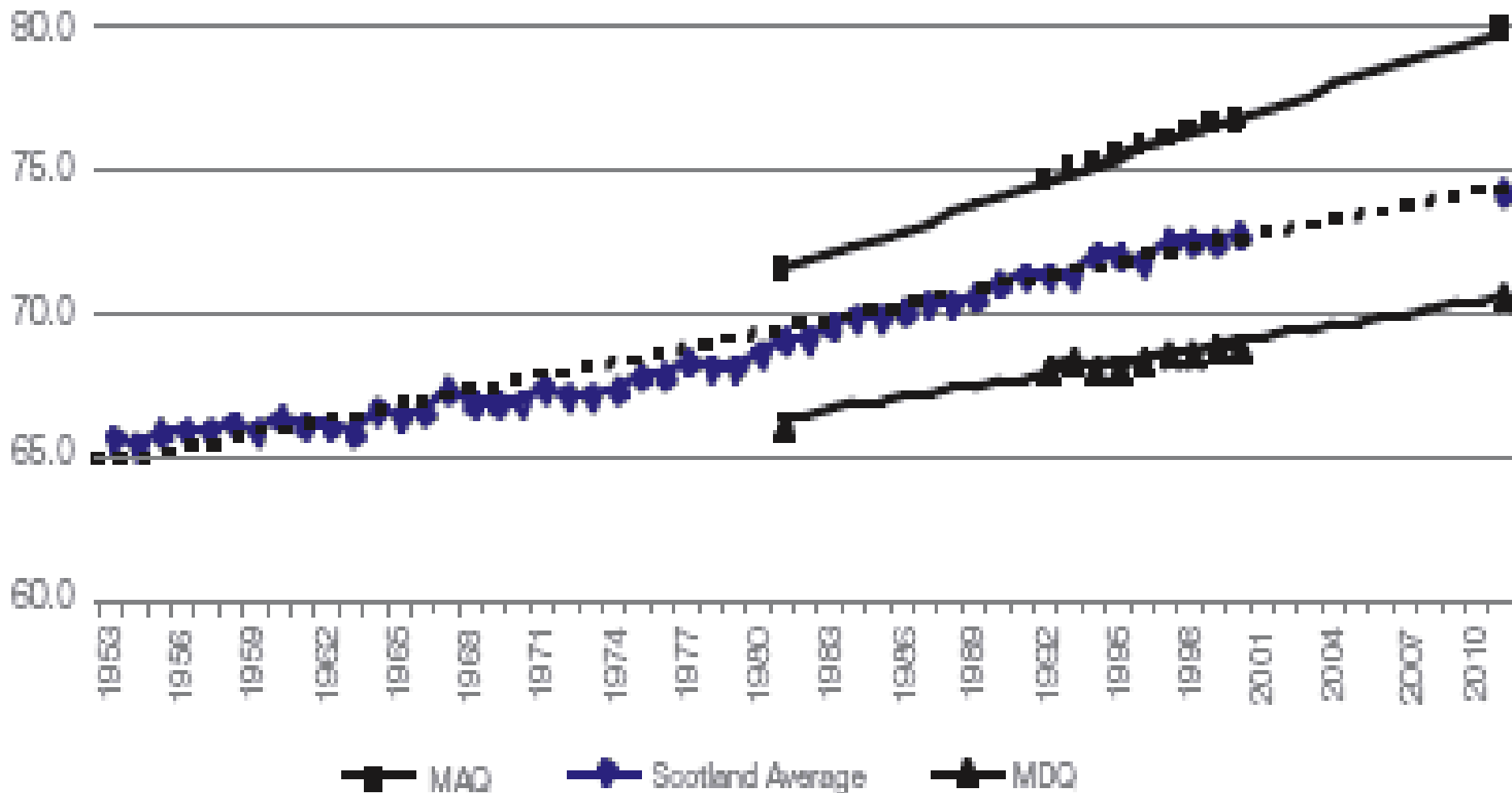
Age-standardised mortality per 100,000



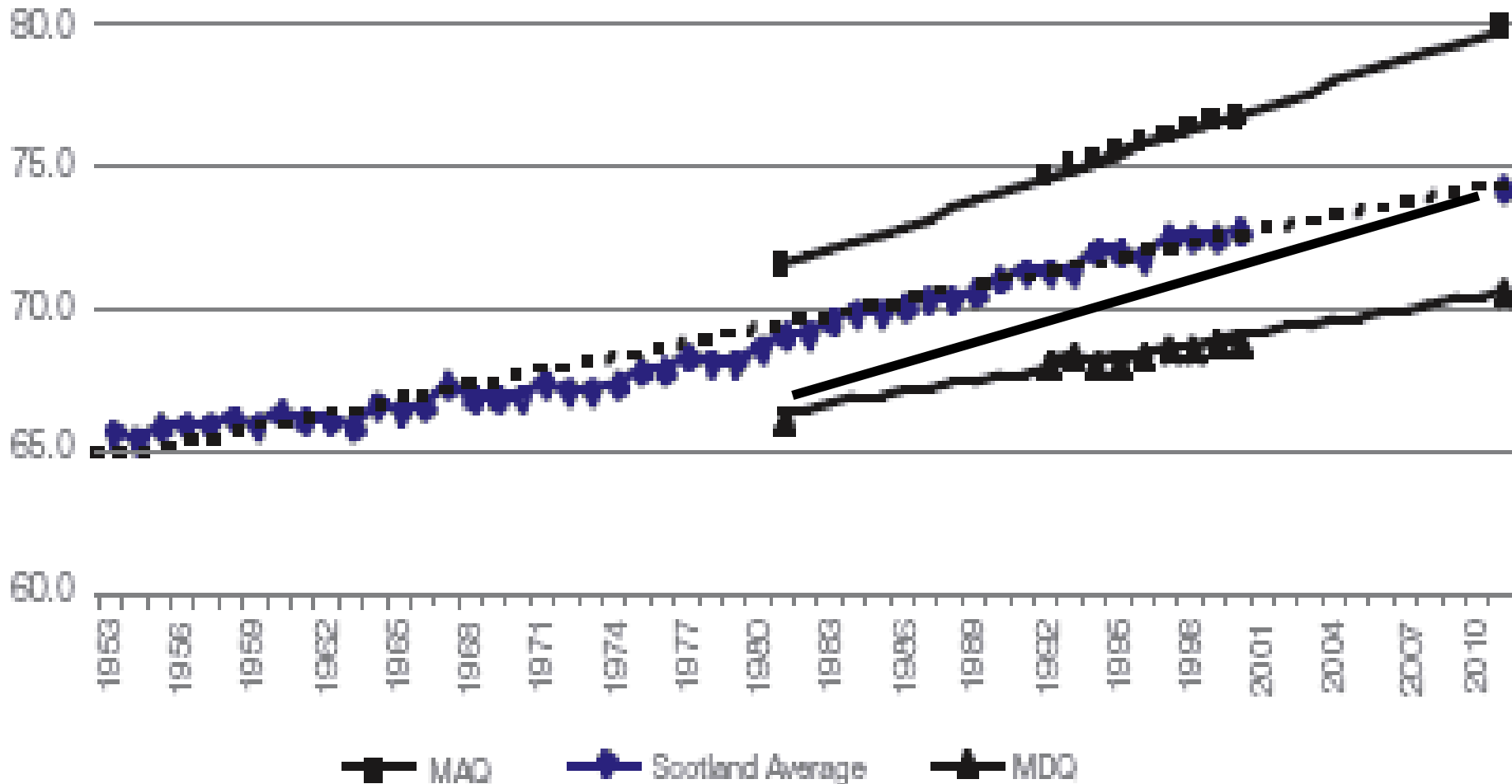
Changing Needs

1900-1950 Infectious Diseases
1950-2000 Episodic Care
2000-2050 Chronic Care?

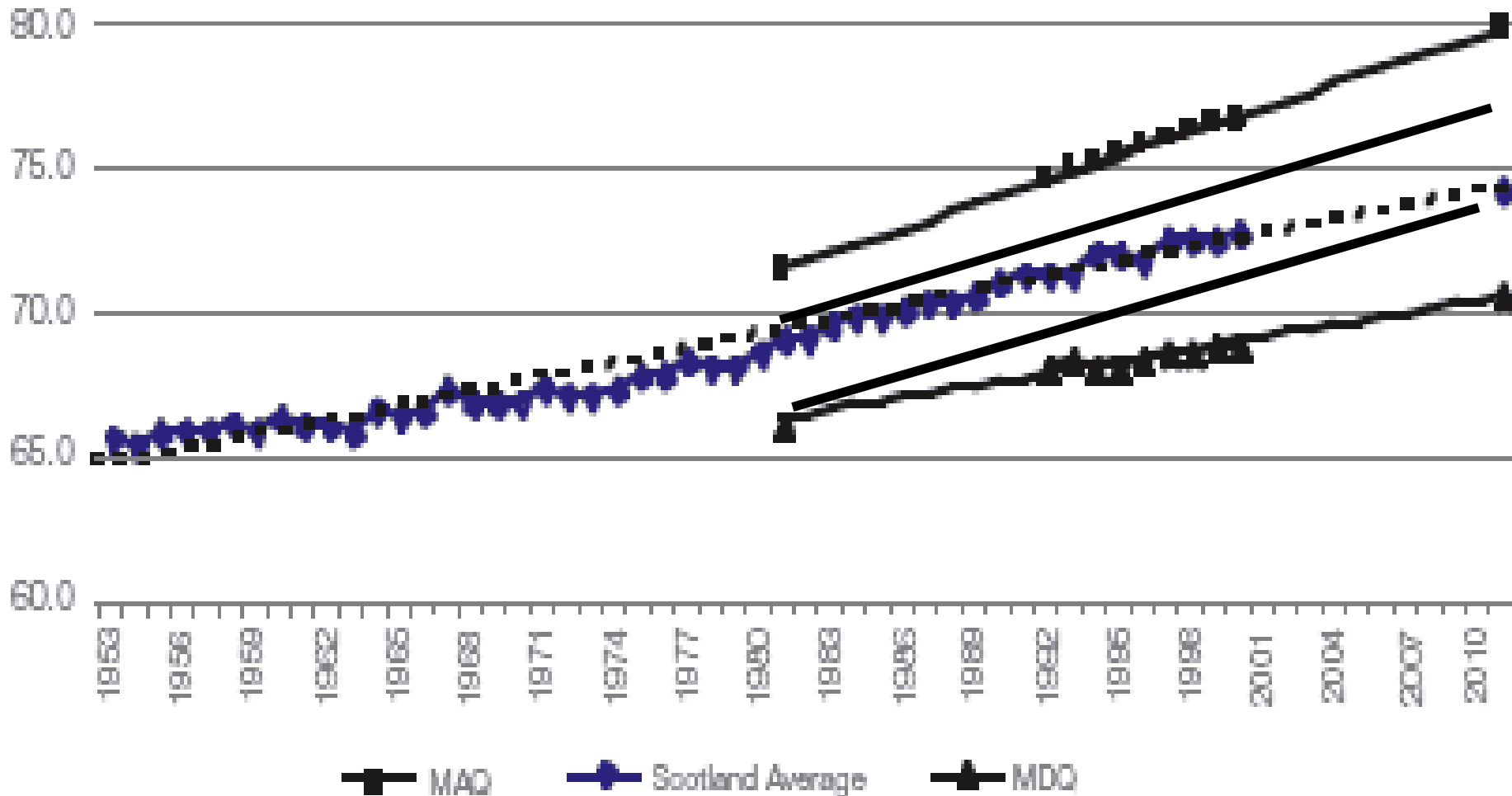
Trends in life expectancy - males



Improving Scottish life expectancy



Improving Scottish life expectancy



How to improve health

- ‘The provision of medical care, the development of healthier personal habits, and the creation of a more just social environment each hold the potential to improve health.’

How to improve health

- ‘The gains from increased investment in medical care would begin to be seen at once, the benefits of health promotion only as rapidly as as the public responds...[and] the redistribution of wealth and resources for the sole purpose of reducing health inequalities in health would be a long term strategy of uncertain success.’

- “Our vision for the NHS is to reapply its founding principles with vigour to meet the needs of the people of Scotland. Delivering for Health means a fundamental shift in how we work, tackling the causes of ill-health and providing care which is quicker, more personal and closer to home.”

Future model of healthcare

• **Current view**

- Geared to acute conditions
- Hospital centred
- Doctor dependent
- Episodic care
- Disjointed care
- Reactive care
- Patient as passive recipient
- Self care infrequent
- Carers undervalued
- Low tech

Evolving model

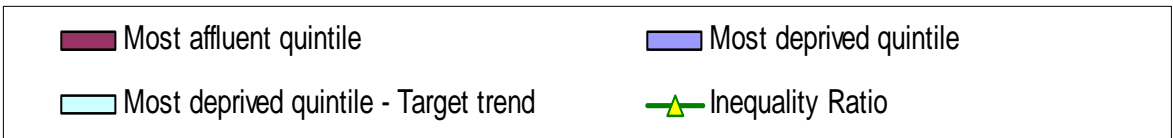
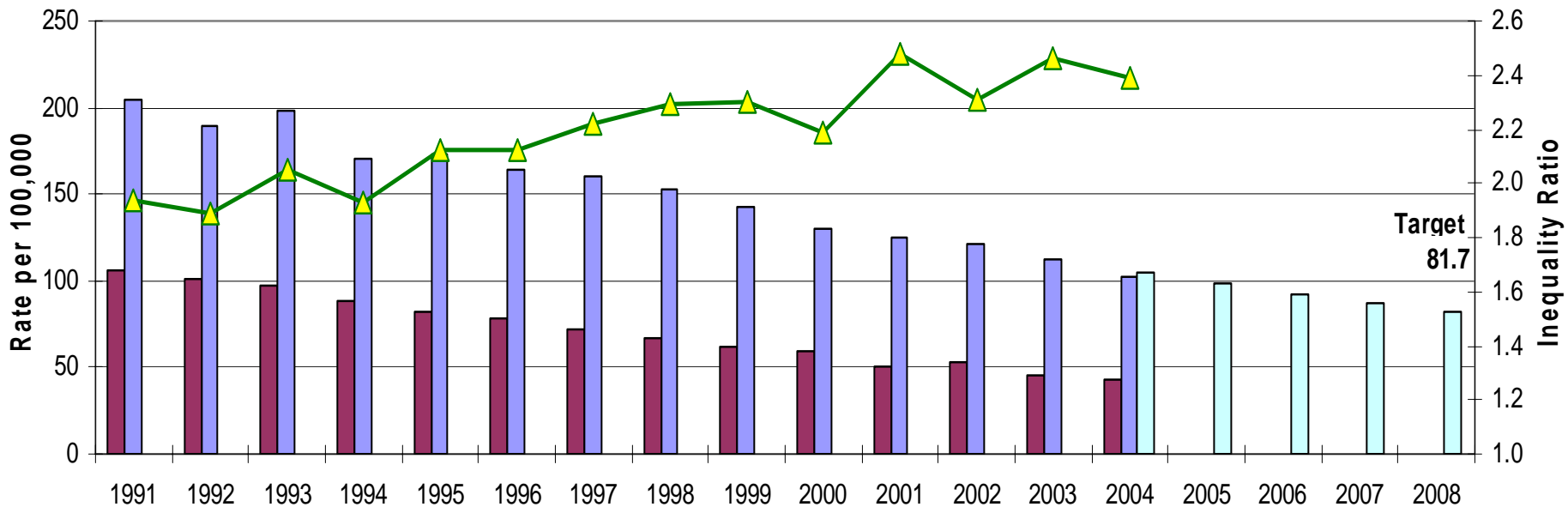
- Geared to long-term conditions
- Embedded in communities
- Team based
- Continuous care
- Integrated care
- Preventative care
- Patient as partner
- Self care facilitated
- Carers supported as partners
- High tech



Health Improvement and Health Inequalities

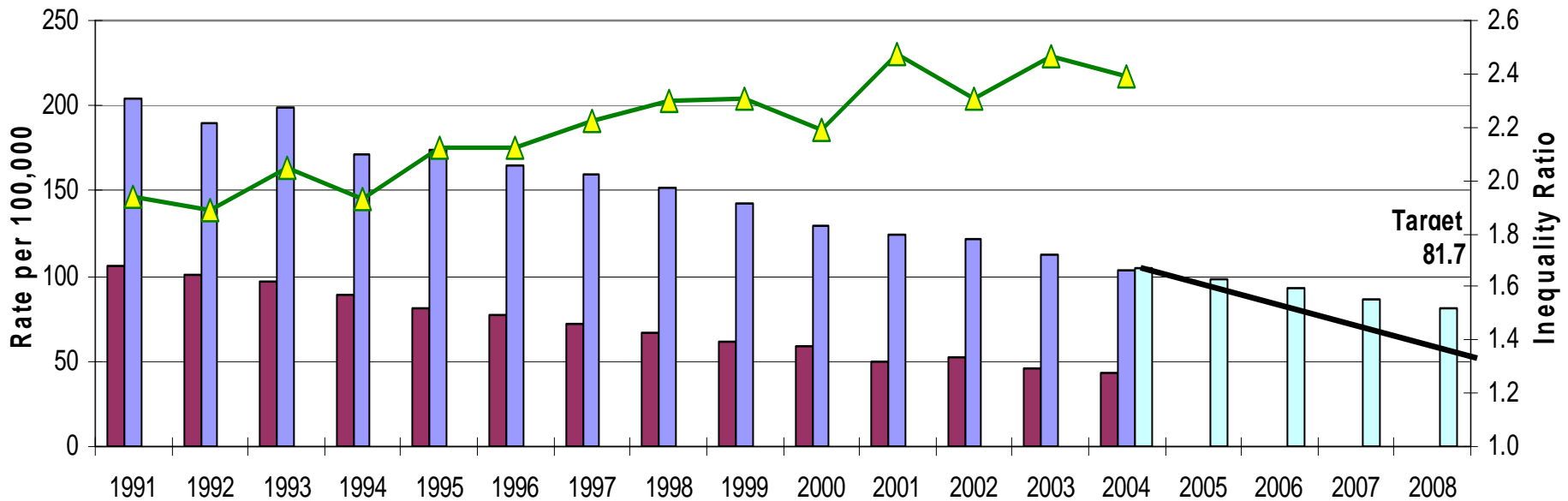


CHD Mortality (Under 75s)



Health Improvement and Health Inequalities

CHD Mortality (Under 75s)



Reducing health inequalities / Prevention 2010

- Targeted resources to reach people in disadvantaged areas
- Primary care teams to identify people 'at risk' and offer anticipatory care
- Health checks, screening, health advice or referral to community services or treatment

Cholesterol lowering drugs

– East Glasgow

Best available evidence suggests that uptake of this therapy is likely to be around 20% lower than estimated need. Currently, it is thought that around 8,000 patients in east Glasgow are on this therapy, suggesting that 1500 more should be getting it. If these patients were identified and treated **around 120 significant cardiac events would be avoided in the CHP each year**

Controlling high blood pressure



In east Glasgow, there are 225 admissions for stroke each year from its 60,000 population. If all patients with high blood pressure were identified and treated, and if treatment was 50% successful, **16-76 admissions for stroke would be avoided each year.** Around 10 deaths might not occur.

Smoking cessation services

- In east Glasgow CHP, it is estimated that there are 220 smoking related deaths each year. If everyone living there was offered smoking cessation advice, based on current success rates, **14-48 of these deaths could be avoided each year.**

East Glasgow – causes of death



	Number of deaths	Current SMR	Possible SMR
Heart disease	186	146	113
Stroke	77	112	98
All cancer	215	135	122
Lung cancer	72	168	132

Public Health in Scotland

- Health inequalities the principle focus
- Epidemiology and rational application of evidence
- Medical public health remains important
- Single system for health care in Scotland
- Public Health Medicine needs to work closely across boundaries