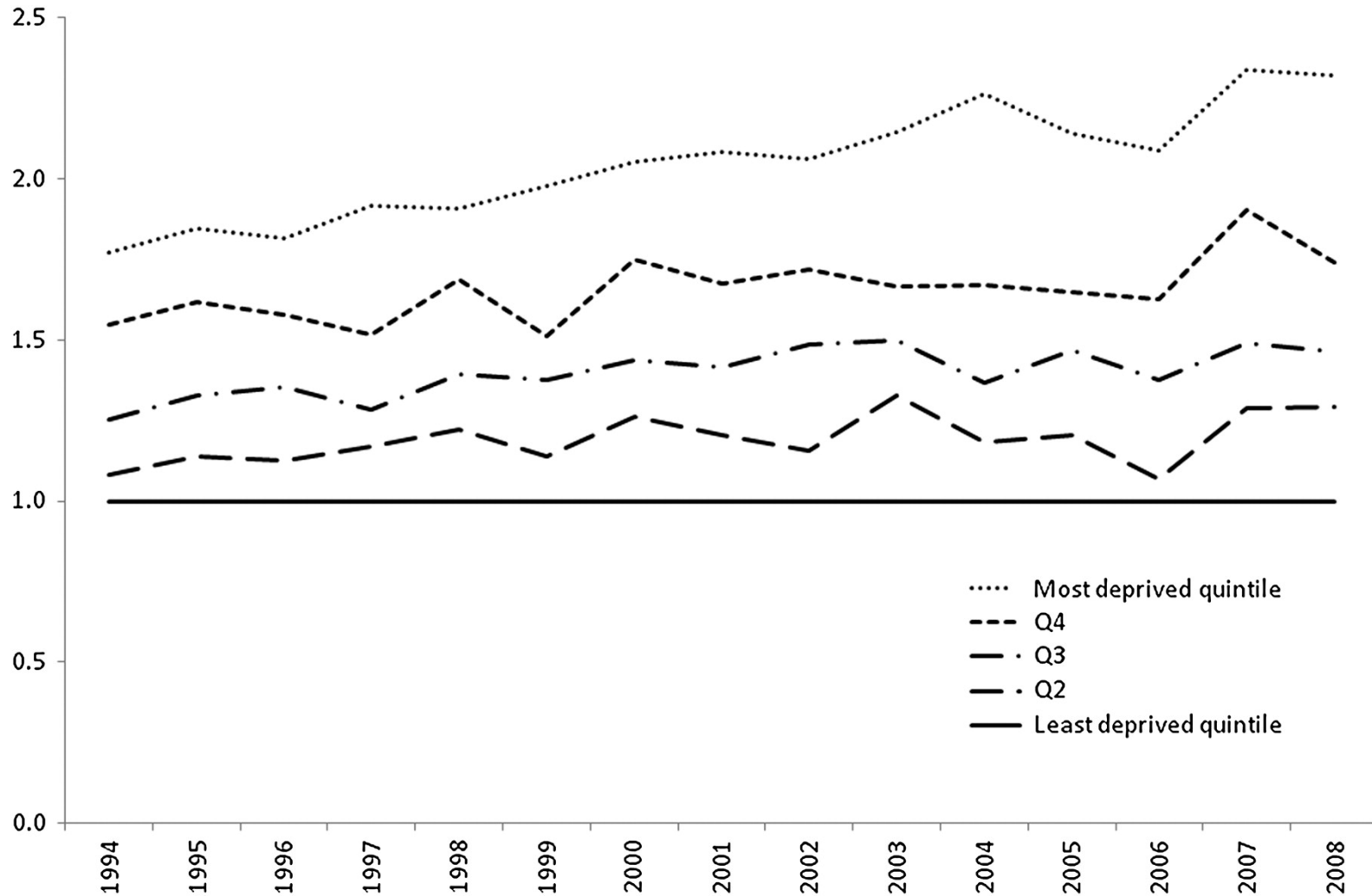


# Social circumstances and health

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# Coronary heart disease mortality rate ratios (least deprived quintile as baseline) for the period 1994 to 2008 by quintile of deprivation, Great Britain—women younger than 75 years.



David McCartney et al. *BMJ Open* 2012;2:e000737

# Why is there no progress on health inequalities?

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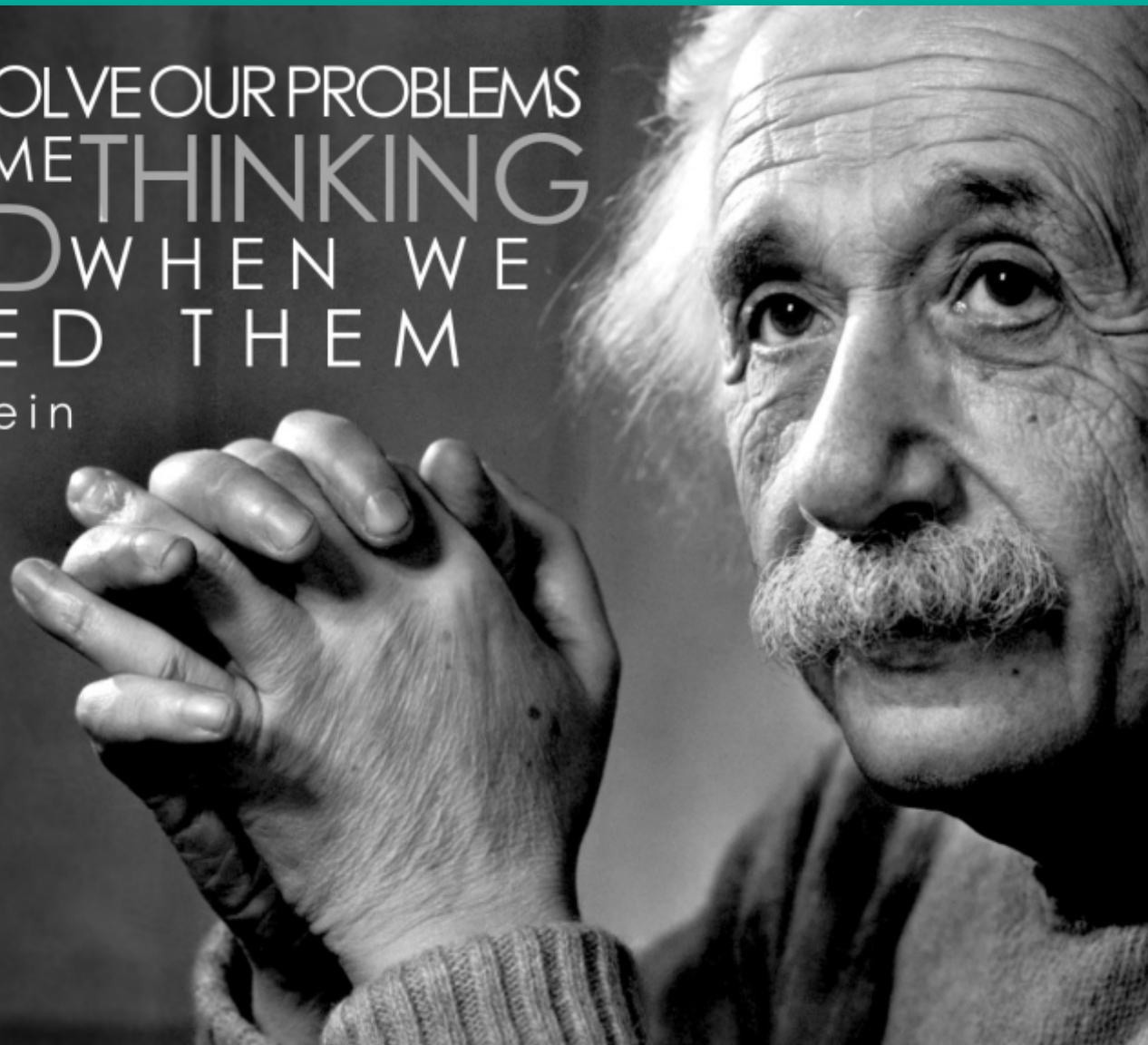
1. Our analysis of the problem is superficial – and wrong!
2. Accordingly the methods we have used to fix it don't work
3. Fixing it requires radical change in the way we do things
4. Does it matter anyway?

Health is a state  
of complete physical,  
mental, and social  
well-being and  
not merely the  
absence of disease  
or infirmity.



WE CANNOT SOLVE OUR PROBLEMS  
WITH THE SAME THINKING  
WE USED WHEN WE  
CREATED THEM

-Albert Einstein



# Salutogenesis

## An assets approach

**Gratitude**  
(McGullough)

**Humour**  
(Martin)

**Self-efficacy**  
(Bandura)

**Hardiness**  
(Kobasa)

**Empathy**  
(Eisenberg)

**Coping**  
(Lazarus)

**Learned resourcefulness**  
(Rosenbaum)

**Cultural capital**  
(Bourdieu)

**Social capital**  
(Putnam)

**Empowerment**  
(Freire)

**Locus of control**  
(Rotter)

**Learned optimism**  
(Seligman)

**Quality of Life**  
(Lindström)

**Resilience**  
(Werner)

**Will to meaning**  
(Frankl)

**Wellbeing**  
(Diener)

**Learned hopefulness**  
(Zimmerman)

**Connectedness**  
(Blum)

**Flourishing**  
(Keyes)

**Ecological system theory**  
(Bronfenbrenner)

**Sence of coherence**  
(Antonovsky)

**Emotional intelligence**  
(Goleman, Akerjordet et al)

**Action competence**  
(Bruun Jensen)

**Interdisciplinarity**  
(Klein)

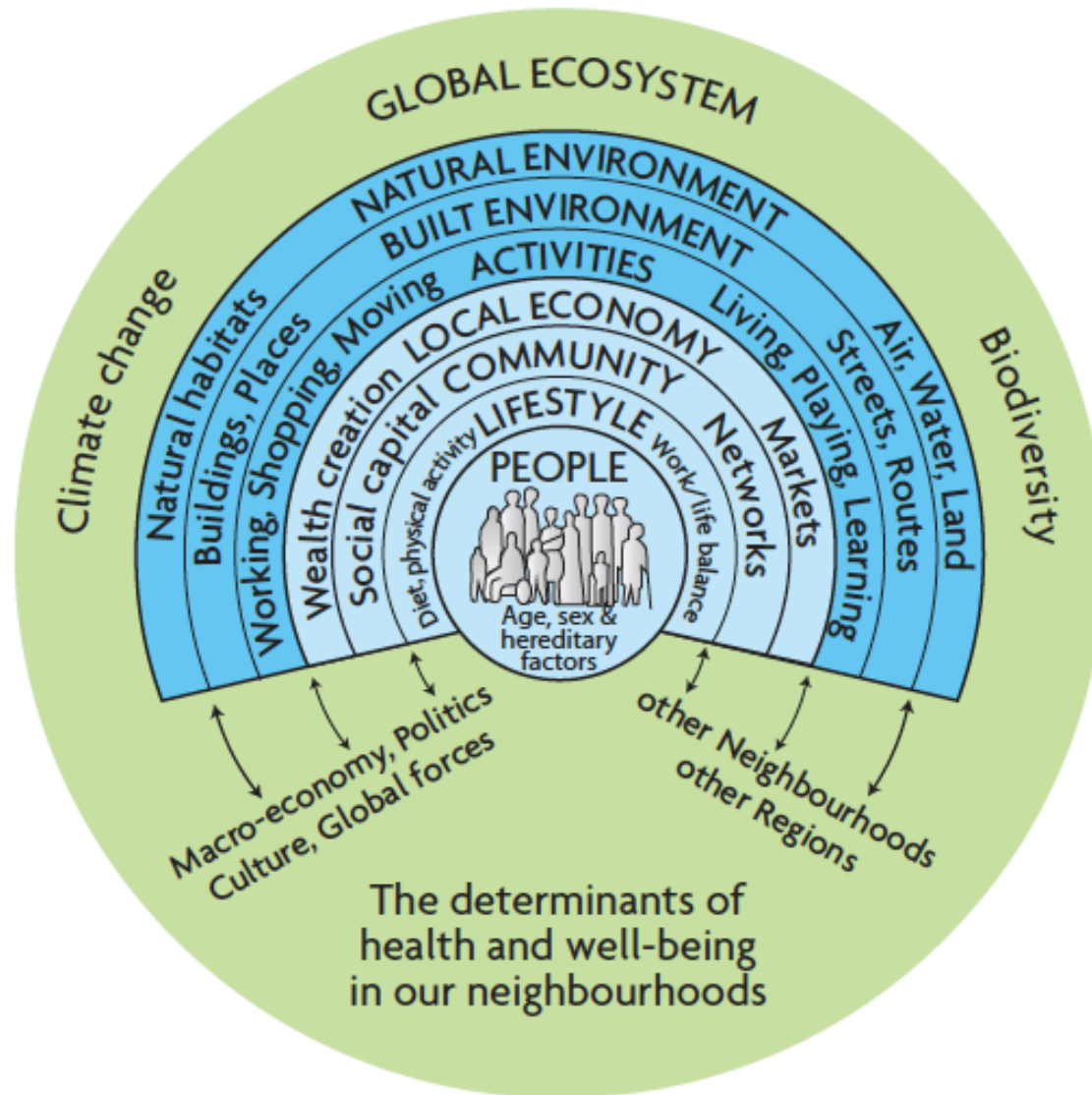
**Attachment**  
(Bowlby)

# Features of a salutogenic outcome

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- Children grow up feeling their lives have purpose and meaning. They want to be engaged
- They have a sense of autonomy and an internal locus of control. They feel resilient
- They have a sense of personal growth and are always growing, evolving, and changing
- They have access to external support, families, friends, supportive communities and, in turn they support others

# Determinants of neighbourhood wellbeing



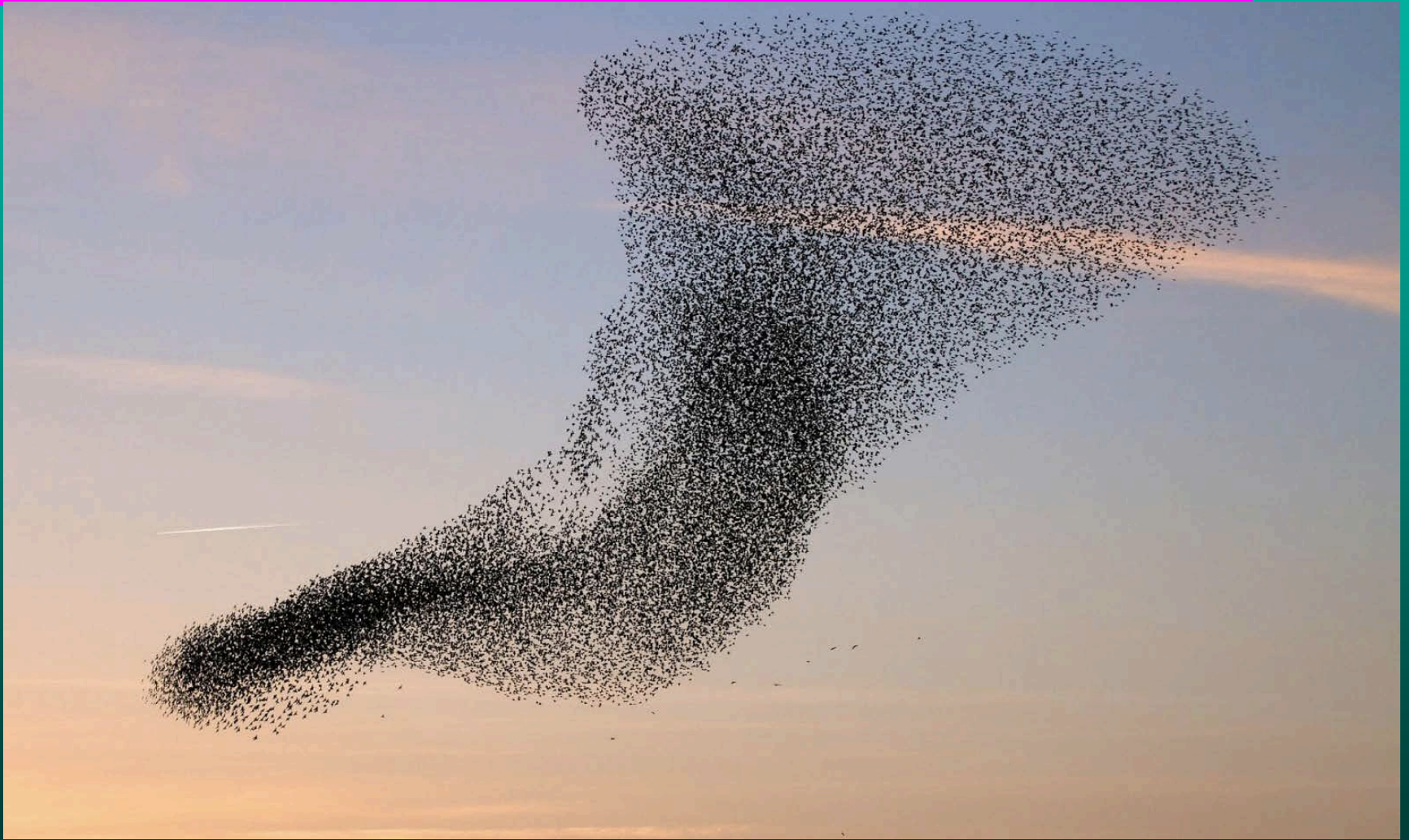


# Changing complex systems

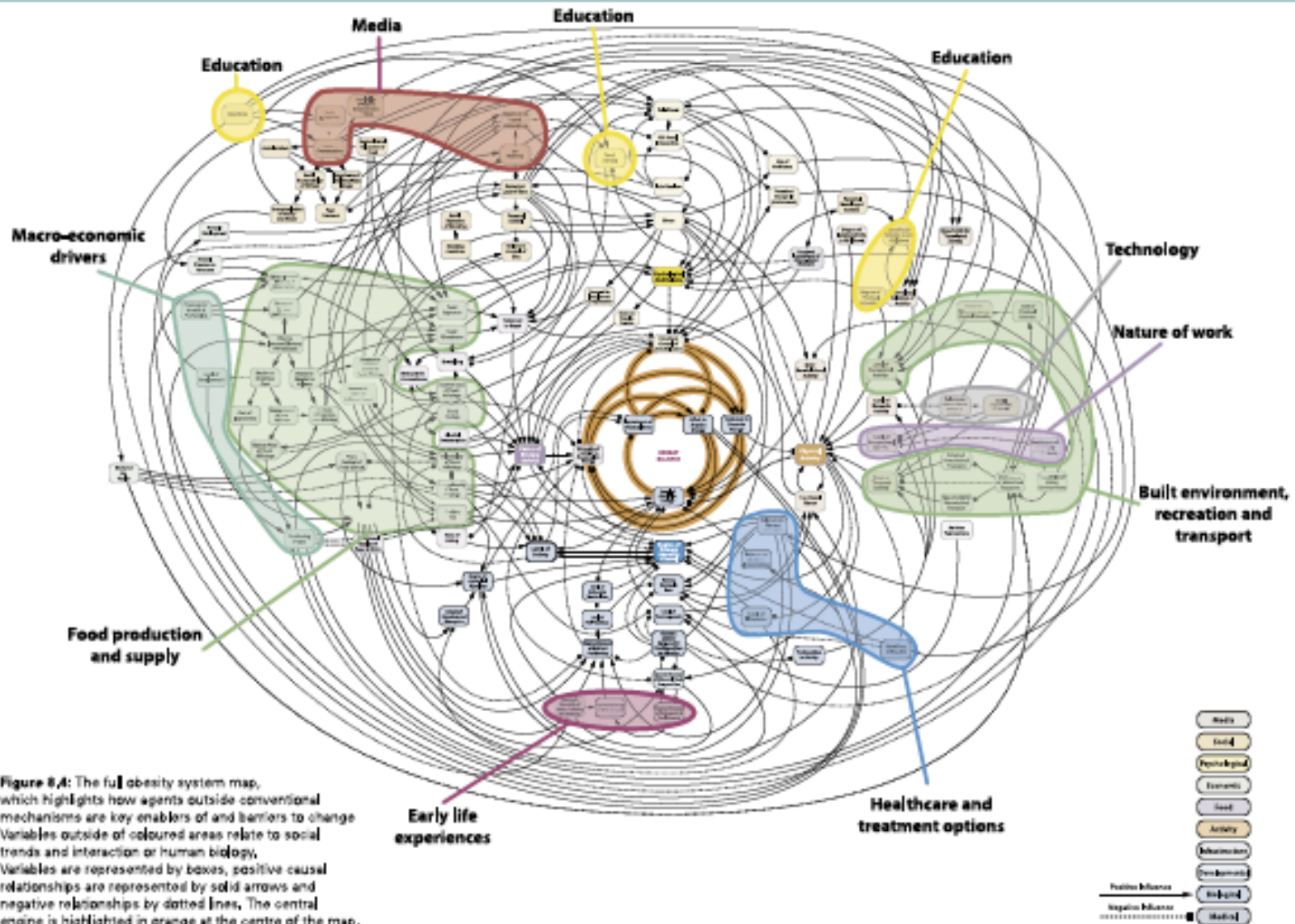
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- The importance of instability
- Order generating rules
- Emergence of solutions
- Conditioning emergence
- “Deep structures and archetypes”
- Paradox and contradiction

# A complex system



# The obesity system map



**Figure 8.4:** The full obesity system map, which highlights how agents outside conventional mechanisms are key enablers of and barriers to change. Variables outside of coloured areas relate to social trends and interaction or human biology. Variables are represented by boxes, positive causal relationships are represented by solid arrows and negative relationships by dotted lines. The central engine is highlighted in orange at the centre of the map.



# NATIONAL PERFORMANCE FRAMEWORK

## **THE GOVERNMENT'S PURPOSE**

To focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth



**“Prosperity,  
fairness and  
participation”**



# Health or Wellness?

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- We all have an interest in a world free from avoidable illness
  - a world free of alienation is a world free of crime and conflict
  - in which young people achieve their potential
  - in which older people live independent and fulfilling lives

# Change in complex systems

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- Destabilise the existing system
  - Set simple order generating rules
  - Accept emergence
- or
- Build the will for change
  - Agree the direction of travel
  - Accept emergence

# What's the direction of travel?

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- The role of government should be to ensure that every citizen has the opportunities and support to develop to the full their talents and fulfil their human potential



# So, how do we do it?

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- 1. Build the will
- 2. Generate ideas
- 3. Agree a method
- 4. Then get on and do it!

# The Typical Approach...

## Conference Room



## Real World



IMPLEMENT

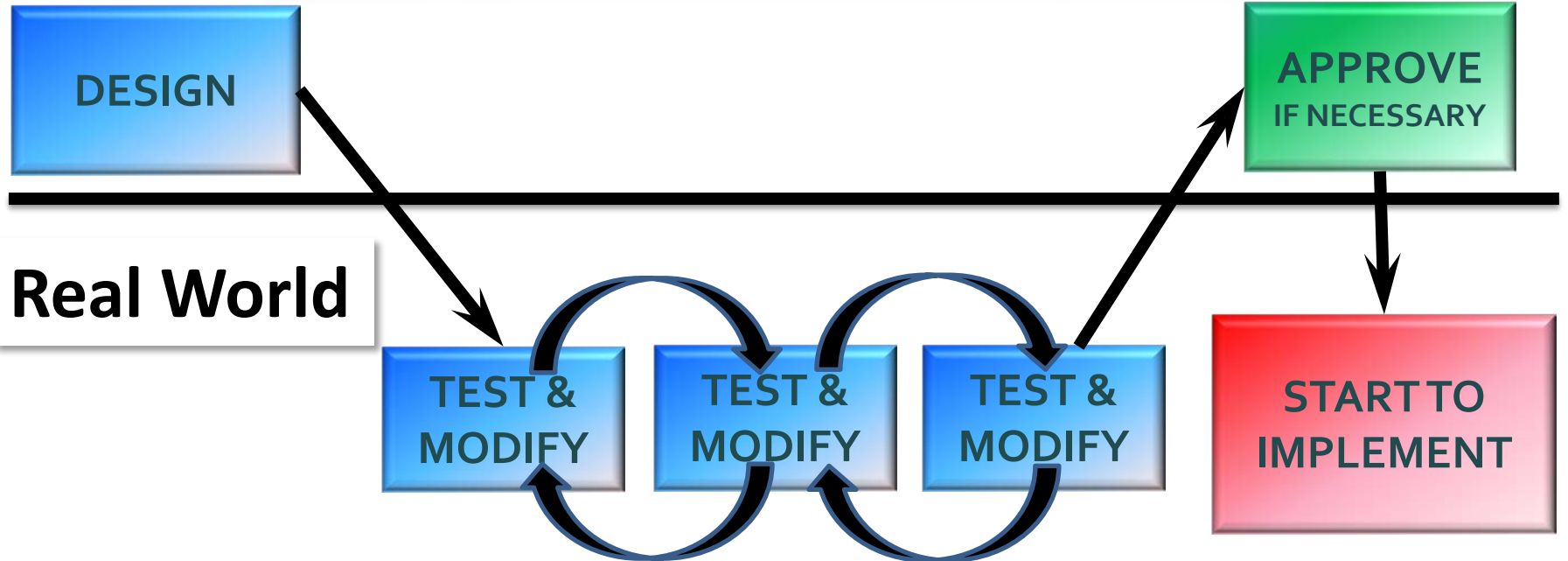
**“You can’t impose anything  
on anyone and expect them  
to be committed to it”**

Edgar Schein, Professor Emeritus

MIT Sloan School

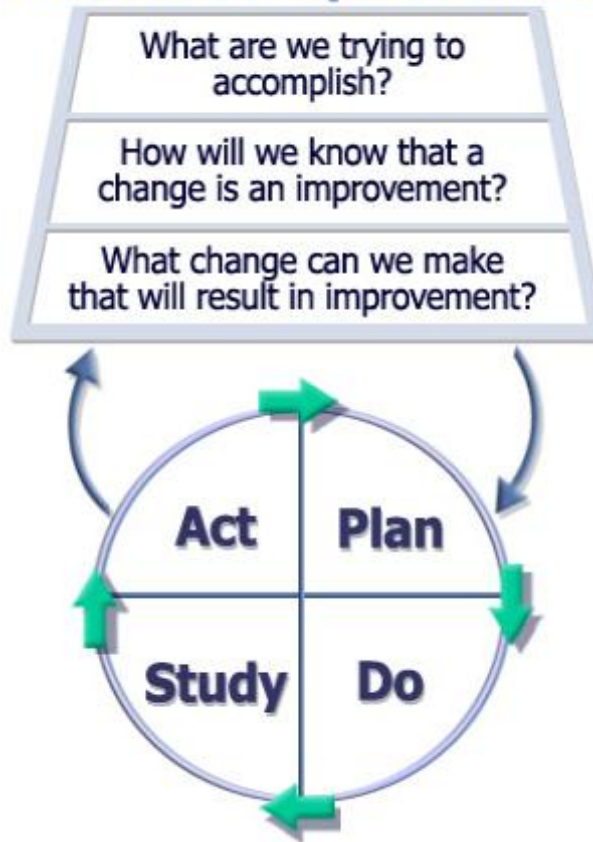
# The Quality Improvement Approach

Conference Room



# The Model for Improvement

## Model for Improvement



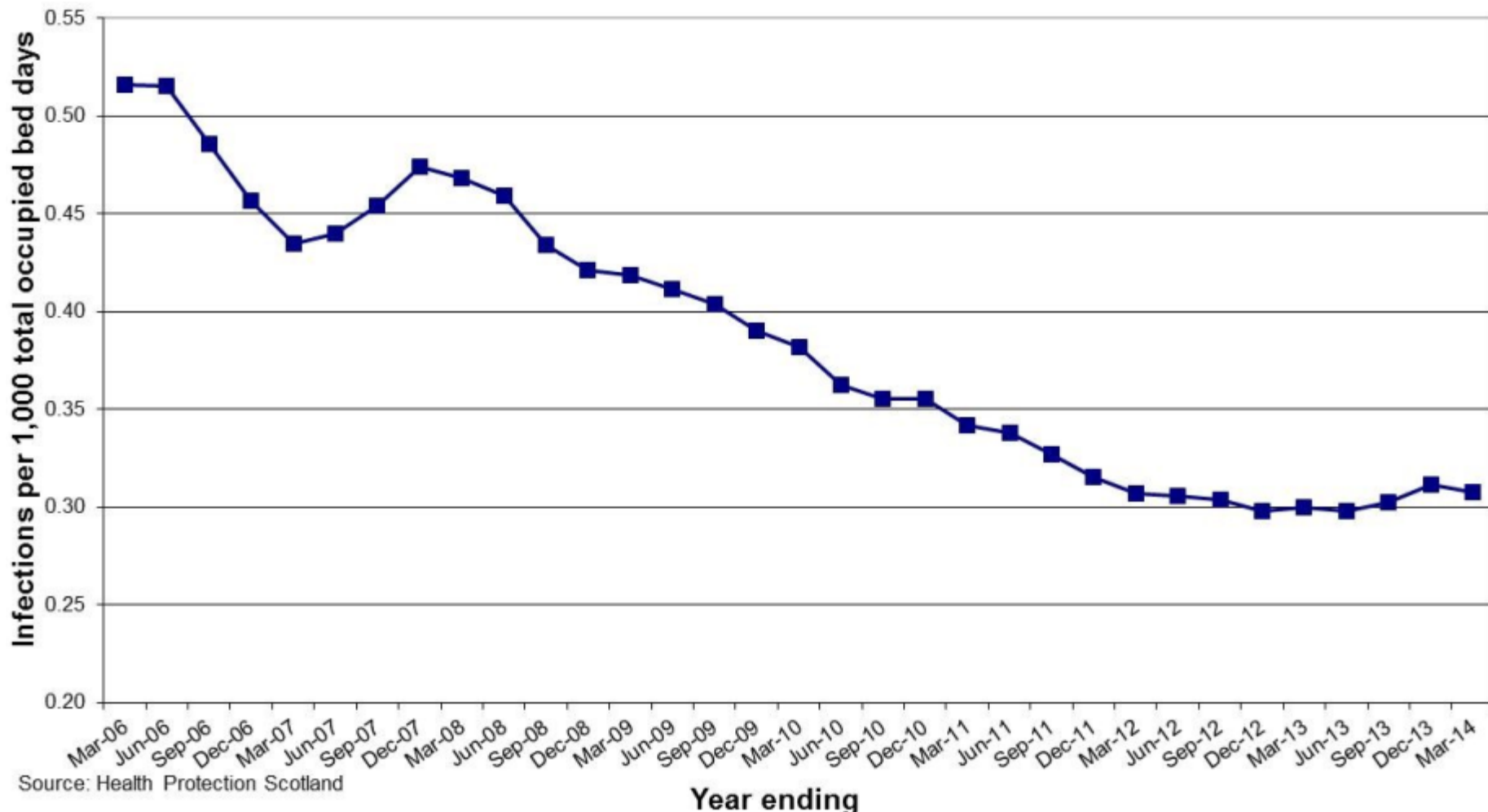
‘This model is not magic, but it is probably the most useful single framework I have encountered in twenty years of my own work on quality improvement’

**Dr Donald M. Berwick**

*Former Administrator of the Centres for Medicare & Medicaid Services*

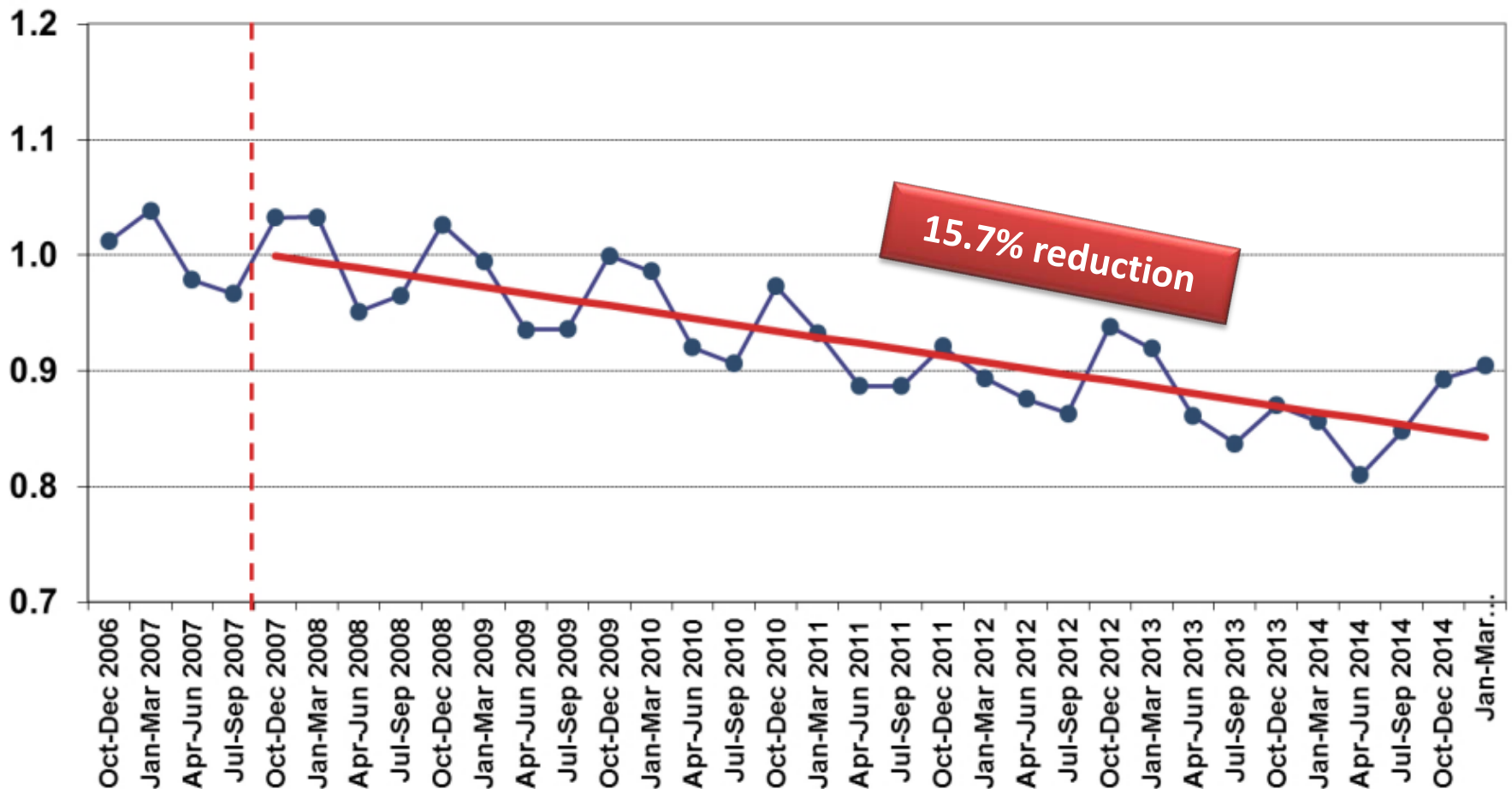
*Professor of Paediatrics and Health Care Policy at the Harvard Medical School*

# MRSA/MSSA infections per 1,000 occupied bed days in Scotland, 2006-2014



Source: Health Protection Scotland

## Hospital Standardised Mortality Ratio October 2006 to March 2015



# Large scale change in Early Years..... developing our thinking over time





# The Early Years Collaborative - Aims

1. To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).
2. To ensure that 85% of all children have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016.
3. To ensure that 90% of all children have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.

# Workstream 2

**Aim**

**Primary Drivers**

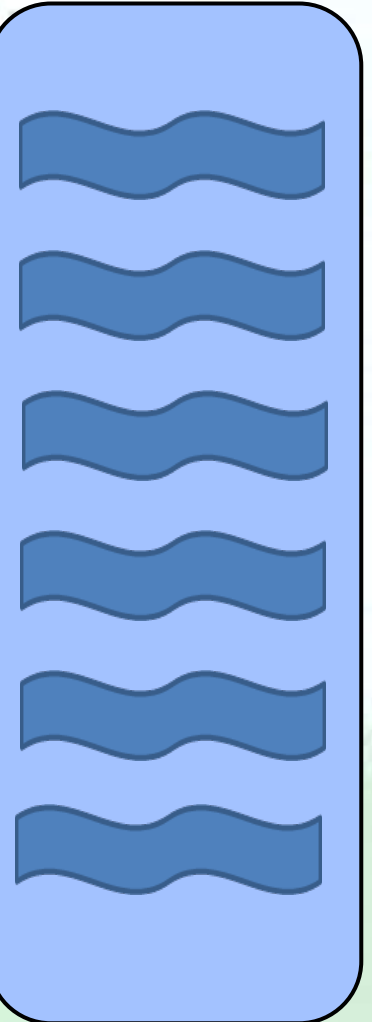
**Secondary Drivers**

85% of all children have all the developmental skills and abilities **expected of a 27-30 month old** by the end of 2016

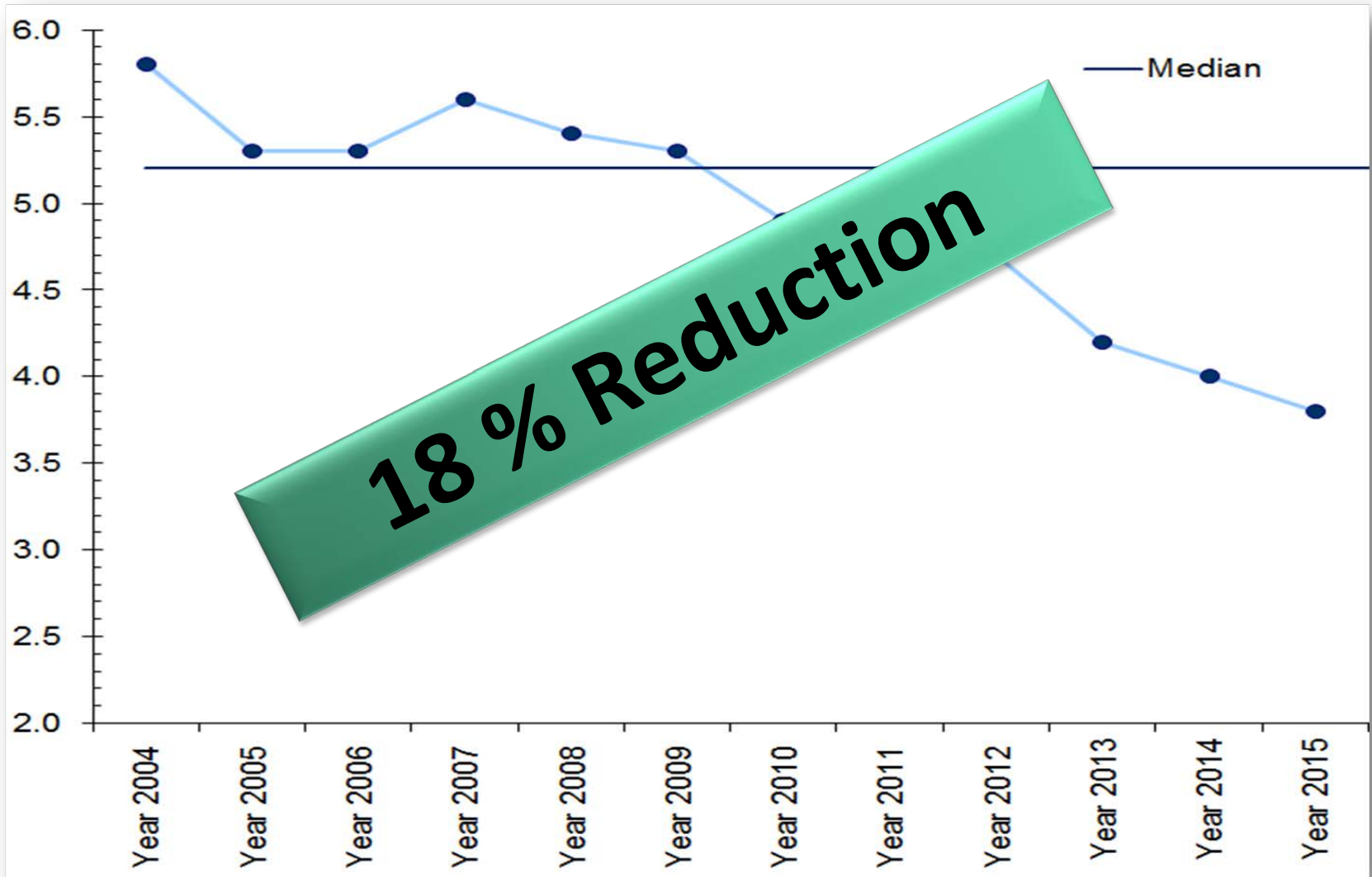
Societal Issues

Child's physical & mental health and emotional development

Carer's physical & mental health and skills

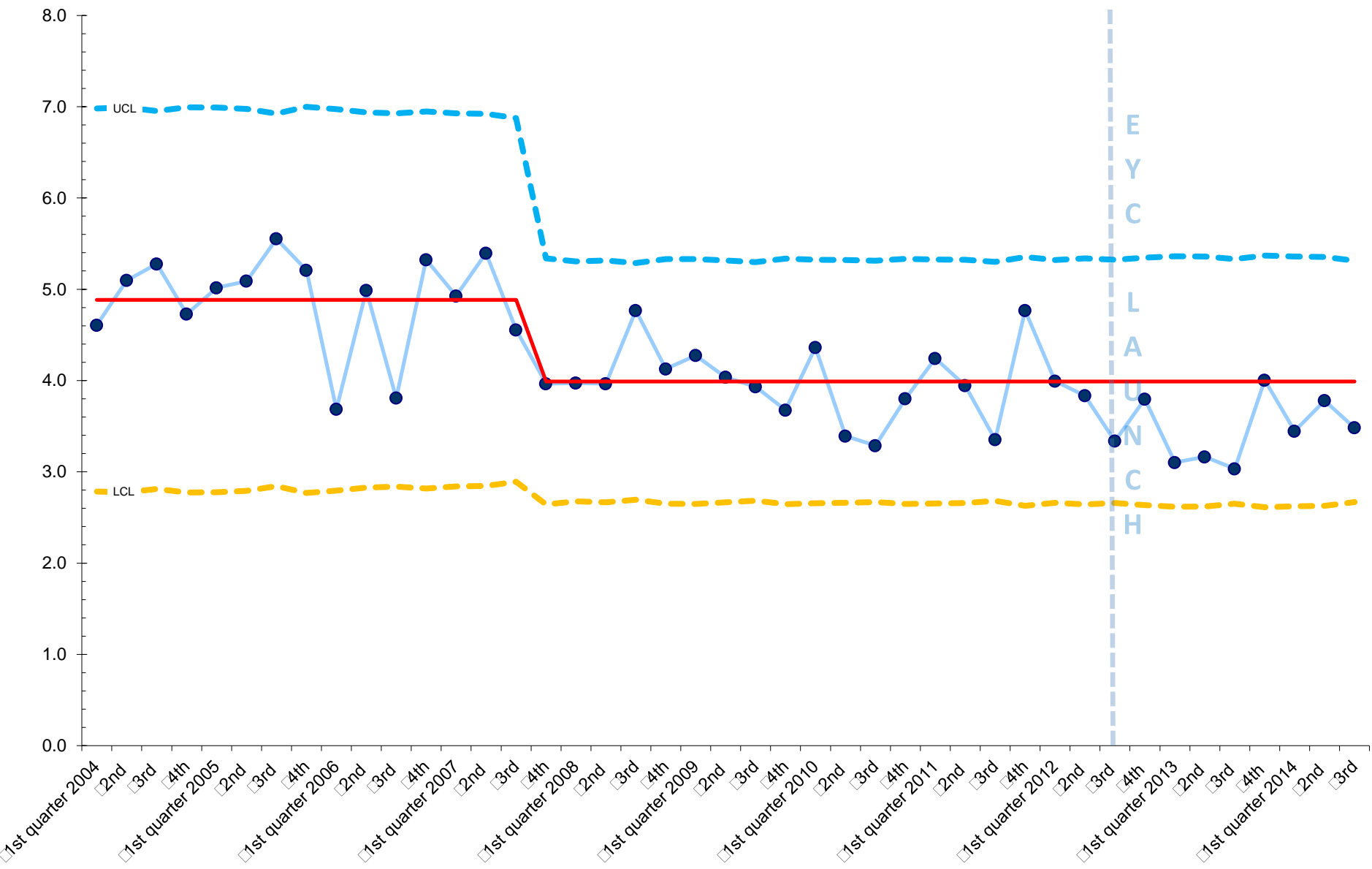


# Scottish Stillbirth Rate (per 1000 births) 2000 - 2015



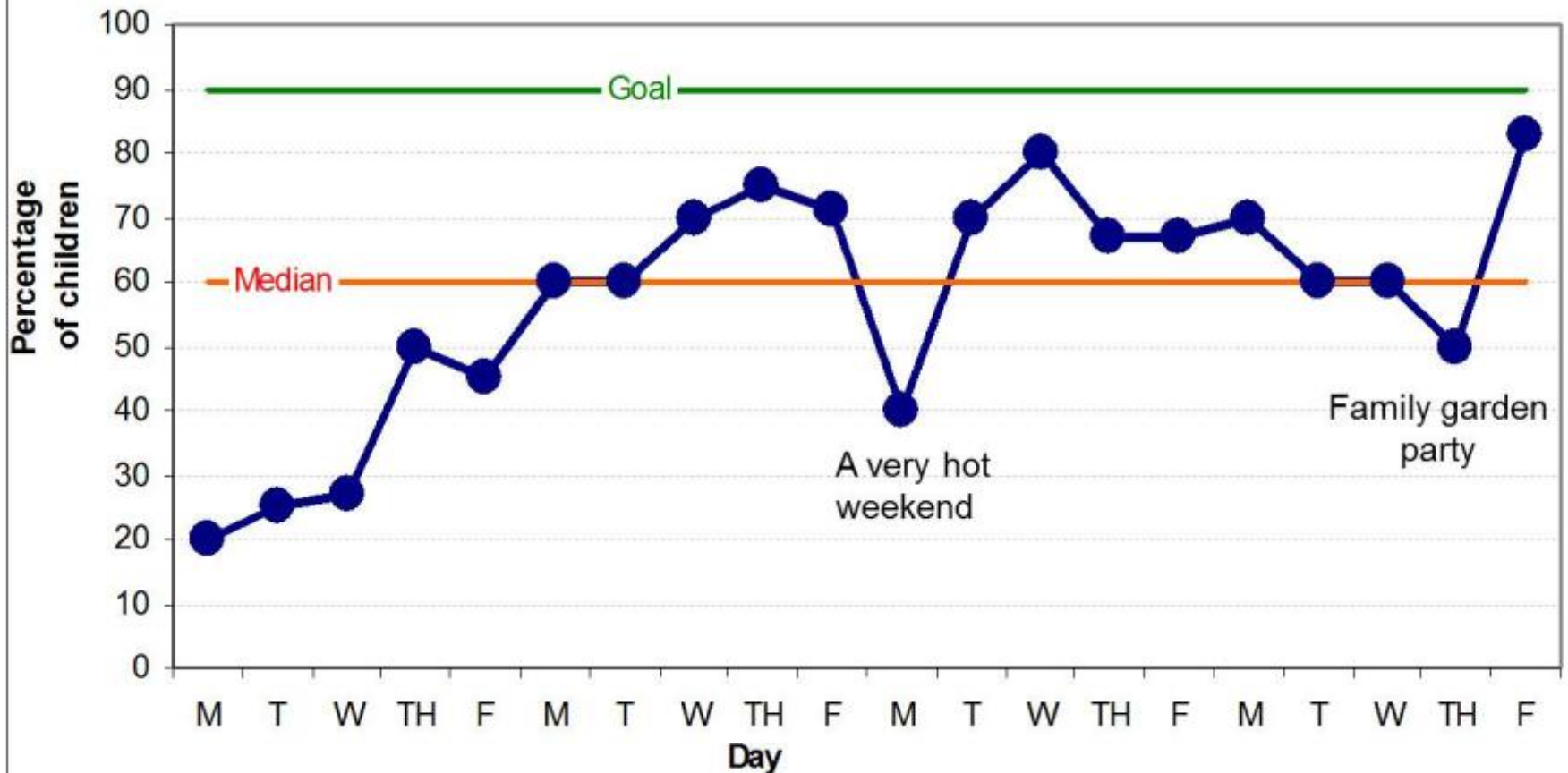
# P' Chart for Quarterly Infant Mortality in Scotland, 2004-2014

Rate per 1,000 live births

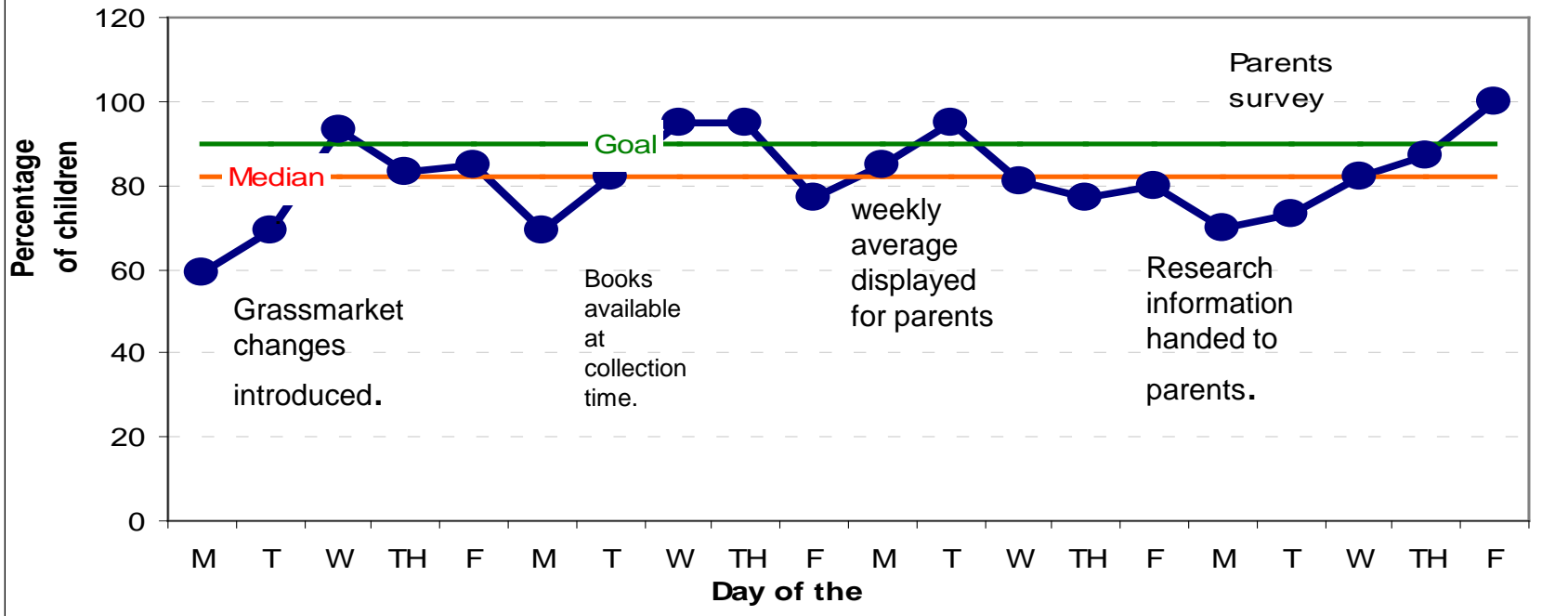


# 90% of children at Grassmarket nursery school will receive a bedtime story

## Children receiving a bedtime story



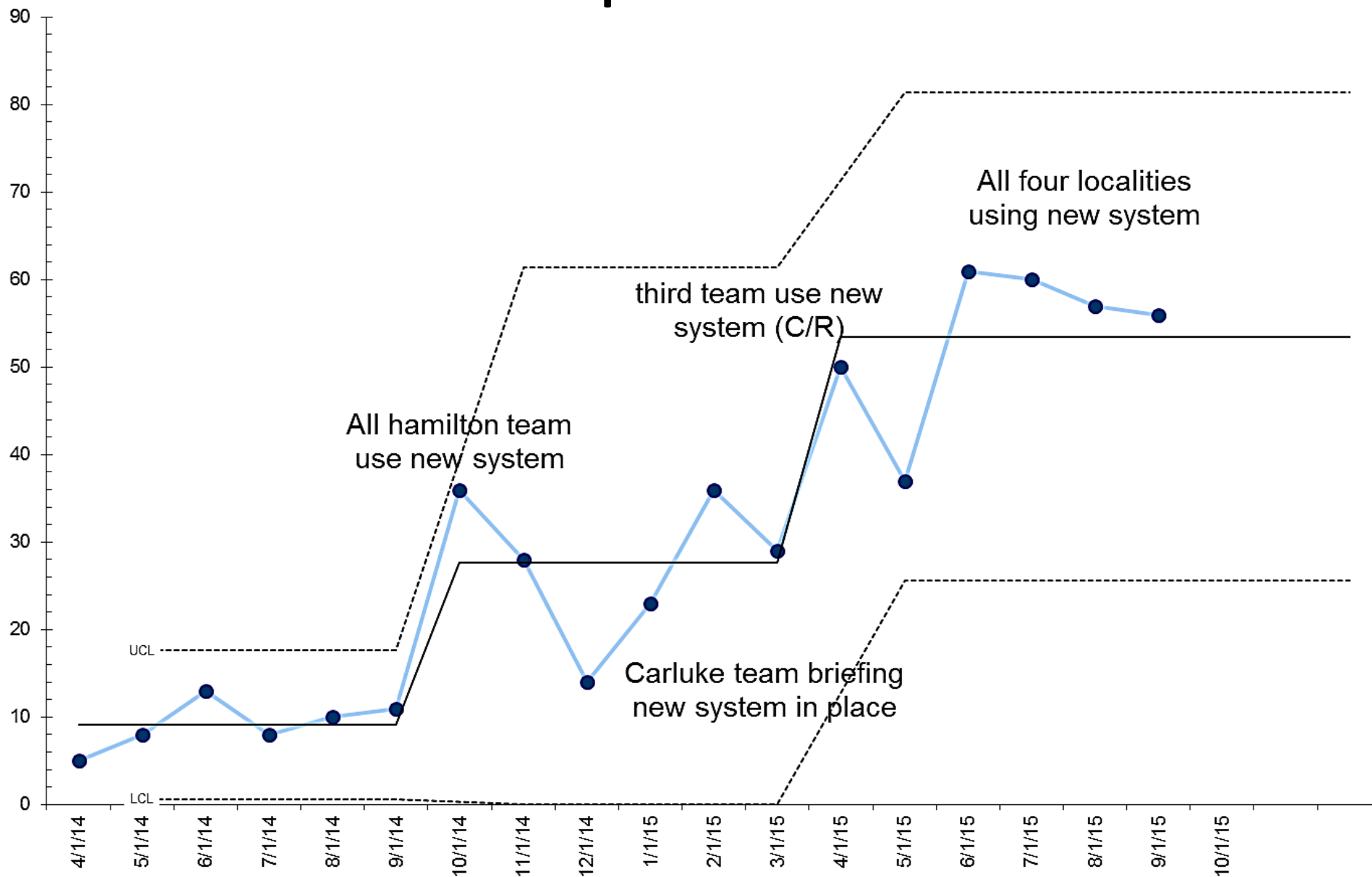
## Children receiving a bedtime story



# Nina and her bed time bear

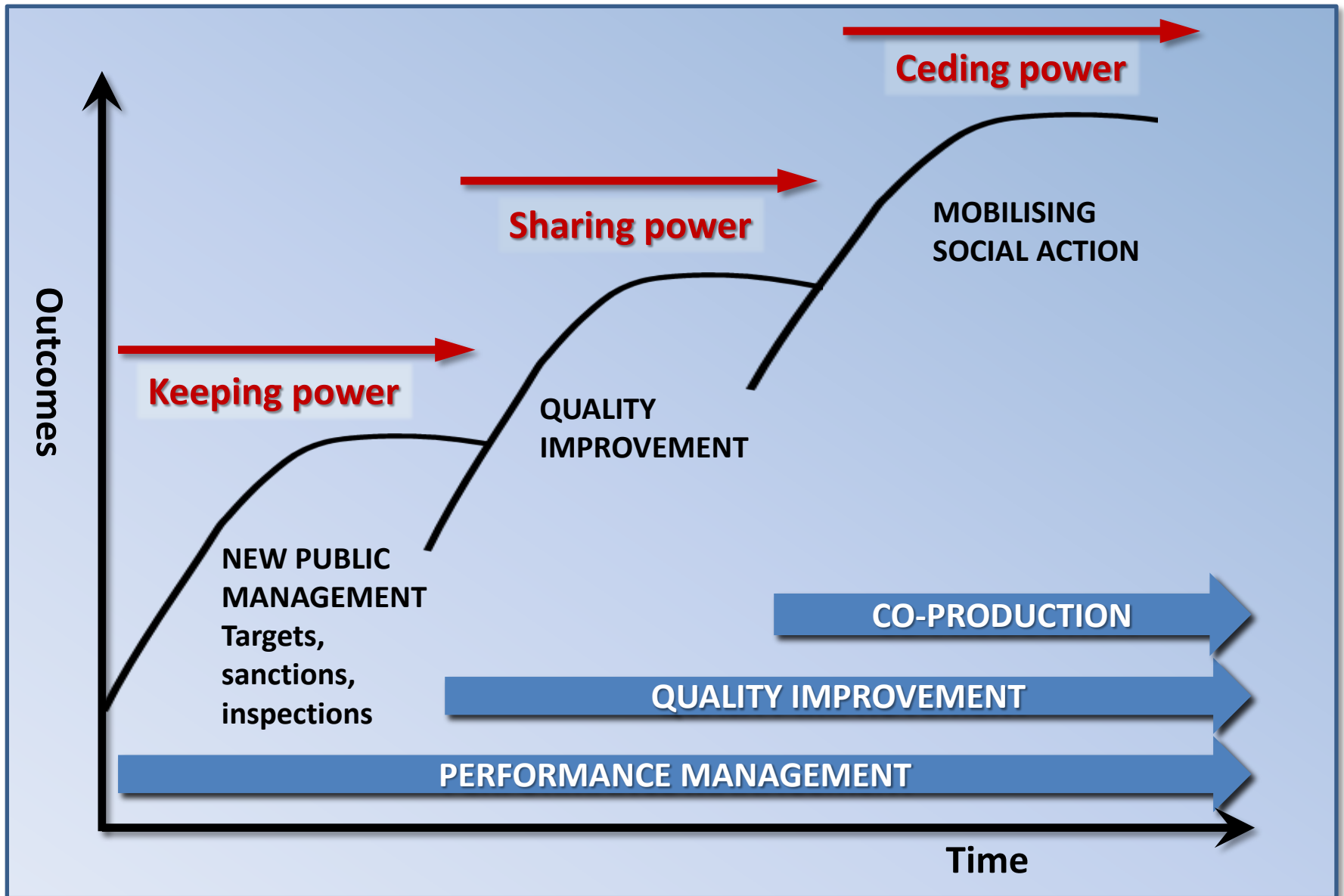


# Lanarkshire Referrals from Midwifery to Money Matters Advice Service: April 2014 – October 2015



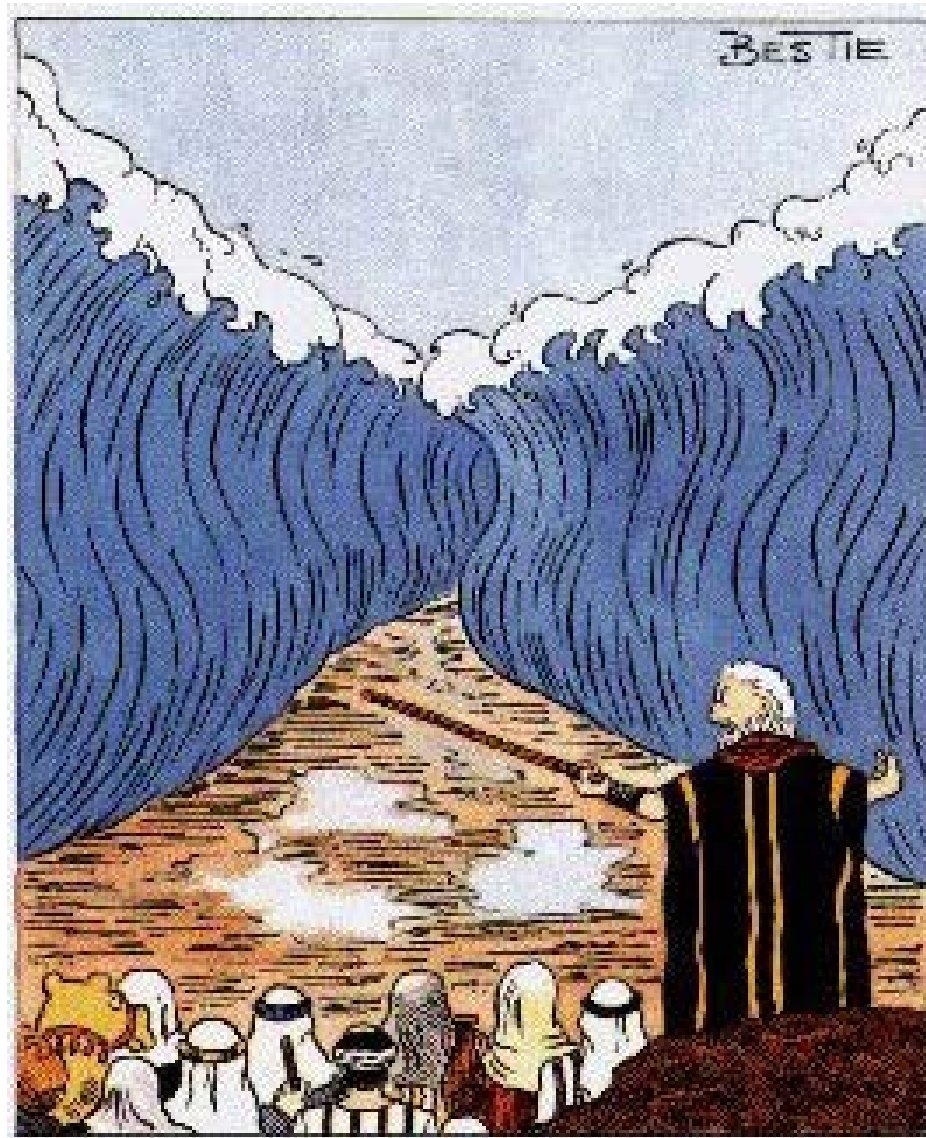


# Getting to the Third Curve



"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives."

1941, William A. Foster



What do you mean, “it’s a bit muddy”?