

Securing our Future Health.....Engagement Comes First!

Are we in want of a Wanless? The future of our health and the health service's role in securing better health and well-being was very informed by Wanless*. Ten years on from the first of his exhaustive studies do we have what the study called *solid progress* in public health or are we in the doldrums of *slow uptake*? His research painted a picture of three contrasting visions of our future health as a nation (described below). In view of the massive demands that an ageing population is making, amongst other demand-side pressures, a return to Wanless's analysis is necessary. The three scenarios developed in the report are:

- 1) ***solid progress*** – people become more engaged in relation to their health; health status improves; people have more confidence in the primary health system. The health service is responsive with high rates of technology uptake and a more efficient use of resources.
- 2) ***slow uptake*** – no change in the level of public engagement and the health status of population is constant or deteriorates. The health service is relatively unresponsive with low rates of technology uptake and low productivity.
- 3) ***fully engaged*** – levels of public engagement in relation to their health are high; health status improves dramatically and people are confident in the health system. The health service is highly responsive with high rates of technology uptake, particularly in relation to disease prevention. Use of resources is more efficient.

What was and still is so useful and original about Wanless's analysis is the way a range of dependent factors are brought together. Better health outcomes, or even constant ones, with say smoking, obesity or life expectancy are dependent upon public engagement (particularly preventatively), technology uptake (both preventatively and curatively) and productivity. Much has been written and debated about health spending, the demand for more health professionals and carers, health service governance and so forth. Far less has been written about *public engagement*. Wanless reminds us that public engagement is what will make the biggest difference:

“The core difference between the health outcomes in the *fully engaged* and *solid progress* scenarios is not the way in which the service responds over the next 20 years but the way in which the public and patients do” (p 115 of Securing our Future Health)

The report goes on to develop the notion of increased health promotion and disease prevention, self-care and health seeking behaviour as forms of (better) public engagement. Confidence in health professionals is a key to un-locking better self-care. Confidence is also born of decent accountability for health services at the coal-face level and the governance level. The report goes on to say:

“Effective public engagement will require an active partnership between those who provide care and those who receive it. The traditional relationship has been “a passive one” and “the relationship has developed into a bogus contract between doctors and patients and now something more real is required”. Here the BMA is cited in making this observation.

To return to the question of where we are 10 years on we can certainly see change in the activities that can lead to better health outcomes and far more public engagement. Public health information is readily and plentifully available and we have a public better informed and with higher expectations of health services providers.

We have more spending on some public health and engagement work such as smoking cessation and an enormous shift in public attitude as well as a change in the law. We have a willingness to spend health resources on early intervention such as cookery and food projects as well as engaging people in the management of long term conditions through, say, exercise referral or involvement in expert patients activities. Yet many of these activities are still marginal even if, say with the smoking cessation example, it is probably the most cost effective health intervention (that incidentally does not involve doctors at all). There remains an ever present risk that *investment in public engagement* will be stalled where it needs to significantly grow and improve especially in areas where the level of investment in public health is merely infant investment. Right now there is much heat, very little light and reams of reports and commentary around the management of the health service. We are 'in want of a Wanless' to get the true critical health issues back in view and on track.

* 'Securing our Future Health: Taking a Long-Term View':

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009293

Also "Securing Good Health for the Whole Population" available from the Department of Health and the "Wanless Social Care Review" from the Kings Fund.