Dr Tracey Cooper
Chief Executive of Public Health Wales
Global Context

The World Today
United Nations: 31 October 2011
Millennium Development Goals to 2015

1: Eradicate extreme poverty and hunger
2: Achieve universal primary education
3: Promote gender equality and empower women
4: Reduce by 2/3, (1990 and 2015), the under-five mortality rate
5: Reduce by 3/4 (1990 and 2015), the maternal mortality ratio. By 2015, achieve universal access to reproductive health
6: Combat HIV/AIDS, Malaria and other diseases
7: Ensure environmental sustainability
8: Develop a global partnership for development
The Millennium Development Goals (MDGs) are the most successful global anti-poverty push in history. As we approach the 2015 target date of the MDGs, let's rally our world to aim higher and step up #MDGMOMENTUM.

MDG 4: Reduce child mortality

Nearly 14,000 fewer Children die each day than in 1990

Let's step up our efforts

6.9 million children still die before their fifth birthday each year

Share #MDGMOMENTUM with your community!
Global Context
Our Changing Population
The World Tomorrow
Projected population growth, 2010-2100

Note: The boundaries on this map do not imply official endorsement or acceptance by the United Nations.

Young Children and Older People as a Percentage of Global Population: 1950-2050

Global Trends 1: Demographic

- Economic slowdown
- Globalisation of diseases and emerging threats
- Urbanisation
- **Global mobility:** professionals and patients (Regional strategies, health tourism)
- **Ageing population:** By 2050:
  - people over 65 \(\sim\) children < 14
  - >50’s population increase from 1.4 to 3.1 billion
- **Social care and support:** older people, children, people with a disability
Global Trends 2: Population Health

- Universal health coverage, integrated care and health system strengthening
- Reducing inequalities (MDGs to 2015)
- Quality and safety frameworks: standards, measurement and evaluation – accreditation, licensing
- Informed decision-making: Cost, clinical and comparative effectiveness. Health Technology Assessment, tackling disinvestment
- Measuring performance and outcomes
- Optimising technology solutions
Globally, by 2050...

- People over 65 will approximately equal children under 14
- People over 50 will increase from 1.4 to 3.1 billion
- Length of healthy old age is increasing
- Population dynamics – including changes in population growth rates, age structures and distributions of people are closely linked to development challenges
- Significant trends include high (and low) population growth, international migration, relative cohort effects (youth bulges in some places, rapid ageing) and urbanization.
The number of Australians aged 65 or older, relative to the number of ‘working age’ people

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<th>Now</th>
<th>In 2050</th>
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<tr>
<td>Percent</td>
<td>20%</td>
<td>39%</td>
<td>4.4%</td>
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The increase in Australian public debt relative to GDP, as a consequence of the ageing population

Sources: OECD, Fitch
High Reliability Health and Care
WHO Facts about patient safety

- In developed countries up to 10% of patients may be harmed while receiving hospital care.
- Risk of health care-associated infection in some developing countries is up to 20 times higher than in developed countries.
- In some countries, proportion of injections with reused un-sterilised needles is up to 70%. Unsafe injections cause 1.3 million deaths annually.
- > 50% of medical equipment in developing countries is unusable, or only partly usable, and can result in serious injury or death.
- There is a 1:1,000,000 chance of a traveller being harmed in an aircraft. There is a 1:300 chance of a patient being harmed during health care.
Key Ingredients

Safety

Quality

Reliability

Culture of Learning

Informed Decision-Making

It’s all about....
“Systems and processes are only as good as the people who work within them”
Principles of Good Scrutiny

- Patient-focused
- Key player in the improvement system
- Risk-based and proportionate
- Consistent
- Clear expectations for patients and providers
- Open, transparent, objective and fair
- *It’s not about catch out*
Poor Scrutiny

- Inconsistency in assessment, judgement and actions
- Inadequate response to concerns
- Poor training and supervision of assessors
- Lack of transparent and robust processes
- Exploitation of power and loss of focus
- Lack of engagement with patients, providers and stakeholders
Lessons Learnt

• Enabler for **continuously** improving quality and safety and not an end point in itself

• Provide a common, coherent language of expectation

• Transparent and aligned outcomes framework

• “Working with not doing to”

• The unintended consequences...

• **It is always, and only, about driving quality, enabling improvement and safeguarding people**
Opportunities for Scotland

- Learn from others and get the balance right – all about outcomes for patients not organisations

- *Scrutiny and Improvement* go hand in hand – managed handoff

- Integration enables a true person’s journey – scrutiny must align

- Focus on building capacity and capability – harvesting knowledge and sharing together

- Embed ‘the way we do things round here’ to reduce the insight gap – *true reliability*
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.

William A. Foster