



7th July 2015
ESSEC Business School, Paris

Health: The social model of health

Annette Bauer & Gerald Wistow

PSSRU, Social Policy Department
London School of Economics and Political Science

Why the social model of health (what is it..)?

- Evidence that good health not simply outcome of good health care
- And wider health and wellbeing aspects influenced by social determinants (WHO 2006, Marmot 2010)
- Implications for government responsibilities (addressing ‘causes of causes’)
- Changing role and responsibility of government, individuals and communities (→ co-production, asset based, capacity)

Case study design

Hypotheses 'testing'

Comparison at *two levels*:

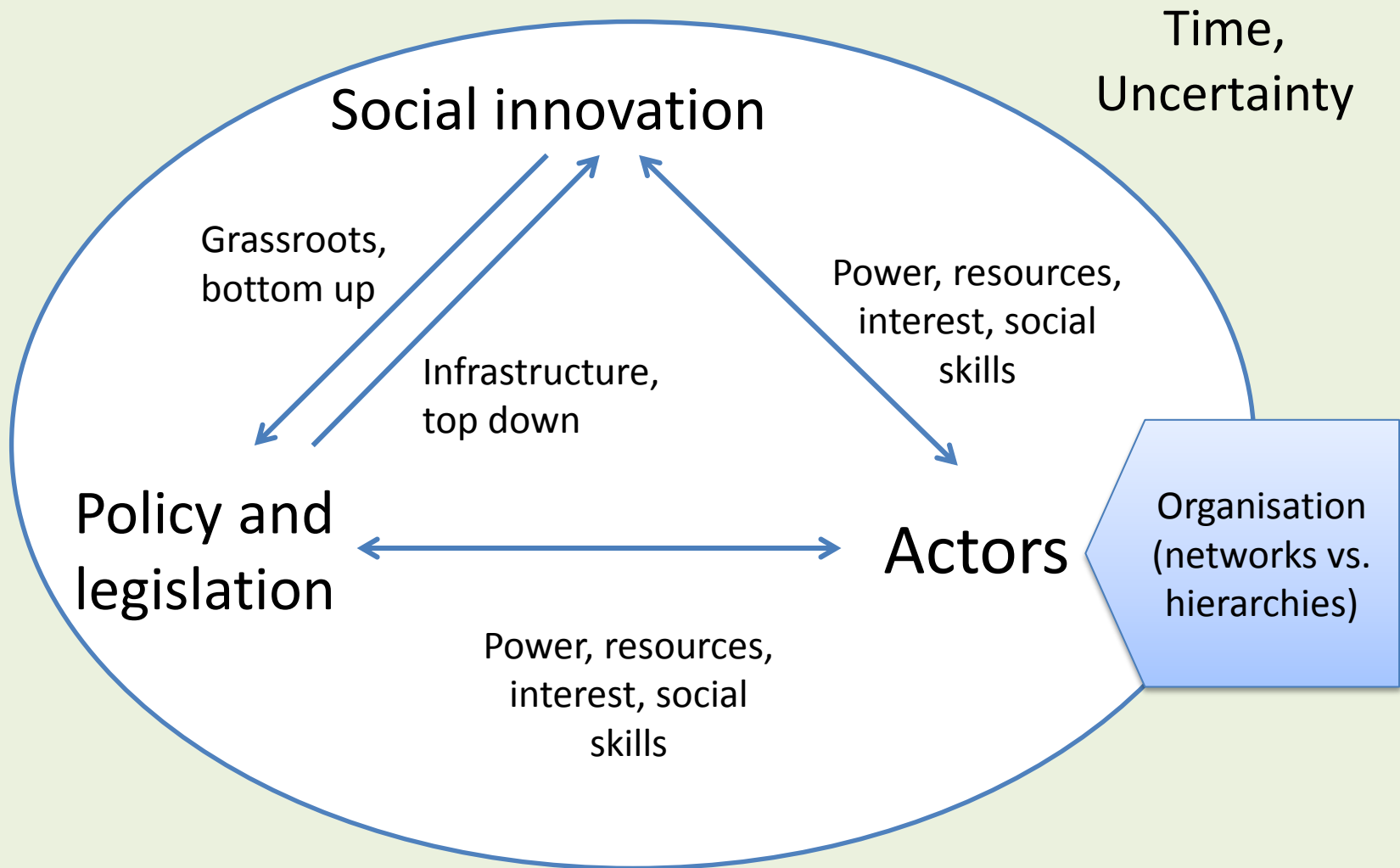
- 1) Themes/trends → what has been the development of the theme
e.g. mental health ... addressed in field description but continuous analysis maybe required... macro level
- 2) Social innovation case studies → e.g. art therapy ... micro level

Aim of case selection: To have case study that is central to theme and **information-rich, widely recognised**

Identification of organisations involved (actors from third, public, private sector)

Application of methods such as economic evaluation, network, qualitative content analysis

A way of thinking about the 'field' (*in development*)



High level of grassroots innovation in all countries but system barriers prevent scaling up!

Drivers

- Public health authorities
- Integration .. *potentially!*
- Patient associations and collaborations

Barriers

- Lack of financial incentives (dedicated budget)
- Fragmentation
- Lack of clear responsibilities between national, regional and local level
- Role of government given to third sector

Towards a framework for understanding social innovation in health.. *For discussion !*

	General population	Vulnerable groups	People with Long-term condition
Main responsibility with health providers and commissioners (incl. insurance companies)	Wellbeing oriented birth centres (FR)	Migrant access to healthcare (FR); Safe drug injection rooms pilot (FR)	Diabetes programme (FR); Self-management and user involvement (DK; UK); social prescribing (UK); personal budgets (UK); multi-disciplinary care in the community (UK); universal access to psychological therapy (UK)
Main responsibility with local authority	Community capacity with health focus (UK)		Integrated care (incl. housing) for people with dementia (FR, UK); Screening, prevention, rehabilitation programmes (DK); social support for people with dementia (UK);
Across sector	Stop smoking (DK), Healthy school schemes (CR), Information campaign for cancer and IBS (CR),		
Initiated by patient association (collaboration)			Screening, prevention, rehabilitation programmes (DK)
Other third sector		Self-help groups for people with alcohol addiction	Social support for children with disabilities and long-term inpatients (CR); Arts/culture/music for long-term psychiatric inpatients (CR); Community and work integration for people with physical or mental illness (CR); Social prescribing (UK); social support for people with dementia (UK)

Required legislation change (e.g. smoking)

Priorities over time (evolution?):

- patient rights → involvement → personalisation;
- public health → wellbeing focused clinical care;
- community development → asset based approach

Public participation in democratic system

... and related to this the concept of citizenship

Top down versus (?) bottom up ... but can only be distinguished in dynamic analysis ('tracing')

Individual vs. (?) collective responses

Current list of case studies

Themes

Mental health: Important driver for the social model of health; likely to be identifiable across countries; narrowing down might be challenging

Dementia: Important area; highly relevant to challenges of ageing society; sufficiently specific

Public health/health promotion: narrowed down for particular model (e.g. community) and/or population (e.g. children & young people)

Integration: Important but potential driver only

Patient (and possibly citizen) capacity: Across all countries, extent to which it contributes to social model differs, further exploration would be required

Current list of case studies

Issues & questions

Purpose of case selection:

To compare case studies of central relevance to social model of health in all four countries → By observing the case study we ought to observe information rich example of social model

Issues:

- Being too broad can make the comparison less meaningful
- Narrowing down the case study can be 'artificial' and increase bias, reduce relevance
- Interface with social care (and community development)

Questions:

- Should the survey with international experts explore the two levels (themes and social innovations)
- Should we develop (health specific) criteria for the selection of case studies?