

County Council of Västerbotten – Health and medical care from mountain to coast

Harriet Hedlund (S), Chairman, Board of public Health, County Council of Västerbotten

County Council of Västerbotten has a vision that sets its sights high: By 2020, Västerbotten will have the world's best health and the world's healthiest citizens. An active lifestyle and a high quality of life create the conditions for good health among the entire population. Its success requires many different community actors to work towards the same goals.

The processes that all industrialized countries face, are present in Västerbotten as well. In fact - we experience the trends earlier than most. The challenge of Urbanization and of demographics of ageing. In Västerbotten we are already at the phase, where 70 percent lives in cities, and 30 percent in the rural areas.

The demographic situation and the growing division of all of the Northern Region is the ageing and diminishing population in the sparsely populated, inner parts of the region, also with lower educational level and lower health scores. In the coastline of Västerbotten, we have a young, well educated population in a densely populated area, with high expectations for health care services. In contrast, the inner parts of the region have an ageing population, due to low birth rates and urbanization. The challenges of the inner parts also includes the structure of relatively lower education level and lower health scores. It is harder to maintain the welfare systems outside the cities, partly because of a diminishing tax base, partly because of difficulties in recruiting and maintaining special competences.

On the other hand: The region's well-developed digital infrastructure gives good possibilities for new technical solutions as well as new services within the health-care-sector. E-health, improvements by help of Lean, production- and capacity planning, Value based care, process analyses, organising for knowledge management, use of quality data for knowledge management, firmer preparation and decision making based on national guidelines for care, priority setting procedures, creation and test of systems for ordered introduction of medical technologies.

Generally; the growing gap between the medico-technological possibilities and the funding of the public health care system, combined with the high and growing expectations in the population.

There are various organizational forms for such coordination between public authorities, sometimes including private sector, often the civil society. During the last 20 years, the cooperation between the municipalities and the regional health care has been under revision. The interface between the care-taking responsibilities of the municipalities for the elderly and the health-care responsibilities of the County Council is an on-going challenge.

The county constitutes one, large organisation while the municipalities are 15, with large differences regarding population amount and density, tax base, welfare services and so on. There are considerable differences in organisational culture and rationality between all the different welfare sector authorities.

A recent, major change is a shift in governmental management, from detail in activities and incentives towards more general support open for local adjustment. This based on national evidence pointing to detailed incentives to result in short-term investments at particular points of the system, often resulting in displacement of other, important services.

National guidelines tend to increase expectations (among professionals and patients) for the content and quality of health care services, however without accompanying funding. There is a general imbalance between national authorities' ambitions/expectations and health care funding.

A true merge into a Northern region, gathered around the common mission to guard the tertiary as well as primary care, and also the responsibility to maintain health care education in the region. Also for the management competence to become large and deep enough to meet the complexity of health care management. Clear division of responsibilities between the hospitals and some merging of units.