

Practitioners Leading in Whole Systems – challenges and support

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Scotland's Public Health challenges

- ageing population
- enduring health inequalities
- deprivation and poverty
- changes in the pattern of disease
- increasing pressures on health and social care services.
- average life expectancy in Scotland is significantly lower than other countries of the UK and Western Europe
- environmental.



Public Health Reform

Vision for PH in Scotland “a Scotland where everybody thrives”

Reform builds on Christie Commission (2011) and Public Health Review (2015):

- Public Health Scotland
- Public Health Priorities
- Whole System Working

- Programme of commissions, engagement across the system
- Shared Local and National Government accountability

Scotland's Public Health Priorities

Public Health Scotland will focus on leading a collaborative effort to deliver the six Public Health Priorities:



Priority 1 A Scotland where we live in vibrant, healthy and safe places and communities

Priority 2 A Scotland where we flourish in our early years

Priority 3 A Scotland where we have good mental wellbeing

Priority 4 A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

Priority 5 A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all

Priority 6 A Scotland where we eat well, have a healthy weight and are physically active



Public Health Scotland

Scotland's lead national agency for improving and protecting health and wellbeing. Focusing on improving healthy life expectancy and reducing health inequalities and taking a rights based approach to health, we will:

- support the public health system with high quality, effective and supportive **health improvement, health protection** and **population care** functions.
- have national leadership roles in **research, innovation** and the **public health workforce**.
- adopt a collaborative **whole system leadership approach** which will support and enable others to take action together across organisational boundaries and in communities.
- have a clear focus on **supporting local partnerships** and communities through the innovative use of **intelligence, data** and **evidence**.



Whole System Working



Public Health workforce

The Leadership for Public Health Workforce Development Workforce commission found that we need people who can deliver:

- Collaborative leadership for public health
 - Practice driven by values and conduct that complement technical skills and proficiency
 - Engagement with whole systems theory and working
 - Empowering communities and upskilling those who work in them
 - PH and inequalities knowledge and skills for both core and wider workforce
 - Improvement and innovation – multi sector learning and shared good practice
 - Digital and data literacy, including valuing data from communities' experience
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- Issues shared with PIUKPH
 - Challenges include engagement, language, role clarity, confidence, power

Public Health Leadership

Whole system **leadership development** – what learning is needed?

- The 21st century public servant, Aspiring Directors, University of Birmingham
- Place To Be, Scottish Directors of PH, NES, Health Scotland, Kings Fund
- Many leadership programmes across our systems with shared behaviours and values – influence these, increase access by those not represented

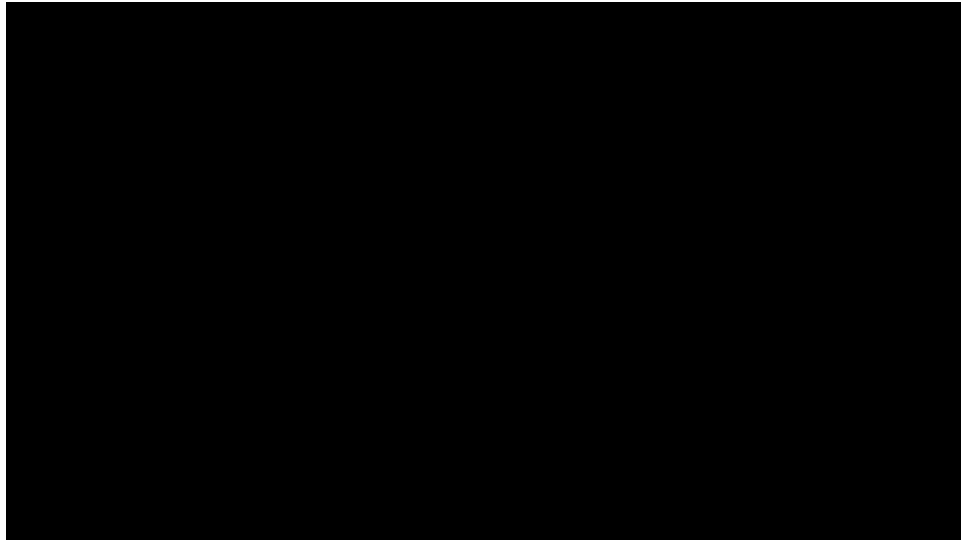
How we **support** leaders in the system: host place based conversations; building relationships and connecting; identifying leaders in our communities; support the Third sector; make sure we have diversity; build safety through co-production and facilitation

Success looks like... "I couldn't tell who was in the room"

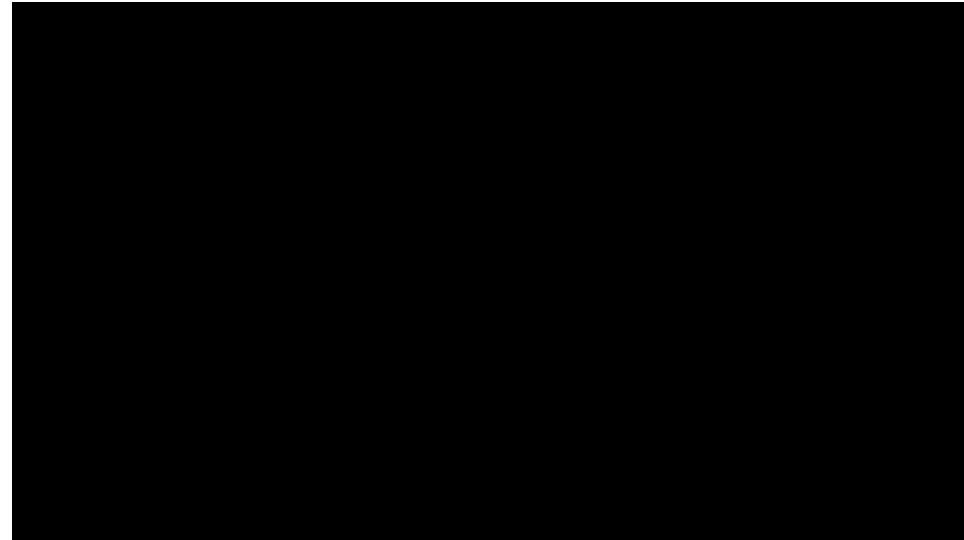


Practitioners reflect

Doing it already as a Public Health Practitioner? Can we share our experience and support each other...what does registration add?



Steven Kelly and Fiona Smith,
Working in partnership



Claire Tiernan, Leading in local
systems



Practitioners Leading in Whole Systems

What are your challenges?

How can we support you and how do you support each other?

What leverage does your UKPHR registration bring?

Who do you collaborate with?

Who is missing?



