

*Developing people
for health and
healthcare*

UKPHR Annual Conference 2015

“Building Value in Practitioner Registration”



#PHPCelebration

UKPHR
Public Health Register

Protecting the public – improving practice



Health Education East of England

Welcome to the East of England!

Dr Alistair Lipp

Head of School of Public
Health (HEE)
Deputy Regional Medical
Director (NHS England)



Objectives of the day

- Celebration of practitioners attaining professional registration in Public Health Practice
- Identify the value of registration and explore how this can be increased
- To recognise the contribution Assessors, Verifiers and Mentors have made to the schemes
- To explore how to improve support provided by schemes
- Provide a forum for CPD and networking
- To share best practice when commencing and implementing a new practitioner registration scheme

East of England Scheme- the story so far...

Alix Sheppard

East of England Scheme Coordinator (HEE)
Youth Health Movement Adviser (RSPH)

UK Public Health Register

UKPHR perspective and current coverage

David Kidney, Executive Director & Pav Sull,
Registration Services Manager

UKPHR so far...

- ▶ Set up in **2003**
- ▶ Filling a regulatory gap for multidisciplinary PH specialists who were not doctors or dentists
- ▶ Registering practitioners since **2011**
 - Devolved to local areas
 - Standards are national
- ▶ Professor Bryan Stoten became Chair in **2012**
 - Reformed governance

Statutory regulation

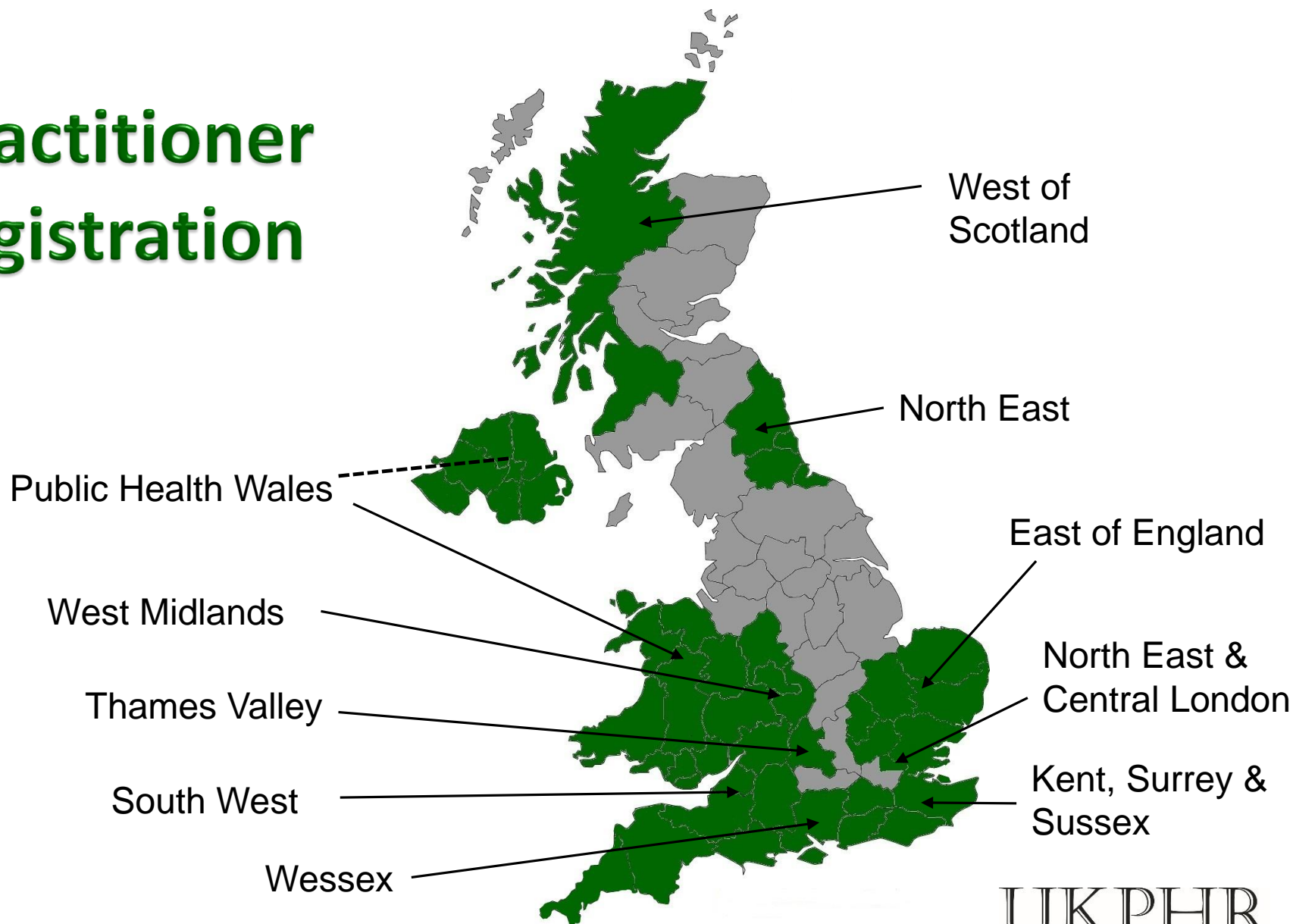
Department of Health planned to transfer specialists from UKPHR to HCPC - but has postponed legislation

If Specialist register transferred to HCPC

➤ Protected title, CPD, no revalidation

Our focus now: CPD, revalidation and routes to registration.

Practitioner registration



Registration Statistics

<i>'current' and 'lapsed'</i>	31 March 2014	31 March 2015	Current
Specialists	562	630	639
Specialty Registrar	n/a	n/a	1
Practitioners	78	149	177
TOTALS	684	779	817

SLOW INCREASE IN CURRENT FIGURES
IS DUE TO RETIRED/RELINQUISHED
REGISTRANTS AT COMMON SPECIALIST
RENEWAL DATE, 1ST JULY

Contact UKPHR

UK Public Health Register, 18c McLaren
Building, 46 Priory Queensway,
Birmingham, B4 7LR

register@ukphr.org

Tel. 0121 296 4370

www.ukphr.org

Value: A Practitioner's perspective

Jo Trueman

Milton Keynes Drug and Alcohol Commissioner
(East of England Scheme)

Melissa Juniper

Public Health Development Lead, Hampshire
(Wessex Scheme)

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Public Health
England

Protecting and improving the nation's health

DRAFT
FRAMEWORK

Public Health Skills and Knowledge Framework - REVIEW Opportunity to COMMENT Oct/Nov 2015

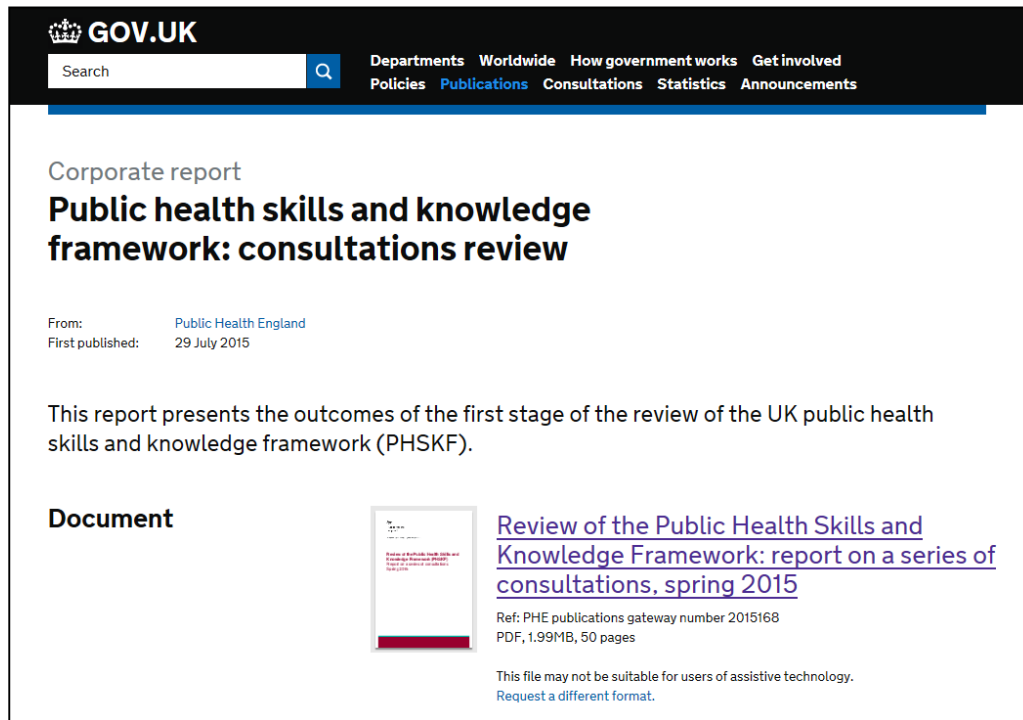
Claire Cotter, Programme Manager, Workforce Development
claire.cotter@phe.gov.uk

What this presentation covers

- key messages from the consultation
- considerations for the new framework
- how we have started the functional mapping process
- how we are presenting and describing public health functions
- how you can tell us what you think

Report of consultation – Feb/Mar 2015

- the Public Health Skills and Knowledge Framework (PHSKF) is being reviewed
- the UK-wide public health workforce have been consulted (Feb/Mar 2015) on how they would like it to change – see report



The screenshot shows the GOV.UK website interface. At the top is a black header with the GOV.UK logo, a search bar, and navigation links: Departments, Worldwide, How government works, Get involved, Policies, Publications, Consultations, Statistics, and Announcements. The main content area is white and features the title 'Corporate report' followed by 'Public health skills and knowledge framework: consultations review'. Below this, it states 'From: Public Health England' and 'First published: 29 July 2015'. A paragraph describes the report as presenting the outcomes of the first stage of the review of the UK public health skills and knowledge framework (PHSKF). Under the 'Document' section, there is a thumbnail image of the report cover, a link to the report titled 'Review of the Public Health Skills and Knowledge Framework: report on a series of consultations, spring 2015', and additional information: 'Ref: PHE publications gateway number 2015168', 'PDF, 1.99MB, 50 pages', and a note that the file may not be suitable for users of assistive technology with a link to 'Request a different format'.

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Corporate report

Public health skills and knowledge framework: consultations review

From: Public Health England
First published: 29 July 2015

This report presents the outcomes of the first stage of the review of the UK public health skills and knowledge framework (PHSKF).

Document



[Review of the Public Health Skills and Knowledge Framework: report on a series of consultations, spring 2015](#)

Ref: PHE publications gateway number 2015168
PDF, 1.99MB, 50 pages

This file may not be suitable for users of assistive technology.
[Request a different format.](#)

Click here for
report
(click 'open hyperlink')

Headlines from the consultation

The public health workforce across the UK requested that a revised PHSKF:

- is simplified
- has fewer levels
- avoids jargon
- has fewer descriptors
- is better aligned with other levers
- includes the full range of activity
- heightens the profile of certain areas eg: health inequalities

A proposed new function-led structure for the Framework

what we do

Technical Competence

Measure, monitor and report population health, wellbeing and health inequalities

Promote population and community health and wellbeing, and address social determinants and health inequalities

Protect the public from risks to health and wellbeing

Work to, and for, the evidence base, conduct research, and provide expert advice

Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities

how we do it

Behaviour

Principles and Values

Ethical and Reflective Practice

Compliance with workplace legislation and corporate policy and protocol

Context

Working with and through Policies and Strategies

Working in Partnership and through Collaboration

Working in a Competitive Contract Culture

Working with Political and Democratic Systems and with a range of organisational cultures

Delivery

Leadership

Communication

Programme and Project Management

Prioritisation and management of public resources at a population / systems level (for best health outcomes for investment)

Consultation showed workforce want 'an inclusive approach to skills' ie: full range of activity

Positioning of the new PHSKF (system alignment)

PHSKF

Training route to professional competence / registration
(Faculty specialty curriculum)

Experiential routes to professional competence / registration (specialist portfolio eg: CESR, UKPHR, practitioner portfolio eg: CIEH, UKPHR)

Work-based learning
staff development; supervision; coaching /mentoring; accredited registers; apprenticeship programmes

Educational Qualifications
pre and post registration eg:
SVQs, NVQs, Allied Health
Professional/Environmental Health/Nursing degrees;
post-graduate programmes (MPH, FETP, SCPHN);
accredited training

Modernising Scientific Careers
professional competence
registration with HCPC

Themes profiled throughout the Framework

- activity that is system-wide and at scale
- activity geared towards integration, examples would include:
 - integrated commissioning
 - integrated service delivery
 - integration of prevention and care
 - integration of physical and mental health and wellbeing
- a public health workforce that takes responsibility for leadership at **all levels** of practice and cross-sector working
- capacity building through the coordination and mobilisation of the wider workforce
- activity that is outcomes driven including the reduction of health inequality
- activity that embeds sustainable solutions to multi-factoral problems
- activity that supports and enables individuals and communities to have more control over decisions that affect them and their health and wellbeing

proposed areas, domains and functions

these can be used for individuals to map themselves against (no-one is likely to be able to demonstrate them all, so the map acts as a 'menu'). The functional map can also be used by employers to plot job descriptions and identify required skill sets for the workforce

*functional
map*



AREA of
activity A
Technical

Domain A1

Domain A2

Domain A3

Domain A4

Domain A5

function A2.1

function A2.2

function A2.3

function A2.4

function A2.5

AREA of
activity B
Contextual

Domain B1

Domain B2

Domain B3

Domain B4

Function B3.1

Function B3.2

Function B3.3

AREA of
activity C
Delivery

Domain C1

Domain C2

Domain C3

Domain C4

Principles behind the organisation of the descriptors

Purpose of the Framework

to provide an architecture to describe the activities and functions undertaken by the public health workforce

Overarching purpose for Public Health

Answers the question - *What does 'public health' do?*

Eg: Improves population health outcomes and reduces health inequalities between individuals, groups and communities, through coordinated system-wide action

AREA A AREA B AREA C

AREAS - show the different sections of activity ie: Technical, Contextual, and Delivery

Domain A1

Domain B1

Domain C1

DOMAINS – describe a group of functions carried out by the workforce

function A2.5

Function B3.3

Function C4.1

FUNCTIONS – describe something that one person can do – can be attributable to an individual in their role. If the descriptor is too broad, or includes too many actions, then it may need to be split down

Overall Purpose of Public Health

PUBLIC HEALTH

improves population health outcomes
and reduces health inequalities between
individuals, groups, and communities,
through coordinated system-wide action

Domains of activity

A1

Measure, monitor and report population health and wellbeing, health risks, use of services, and health inequalities

A2

Promote population and community health and wellbeing, addressing the social determinants of health and health inequalities

A3

Protect the public from environmental hazards, communicable disease, and other health risks, while addressing inequalities in risk exposure and outcomes

A4

Work to, and for, the evidence base, conduct research, and provide expert advice

A5

Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities

B1

Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities

B2

Work collaboratively across the system to improve health outcomes and reduce health inequalities

B3

Work in a competitive contract culture to improve health outcomes and reduce health inequalities

B4

Work within political and democratic systems and with a wide range of organisational cultures to improve health outcomes and reduce health inequalities

C1

Provide leadership to drive improvement in health outcomes and the reduction of health inequalities

C2

Communication

C3

Design and manage programmes and projects to improve health and reduce inequalities

C4

Prioritise and manage resources at a population/ systems level to achieve cost-effective and equitable health outcomes

AREA A: Technical

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain A1

Measure, monitor and report population health and wellbeing, health risks, use of services, and health inequalities

A1.1 source, obtain and organise data/information

A1.2 Interpret and present data and information

A1.3 manage data and information

A1.4 Forecast data needs and develop data capture methods

A1.5 Assess and manage risks associated with using and sharing data and information, data security and intellectual property

A1.6 Collate and analyse data to produce intelligence that informs decision making, planning, implementation and evaluation

AREA A: Technical

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain A2
Promote population and community health and wellbeing, addressing the social determinants of health and health inequalities

A2.1 Influence community action by empowering communities, using participatory, engagement and asset-based approaches

A2.2 Advocate for public health principles and action to improve the determinants of health and wellbeing

A2.3 Design universal provision and interventions while responding proportionately to levels of need within the community

A2.4 Implement sustainable and multi-faceted programmes, interventions or services across agencies to address complex problems

A2.5 Facilitate change (behavioural and/or cultural) in organisations, communities and individuals

AREA A: Technical

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain A3

Protect the public from environmental hazards, communicable disease, and other health risks, while addressing inequalities in risk exposure and outcomes

A3.1 Assess and manage international, national or local hazards and risks to health

A3.2 Assess and manage outbreaks, incidents and single cases of contamination and communicable disease, locally and across boundaries

A3.3 Target and implement nationwide interventions designed to off-set ill-health (eg: screening, immunisation)

A3.4 Plan for emergencies and develop national or local resilience to a range of potential threats

A3.5 Mitigate risks to the public's health using different approaches eg: legislation, licensing, policy, education, fiscal measures

AREA A: Technical

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain A4
Work to, and for, the evidence base, conduct research, and provide expert advice

A4.1 Access and appraise evidence gained through systematic methods and through engagement with the wider research community

A4.2 Critique published and un-published research, synthesize the evidence and draw appropriate conclusions

A4.3 Design and conduct public health research based on current best practice and involving practitioners and the public

A4.4 Report and advise on the implications of the evidence base and its implementation in practice

A4.5 Identify gaps in the current evidence base that may be addressed through research

AREA A: Technical

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain A5

Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities

A5.1 Conduct economic analysis of health services and interventions against health outcomes and inequalities in health

A5.2 Appraise new technologies, therapies, procedures and interventions and their implications for health inequalities and service development

A5.3 Engage in stakeholder co-design and co-production, to develop integrated and equitable person-centred services

A5.4 Develop and implement protocols and procedures, integrating national 'best practice' guidance into local delivery systems

A5.5 Quality assure, audit, and evaluate services and interventions and contribute to the evidence base

AREA B: Context

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain B1

Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities

B1.1 Appraise and advise on global, national or local strategies in relation to the public's health and health inequalities

B1.2 Assess the impact of health and other policies and strategies on the public's health and health inequalities

B1.3 Develop and implement action plans, with, and for specific groups and communities, to deliver outcomes identified in strategies and policies

B1.4 Influence or lead on policy development and strategic planning across organisations, to identify opportunities to promote health, improve access, and reduce inequalities in response to changing health needs and risks

B1.5 Monitor the progress and outcomes of strategy and policy implementation

AREA B: Context

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain B2

Work collaboratively across the system to improve health outcomes and reduce health inequalities

B2.1 Identify and influence key stakeholders to engage them with health and wellbeing outcomes and health inequalities

B2.2 Build constructive relationships across sectors, settings and functions, to create environments that support health and wellbeing

B2.3 Work across agencies to build shared leadership and integrate resources to achieve change with, and for individuals, groups and communities

B2.4 Collaborate with groups and communities to build community resilience, empowering them to take greater control over factors that impact on equality of opportunity and health outcomes

AREA B: Context

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain B3

Work in a competitive contract culture to improve health outcomes and reduce health inequalities

B3.1 Set commissioning priorities for services and interventions that support health and wellbeing and redress inequalities

B3.2 Identify key performance indicators that show improved health outcomes, reduced inequalities and/or the impact on factors that determine health and wellbeing

B3.3 Commission services and interventions in ways that involve end users in decision making and support community interests

B3.4 Integrate commissioning with other groups and organisations to provide person-centred interventions and services that improve equity of access

B3.5 Provide interventions and services, working constructively with the commissioning authority to support monitoring processes and adaptable delivery

AREA B: Context

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain B4

Work within political and democratic systems and with a wide range of organisational cultures to improve health outcomes and reduce health inequalities

B4.1 Support democratic processes and use them to promote health and wellbeing and reduce inequalities

B4.2 Respond constructively to political tensions and encourage a focus on the interests of the public's health

B4.3 Help individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice

B4.4 Work to understand, and help others to understand, decision-making and accountability in a political context

AREA C: Delivery

PUBLIC HEALTH

improves
population health
outcomes and
reduces health
inequalities
between
individuals,
groups, and
communities,
through
coordinated
system-wide
action

Domain C1

Provide
leadership to
drive
improvement in
health outcomes
and the reduction
of health
inequalities

C1.1 Act with integrity, consistency and purpose, and continue one's own personal development (self)

C1.2 Work with others, build relationships, encourage contribution and sustain commitment to deliver shared objectives (others)

C1.3 Adapt to change, manage uncertainty, solve problems, and align clear goals and lines of accountability (change)

C1.1 Establish a framework of leaders and followers engaged in improving health outcomes and reducing inequalities across the system (system)

C1.5 Provide vision, shape thinking, inspire shared purpose, and influence the contributions of others to improve health and address inequalities (direction)

AREA C: Delivery

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain C2

Communication

help!

jargon alert!

C2.1 Manage public perception and convey key messages using a range of media processes

C2.2 Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a variety of audiences using different methods

C2.3 Engage in dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools

C2.4 Apply the principles of social marketing and choice architecture in a range of settings and communities in combination as part of a wider/multi-something approach

C2.5 Consult with individuals, groups and communities likely to be affected by planned intervention or change

AREA C: Delivery

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain C3

Manage programmes and projects designed to improve health and reduce inequalities

C3.1 Identify stakeholders, agree requirements and project schedule(s) and identify measures for outputs/outcomes
(Plan)

C3.2 Manage project schedule(s), resources, budget and scope, accommodating changes within a robust change control process (Do)

C3.3 Track project progress against schedule(s) and regularly review quality assurance, risks, and opportunities, to realise benefits and outcomes (Review)

C3.4 Seek independent assurance for plans and processes within organisational governance frameworks (Governance)

AREA C: Delivery

PUBLIC HEALTH

improves population health outcomes and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action

Domain C4

Prioritise and manage resources at a population/ systems level to achieve cost-effective and equitable health outcomes

C4.1 Identify, negotiate and secure sources of funding

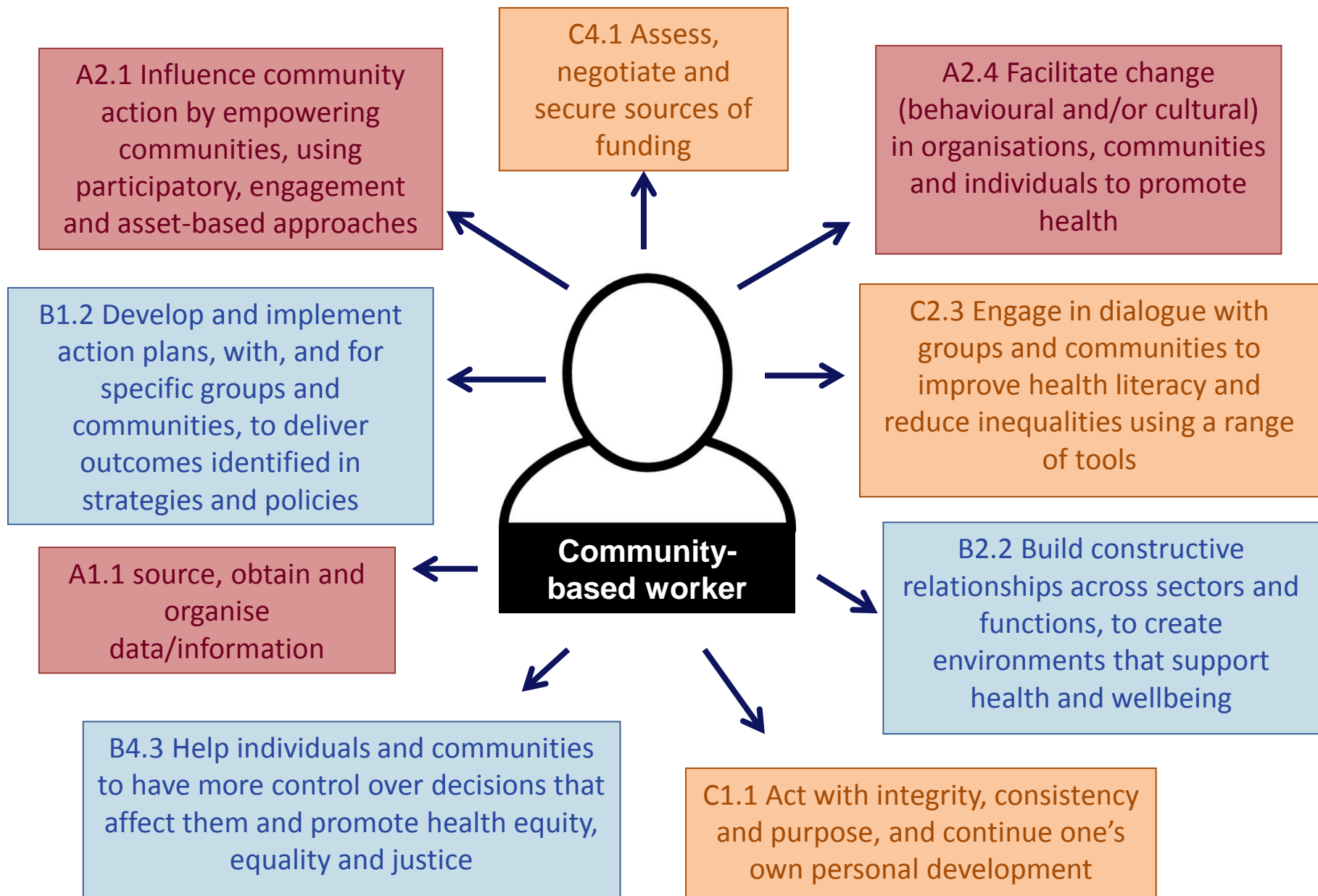
C4.2 Align and deploy resources towards clear strategic goals and objectives

C4.3 Manage financial controls within one's own organisation, area of work, and/or across partnerships, alliances and networks

C4.4 Develop workforce capacity, and mobilise the system-wide paid and volunteer workforce, to deliver public health priorities at scale

C4.5 Design, implement, and/or quality assure education and training programmes, to build a skilled and competent workforce

C4.6 Adapt capability by providing ongoing learning and development systems for the workforce



Information that will be provided to support the Framework

- information about the ethical foundations: work is currently taking place at the Faculty of Public Health, with academic and European partners, to set out guidance for modern practice
- information about underpinning knowledge: bodies of knowledge that inform public health practice, and levels of learning required eg: what workers are able to do when educated to degree level, levels 2/3/4 of qualifications supporting apprenticeships
- information about levels/tiers of the workforce: further study will be carried out to provide rationale, but many workforces are divided into three levels or tiers. The current Framework has 3 levels - entry/intermediate/senior. The Workforce Minimum Data Sets developed by Health and Social Care Information Centre (HSCIC) talks about admin.tech/manager/senior manager. Programme Management profession describes these levels as awareness/practitioner/expert

Please read through these slides and feedback on the following questions:

- do you think the overall framework includes all aspects of public health practice? (have we left anything out? Or are there duplications?)
- read the functions and sub-functions - does each area adequately describe what people do in public health?
(we need the 'Ronseal' factor: does it do what it says on the tin – we are writing the front of the tin – inside the tin are the things that people in public health 'DO')
- can you see yourself in this framework – could you demonstrate the functions that you deliver from this 'menu'?

Feedback can be sent via:

sp-phskf@phe.gov.uk

claire.cotter@phe.gov.uk

Exploring the value of registration

Kelly McFadyen

Professional Development Manager
Public Health Wales

Alix Sheppard

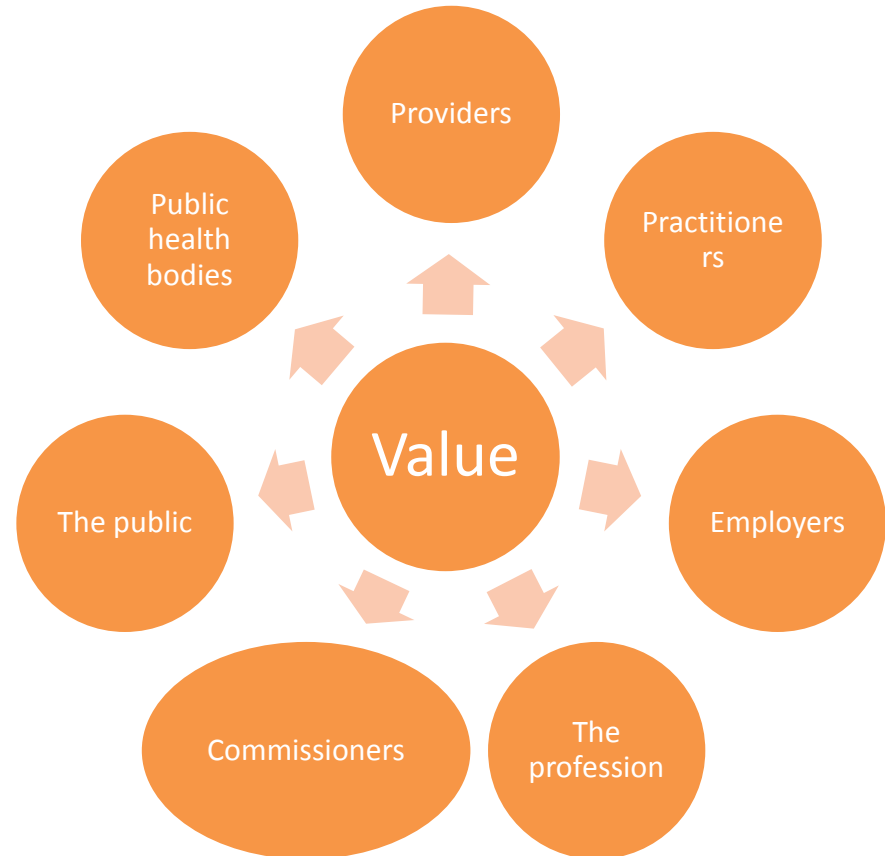
East of England Scheme Coordinator
Health Education England



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Value: The regard that something is held to deserve; the importance, worth, or usefulness of something





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Health Education East of England

1. Please exchange, in your groups, one example each of a significant change or benefit that you have seen resulting from a practitioner or practitioners engaging with the registration process.
(10 minutes)
2. Please agree a 1 or 2 sentence statement, or a tweet, that you think would be a good response to someone asking you what is the value of practitioner registration. Write this statement down using the A4 paper and felt tip pens provided.
(15 minutes)



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3. Each table to feedback top three values
(5 minutes)
4. All A4 sheets describing value, and 'doodle sheets' will be collated by the facilitators.
5. Request to delegates with twitter accounts: please tweet your response to the question 'what is the value of practitioner registration?'



Presentation of registration certificates



Developing people for health and healthcare



Global Public Health career opportunities

Andy Beckingham FPH

UKPHR

Public Health Register

Protecting the public – improving practice

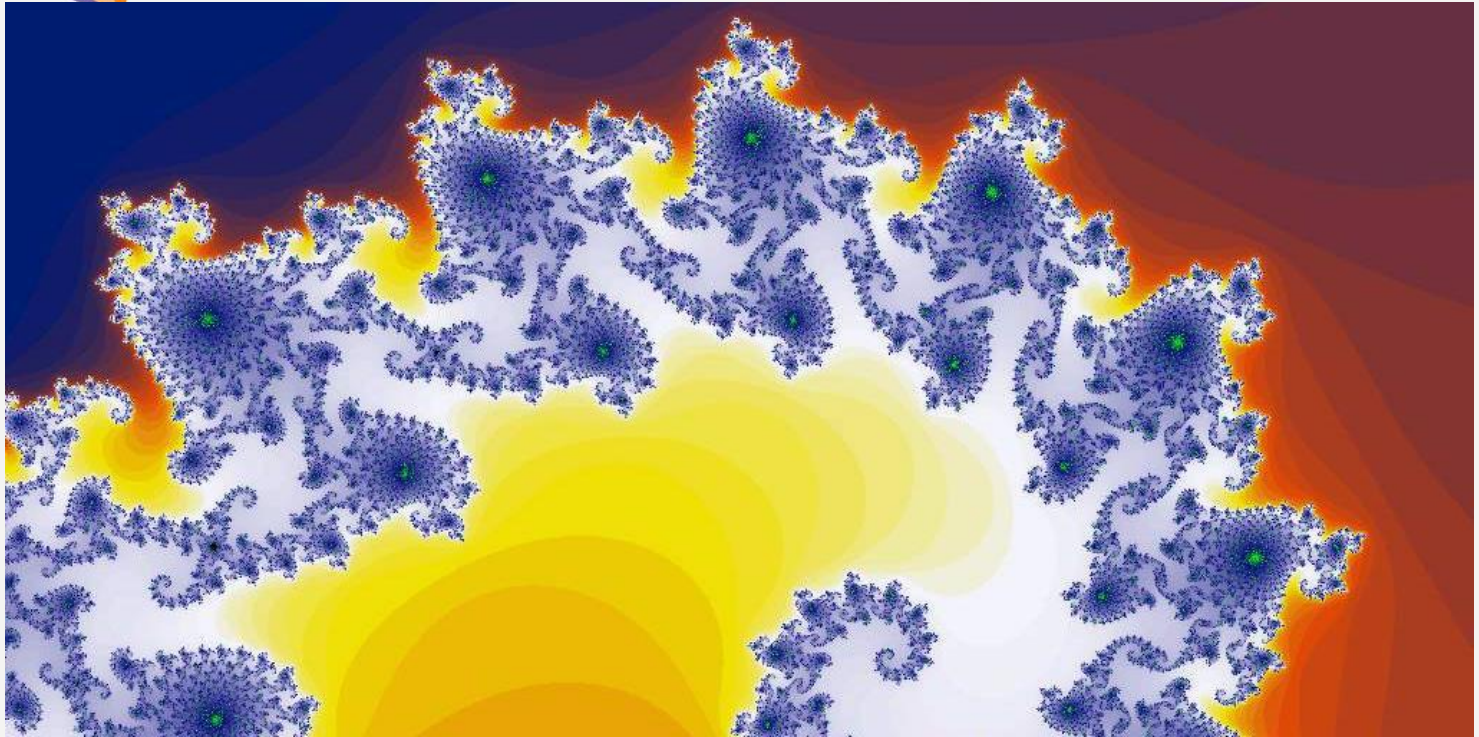
Leadership and collaborative working in the current climate

Subtitle

Lynda Austin
Deputy Director of Leadership

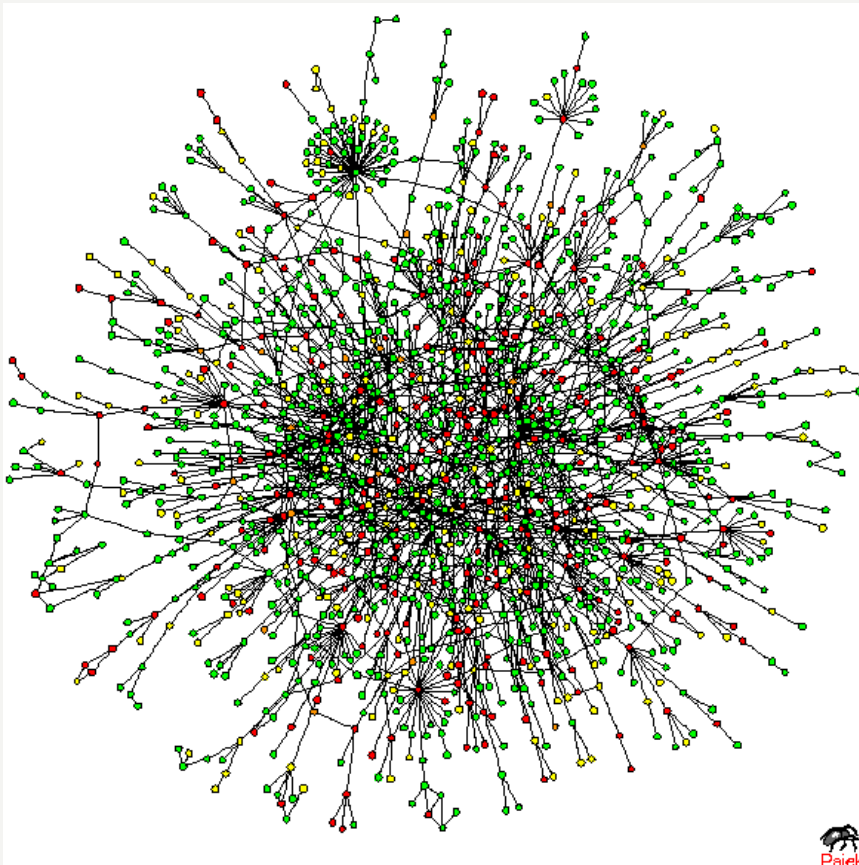


What is the current climate??



A complex system is one in which even knowing everything there is to know about the system is not sufficient to predict precisely what will happen

Definition of a System



Paek

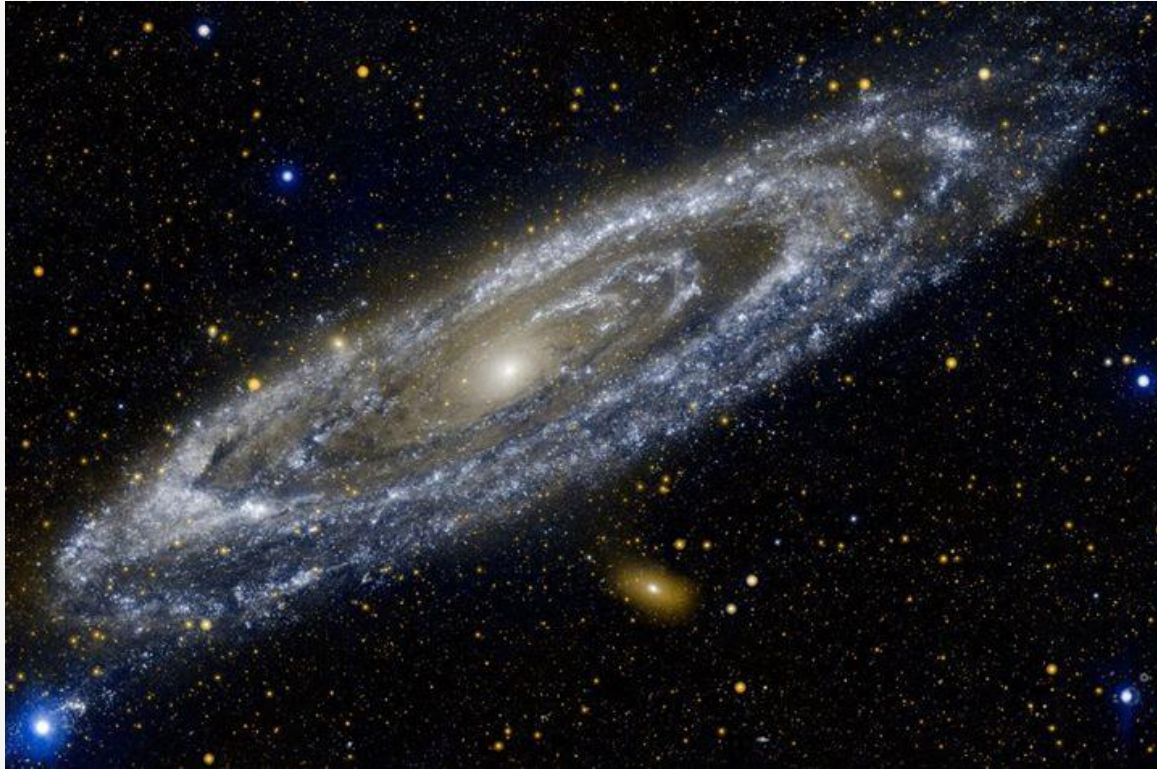
a set of individuals, organisations or bodies working together or interacting in some way as part of an interconnecting network; a complex whole

So, systems are more than a collection of organisations...

- ☐ ...and organisations are often better understood as complex systems



Complex Systems



Complex systems cannot be controlled – only influenced

Simple systems behave more like complex systems when under stress

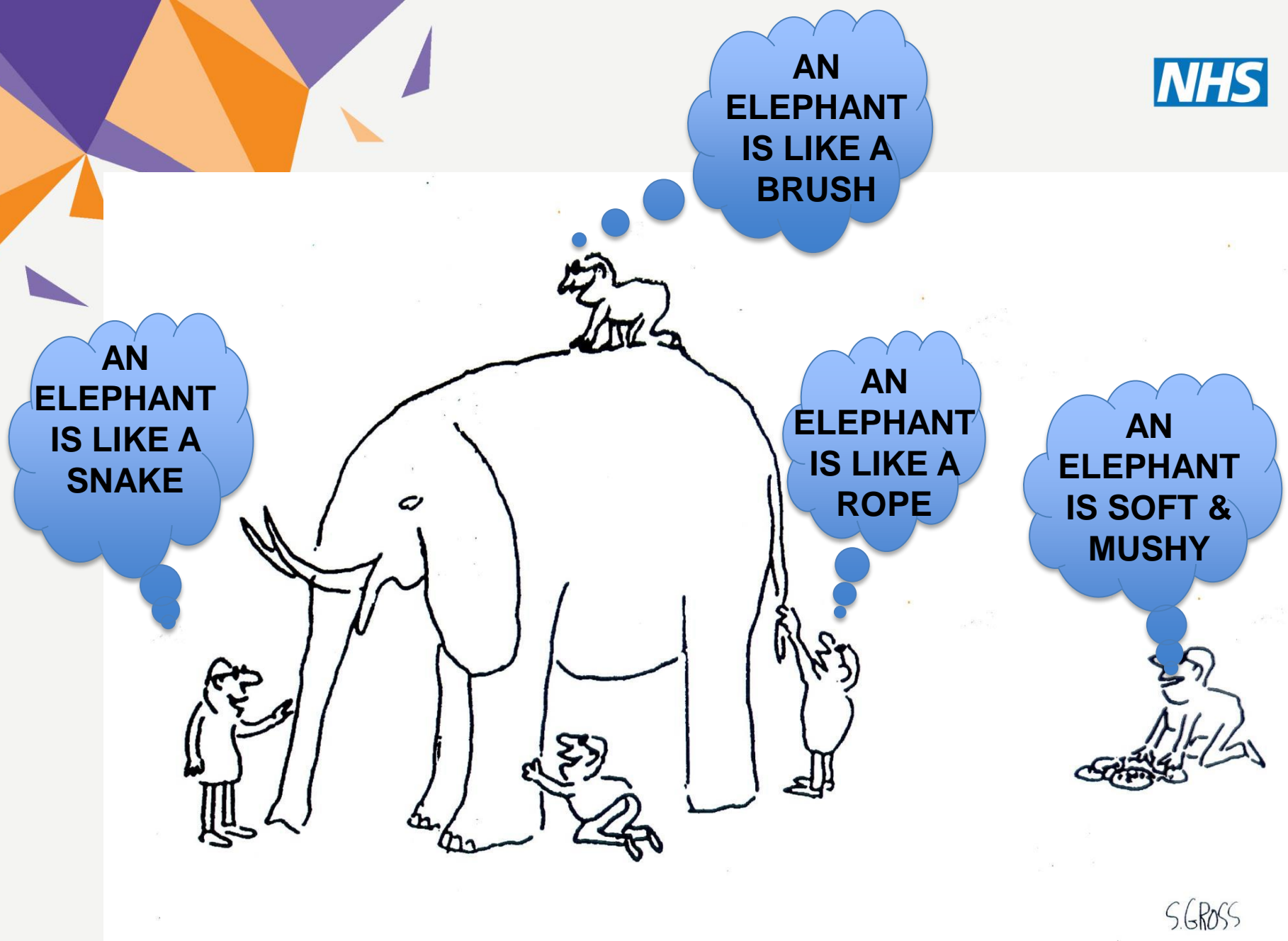
- **“A system is a network of interdependent components that work together to try to accomplish the aim of the system. A system must have an aim. Without an aim there is no system”**

W. Edwards Deming (1900 – 1993) American Statistician, author, consultant and professor

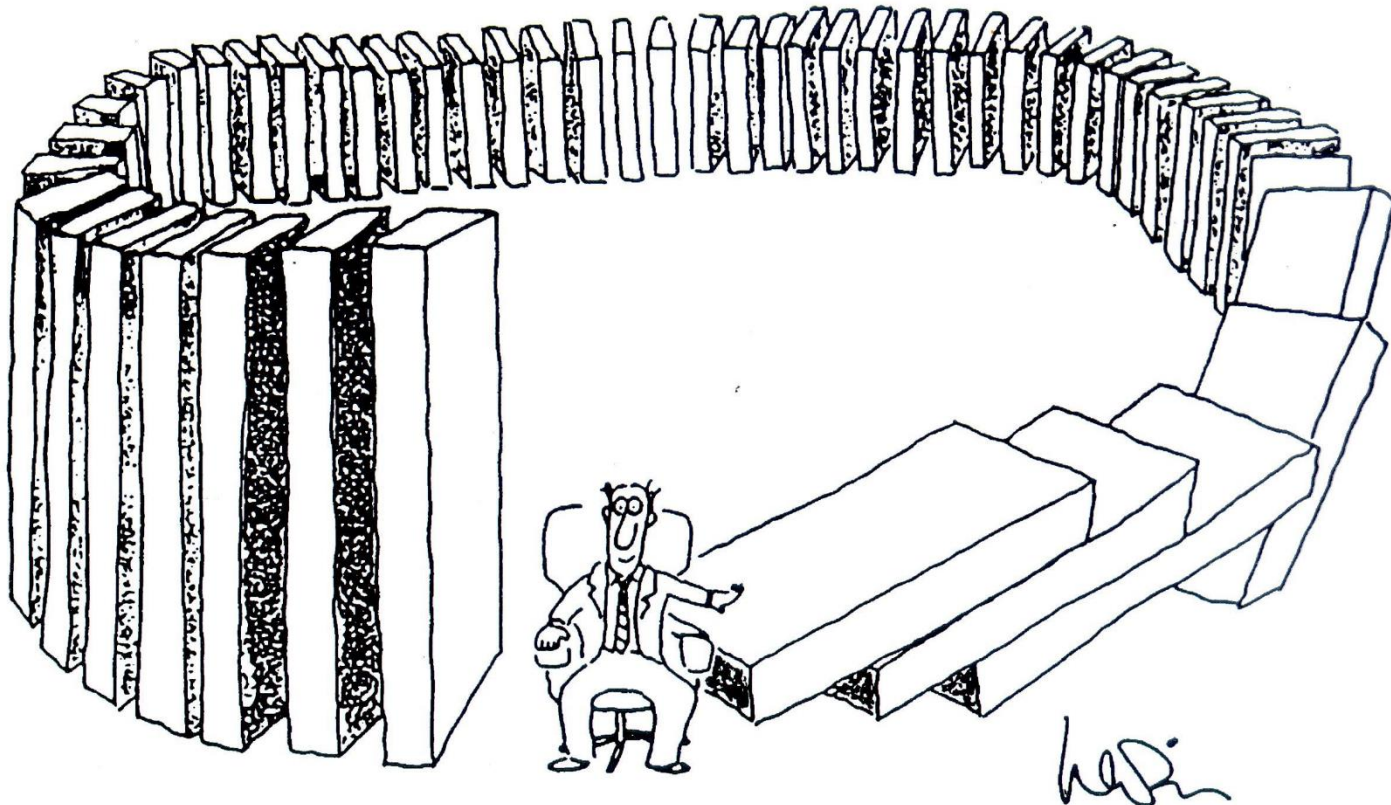
The 'new science' paradigm

From sub-atomic/quantum physics, chaos theory, fields theory, systems theory.

- **Human (social) systems are living systems**, ie can't be controlled, measured or fixed as if they were machines.
- **Synergy** - the sum of the parts is greater than the whole and is emergent - a new, integrated shape is created - relationships and connections matter.



Is this man thinking in a systematic way?



Basic Leadership Style

- Autocratic
- Bureaucratic
- Laissez-faire
- Democratic



LEADERSHIP

The leader always sets the trail for others to follow.

Types of Leadership

- Autocratic = my way or the highway – command and control



Types of Leadership

- Bureaucratic = rules and procedures – jobs worth

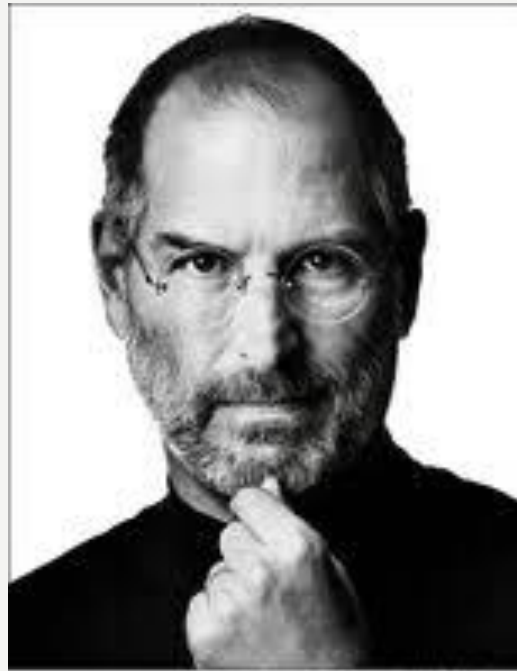
Obama: Gitmo must close

Amid ongoing hunger strike at Guantanamo, Obama vows to revisit longstanding promise to close it



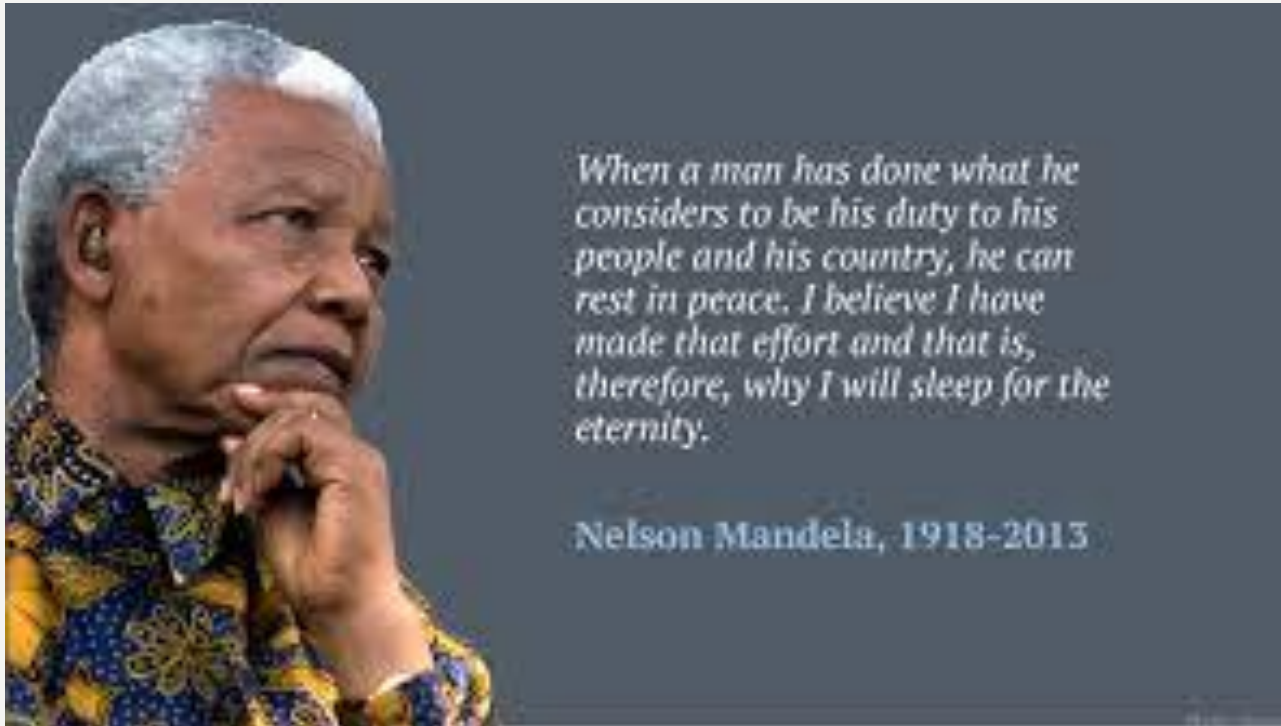
Types of Leadership

- Laissez-faire = give freedom to staff to make decisions – hands off



Types of Leadership

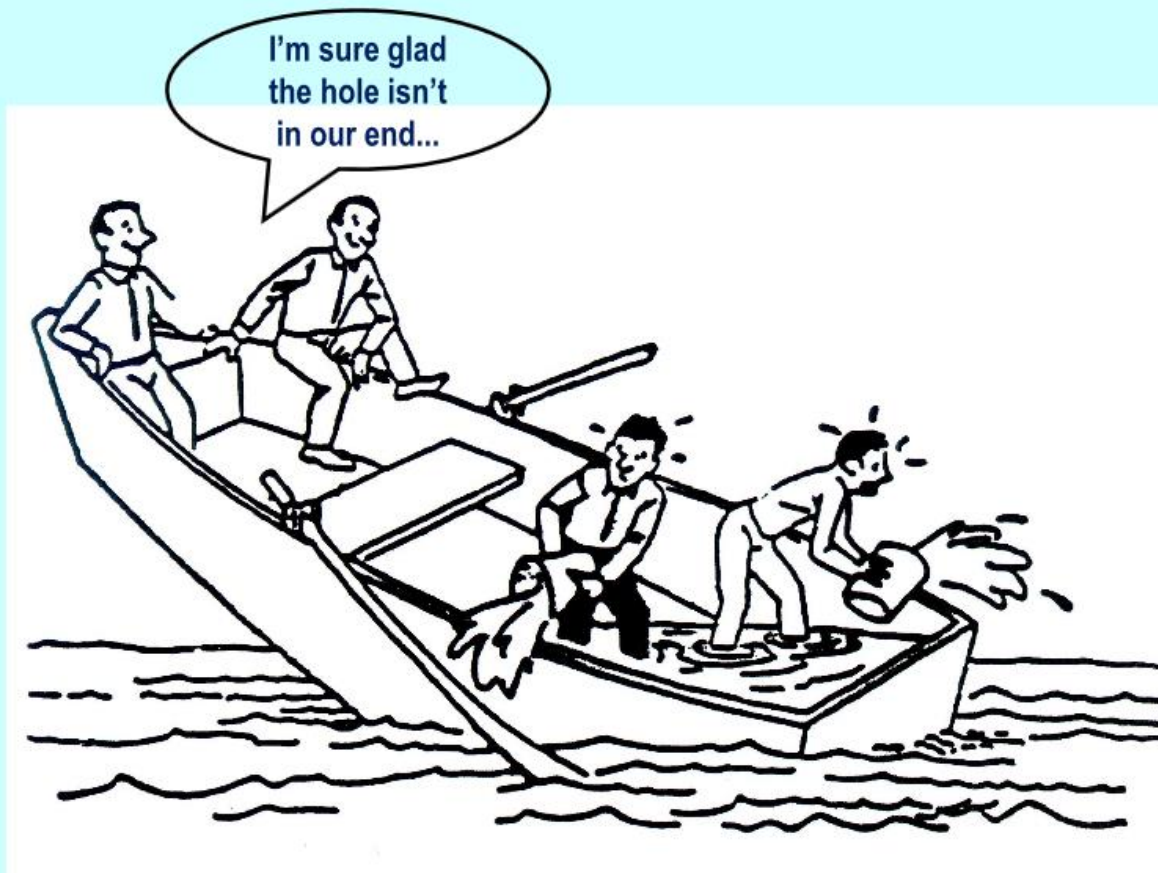
- Democratic = manages through inclusiveness and participation



Collaborative Leadership is:

■ ■ a network of people in different places and at different levels in the system, creating a shared endeavour and co-operating to make a significant change

- **Leading:**
- • when you're not in charge
- • when you need to ask questions
- • when it's complex and messy
- • when you have no money



Applying Systems Leadership to 'wicked' issues:

- Different kinds of issues require different kinds of change and different kinds of approach:

Critical Issues: Commander = role to take required decisive action



Tame issues: Management = role is to engage appropriate process to solve the issue



Wicked issues: Leadership = role to ask the appropriate question and engage collaboration; adaptive leadership



Keith Grint: Critical issues: Commander

- General uncertainty: though not ostensibly by commander who provides 'answer'
- No time for discussion or dissent
- Legitimises coercion as necessary in the circumstances for the public good
- Associated with command and encouraged through reward
- Commander's role is to take required decisive action, i.e. provide the answer to the problem

Keith Grint: Tame issues: Management

- .Issues as puzzles – there is a solution
- Can be complicated but there is a unilinear solution to them
- These are issues that management can (and has previously) solved
- There are established methods which are known to work
- Heart transplants, relocation and launching a new product are all tame issues
- The manager's role is to engage the appropriate process to solve the issue: technical leadership

Keith Grint: Wicked issues: Leadership

- Novel, recalcitrant or intransigent
- Complex – cannot be solved in isolation
- Sit outside single hierarchy and across systems
- No stopping rule and therefore no definition of success
- No right or wrong solutions; rather you aim for progress and better developments
- Uncertainty and ambiguity inevitable
- Leadership role is to ask the appropriate question and engage collaboration: adaptive leadership

The Challenges: It's not a silver bullet 'stuff' gets in the way

- Find it challenging to shift from a shared purpose/ high-level vision to a more detailed version – there comes a point where you need to put cards on the table
- It's not systems leadership 'instead of...command and control, but as well as....
- Geography really does make a difference
- Powerful organisational imperatives can trump integration vision
- There is real value in 'enabler' roles in holding people to the work

Systems Leadership requires...

- An ability to think and act strategically and systemically, to reveal interconnections and strategic leverage points, to frame and re-frame issues, to define outcomes, and to assess stakeholder interests.
- Interpersonal skills to facilitate a productive working group or network through negotiation and mediation

So Systems Leaders have to be good at Unlearning

- Recognising our knowledge may be wrong
- Asking questions
- Questioning assumptions
- Embracing ambiguity
- Being curious
- Seeking other perspectives
- Being comfortable with not-knowing

Why is Unlearning important for Systems Leaders?

- Increasing complexity and uncertainty
- Many problems are wicked problems
- Financial constraints creating a need for innovation and creativity
- Rate of change is accelerating
- Right answers may be wrong

Systems Leadership: questions, reflection and discussion

- To what extent do Systems Leadership approaches, behaviours and values resonate with you?
- To what extent do you already use Systems Leadership behaviours to work with complex/wicked issues?
- What challenges do you face in implementing a system leadership approach? What helps and what hinders?

Applying the Learning

- Have a conversation on your table about the wicked issues you face, where a systems leadership approach might help.
- Choose one that you will work on as a group.
- Design a systems leadership approach and craft a presentation covering:
 - – Where are we now?
 - – Where do we need to be?
 - – What will we do to get there?
 - – Where do we plan to start?

Distributed Leadership

- https://www.youtube.com/watch?v=OqmdLcyES_Q

Workshops

1. Scheme Processes:

“Are we nearly there yet?!”

Em Rahman, Wessex Scheme Coordinator and Cerilan Rogers,
UKPHR Moderator

2. Increasing the value of registration:

Louise Holden, Public Health Workforce Development Manager
and Alix Sheppard, East of England Scheme Coordinator

UKPHR

Public Health Register

Protecting the public – improving practice



Public Health
England

Protecting and improving the nation's health

Workshop:

Increasing the value of practitioner registration: *exploiting the values and overcoming barriers*

Louise Holden

Public Health Workforce Development Manager, PHE London

louise.holden@phe.gov.uk

Workshop Objectives

This workshop will:

- identify how we can exploit the values recognised
- explore how barriers to recognising the value of practitioner registration can be overcome
- gather information to inform a UK, multi-agency action plan to embed public health practitioner registration across the public health system

Task

Workshop: Increasing the value of practitioner registration: *exploiting the values and overcoming the barriers*

Table number:

Value	Opportunities to demonstrate / exploit the value <i>How and by who?</i>	<i>Link the barrier to the solution</i>	
		Barrier(s) / threat(s) to the value being recognised	Overcoming the barrier(s) <i>How and by who?</i>
1.			

Task Outline – approx. 30 minutes

- Each table has 3 different values
- Whole table to work together on value 1 (15 minutes)
- Table to then split into two groups
- Each group to choose and discuss one of the two remaining values (value 2 and value 3) – 15 minutes
- Aside from value 1, both groups cannot discuss the same value
- Grids to be populated during the discussion

Groups to discuss:

- How and by who the value can be promoted, highlighted and recognised across the public health system
- The barriers and threats to the value being recognised
- Ways the barriers can be overcome and by who

Consider the public health system

- Practitioners
- Employers
 - Commissioners (local authorities, CCGs)
 - Providers (NHS trusts, local authorities, voluntary sector)
- UKPHR
- Faculty of Public Health
- Health Education England
- Public Health England
- Department of Health
- Local Government Association
- London Councils
- People in UK Public Health
- Royal Society of Public Health
- Association Directors of Public Health
- Plus many others...

Feedback & Follow-up

- Due to time, tables are unable to feedback their completed grids
- All grids will inform a collective action plan to be circulated post event

Questions?



Feedback session

Sally James
West Midlands Scheme
Coordinator

Panel Session

How will national stakeholders support registration?



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PHE EAST OF ENGLAND

Dr Jörg Hoffmann
Deputy Director Health Protection
PHE East of England
Eastbrook, Shaftesbury Road
Cambridge
CB2 8DF
jorg.hoffmann@phe.gov.uk
T: 0303 4446690

Thank you!

**For more information please visit
www.ukphr.org**

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Devolved schemes



Health Education East of England



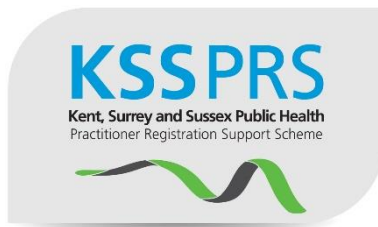
Health Education Wessex



South West England Scheme



Health Education West Midlands



Health Education Thames Valley

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