

# ADPH Annual Conference 2018

## *Disruptive Leadership*

3<sup>rd</sup> December, Woburn House, Central London



### Lessons Learned

#### 1. CHANGING THE WORLD

- ADPH is achieving well on its priorities of challenging the norm and advocating for equality, developing a vibrant member-led organisation, promoting a unique local leadership, and developing an edge to the organisation.
- DsPH change the world everyday and can speak nationally where it is not possible to speak out locally.
- Achieved disruption in enabling the first two chapters of the obesity plan not conceived of a decade ago with a third chapter predicted.
- Beginning to reframe issues so that Government and Parliament hears – eg the horsemeat scandal was communicated first around “yuck” factor as the public risk was so low.
- Generating public conversations on the impact on health of the environment and making exercise happen through the promotion of park runs and green spaces.
- Ability to flex is important, eg the police answered “public health” questions around Novichok but based on public health advice.
- Ability to create new relationships also generates progress. Eg, including the Foreign Office in discussions on AMR led the topic to be on the agenda for the UN General Assembly.
- Public health voice is not strong enough at present, based on the current evidence. It needs to manage the tensions between values and evidence with a pragmatic approach to achieving evidence-informed rather than evidence-based policy. Being within the system provides the best opportunities for influence.

#### 2. DIGITAL DISRUPTION

- Digital is having huge impact on health and healthcare: 2/3 of data only appeared in the last eight years; a one-size-fits-all approach to treatment is changing with advances in genomics; and there is an increasing ability for people to manage their own health.
- Digital creates tensions of: personalisation vs consistency, access vs security, leadership where technology will move faster than leadership capabilities, and a divide with those who need it most using it least.
- Netflix provides a good case study. Considered disruptive because the company focus is on content as much as strategy. Its ability to understand and use its own data makes it responsive to demand, enables agility and decentralises decision-making.
- Disruption is possible through thinking, acting and reacting differently, being aware of digital possibilities, adaptability and being open to different views, and reconfiguration of teams to encourage innovative solutions.

- Organisations need to: create new working environments with flatter decision-making and digital-based decisions; encourage mentoring to develop new leadership, experimentation and risk-taking; and have a constant check on their vision.

### **3. COMMUNICATION DISRUPTION**

- Communication often does not land as intended. Public health messages need reframing in order not to get lost in translation, particularly as public understanding of health is nuanced. See the [FrameWorks Institute](#) work for [The Health Foundation](#).
- Careful communication can change public opinion and understanding, eg from thinking stress is normal for children to stress causes damage to children.
- The media focuses on consumer behaviour not health inequalities but can drive support when the message is framed so as to create demand (eg support for banning some adverts aimed at children).
- Care is needed in using language that has different meanings for public health professionals and the public, eg: if public health professionals talk about the need for education it may be heard as the need for health education.
- Reframing messages should not be restricting but should create space for public health professionals to use different types of communication to reach audiences appropriately.

### **4. DPH DISRUPTION**

- Disruptive leadership is about making things visible as daily work may not be apparent to everyone, eg effect of transport policies on death from air pollution. DsPH need to be noisier because further money is being taken out at a time when prevention is high on the agenda.
- There is a huge opportunity for a collective voice to join up what is being done locally and call out disconnects between policy but it is important not to pit one local authority against another. Share successes and support each other.
- Must be careful not to be disruptive without gain. Sometimes the disruption is to keep the status quo.
- Adopting chameleon leadership enables things to be done differently – eg start with finding a building to house a service and move progress on from there. Important to make the story meaningful to each stakeholder, this may mean finding different perspectives to sell the idea.
- Doing the same as before is not working and therefore the public sector needs to work differently. Be aware of ideological prejudices as solutions can come from different sectors.
- Councillors are elected because they are popular so make friends with them. DsPH may be too clever if they just rely on the evidence without reframing the story or a genuine interest in helping the community.

## 5. HEALTH SYSTEM DISRUPTION

- Remember that the NHS was founded post-war when the UK was essentially bankrupt.
- The [Bevan Commission in Wales](#) recommended a policy of prudent health care that was aimed at shifting from the medical model to the social model with shared responsibilities. Its Commissioners promote a [rights-based approach](#) as recommended by Parliament in its call for revolution not evolution.
- Used the WI in Wales to influence delivery of health in communities.
- Appointed Bevan innovators, advocates, fellows and exemplars to identify healthcare projects that could be delivered within 12 months. Results for cohort 2 showed 79% of projects were successful and generated economic benefits.
- Expect to be challenged by risk aversion, differing priorities, scope etc.

## 6. BREXIT DISRUPTION

- Technological developments create tensions and that can lead to progress. The UK is currently in one of these moments.
- Brexit threatens serious physical and practical disruption to food supplies and will alter the UK settlement. See the [House of Lords report](#).
- There was political silence on food issues in Brexit until the issue of chlorinated chicken emerged. If food standards are suspended, UK food will be badly affected.
- At present, the UK has just-in-time food supplies but if lorry drivers are disrupted then the food system will fail quickly. Currently proposed that local authorities manage this. Need to learn from the past, such as the haulage strike in 2001.
- Scotland and Wales both have a food policy but not England.
- Local authorities are recommended to [audit local food supplies and set up food resilience teams](#).

## 7. LESSONS LEARNED

### Management

- Disruptive leadership is important and positive because it allows innovation, different solutions and experimentation. It is about looking at the original vision in today's world. "No problem can be solved by the same thinking that created it." (Einstein).
- The biggest risk is not taking a risk. Give staff permission to take risks. Be prepared to reconfigure teams across sectors to encourage new approaches to an issue and encourage risk-taking.
- Learn from industries such as Netflix and Microsoft. The ability to take decisions using data to prioritise and decentralise decision-making is worth exploring.
- Be wary of "trendy" management-speak where there are serious practical disruptions to goods and services but use these to generate action. Use the disruption of Brexit as a positive to re-emphasise the fragility and vulnerability of the food supply system.

### **Communication**

- Speak a consistent story and know what to emphasise, how to explain it, and what to leave unsaid. Avoid crisis messaging as this leads to fatalism. Consider different aspects of the same story so it is meaningful to each group of stakeholders.
- The ability to influence power is a core public health skill but the DPH needs to be both clever and popular – “here’s the evidence” doesn’t always work in local government. Talk about things that matter to politicians/elected councillors not life expectancy.
- Consider less reliance on the evidence in communications.

### **Public health profession**

- Consider rebalancing medical and social model so that there is shared responsibility and collective action. More money may not be the whole answer.
- The DPH has a unique ability to link data and policy and build relationships across sectors in new ways.
- Consider re-branding the Director of Public Health as Director of Having a Good Life?
- Health is tradition-based but where is tradition appropriate and where is new appropriate? Remember also that what is “old hat” in one sector may be new in another. Remember that “the biggest risk is not taking a risk.” (Zuckerberg).