

**DRAFT**

# Promoting the Role of the Director of Public Health as a System Leader

Report on half-day workshop with key stakeholders  
held at The Health Foundation, London, 27<sup>th</sup> November  
2017 facilitated by Gill Burt

**Gill Burt**  
a s s o c i a t e s

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# Workshop Objectives

# Workshop Objectives

The CEO of the ADPH is keen to ensure the role of the DPH as a system leader is fully understood and engaged with so that DsPH can make the best and most significant contribution to public health that they can.

The purpose of this workshop was to bring together participants with an interest and experience in public health to draw on their knowledge, experience and inspiration so they could:

- generate ideas on how to promote the role of the DPH as a system leader

The desired outcomes from this workshop:

- a list of ideas on how to promote the role as a system leader
- expressions of interest to be involved in some way - to be explored and agreed in follow-up conversations

# Participants

# Participants

Isobel Howe ADPH

Andrew Furber ADPH Board

Chris Bull PHE

Chris Lovitt Associate

Ellen Bloomer Registrar

Heather Lodge UKPH Network

Helen Tapson

Janet Atherton, Consultant PH

Jason Horsley DPH

Jeanelle de Gruchy ADPH Board

Jonathan McShane Councillor

Jonathan Owen Councillor

Louisa Newman PHE

Louise Marshal THF

Paul Ogden LGA

Richard Kemp Councillor

Sarah Price DPH

Maggie Rae FPH

Daniel Knag The Health Foundation

Magdalena van der Steen ADPH

Rebecca Nunn Specialty Registrar Committee

# The workshop process

# The proposed workshop process

Gill Burt had individual conversations with a few of the participants before the workshop so she could understand more about the context, role and complexity of system within which the DPH role sits. This helped her design the flow of the workshop. The proposed flow was based around these questions:

- Who currently doesn't understand, fully engage with or utilise the role of the DPH?
- What are the current barriers to understanding, fully engaging or utilising the role of the DPH?
- Who else needs to understand, fully engage with and utilise the role of the DPH?
- What would be the objective of promoting the role of the DPH to these specific audiences?
- What do these audiences perceive about the role, what don't they know, and what do they need to know and perceive about the role?
- What would be the benefit to the DPH, these audiences and the system?
- What are the risks to be mindful of in promoting the role to these various audiences?
- How can these messages be promoted to these specific audiences in a way that brings about the benefits and meets the objectives?
- Initial expressions of interest in being involved in taking this forward

# The actual workshop process

The workshop didn't follow this process exactly as the first activity produced a very large list of target audiences for promoting the role to.

Participants identified a need to understand what good looks like, what the 'ideal-world' characteristics of the DPH are, before exploring how to promote the role as a system leader to the core audience identified from the long list of audiences who need to understand and fully engage with the role of the DPH.

The groups then brainstormed ideas to promote the role followed by a focused session developing ideas from the initial brainstorm of 'quick wins' and 'slower burn' activities to promote the role of the DPH as a system leader.

As the ideas were shared with the whole group

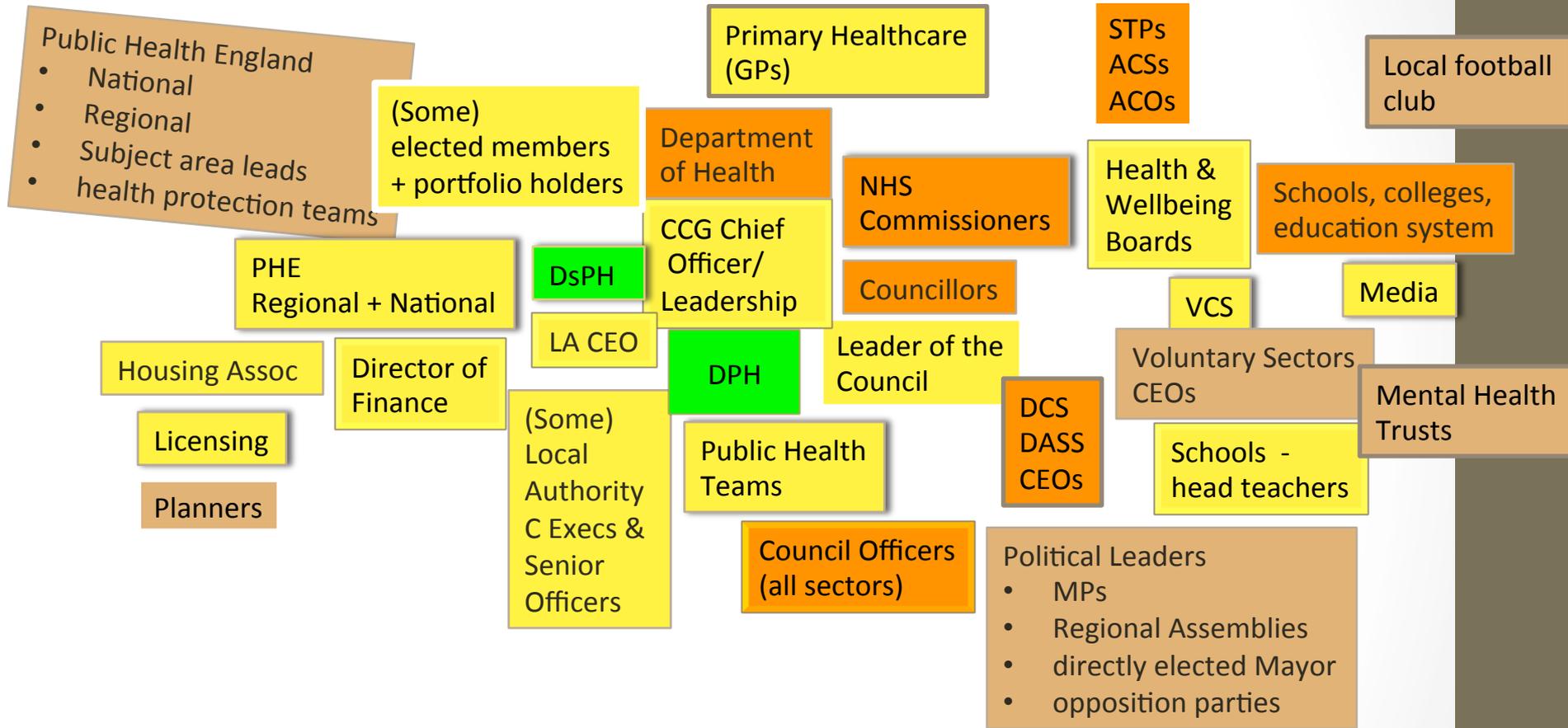
Audiences to promote the role to

# Audiences to promote the role to

The group generated many 'audiences' who need to understand and engage with the role of the DPH/DsPH. These were sorted into 'layers of an onion' where the middle of the onion are the audiences where understanding of and engagement with the DPH is most important. These were identified as in the middle of the 'onion':

- Local Authority Chief Executive (LA CEO)
- Clinical Commissioning Groups (CCG) Chief Officer/Leadership
- Some Local Authority Chief Executives and Senior Officers
- Public Health Teams
- Leader of the Council
- Council Officers (all sectors)
- Councillors
- Director of Finance
- Director of Children's Services (DCS)
- Director of Adult Social Services (DASS)
- Directors of Public Health (DPH)
- National Health Service (NHS) Commissioners
- Some elected members and portfolio holders
- Department of Health
- Public Health England (PHE) Regional and National

- Public Health England – National, Regional, Subject area leads, health protection teams
- Housing Associations
- Political Leaders (MPs, Regional Assemblies, directly elected Mayor, opposition parties)
- Primary Healthcare (GPs)
- Health & Wellbeing Boards
- Sustainability & Transformation Partnerships (STPs)
- Accountable Care Systems (ACSs)
- Accountable Care Organisations (ACOs)
- Voluntary Sectors CEOs
- Voluntary and Community Sector (VCS)
- Schools, colleges, education system
- Schools head teachers
- Mental Health Trusts
- Media
- Local Football Club
- Licensing
- Planners
- Leisure Services (esp. outsourced)



The middle of the 'onion'

# Audiences to promote the role to

The group sorted these audiences into the outer layers of the 'onion':

- Housing providers
- Residents
- Healthcare professionals (1°/2°/3°)
- Local Pharmaceutical Committee
- Local Medical Committee
- Religious Leaders
- The Health & Wellbeing Board (HWBB)
- Society of Local Authority Chief Executives (SOLACE)
- The Local Government Association (LGA)
- Association of Directors of Public Health (ADPH)
- Faculty of Public Health (FPH)
- NHS management
- NHS Chief Executives
- Health Education England (HEE)
- NHS England

- Department for Communities and Local Government (DCLG)
- Government Departments
- Local Businesses
- National Businesses
- Prisons
- Courts and Regulators
- Blue Light Services
- Chief Constables and Police Forces
- Police and Crime Commissioner
- Armed Services
- European Regulators
- Research – National Institute for Health Research (NIHR), Medical Research Council (MRC)
- University Public Health Teams
- University Vice-Chancellors

Characteristics of the role – what good looks like; the ‘ideal world’ role

# Characteristics of the role – what good looks like; the ‘ideal world’ role

Participants identified a need to understand what good looks like, what the ‘ideal-world’ characteristics of the DPH are. The characteristics they identified:

## **Having a vision – influencing and supporting in the Local Authority**

- political astuteness
- system interrogation – understanding partners, drivers and needs, creating offers (political and officer)
- ability to see the ‘popular’ angle
- implementing the Council’s agenda
- understanding the city or council
- ‘consultant’ on PH to Councils
- mitigating unhealthy policy – contribute and advise on policy
- understand when to influence and persuade (political cycles)
- identifying their agenda to help them shape their agenda
- a bridge between LA and NHS
- ‘Ring Master’

## Characteristics of the role – what good looks like; the ‘ideal world’ role

### **Selling a vision**

- promotes the role
- communicates the value of prevention and public health
- duty to protect and promote the health of the population – advocacy role
- ‘soft marketing’
- selling how prevention has a better place so why investing now
- storyteller
- understand points of influence
- stakeholder management
- articulates breadth of role to partners – related to role of portfolio holder
- having access to leaders – manipulating formal and informal routes of leaders, sharing good practice
- regular 1:1s with Chief Execs
- using succinct easy language and infographics
- uses language that isn’t alien

## Characteristics of the role – what good looks like; the ‘ideal world’ role

### **Is ‘relentlessly helpful’**

- is an enabler
- a catalyst
- providing local assistance through personal mentoring and support
- do the day-to-day job well
- knowing where good is and delivering a practical offer – intelligence, evidence, review, what we could be doing

### **Personal leadership**

- ability to learn from own and others’ mistakes
- peer challenge
- managing complexity

### **Corporate role**

- eg budget management

Generation of ideas for promoting  
the role as a system leader

# Brainstorm of ideas for promoting the role as a system leader

The participants brainstormed ideas for promoting the role with no judgment or evaluation of ideas as a first step.

Then they developed and built on their initial ideas into 'quick wins' and 'slow burners'.

All the ideas were shared with the whole group. Those who expressed an interest in being involved in follow-up action are written in blue on these pages.

The flipcharts produced by the participants are replicated in the Appendices.

The pages that follow pull together ideas with common themes and those carrying particular enthusiasm and energy.

# Ideas for promoting the role of the DPH as a system leader

# Story telling and case studies

A lot of energy focused on story telling and use of case studies to demonstrate successful DPH actions and outcomes for Councils. These stories could include:

- a system that works well

- vision and purpose

- service transformation

- saving money and improving outcomes

- relationship building successes and lessons learnt

- different perspectives of all involved

- Interviews and videos

- personal stories - a 'day in the life'

- breadth of role and skill of DPH

- hints and tips

- added value of DPH

- profiles of DsPH

Participants identified these audiences to reach with stories and case studies:

DPH/PH community

Elected members

CCG

LA Leaders & CEO

The public

SOLACE

LGC

MJ

Methods of communicating these stories and case studies:

LGA Publication

SOLACE Publication

Articles in BMJ, Faculty of PH, MJ

DPH Annual Report

Local Government Chronicle

Guardian Supplements

Good websites

Blogs, social media, journals letters articles

Interactive comms e.g. Twitter, Delphi

Webinars and podcasts

Stories and case studies could be collected by

- ADPH centrally

- Joint action with LGA

- Comms Teams (LAs)

There was also some enthusiasm for promoting the role through competitions and awards and incorporating these into stories and case studies, such as:

- Health Foundation Sponsor 'Best Public Health Department at LGC or other awards ceremony

- Best DPH Scheme

- Best Council Award

Using existing events and conferences could also communicate stories and case studies such as:

- LGA/ADPH/PHE Conferences

- Cross Sector Leadership Exchange

- LGA National Conference (end March 2018)

# Training and education

There was quite a lot of discussion about the need for DsPH to be trained in promoting the role as a system leader and in some of the 'soft skills' involved. Ideas for meeting these training needs include:

Public Health Training

Future Leaders Programme

FPH to strengthen CPD expectations around leadership development

Modules on promoting the role

Pilot skills audit

Equip DsPH with soft skills training to include marketing, systems analysis, partnership development/relationship management

Shadowing

Shared learning eg talk about a failure as well as successes

Peers sharing learning and recommendations – give this priority –make time and space – contribute to CPD

'Train the Trainer'

Public Health specialty training – opportunities to get involved

Peer challenge – examples of good practice – go and view other PH departments/  
DsPH

# Other ideas that sparked people's enthusiasm

- A one page LGA/ADPH/PHE guide for members on the DPH role (Plain English) – cross reference HF quick guide and infographics
- Develop media profile to reach the public through – could also create demand in the public:
  - Children's TV
  - Documentaries
  - Dramas
  - Local radio
  - TV drama about a DPH
- Using champions to promote the role such as popular super stars and influencers, powerful ambassadors (friends in high places)
- Experienced DsPH move into other senior roles across the system and LA
- SOLACE (or LGIU) Masterclass on PH/Wellbeing + working with SOLACE to promote the role to members

Next steps



Questions about any of the contents of this report please direct to [magdalena.vandersteen@adph.org.uk](mailto:magdalena.vandersteen@adph.org.uk)

If you would like to be involved in any of the activities identified to promote the role of the DPH as a system leader, or have any further ideas please contact [magdalena.vandersteen@adph.org.uk](mailto:magdalena.vandersteen@adph.org.uk)

# Appendices

# Initial Brainstorm

Change the name of the role e.g 'Population Health'?

Making it easier for people to move around the system (T&Cs etc)

Story telling – case studies



Health behaviours

Wider determinants

Big ambitions – widely understood

Common purpose

# Initial Brainstorm

CAMPAIGN - Public, Public Affairs

Ofsted  
for  
Public  
Health

Shadowing  
Through media, press  
National Bodies  
Champions  
➤ Popular super stars  
➤ Influencers  
➤ Our own

Promote success

Best DPH Scheme  
Stories – case studies  
Powerful Ambassadors (friends in high places)  
“Party Channels”  
Social media  
Journals, letters, articles

# Initial Brainstorm

Economic case +  
added value of DPH  
+ strong PH team

assurance

LGA role



→ clarity in regulations

PHE role



- Centre Directors & local centres



Relationship  
management with LA  
CEO

Experienced  
DPH move  
into other  
senior roles  
across the  
system & LA  
CE

Articulating  
vision +  
purpose and  
not 'just'  
service  
outcomes

1 page guide in Plain English  
for elected members about  
the DPH role

Working with SOLACE  
to promote role to  
members

Collective approach of DsPH  
within geographical area

TV drama about a DPH!

# Initial Brainstorm

Not promoting the role as of itself but the outcomes that it can achieve

- Added value of DPH

Case studies – successful DPH actions + outcomes for Council

- Breadth of role and skill
- Stories of outcomes achieved by a system that works

‘Speed dating’ – with Councillors or others to give idea of the variety and breadth of PH + DPH

Peer challenge – examples of good practice – go and view other PH departments/DsPH

# Initial Brainstorm

LGA Publication  
SOLACE Publication

Implementing in existing training  
Routes  
Eg Medical specialties  
LG & NHS Mgt Programme  
Social care training



2-way interaction

Case studies

ADPH  
(for DsPH)  
Interactive comms eg Twitter, Delphi

Training options  
(online)

Good websites  
Communicating messages  
Traffic to websites

Blogs  
Articles in BMJ, Faculty of PH, MJ  
Local Govt Chronicle

Profiles of DsPH

Apps

Guardian supplements  
Twitter

# 'Quick wins'

## Hints and tips



### Case studies

- What about causality?
  - Service transformation
    - Save money and improve outcomes
  - Relationship building successes – lessons learnt
- Dual audience
  - DPH/PH community
  - Elected members
  - CCG
  - LA Leaders
  - Public?
- Message is stronger if it comes from a respected peer
- Language used and story – media

How to make sure it's read

Expression of interest in follow-up action:

Paul Ogden

- ADASS
- LGA

# 'Quick wins'

1. 10 quick (and cheap) LGA/ADPH (PHE) wins for every LA
2. One page LGA/ADPH (PHE) guide for members on DPH role (Plain English) – cross reference HF quick guide and infographics [Natalie Lovell](#)
3. Pilot skills audit and soft skills training for DsPH – eg marketing, systems analysis, partnership development. This to build on existing work and resources eg Comms Teams
4. Public Health Champions within SOLACE and LGA (3 main parties) – SOLACE/ LGA/ADPH
5. SOLACE (or LGIU) Masterclasses on PH/Wellbeing
6. Link to other organisations eg Housing
7. Use existing events eg LGA/ADPH +/- PHE Conferences
  - Pre-conference workshops
  - Promote role of DPH (explicitly)
8. CSLE – Cross Sector Leadership Exchange – PH input

# 'Quick wins'

**Case Studies** ↗ ADPH collect centrally  
Collect stories → Joint action with LGA  
↘ Competition

- include different perspectives of all involved
- Interviews
- Videos
- Agree PH messages
- Engage Comms Team (LAs)
- Produce at same time as LGA Report – National Conference each March
- Could be done within existing resources

Paul Ogden

DPH annual report

## TOP PRIORITY ROLE-PROMOTING ACTIVITIES

Best Council Award  
DPH – top post in LA

# 'Slow burners'

1. Develop media profile
  - Children's TV
  - Documentaries
  - Dramas
  - Local radio
  - Blogs

Plus media strategy for PH across organisations

  - PHE to coordinate?
  - Designated example
2. Develop relationship with central government – “Public Health” APPG?
3. Influencing
  - Public Health training [Ellen Bloomer](#)
  - Future Leaders Programme
4. Better public understanding of population health needs
5. FPH to strengthen CPD expectations around leadership development [Maggie Rae, CPD Coordinators meeting 12-13 December 2017](#)

# 'Slow burners'

## MANAGEMENT TRAINING SCHEMES

- Modules: promoting the role
- Case studies
- Webinars and podcasts
- Personal stories – 'a day in the life'
- Shadowing



- PH Registrars
- NHS Trainers [Sarah Price](#)
- Local Govt trainees [Jeanelle de Gruchy](#)

## PUBLISH

- LGC Comms Strategy
- MJ \*ADPH [Isobel Howe](#)
- SOLACE

New ways to get messages out there

Successes – linked to roles and their unique skills [Jonathan Mc Shane](#)

## Awards

- Health Foundation Sponsor 'Best Public Health Department' at LGC or other
- awards ceremony

## Create demand

- Public want people to deliver this for them

# ‘Slow burners’

Equipping DsPH with softer skills

Public Health specialty training

- Opportunities to get involved

Shared learning eg bring a failure

Peers sharing learning / recommendations

Give shared learning a priority – make time and space

- Contribute towards CPD

‘Train the Trainer’