The paper attached summarises the work of the Public Health Leadership and Succession Planning Sub Group of Scottish Directors of Public Health. The Group has examined the distinct leadership challenge for public health in Scotland to operate successfully in an increasingly complex landscape; explored and identified the aspirations of the senior workforce, their needs and gaps in capability in preparing for leadership roles and reviewed existing opportunities across the whole field of leadership training and development.

Recommendations were made to the Scottish Directors of Public Health for the development of a strategic development and implementation plan for leadership and succession planning for public health in Scotland. This was approved in May 2016 and priorities include:

- The development of a short term programme of support and succession planning for current senior public health leaders
- The development of a medium term programme of support for emergent leaders and the wider workforce
- Work with delivery organisations to secure the above and develop sustainable arrangements / a platform for the delivery of the work and build upon / redirect current resources to meet the above
- A number of longer term actions.

Comments / and views on the work are welcome – regular updates will be circulated / available on the ScotPHN website

Susan Webb – Chair Public Health Leadership and Succession Planning Sub Group of Scottish Directors of Public Health
Andrew Fraser – Chair Scottish Public Health Workforce Development Group
Pip Farman – Public Health Specialist (pip.farman@nhs.net)

Summary:
Scotland has a highly skilled and organised multi-disciplinary public health workforce that spans NHS, local authorities and many third sector organisations at national, regional and local levels. Together, this workforce has a distinct contribution to make to improving and protecting population health in Scotland.

Leadership for public health and of the workforce is key to success and is one of the key strands to emerge from the Public Health Review. Leadership spans many organisations in Scotland, the challenge is therefore to create a cohesive plan that will allow leaders and potential leaders throughout the workforce to flourish no matter where they are in the system; no matter what their role or title and to ensure we all pull in the same direction.

The Scottish Directors of Public Health, together with the Scottish Public Health Workforce Development Group commissioned a sub-group to form and oversee the development of a plan for leadership and succession planning.
The Group has examined the distinct leadership challenge for public health in Scotland to operate successfully in an increasingly complex landscape; explored and identified the aspirations of the senior workforce, their needs and gaps in capability in preparing for leadership roles, and reviewed existing opportunities across the whole field of leadership training and development.

**Key messages:**

- The current leadership challenge in Scotland is set against the existence of ‘wicked problems’ and within a more complex and political environment than it has been in the past that requires us to better understand and value a whole systems, collaborative and distributed approach to leadership (e.g. a different model of leadership which is both multidisciplinary and crosses organisational boundaries).
- Future leaders for public health will require different set of skills and competencies to meet effectively the important challenges in this complex world\(^1\). These include for example technical leadership skills as well as tactical approaches.
- There is a distinction to be made between the development of leaders and leadership - a leader being more about individual development, leadership more about the collective leadership process and culture across Scotland\(^2\). We should seek to develop both recognising too the need for leadership to manage public health functions and leadership for influencing change.
- There is no clear picture or organisation of public health leadership development (or shared language) in Scotland although there are examples of good practice. There is a range of evidence available to support development which needs to be applied within the Scottish context.
- There are immediate pressures with regard the change agenda (the Public Health Review, Shared Services Review, Integration Agenda) which require support to be developed for current leaders (for example Directors of Public Health, Health Improvement Leads, Health Service Leads). In the medium term we need also to focus on emergent leaders and the wider workforce through eg talent management programmes, new career pathways and embedding core functional leadership skills and competencies within the workforce – to enable us to strengthen and position public health for the future. The approach should be one of career long learning.
- Sustainable arrangements (a platform) for leadership support needs to be established with the support of delivery organisations and others to maximise access to and impact on new and existing learning and development opportunities, with input from public health to understand how to position public health within these.

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\(^1\) Margaret Hannah – Advanced Public Health Practice: developing the public health leaders of the future


http://lea.sagepub.com/content/2/3/317.abstract
Public Health Leadership and Succession Planning in Scotland

Summary Report Prepared by:
The Public Health Leadership and Succession Planning Sub Group of Scottish Directors of Public Health

Draft Version 17.05.16
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Definitions

- **Emerging leader** - someone who shows potential to grow and into a leader and has aspirations to accept leadership responsibilities.

- **Leader development** refers to developing individual-level intrapersonal competencies and human capital (cognitive, emotional, and self-awareness skills for example).

- **Leadership development** refers to the development of collective leadership processes and social capital in the organisation and beyond, involving relationships, networking, trust, and commitments, as well as an appreciation of the social and political context and its implications for leadership styles and actions.

- **Public health management** - managing processes (for example budgets, people, programmes, projects).

- **Senior Public Health Specialist position/roles include** (for purposes of the Leadership survey included): Directors of Public Health; Directors for whom Public Health is part of their role; Consultants in Public Health (Medicine); Consultants in Dental Public Health; Consultants in Pharmaceutical Public Health; registered Public Health Specialists; Senior Public Health Managers / Programme leads eg Health Promotion Managers; Academics and Registrars.

- **Succession planning** - is an ongoing process of strengthening an organisation’s current and future workforce by developing skills, knowledge, competencies, attributes and the talent needed for continuity of key roles. Prepared leaders can have a more positive impact on the effectiveness of any system. It can increase retention of valued staff, knowledge transfer and improved corporate image. For individuals being prepared for such roles, such planning can increase job satisfaction and commitment to the workplace.

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Summary

Scotland has a highly skilled and organised multi-disciplinary public health workforce that spans NHS, local authorities and many third sector organisations. Together, this workforce has a distinct contribution to make to improving and protecting population health in Scotland.

Leadership for public health and of this workforce is key to success and is one of the key strands to emerge from the Public Health Review\(^5\). Leadership spans many organisations in Scotland, at national, regional and local levels. The challenge is to create a cohesive plan that will allow leaders and potential leaders throughout the workforce to flourish no matter where they are in the system; no matter what their role or title and to ensure we all pull in the same direction.

The Scottish Directors of Public Health, together with the Scottish Public Health Workforce Development Group are committed to actively supporting leadership for public health and as a priority the development of senior leaders to lead a multi-disciplinary public health workforce. They commissioned a sub-group to form and oversee the development of a plan for leadership and succession planning.

The Group has examined the distinct leadership challenge for public health in Scotland to operate successfully in an increasingly complex landscape; explored and identified the aspirations of the senior workforce, their needs and gaps in capability in preparing for leadership roles and reviewed existing opportunities across the whole field of leadership training and development.

This paper summarises the work and perspectives gathered to date and makes recommendations for the development of a strategic development and implementation plan for leadership and succession planning for public health in Scotland.

Leadership as a Collective Capacity

*When you do not see dominance and social influence as the basic activities of leadership, you no longer think of leadership predominantly in terms of leaders (people who influence others) and followers (people who are influenced). Instead you can think about leadership as a process in which everyone in a community, or group, is engaged. This is a way of viewing leadership as part of a context...*

*Drath and Palus (1994) Making Common Sense: Leadership as Meaning-making in a Community of Practice*

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1. The Public Health Leadership and Succession Planning Sub Group

The Public Health Leadership and Succession Planning Sub Group have been meeting since 2014. Membership has comprised colleagues with interests in and a commitment to leadership development and learning and has been reflective of both public health and wider workforce planning interests including Health Boards (national and territorial), NES, Academic, FPH training, specialist interests from across disciplines and workforce planning colleagues. The group has sought the advice of and made links with, a range of organisations and groups across the UK to inform its deliberations. (The Terms of Reference and Membership of the Group is given in Appendix 1)

The activities of the group have included:
- Promoting the need for a focus on public health leadership development
- A survey to understand succession planning arrangements in NHS Boards
- Developing a position statement on leadership development to inform the Public Health Review
- A survey of senior staff on leadership aspirations, needs and improvement to help form an agenda for further exploration and action
- Seeking the views of a range of UK and professional Public Health organisations on their leadership learning and development planning arrangements
- Exploring some of the available leadership and development resources and courses (both public health and generic)
- A workshop to explore and interpret the Public Health leadership challenge in Scotland and frame a plan for work going forward.

2. The leadership challenge - where are we now?

2.1 The challenge

“21st Century public health leaders have to respond to threats without boundaries. Whether it is climate change, obesity or anti-microbial resistance, we are facing unprecedented times: solutions which were right for 19th and 20th century problems (e.g. clean water and tobacco control) whilst a necessary part of maintaining the public’s health, are unlikely to be a sufficient to address these threats”. The current leadership challenge in Scotland is set against the existence of ‘wicked problems’ for which there is a need to understand and recognise the political nature of complex systems and value a whole systems, collaborative, distributed approach to leadership. Future leaders in public health require the development of advanced skills and competencies to meet important challenges effectively in this complex world.

2.2 Public Health Review 2015

Leadership was one of the key themes to emerge from the Public Health Review, highlighting the need to strengthen all leadership and in particular local and national leadership across the breadth of public health endeavour, including the role of Directors of Public Health.

In considering the dimensions of leadership that are needed, the following features were recognised:

---

7 Margaret Hannah – Advanced Public Health Practice: developing the public health leaders of the future.
• Enhanced leadership across and between levels within and across the public health functions (not solely within a few leaders)
• Leadership that is cross-functional, working across the whole system that promotes and protects populations health
• Leadership (including advocacy) for priority public health issues
• Leadership of the specialist public health workforce.

2.3 Key themes arising from the work of the group
Whilst there are areas where public health leadership development and pathways are clearer eg the FPH specialist training scheme and within academic organisations, overall, there is no apparent organisation of public health leadership development. Approaches to public health leadership development in Scotland are seen to be disjointed and inconsistent. Leadership development may not be seen as a priority and there is a confused picture in terms of approaches and pathways ie there are many paths to leadership development but a not consensus or clarity about which ones we should take. Although the context is different the picture in England is similar, and with recognition that matters needs to change.

There is a desire for change which is seen to need to be rapid, visible and developed in the current Scottish context. The responses of those who filled in a survey conducted by the group (see Appendix 2) identified the need for change, both in organisation of leadership development, and also culture and overall ambition. This included an appetite for leadership development (less so for succession planning) and a need/desire to deliver more equitable, multidisciplinary opportunities for leadership development across structures and disciplines. Almost half of those responding to the survey said they were content in their current position but a significant proportion wanted to develop in that post (with few wanting that to lead to a change in position).

2.4 What does a good public health leader look like?
Respondents to the survey were asked to describe the key characteristics of a good public health leader. Key themes emerging included: being skilled and competent in public health; having vision and the ability to communicate effectively; influencing; strategic; and advocacy skills. Those responding to the question noted that not all the above characteristics were distinct to public health but that having public health knowledge, skills and competencies, a focus on population health, multiagency working and advocacy were seen as distinct. (See also Page 38 of the 2015 Review of Public Health in Scotland)\(^8\)

3. Where do we want to get to and what will good look like?
There is a need for a vision for leadership set in the context of a vision for Public Health in Scotland overall.

3.1 A vision (draft):
To create a supportive environment through which the public health workforce in Scotland (no matter where they are in the system, no matter what their role or title) are inspired and focused to make a difference in public health, have the skills and courage to act and with a cohesive and effective voice.

3.2 A clear strategy (innovation piece) is required. Review of evidence from elsewhere suggests the strategy/plan should focus on:

- Needs adaptive systems /process / a whole systems approach
- Collective intelligence, not individual genius
- Shifting from targets to a systems approach
- Developing relationships based on trust
- Working with uncertainty
- Encouraging creativity
- Shifting from providing answers to asking the questions
- Encouraging positivity
- Distinguish between the development of leaders and leadership (both matter) - a leader being more about individual development, leadership more about the collective leadership process and culture ie the brand for leadership across Scotland
- Focus on developing people.

There is evidence on which to draw and much to learn from others. In moving forward, a plan is required which will create the narrative for a movement towards common goals, with supportive leadership and:

- Be visible
- Clarify roles and expectations of ourselves and each other
- Create a supportive environment as part of a lifelong learning approach to leadership which will enable leaders to grow and develop – those in current leadership positions and those preparing for leadership
- Recognise multiple pathways to leadership recognising the need for flexibility but ensuring that all pathways point in the same direction and are based on competency building blocks
- The plan should be cohesive; robust; sustainable; attractive; and create opportunities and seek to retain and mobilise resources (people / money / wider functions) both within and across boundaries
- Set short term programmes and small tests of change within the context of a multidisciplinary and multiagency workforce
- The work should be developed in the context of the range of current drivers and should form part conversations with others - creating opportunities to influence as well as deliver - recognising that a well developed public health leadership models offers benefits to others also
- Prepare a strong engagement and communications plan for stakeholders which is relevant, responsive to others and readily available eg through newsletters and websites (including those out with Scotland for recruitment purposes)
- Seize the initiative and build on existing resources and opportunities eg the Public Health Strategy development, Public Health Review, National Leadership Unit developments.

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9 Dr Catherine Hannaway - Director, Catherine Hannaway Associates Ltd. www.catherinehannaway.com, Senior Fellow, Durham University (shared as part of an meeting with the Leadership and Succession Planning Sub Group event 14th March 2016)
3.3 A supportive environment
The survey and discussions have highlighted the type of support and opportunities that colleagues are seeking which focus on (and require to be further explored):

- Leadership development and talent management
- Training course/programmes / master classes that are current and have credibility
- Supporting colleagues to test and put skills into practice
- Support for colleagues once in senior leadership roles
- The need for ongoing analysis of needs and providing appropriate materials
- Developing support across boundaries (organisations and geographies) eg across organisations at local and national levels
- Maximises access to existing schemes and seeks ways to incorporate public health leadership skills and competencies into other courses
- Offers a range of practical support options eg: buddying; mentoring and coaching; secondments; sabbaticals; study tours and exchanges; volunteering; and talent toolkits
- Develops closer relationships with people working in other public health organisations in the UK to create a resource which can respond flexibly to the needs of the workforce, offer training, intelligence, horizon scanning, networking and develop communities of practice
- Connects with academic public health and other related disciplines who are actively contributing to improving the health of the population
- Seeking appropriate accreditation for training
- Maximises the use of technology
- Focuses on developing people and ensuring leaders can lead teams and engage people
- Prioritises leadership learning and development.

4. How will we get there?
The following are proposed to take the work forward:

4.1 Actions for the Leadership and Succession Planning Group
- Create an operational plan for leadership development, with bespoke, Scotland-based programmes on offer (after consultation on composition) tailored to the different stages/types of leadership with appropriate organisational development input, external facilitation, support and challenge. Priorities include:
  - The development of a short term programme of support and succession planning for current senior public health leaders
  - The development of a medium term programme of support for emergent leaders and the wider workforce.
- Work with delivery organisations to secure the above and develop sustainable arrangements / a platform for the delivery of the work and build upon / redirect current resources to meet the above.
- Construct a clear agenda and engagement plan to pursue leadership e.g. linked to the Public Health Review (vision, aims, and implementation); the results of the Public Health Strategy construction and with clear leadership of strategic priorities across systems.
- Build the will, seeking support from key stakeholders (Scottish Government), Integrated bodies and Local Authorities, Educational and Standards bodies, Third Sector) as well as staff across disciplines and organisations.
• Build a picture of succession needs and opportunities, allowing for sensitivities over age and end-of-career plans, to inform staff of the future landscape.
• Construct a light-touch performance framework to measure progress for example: inputs (plans, courses and enrolment), process (good field of candidates for Director and Head of Service posts); outcomes (case studies, feedback....the ‘go to’ group...authority is positional, also earned and acquired).

4.2 Actions for others
• Support the continuation of the Leadership and Succession Planning Sub Group and look to it for shape, guidance and firm proposals for this contribution; and respond to what it says positively.
• Make Leadership and Succession Planning a regular slot for review at the SDsPH group, and expect progress.
• All of the public health community to put leadership development in some form, for themselves, for their staff, within their objectives.
• Include leadership and management development within all senior staff, aspiring specialist and service lead appraisal conversations, forward looks, and ensure that a high proportion of all staff PDPs have elements of leadership within them.
• Seek to shape and support the public health leadership development roles of the wider Public Health community.
• Communicate the plan to the public health workforce / others.

5. How will we measure success?
A light-touch performance framework will be constructed to measure progress for example: inputs (plans, courses and enhanced enrolment numbers), process (good field of candidates for Director and Head of Service posts); outcomes (case studies) within clear timeframes.
Appendix 1

Leadership and Succession Planning
Sub group of Scottish Directors of Public Health

Terms of reference and membership of the Group: Version 3
Name of group: Public Health Leadership and Succession Planning Sub Group

Purpose of group: to form and make recommendations for a strategic development and implementation plan for leadership and succession planning for public health in Scotland.

Accountability: to Scottish Directors of Public Health (Chair - Alison McCallum) and national Public Health Workforce Planning and Development Group (Chair - Andrew Fraser)

Membership / Reference Group members

Susan Webb - Chair
Andrew Fraser (PHW&D Group)
Jane Cantrell (NES)
Wilma Reid (NHSHS)
Mahmood Adil (NSS)
Phil Mackie (ScotPHN)
Pauline Craig (Public Health Specialists Group)
Ellie Hothersall (FPH Training Programme Director Scotland)
Elaine Young / Anna Baxendale – Scottish Health Promotion Managers Group
Emily Tweed – Co Chair Scottish Registrars Group
Margaret Hannah - NHS Fife
Michele McCoy - NHS Dumfries and Galloway
Donna Milne – NHS Lothian
Ruth Robertson – Health Protection Scotland
Sharon Miller – NES National Leadership Unit
Corri Black – NES National Leadership Unit / academic links
Gerry Lawrie – NHS Grampian Acting Deputy Director of Workforce
Pip Farman – Public Health Specialist

Role of the group: key project tasks

1. Involve people with resource and expertise to interpret challenges and put together programme
2. Define challenge (facing whole of public sector/public health)
3. Conduct a survey to assess aspirations / current needs / expectations / views of the Senior Public Health community in Scotland
4. Review programmes / good practice elsewhere to inform programme to be recommended
5. Define vision for Public Health leadership
6. Define tasks of Public Health Leadership and therefore skills/competencies needed for Public Health leadership
7. Engage / consult with others to gather views / on results of above (March 2016 meeting)
8. Identify and engage with groups that already exist and challenge to reflect on / promote leadership development needs (SDPH group, Scottish PH Workforce group, others)
9. Agree strategic programme and implementation plan
10. Recommend plan to national groups (to include commissioning of implementation of plan and monitoring and evaluation)
**Key stakeholders:**
- Scottish DsPH
- Scottish Public Health Workforce Development Group
- Public Health community
- Public Health Review Group

**Ways of working:**
- All meetings to have remote access available etc
- Subgroups to be formed as appropriate
- All core information of the group is hosted on a protected web page (ScotPHN) [http://www.scotphn.net/](http://www.scotphn.net/)

**Timelines:** develop strategy and implementation plan by mid May 2016 and make recommendations to national groups (as above) (SDsPH – 20th May)
Public Health Leadership and Succession Planning in Scotland

Survey (March 2016) – some key messages to prompt discussion

BACKGROUND

Context: the Scottish Directors of Public Health (SDsPH), together with the Scottish Public Health Workforce Development Group (SPHWDG), are committed to actively supporting the development of senior leaders to lead a multi-disciplinary public health workforce for Scotland. They commissioned a sub-group to form and oversee implementation of a development plan for leadership and succession planning. This survey was the start of a conversation with senior staff on leadership, needs and improvement and to help inform the development of an agenda for further exploration and action.

Aim of the survey: the survey aimed to provide an overview of the current leadership support and learning provision and understand the views, aspirations and development needs of current and future public health leaders. The survey was promoted through Directors of Public Health and Public Health Leaders and groups across Scotland and was targeted at Senior Public Health Specialists in Scotland* and responses were collected online through Survey Monkey over a 21 day period to 09.03.16.

Responses: there were 90 responses
The denominator is unknown – work for the 2015 Review of Public Health in Scotland Review\(^1\) suggests 189+?

Analysis: the results are subject to further analysis – a full report of the survey has yet to be completed. Percentages, where given, are of those answering the question and are rounded.

For further information please contact pip.farman@nhs.net

* For the purposes of the survey Senior Public Health Specialist position/roles include: Directors of Public Health; Directors for whom Public Health is part of their role; Consultants in Public Health (Medicine); Consultants in Dental Public Health; Consultants in Pharmaceutical Public Health; registered Public Health Specialists; Senior Public Health Managers / Programme leads eg Health Promotion Managers; Academics and Registrars.

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ABOUT THOSE WHO RESPONDED

Gender? Answered: 88 Skipped: 2
- Female 70%
- Male 30%

Age? Answered: 87 Skipped: 3
- 67% (n=58) were aged 45 – 59 years
- 29% (n= 25) were aged 55+ years

Which type of organisation do you work for? (respondents ticked as many as applied)
Answered: 88 Skipped: 2
- Territorial Health Board: 84%
- National organisation: 11%
- Academic organisation: 6%
- Other if you do not wish: 10%

How many years working at a Senior Public Health Specialist Level (to the nearest year)?
Answered: 78 Skipped: 12
- Range 0 - 28 years
- Mean 11 years
- Median 10 years
- Mode 8 years
(13 respondents had been working in a senior role for less than 5 years)

What is your current role? Answered: 89 Skipped: 1

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<th>Response Percent</th>
<th>Response Count</th>
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</thead>
<tbody>
<tr>
<td>Director of Public Health</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>Acting / Interim Director of Public Health</td>
<td>1%</td>
<td>1</td>
</tr>
<tr>
<td>Director level role which includes Public Health</td>
<td>3%</td>
<td>3</td>
</tr>
<tr>
<td>Formally appointed Consultant level role</td>
<td>38%</td>
<td>34</td>
</tr>
<tr>
<td>Registered Public Health Specialist</td>
<td>8%</td>
<td>7</td>
</tr>
<tr>
<td>Senior Manager role (ie Senior Manager or Programme Manager role locally, regionally, nationally)</td>
<td>24%</td>
<td>21</td>
</tr>
<tr>
<td>Senior Public Health Academic</td>
<td>2%</td>
<td>2</td>
</tr>
<tr>
<td>Public Health Specialty Registrars</td>
<td>9%</td>
<td>8</td>
</tr>
<tr>
<td>Others (e.g. Nurse Consultant, Senior Manager, CDPH)</td>
<td>10%</td>
<td>9</td>
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</table>
Those responding to a number of questions noted that:

- More needs to be done to support public health leaders in Scotland 89% (n=58) agreed / strongly agreed.
- The Faculty Training programme, Health protection, Academic organisations and the voice in Government were seen as strong in terms of leadership development but 37% (n=18) respondents noted that there were no (or they were not sure of) areas of leadership that were strong in Scotland.
- The areas of public health leadership development and learning that respondents suggested needed to be strengthened included for example:
  - Recognition of / support for the non-medical workforce
  - Visibility
  - Development of different career pathways
  - The visibility/voice of the DsPH.
- Practical steps suggested to enhance Public Health leadership learning and development overall in Scotland included for example:
  - A coordinated, workforce development plan, with a coherent voice
  - Based on a new mind set recognising new challenges /structures
  - With clarity of non-medical career / training pathways and
  - Provision of wide range of development opportunities eg secondments; peer learning, tools.

What are the key characteristics of a good Public Health Leader?
Answered: 71  Skipped: 19
There were 209 characteristics stated – these have been summarized into themes (n=number of times cited)

Themes:
- Skilled and competent in Public Health (23)
- Vision (19)
- Effective communicator (17)
- Influencer (13)
- Strategic (12)
- Commitment to partnership working(9)
- Advocacy (9)
- Take people with them / motivator (8)
- Integrity (7)
- Decisive / decision making (6)
- Credible (6)
- Honest / trustworthy (5)
- Supportive of staff (5)

What (if any) are the characteristics, skills, competencies, attributes that are distinct to Public Health Leadership?
(data from 2 questions combined) (n=number of times cited)

Themes:
- Public Health Knowledge and skills / competency / population health focus (26)
- Multiagency working / partnership working (9)
- Advocacy (6)
- Vision (4)
- Influencing (4)
THE ASPIRATIONS OF RESPONDENTS

What type of role do you currently most aspire to? Answered: 83  Skipped: 7

<table>
<thead>
<tr>
<th>Role</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am content in the role I am in</td>
<td>28%</td>
<td>23</td>
</tr>
<tr>
<td>I am content in my current role but I would like to take on more leadership focussed activities eg through secondments, work experience, projects</td>
<td>20%</td>
<td>17</td>
</tr>
<tr>
<td>Consultant in Public Health/Public Health Specialist</td>
<td>15%</td>
<td>12</td>
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<tr>
<td>National Public Health Leadership</td>
<td>10%</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>7</td>
</tr>
<tr>
<td>A similar role to my current role but in a different organisation</td>
<td>6%</td>
<td>5</td>
</tr>
<tr>
<td>Academic Public Health Leadership</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>Depute Director of Public Health</td>
<td>4%</td>
<td>3</td>
</tr>
<tr>
<td>Senior Public Health programme leadership</td>
<td>2%</td>
<td>2</td>
</tr>
<tr>
<td>Director of Public Health</td>
<td>2%</td>
<td>2</td>
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Notes:
- Many colleagues were content in their current role but wished to take on more leadership focused activities
- 21 (17%) of those aspiring to more senior roles were looking for change in the next 1-2 years
- 2% of respondents aspired to a DPH role

What attracts you to such the role you aspire to?
Answered: 55  Skipped: 35

Themes?
- Influence / desire to change / power to make a difference (13)
- Interest in a type of role (health protection, academic, national) (7)
- Personal development (skills)
- Personal development (need for change/environment)
- Career development
- Consolidation of skills
- Team working

What detracts / might detract you from the role you aspire to?
Answered: 50 Skipped: 40

Themes?
- Lack of recognition of non-medical roles / Public Health Specialists
- Personal capacity / time
- Opportunities / availability of roles
- Geographical opportunity / travel
- Job permanency / security / posts
- Family life balance
SUPPORT FOR PUBLIC HEALTH LEADERSHIP AND DEVELOPMENT

CURRENT SUPPORT

What type of leadership training or support have you ever received? (respondents ticked all that applied)
Answered: 66  Skipped: 24

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work experience e.g. acting up (planned / unplanned), learning on the job, work assignments, job rotations, task force leadership</td>
<td>62%</td>
<td>41</td>
</tr>
<tr>
<td>Formal leadership training course(s)</td>
<td>59%</td>
<td>39</td>
</tr>
<tr>
<td>Mentoring, coaching, learning set, job shadowing following a senior Public Health leader</td>
<td>46%</td>
<td>30</td>
</tr>
<tr>
<td>As part of initial training, post graduate, post registration level courses</td>
<td>44%</td>
<td>29</td>
</tr>
<tr>
<td>Formal assessment of your leadership style and exploration of this within the context of your professional practice</td>
<td>44%</td>
<td>29</td>
</tr>
<tr>
<td>Support for reflection and improvement in practice eg peer review and supervision</td>
<td>40%</td>
<td>26</td>
</tr>
<tr>
<td>Individual career development planning</td>
<td>26%</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>8</td>
</tr>
<tr>
<td>I have never received any leadership training and support</td>
<td>9%</td>
<td>6</td>
</tr>
</tbody>
</table>

For the majority (75%) leadership training / support was organised at a ‘home’ organisational level

Is there a structured programme of leadership / succession planning in your organisation?
Answered: 64  Skipped: 26

No 69%
Yes 31%

Have you ever received any support as part of succession planning?
Answered: 65  Skipped: 25

No 89%
Yes 11%
FUTURE SUPPORT

In terms of future Leadership learning and development opportunities:

• **Mentoring, coaching, learning sets, job shadowing** were seen as more important than formal leadership learning (although both were recognised as important)

• **Lack of protected time and work commitments** were seen as the most significant barriers to leadership learning and development.

• The type of learning and development support colleagues would welcome in terms of **developing them for the roles they aspire to** include:
  - Specialist leadership programmes
  - Topic based development (eg health protection)
  - Support for non-medical staff
  - Integration, Health and Social Care, Community Planning
  - Mentoring / coaching
  - Shadowing (different in different organisations / leaders)
  - Secondments (across for example the Scottish Government, national organisations, other Boards and other organisations).

• Although many were not looking for development **support for their current role** some would welcome:
  - Skills based training (eg influencing to disinvestment)
  - Shadowing / coaching
  - Access to leadership courses.

• The aspects of the working / learning environment that need to **improve** to better enhance Public Health leadership learning and development include for example (Answered: 51, Skipped: 39)
  - Capacity (12)
  - Equal opportunity for all (9)
  - Fresh thinking (3)
  - Cohesion / coordination (3)
  - Leadership (3)
Leadership and Succession Planning sub group of the Scottish Directors of Public Health

Summarising examples of Leadership Schemes and courses schemes attended / suggested by colleagues (public health specific and generic)

Considerations:
Examples of some of the Leadership programmes available as highlighted by colleagues and in discussion with colleagues from across the UK are noted below.
Reflection on a number of the programmes suggests the following might be considered if recommending / developing a Scottish programme:

- Multiagency or single organisation / discipline approaches
- Individual cf team based approaches
- Short / longer term
- Residential, day and in person or an online focus
- Competitive cf open access cf targeted
- Approaches/methodologies: master classes; learning sets; mentoring and coaching; project work; small group work; peer support and challenge; theory / taught seminars; shared learning experience eg visiting different organisations; experiential workshops; debating ideas with guest speakers; applying learning to the changes you want to lead in your workplace and system; action learning video bursts; presentations and group discussions; webinars; leadership retreat; peer networking; web-based resources; social media tools; continuous quality improvement methodologies.
- Tools – for use and for assessment/ diagnostic
- Learning beyond the programme
- Costs / subsidies
- Qualifications
- Accreditation
<table>
<thead>
<tr>
<th>Schemes (no particular order)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Health Specific</strong></td>
<td></td>
</tr>
<tr>
<td>- Future Directors Programme (Public Health and Child health)</td>
<td>Originally PHE developed a pilot course in response to immediate needs for organisational change 4 years ago, this became the FDP. Caution about silo approach led to more triumvirate approach. Leadership for Change Programme for DsPH then development of targeted leaders / talent management (talent toolkit). Large consultation now ongoing with workforce to inform next developments</td>
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<tr>
<td>- Skills for System Leadership</td>
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<tr>
<td>- Local Vision</td>
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<tr>
<td>- Talent Management</td>
<td></td>
</tr>
<tr>
<td>2. MPH courses</td>
<td>Vary according to the University</td>
</tr>
<tr>
<td>4. Sheffield University Masters In Public Health (Leadership and Management)</td>
<td><a href="http://sph.unc.edu/phlp/phlp/">http://sph.unc.edu/phlp/phlp/</a></td>
</tr>
<tr>
<td>5. Northern Ireland</td>
<td><a href="http://www.publichealth.ie/about">http://www.publichealth.ie/about</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generic leadership (no particular order)</th>
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</tr>
<tr>
<td>13.</td>
<td>Faculty of Medical Leadership and Management (FMLM)</td>
</tr>
</tbody>
</table>
| 15. | USA  
• Harvard programmes  
• CDC  
• University Michigan | [http://www.exed.hbs.edu/programs/Pages/default.aspx](http://www.exed.hbs.edu/programs/Pages/default.aspx)  
| 16. | Local organisational development schemes |   |
| 17. | The Athena SWAN Charter | Evolved from work between the Athena Project and the Scientific Women’s Academic Network (SWAN), to advance the representation of women in science, technology, engineering, maths and medicine (STEMM).  [http://www.ecu.ac.uk/equality-charters/athena-swan/](http://www.ecu.ac.uk/equality-charters/athena-swan/) |
| 20. | Good to Great Leadership Course | [http://www.managementcentre.co.uk/training-programmes-detail/g2g](http://www.managementcentre.co.uk/training-programmes-detail/g2g) |
| 21. | Coaching programmes (playing to your strengths) | [https://hbr.org/2005/01/how-to-play-to-your-strengths](https://hbr.org/2005/01/how-to-play-to-your-strengths) |
| 22. | NES programme for registrars |   |
| 23. | Common Purpose Programme | [www.commonpurpose.org](http://www.commonpurpose.org) |