**Job Title:** Leadership Fellow - Unequal distributions of power and health

**Responsible to:** Val Barker, Head of Y&H School of Public Health, HEE

**Duration:** 1 year out of programme opportunity; there is no clinical component to this role.

**Base:** Leeds base and/or option to work remotely. Working among Yorkshire and Humber region health and social care organisations may require the successful applicant to travel regionally and on occasion nationally.

**Employment:** The successful applicant will be employed by an NHS organisation.

**Overview:**

Power is a fundamental but underexplored driver of health inequality when compared to income and wealth. Evidence shows that power inequity underpins inequalities in health, wellbeing and life expectancy such as we see in Yorkshire and Humber, and WHO argues that action to tackle health inequalities must explicitly redress power imbalances to the benefit of disadvantaged groups. Leadership is therefore needed to consider the relationship between power, deprivation and health inequalities. There are opportunities to address these issues and change how the health and care system operates through power equity.

Structural oppression influences the life experiences and subsequent inequalities in health outcomes of those who are less advantaged. Therefore, meeting system priorities demands consideration of power’s role in health. Our health and social care system in the region can benefit from leadership to actively redress power inequalities through collaboration with partners, patients, and communities, harnessing their power, whose role in improving population health and tackling health inequities was highlighted during the COVID pandemic.

NHS Scotland developed a theory of power equity for health; Yorkshire and Humber would benefit from adapting this to the regional context to improve population health and address inequality. Similarly, new ways of working require leadership across power structures of partner bodies to instil a systems approach to health equality. Changes in power relationships can take place at various levels – from the individual, the community, in workplaces, in the market for goods and services, and

within social, economic and political institutions – and these need to happen in tandem to reduce health inequalities.

The Fellow will take a system and place approach to work across the regional health and care system to address power as a health determinant. Communities are core to empowerment so the Fellow will lead on regional systems and strategic thinking to drive local delivery. To address power inequality, the Fellow will collaborate across the region to unleash innovation in redressing power imbalances affecting health, and employ compassionate leadership in working with partners, patients and communities on this. Using systems thinking, they will consider how power intersects with leading new ways of working to progress strategic priorities, such as improving population health and service quality.

**The Post:**

**The aims of this post are:**

* to develop the personal leadership skills and behaviours of the Fellow;
* to provide an environment and network to foster the Fellow’s future leadership role;
* to mobilise innovative action on power inequality across health and care in the region to improve population health and reduce health inequalities.

**The objectives of this post are:**

* For the Fellow to develop strategic leadership and systems thinking skills as well as an understanding of models of leadership that foster equitable power distribution;
* To connect multiple health and social care organisations to empower at least one regional population segment;
* To enable collaboration among health and care organisations to redress power inequality as a driver of health inequalities, improving population health;
* To personally lead a project involving organisational collaboration and system innovation to address power inequalities and drive empowerment to improve population health in the region.

As a fellow on the future leadership programme, you will have the opportunity to work across organisational boundaries. Fellows are likely to work with organisations from the wider health and social care system including acute and community NHS trusts, mental health trusts, the regional ICSs, the regional Office for Health Improvement and Disparities team, and the region’s Association of Directors of Public Health as well as local councils, voluntary and community organisations/groups.

As a successful applicant you will have access to a variety of personal development opportunities (e.g. CV and interview training, media training, Myers Briggs Type Indicator feedback, 360 appraisal, coaching, participation in an Action Learning Set) and will be supported to undertake one year of a postgraduate qualification, e.g. PG Cert in Medical Leadership.