Leadership Master Class

Shirley Baah-Mensah

Modern Matron

Barking & Dagenham CHS

October 2011

Leadership

- Are leaders born or bred?
- Are you a leader?
- Who are you leading?

Forms of leadership

Autocratic	Bureaucratic	Democratic	Laissez-Faire
Sees themselves as the sole decision maker	Strictly by the book	Almost a reversal of autocratic	Hands off approach
Shows little concern about others' opinion	Relies on rules and regulations	Wants to share responsibilities	Turns over control; delegates authority
Focuses on completing goals	Acts like they are a police officer	Collaborates opinions when decision making	Works well when employees are self motivated
Dictates task to be accomplished	Appropriate when employees are permitted no discretions	Is a concerned coach of the team	Little application in the hospitality industry

What is your style of leadership?

- **Authoritarian** or **Transactional: -** telling, directing, controlling Napoleon, Florence Nightingale

- **Transformational** or **Charismatic:** - selling, reasoning, persuading, delegating, consulting Barak Obama, Nelson Mandela

- **Laissez-faire Democratic** or **Consulting: -** advising, counselling, participating, observing, joining. Mahatma Gandhi

Authoritarian **or** Transactional

Shirley Baah-Mensah
Modern Matron / Coach

Transformational **or** Charismatic

Shirley Baah-Mensah
Modern Matron / Coach

Laissez-faire

Effective Leader

- Use **initiative** to act on opportunities.
- **Take responsibility** for own objectives
- Display a **"can do"** attitude
- **"Go the extra mile"** when asked to do tasks.
- **Show enthusiasm**
- **Take ownership of problems**:
- **Introduce improvements** to the way things are done.
- Develop **innovative** practices
- **Learn new skills** that will enhance capability.

What do you do as a Leader?

- Motivate, Organise & Direct others
- Take responsibility for the actions of a team
- Set objectives for the team.
- Take the initiative
- Persevere when the going gets tough.
- Take a positive attitude to frustration/failure.
- Accept responsibility for mistakes/wrong decisions.

Why leadership?

- Followers expect and deserve to be given purpose and inspiration that will engage them to be fully productive, willing to change and flourish in an ambiguous, uncertain and rapidly changing world!
- All health visitors have been asked to see themselves as leaders and develop the qualities needed to fulfil this role locally

Mandate for leadership

- *Health visitors will lead public health practice and agree local health plans*

- *Modernising the role of health visitors*

- *A family-centred public health role for health visitors*

Leading the change

- Develop skills to respond to health needs
- Work in partnership with teams / agencies
- Build an effective team
- Change practice

Key stages in implementing change

- Agreeing what needs to change and why, involve stakeholders
- Developing a clear and attractive ‘vision’ of the future
- clarifying how changes will be made and implementing plans
- Building capacity in the team and reducing resistance to change
- look after each other and ourselves

Partner agencies

- Healthy schools
- Local people
- Programme co-ordinators
- Job centres
- Community activists
- Playgroup nursery nurses and youth
- organisations
- PCT board (Lay)
- Public health specialists members
- Self-help groups
- Community development workers
- School nurses
- Local businesses
- Physiotherapists
- Nurses with other specialist skills
- Midwives
- Social workers
- Practice nurses
- Spiritual leaders
- Teachers
- Police
- Dentists
- Drugs workers
- Youth clubs
- Clients
- Probation
- Community children's nurses
- Youth offending teams
- Women's refuge workers
- Domestic violence workers
- Voluntary organisations
- General practitioners
- Pharmacists
- District nurses
- Occupational health
- Hospitals
- Community arts groups
- Counsellors
- Housing
- Regeneration initiatives
- Environmental health

Delivering on health priorities

- Accidents – home, work, road
- Alcohol - mental health, coronary heart disease, stroke,
- accidents and some cancers.
- Black and minority ethnic health needs - equality in access,
- care, outcome and employment practices in both
- health and education.
- Child and adolescent mental health -
- Children and young people with disabilities or special needs -
- Domestic violence -
- Drugs -
- Helping people to stop smoking -
- Nutrition -
- Promoting physical activity -
- Sexual health -
- Supporting families and parenting -
- Teenage pregnancy and teenage parenthood -

1. Case Study - Obesity

- *community health needs profiling identified obesity as a local priority*
- *Risk factors identified in the area included:*
- *lack of accessible exercise and recreational facilities across a range of age groups*
- *poor access to affordable fresh fruit and vegetables*
- *widespread lack of confidence in cooking healthy home meals.*

2. Case Study – Domestic Violence

- *community health needs profiling identified Domestic Violence as a local priority*
- *Risk factors identified in the area included:*
- *widespread gathering of youths in local alleys*
- *easy access to affordable drugs and alcohol*
- *lack of confidence in parenting in many homes*

Feed back from groups

- 1 obesity

2 Domestic violence

The Leadership Jigsaw

Health Visitor to the rescue

Shirley Baah-Mensah
Modern Matron / Coach