
POSTER ABSTRACT**Perceptions of the Wider Public Health Workforce on Public Health Improvement within Integrated Care Systems - Aberdeen, Scotland**

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Background: Whole-system integrated care strategies focus on promoting health by coordinating with the wider public health workforce, those that work in sectors such as housing and education etc. However, complex systems can be disjointed with work conducted in silos. There is no evidence exploring the public health workforce's perception of their role in public health improvement in Aberdeen, Scotland. **Approach:** In February 2016, health and social care services were integrated in the city of Aberdeen, situated in the Northeast of Scotland with a population of approximately 200,000 people. The case study was initiated by Aberdeen Health and Social Care Partnership as a response to community desire to improve integration of systems within Aberdeen. The study aimed to explore perceptions of the wider public health workforce on their role and learning needs on public health improvement in Aberdeen, Scotland. The objectives were to 1) explore their perceptions on their contribution to public health improvement, 2) explore their beliefs about skills they already have or require for contributing to public health improvement, and 3) identify barriers and facilitators of learning needs within their work environment towards that contribution. A qualitative methodological approach underpinned by grounded theory was used with primary data collection through individual interviews and focus group discussions. This provided an opportunity to examine perceptions of the wider public health workforce, their behaviours, and how interactions shape relationships within community. **Results:** In 2017, 18 wider public health workforce workers participated in interviews or focus group discussions. Thematic analysis revealed 'partnership working' as a core aspect, which involved working together cohesively and conducting proper signposting and referrals to connect disjointed systems. Surrounding 'partnership working', three main themes were: 'building relationships'; 'supporting roles'; and 'health behaviour change'. Through built relationships, the WPHW actively listened to service users to develop trust and mutual respect, which led to understanding users' needs. The wider public health workforce focused on health behaviours, which included targeting learned behaviours, questioning their own behaviours, and building knowledge and skills. The third, and final, theme is 'supporting role' where WPHW supported a culture for health through their interactions with service users. Consequently, they guided, encouraged, and advocated for the service users to build their confidence and independence. **Implications:** Through this study, a number of challenges have been identified for the wider public health workforce in public health improvement, such as confidentiality barriers, difficulty identifying learning needs, inadequate training around sensitive health topics, lack of awareness of local resources, and lack of recognition from health professionals. Addressing these challenges through prioritizing wider public health workforce inclusion while developing public health interventions, and investing their training, is crucial as whole-system integrated care

strategies increase globally. The framework of understanding the wider public health workforce perceptions on their contributions to public health improvement presented in this paper provides a roadmap for public health leaders, municipalities, and others in exploring their local partnership contexts. The evolving cultural paradigm will benefit from the wider public health workforce supporting public health initiatives and reducing health inequities.