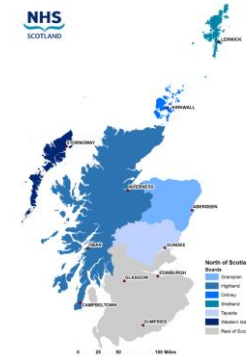


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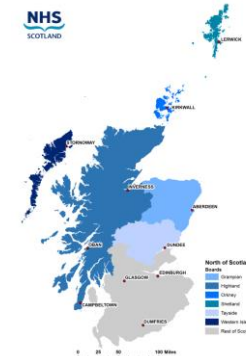
Date		25 th October 2022			
Venue		Microsoft Teams			
Chair:		Maggie Watts			
Present:		Kim Penman, Tim Allison, Susan Webb, Susan Laidlaw, Sara Lewis			
Apologies		Emma Fletcher			
Agenda Item	Subject	Discussion Points	Agreed Actions	By who	Timescale
1.	Welcome and Apologies				
2.	Note of Last Meeting	All agreed note of last meeting approved.			
3.	Matters Arising:	Island Group Really good response/ interest in establishing the group from DsPH across the UK and wider. Initial meeting in early November to agree parameters / terms of reference, followed by a fuller meeting in December/January. MW mentioned an approach from Isle of Man Vaccination Team, she advised them to contact Public Health first for responses around vaccination operational information.	2nd meeting to be scheduled Dec/ Jan	Kim/ Nicola	Mid Nov



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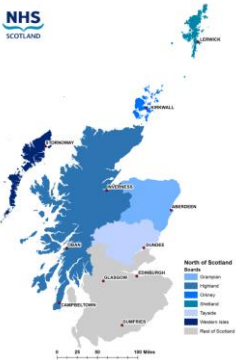
		Regional Health Protection Meeting Meeting arranged for next Thursday, Joy has advised of a clash of commitments. Currently awaiting confirmation a deputy will attend for Joy. All Boards reminded to complete & return workforce template as deadline has passed - Shetland and Tayside still outstanding. Sharing CPD Identified local leads – just awaiting Shetland.	Email Shetland and Tayside to chase up Provide Shetland contact	KP/NM Susan L	
4.	Public Health Workforce Planning	The group had a wide-ranging discussion on workforce planning to shape / inform activity to be progressed by NoSPHN. Phil Mackie, CPH attended to support and provide his expert knowledge and to help shape the programme of work going forward. A summary of the main discussion points is provided at annex a. It was agreed that a scoping paper be drafted setting out the potential development areas to be progressed. Once drafted this would be considered by the DsPH at a future steering group. To agree next steps. National Public Health Workforce Group – this is a standing item and Emma will be asked to provide feedback after the initial meeting.	Draft a Workforce / Planning Scoping Paper Set up a meeting to progress	Phil Mc Kim P Pip F Kim / Nicola	



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5	AOCB	Maggie requested that the group discuss/ decide who will take on the NoSPHN Chair – as she intends to stand down in early 2023 as she will be retiring in autumn 2023.	Agenda Item for November Steering group	Kim/ Nicola	
6.	Date of Next/Future Meetings	23 rd November 3.00-5.00pm			



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Annex A Summary of Workforce Planning Discussion

Phil provided an overview of the work he is leading for NHS Grampian. Phil has extensive experience of workforce planning from his previous role for ScotPHN. He has been looking at these broad areas:

- Speciality Training and Practitioner accreditation and wider.
- Training for non-regulated groups like Local Government Officers.
- Education - building relationships with higher education. Contributing to under graduate and post graduate programmes. Developing the pipeline of individuals who can come into Public Health.
- Also looking at processes to achieve workforce assurance when contributors are not registered.

This work has taken 6 months so far and it has included updating the specialist training policy.

Phil suggested that one area NoSPHN might be interested in focussing on is supporting those with quite a lot of expertise in Health Improvement, Public Health Management or in specialist Health Protection roles to achieve UKPHR registration. This would mean looking at creating a top up training programme, with different entry points.

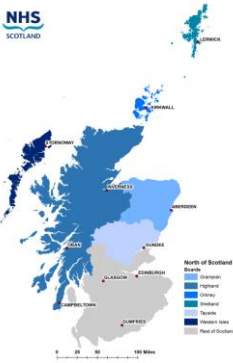
This is an area ripe for a regional solution or approach: support for learning and training. To attract people to us and retain staff within the area.

Tim considered how we should frame the issue. We need to consider the workforce market and where supply might come from. For example there is a surplus of those who could be recruited as Clinical Fellows. Tayside (and others have good experience of using Clinical fellows). Also there is scope to have more generic roles (not necessarily medical roles). There is a surplus of people who have completed MPHs but can't find work opportunities.

Tim reflected that when looking at assurance there is a need to consider the quality of services as well as individuals which would help at least in part cover staff who are not registered.

MW explained one of the challenges of small boards is it is difficult to recruit to anything.

KP summarised the main / common challenges that DsPH had shared:



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- Ensuring sufficient specialist workforce (CPHs but also other roles such as health intelligence roles) in the future
- Financial challenges. Ranging from not having enough funding to have a sustainable structure, issues around fixed term funding. But also how do we maximise funding opportunity and pooling resources. Need to link with Social & Health Care Partnerships.
- Clear staff development pathway for those other than specialist trainees. How can we support staff to develop into more senior roles in the future.
- UKPHR. We have staff that are very experienced but not UKPHR registered. Some have found the retrospective portfolio process really challenging. Support is needed to enable more people to achieve registration.
- Process of recruitment is time consuming / challenging. Is there ways to standardise job descriptions and simplify to reduce capacity issues. More of a streamlined process.
- Health Protection Service - affordability/sustainability around rotas and service. Is there actions that could further help achieve affordable and robust services.

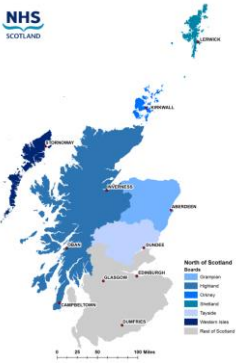
MW would like to see NoSPHN collaboration - posts across areas, collectively/ co-ordinate advertising available posts. Can we adopt North of Scotland branding.

Susan W shared feedback they had from Panoramic who they have used to recruit CPHs. Individuals are really attracted to working in North of Scotland but don't want to relocate. What do we envisage our workforce looking like in the future/ how will they work (remote working etc.)? We need to describe in ways that makes roles more attractive? Some roles lend themselves more easily to hybrid/ remote working than others.

Maggie highlighted some challenges for Island roles. Once for Scotland policy does set out remote working. But some Island CEs are stipulating that people must work on the islands, even though certain roles would be suitable for remote working e.g. health intelligence. A balance is needed as we need key staff to understand local culture/communities.

Susan W asked is it better to stick with the ideal and continue with recruitment problems or what are we prepared to consider? Is it only to advertise posts at the same time, or can we create North of Scotland as the best training experience you might get.

Need to consider and recognise that there are times when you need to be on site and not working remotely. But also training and education systems need to reflect our flexible approach (remote when it makes sense).



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Other factors: relocation expenses are minimal, if work remotely –who covers costs when you have to be onsite etc.

Tim A highlighted that in Argyll & Bute there are lots of positive examples of successful remote working. North of Scotland approach would be helpful but we need to be realistic about the shortage of specialist staff across the UK. Need to consider how to support those who could work remotely to be recruited. But need to look at more – need an approach to develop local staff / opportunities. We also need to review/ audit the age profile of senior staff

Kim P suggested we need progressive thinking about what actual skills mix will we need going forward. Do we need what we have always had – when is it essential to have CPH expertise when is it not.

Susan W highlighted challenges with supporting staff at the twilight phase of careers. Individuals may want to work part time but can't fill other half of their post. Sara Lewis agreed and explained that she was meant to retire but can't go part time as haven't been able to recruit - so role would not be manageable part time.

Susan w – Do we need NoS workforce plan, what does each board need individually but where could we pool collective resources. Can we work together with Academic partners and work together to make the most of those opportunities.

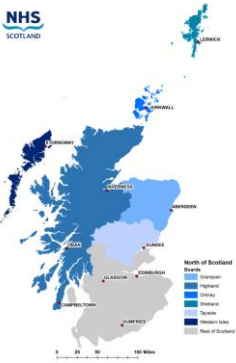
Phil advised that we should not conflate 2 concepts - workforce planning and planning for the systems.

We need to train/educate and assure staff coming into the workforce. Need to make jobs attractive enough for people to come or stay. There will be a gap between how quickly we can train people and gaps in system appearing/ getting worse. More than 30% of Consultant staff were expecting to go before Covid hit.

Maggie highlighted that Islands don't have numbers of staff with either capability or desire to go into a Consultant role.

Phil suggested there was potential for a regional approach for the following:

- Regional basis speciality training
- scope for supporting individuals through UKPHR route,



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- Develop our management capacity so they can take on greater responsibility.
- Look at mentors/ trainers at NoS level so we can offer attachments / placements differently

Maggie reminded the group that Pip Farman had supported individuals through the UKPHR process. Mentors are very worthwhile for specialist registration

Phil reminded the group there are other portfolio routes e.g. CESR – there are several interested doctors in Grampian. Whichever route people need to be supported to provide their evidence whilst maintaining the day job.

Susan W suggested our fortunes changed with the introduction of the national training programme. Need to grow our own, recognising all of the challenges but we need to make it happen. There are staff that have retired that would like to be mentors but there is no process around that.

Sara confirmed we definitely want to grow own own. Support had been provided to one of their staff to go to Tayside for a 6 month health protection placement. This was challenging – backfill etc. Microsoft Teams should make it easier. Portfolio route took two years to assess. Long process even after submitted portfolio.

Susan W confirmed she is happy to share the work Phil is taking forward. She had recently been at the ADPH where it was highlighted there is a shortage of PH workforce across the UK. We need to be much more creative/innovative in remote and rural areas. We need to set out what the agenda is, distil that and the work KP has done, pull together in a paper to prioritise areas.

Phil M suggested there will be some priorities universal to North of Scotland. But others more specific to some of the board areas (not necessarily island or mainland issues). Need to share learning from work in Grampian or that led by one of the North of Scotland boards. Phil suggested that Kim, Pip F and himself get together to develop a paper that scopes the potential development work.