

North of Scotland Public Health Network

Workforce Planning and Development At the Regional Level

A Scoping Report

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1. Context and Purpose

An adequately resourced, appropriately educated, assured and effective public health workforce is central to our ability to protect and improve the health of people and their communities in the North of Scotland. Our ability to adequately respond to a range of complex public health challenges including non-communicable diseases, mental health, re/emergence of communicable diseases, an ageing population and rising health inequalities is reliant on having strong public health capacity and capability.¹

The National Workforce Strategy for Health and Social Care² identifies that the public health system is central to Scotland's future health and wellbeing, and will require a co-ordinated approach to workforce planning and staff development. A national development programme has been set up to build and maintain workforce quality, capacity and capability to ensure high standards of public health practice.

The North of Scotland Directors of Public Health have a common goal to recruit and maintain a qualified, skilled and diverse workforce sufficient to meet public health needs. Their ambition is that the region is a place where people choose to work and train in public health, due to the quality of opportunity and support provided.

Each Health Board is progressing their own public health workforce planning and development activity and will contribute to the national programme as it evolves, there is also a willingness to consider and progress activity on a regional basis where it makes sense to do so.

This scoping paper sets out a series of development areas to support workforce planning and staff development in the region. It is proposed that two public health workforce standards are also adopted to support quality assurance.

2. Scope

The scope of this report is the core North of Scotland public health workforce. The definition of core workforce is "all staff engaged in public health activities that identify public health as being the primary part of their role"³ The groups falling into this broad category include:

- Public Health Specialists – those with specialist accreditation / regulation within public health. These include Directors of Public Health, public health consultants/specialists, and public health academics.
- Public Health Practitioners – those who undertake specialist roles wholly in a public health function (including public health/health protection nurses, public health scientists, health intelligence and knowledge professionals, health improvement professionals, and public health managers).

¹ WHO (2022) 21st Century Health Challenges: can essential Public Health functions Make A Difference. Available at: <https://www.who.int/publications/i/item/9789240038929>

² Scottish Government (2022) National Workforce Strategy for Health and Social Care in Scotland. Available at: <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/documents/>

³ Centre for Workforce Intelligence (2015). Available at: <https://www.healthscotland.com/uploads/documents/25602CfWI%20PH%20Workforce%20Mapping%20in%20Scotland%20-%20Final%20Research%20and%20Evaluation%20Report.pdf>

3. Current Situation, Issues and Risks

There are inter-playing factors in the North of Scotland that make the ability to fully develop and maintain a qualified, skilled and diverse public health workforce sufficient to meet public health needs challenging. These are not equally experienced across the 6 Board areas due to variances in for example, workforce size, geographical proximity, executive support and resources. But also wider factors at play are affecting all including the national training and professional registration programmes⁴.

Through a series of discussions the Directors of Public Health have articulated the main issues and challenges impacting their ability to achieve their public health workforce ambitions. These are summarised in Table 1. Further consideration of which pose a significant risk and therefore which actions need to be prioritised to mitigate the risks will be undertaken.

Table 1 Issues

Specialist Registrar training will not provide sufficient specialist/ consultant workforce required in the future	Recruitment to Consultant and Specialist Roles in the North of Scotland, particularly the Islands, is challenging	An ageing workforce with people approaching / exceeding retirement age
Not all NoS Boards have SpR training places and/ or capacity to support these	Experienced public health practitioners (php) are not considering/ completing UKPHR Specialist registration	Public health practitioner registration is progressed at individual's discretion / line management support with variable support / resources available
Experienced programme managers / phps would require minimal additional knowledge / skills / experience to progress with UKPHR specialist registration but no standard package of support is available	Further support is required for UKPHR registration. Staff report that UKPHR routes are challenging and confusing.	There is no consistent learning and development programme / framework aligned to PHKSF / UKPHR competencies to support a public health career pathway (from practitioner to specialist)
Financial constraints / fixed term funding are limiting ability to recruit the full public health capacity required – particularly in Island Boards	There is a highly qualified workforce in some areas (staff with MScs) but no clear career pathway / support to progress to Public Health Specialist (if this is what staff desire)	Reluctance of potential (experienced) workforce to relocate to some Board areas, particularly Islands due to remoteness.
Recruitment and HR processes cause recruitment delays	Affordability of public health services/ functions	Some Public Health roles suit remote/ virtual working but others require in – situ

⁴ NoSPHN (2022) Workforce Challenges and Opportunities in the North of Scotland, the DsPH Perspective. Unpublished. Available on request

		response, making these roles more challenging to recruit to
Shortage of Public health workforce to meet demand in certain domains e.g. health intelligence, specialist	Capacity to respond to further public health challenges at scale and pace	Service delivery models need to be flexible, adaptable and responsive
No consistent approach to determining the optimum skills mix to deliver public health outcomes and cost effectiveness. Maximising use of consultant roles – working at the top of their licence.	Workforce costs challenge current budgets	No one consistent/ agreed workforce model to deliver 'gold standard' effective/ efficient public health function

4. NoSPHN Public Health Workforce Standards (PHW standards)

Adoption of Public Health Workforce Standards, based on international standards⁵ allows appropriate regional contributions to support recruitment, education, training and continued development of the public health workforce in the North of Scotland. There are two standards that it is proposed NoSPHN adopts. These standards provide an overarching framework to identify and measure regional activity alongside local and national approaches. Adopting the standards regionally will help facilitate a consistent approach and maximise the gains achieved collectively using the limited resources and capacity available e.g. shared learning / training provision. The proposal to adopt these standards is based on the Public Health Workforce Assurance Framework being developed by NHS Grampian⁶.

Standard 1 Encourage the recruitment and development of a competent public health workforce.

Maintaining a competent public health workforce requires an adequate supply of 'quality' public health workers. So that as existing staff retire or seek alternative roles, there are people with the appropriate qualifications, registration, skills and competencies to replace them. Recruiting a diverse workforce with these necessary capabilities ensures an understanding of and sensitivity to population needs and perspectives.

Standard 2 Build a competent public health workforce and leadership

Co-ordinated staff development that is appropriate to service need is essential to maintaining a competent workforce. This further supports the development of a learning culture within the workforce. A commitment to professional development for all public health staff supports individual and organisational growth, also making it less likely that staff will leave to seek other employment opportunities.

⁵ PHAB Board (2022). Version 2022 PHAB Standards & Measures for Reaccreditation. Available at: <https://phaboard.org/wp-content/uploads/Standard-Measures-Version-2022-Reaccreditation.pdf>

⁶ Mackie P (2022), NHS Grampian. Creating a Public Health Workforce Assurance Framework. Unpublished.

5. NoSPHN Five Pillars of the Workforce Journey

The national workforce strategy² sets out actions for recovery, growth and transformation against five pillars in the workforce journey. These 5 pillars have been adopted to set out regional actions that would contribute to delivering the two Public Health Workforce Standards and add value to workforce planning and development at the local and national level.

<i>Pillar 1</i>	<i>Plan</i>
Contributes to PHW standard 1	Early Identification of gaps and risks in current workforce using up to date / quality data and gathering evidence on alternative solutions

<i>Situation / Description</i>	
<p>A good understanding of our public health workforce (demographics, qualifications registration etc.) supports effective planning and service delivery to ensure it is sufficient to meet public health needs. Reviewing the current age, size and shape of the workforce, the balance between specialist and practitioner roles and level of consistency across the health board areas would inform a shared understanding as to the workforce model/s and associated development programme/s required.</p> <p>There are a number of senior level/ consultant/ specialist staff in the North of Scotland close to retirement age, whilst the current training/ recruitment/ registration routes are highly unlikely to provide sufficient workforce to replace these individuals. Having an up to date public health workforce dataset would enable assessment and benchmarking of the current workforce within the North of Scotland.</p> <p>NHS Scotland previously commissioned a mapping of the core public health workforce³. The re-established national workforce planning group is considering commissioning a census to provide an up to date profile. In addition to actively participating in the 'once for Scotland' census, additional regional benchmarking complementing the nationally census is proposed. Gathering local experiences and learning from the introduction of new roles is also proposed to inform future roles/ developments.</p>	
<i>Actions</i>	
P1	Inform and Influence the proposed national workforce census exercise
P2	Undertake supplementary data gathering that looks at age and retirement benchmarking/ expenditure on locum/ agency staff / skills mix analysis, registration numbers, profiling of specialist and practitioner workforce. (co-ordinated and assimilated regionally with local support)
P3	Gather learning from across North of Scotland where alternative staff models have been tried e.g. clinical fellow, LAT, advanced practitioner and/ or skills mix roles (Highland Screening Programme Manager), shared specialists to identify strengths and inform future staffing options
P4	Assess and Scope the size and shape of a Sustainable Workforce for North of Scotland to sufficiently meet public health needs

<i>Pillar 2</i>	<i>Attract</i>
Contributes to PHW Standard 1	Enhance accessibility, quality and provision of training/ work opportunities through improved understanding of staff / student experiences and promotion actions to aid staff recruitment

<i>Situation / Description</i>	
<p>A continuous 'pipeline' of staff with the required qualifications, skills and competencies is needed, who also reflect the diverse nature of the population / communities they will serve. The North of Scotland Boards have differing experiences in attracting new public health staff particularly to more specialist roles. There can be a reluctance to relocate to certain board areas, particularly Islands due to their remoteness. However rurality across the region is a factor in attracting sufficient staff to maintain the required workforce.</p> <p>It is recognised that a sustainable remote and rural health workforce can best be achieved when staff emanate from the local communities they serve and are supported through a career pathway⁷. This 'grow your own' approach has been successful to a certain extent already, but Directors of Public Health are keen to explore this further to attract people already living in remote and rural communities into Public Health.</p> <p>Positive and pro-active communication/ engagement on public health careers and training opportunities will help attract people into the workforce. Proactive engagement within local communities could encourage more people from remote and rural areas into a public health career.</p> <p>Offering high quality flexible undergraduate / post graduate public health placements should develop graduates who have the skills, attitudes and desire to work here. Building a fuller understanding of students/ trainees experiences on placements in North of Scotland would inform continuous improvement of placement opportunities.</p> <p>Recent recruitment drives have evidenced that public health specialists are interested to work in the North of Scotland but do not necessarily wish to relocate. Considering the level of flexibility possible in specialist roles and offering hybrid working is proving successful. Regional creative collective thinking on where and how this flexibility could be extended / tested would support Boards to further achieve this.</p>	
<i>Actions</i>	
A1 / E6	Gather learning from North of Scotland 'Grow Your Own' staff models to inform national workforce planning and future staffing options in the region
A2 /T8	Commission/ complete engagement with students / trainees to build a fuller understanding of their attitudes to and experiences of placements in NoS.
A3	Map student / training placement arrangements currently available in NoS and the capacity to support these. Scope areas for improvement and capacity required with initial focus on post graduate opportunities
A4	Develop a Public Health Specialty Training and Placement Prospectus to promote training and career opportunities in North of Scotland.
A5	Explore and trial MPH internship model
A6	Promote North of Scotland public health training and career opportunities working with public health associations and further / higher education partners.

⁷ World Rural Health Conference Abstracts 2022 The Limerick Declaration on Rural Health. Remote and Rural health <https://www.rrh.org.au/journal/article/7905/>

<i>Pillar 3</i>	<i>Train</i>
Contributes to PHW Standard 2	Enhance provision and co-ordination of training opportunities

Situation / Description

Training and staff development is key to having a competent public health workforce and also aids staff retention. Whilst there is a formal national training and professional development programme for public health consultants, provision for public health practitioners is not co-ordinated and is at individual boards' discretion.

The North of Scotland Directors of Public Health are concerned that the national training programme will not provide sufficient specialist capacity to sustain required levels of specialist roles. Not all North of Scotland Boards have qualified / registered trainers, supervisors and training posts. Even with training posts, geographical proximity impacts Boards' ability to secure trained Specialists. Raising awareness of local challenges and lobbying for more training places and targeted recruitment from the North of Scotland is advocated.

With all Specialist Registrars required to complete periods of training in two different training locations this offers opportunities to provide attachments across North of Scotland Boards. Currently each board manages these opportunities locally with varying capacity to do so. There is an opportunity to maximise the North of Scotland offer by taking a co-ordinated approach to what is available, promoting these opportunities and providing mentors for trainee placements/ attachments.

The GMC provides a route for doctors to submit a retrospective portfolio leading to inclusion on the specialist register for public health (CESR). There are also mechanisms for doctors to enter the public health training programme at a later stage, having previous existence taken into account (the Combined Programme). Further exploration of a regional model of co-ordinated support / promotion of this route to Specialist registration may add value.

Across the North of Scotland Public Health teams support training placements for a variety of undergraduate and postgraduate students (nursing, AHPs, medics, public health MSc etc.). Local relationships with University Schools are in place. Improving awareness / take up of opportunities for remote and rural placements should develop graduates who have the skills, attitudes and desire to work in rural and remote locations. Consideration of flexible and/ or joint placement opportunities could further enhance their attractiveness to students. There is potential to take a co-ordinated regional approach to promote (and potentially support) these opportunities to maximise their reach and impact.

Whilst professional accreditation is a statutory requirement for specialists it remains non statutory for practitioners. UKPHR provides an alternative registration route for specialists and provides the practitioner registration scheme. In the absence of a national programme all North of Scotland boards contribute to the running of the practitioner registration scheme in Scotland.

The UKPHR Specialist registration route offers the North of Scotland Boards a realistic additional route to 'grow our own' specialist capacity to meet requirements. There are senior staff members across North of Scotland that have completed their specialist portfolio and achieved registration. However there are highly experienced staff that have not to date progressed this. The lack of parity between registration routes is a contributing factor with limited support and structure in place. Mapping of education and training

opportunities to support individuals to meet the knowledge base for UKPHR (practitioner and specialist) and the development of a core training programme to support practitioners if / where gaps exist would go some way to addressing this. Consideration of a training and support programme for experienced staff to address significant service gaps also warrants consideration.	
Actions	
T1	Lobby for increase SPR training posts and targeted recruitment in North of Scotland, to acknowledge challenges associated with remoteness and rurality
T2	Review and enhance capacity to provide training across North of Scotland boards.
T3	Consider regional approach to proactively promote and co-ordinate support for SpR training placements and attachments
T4	Review support for CESR across NoS and consider adopting a Lead Health Board approach to support and promote this route
T5	Consider the expansion of education, attachment and activity supervisor capacity available in NoS
T6	Assess the need for producing an Education and Training directory to support achievement UKPHR practitioner and specialist standards.
T7/N2	Lobby for the provision a Core Public Health Training Programme with training agreements in place with national/ regional organisations to deliver this.
T8	Explore provision of training and support programme for highly experienced staff to fulfil remaining competencies / Specialist portfolio requirements.

Pillar 4	Employ
Contributes to PHW Standard 1	Identify and test alternative and creative roles, actively promote opportunities to aid staff recruitment and retention

Situation / Description
<p>Living and working in a remote and rural community has many advantages. Teams working within Public Health Departments in the North of Scotland are comparatively small and tend to provide close-knit and supportive working environments. This also affords opportunities for staff to develop breadth and depth of experience and a high degree of professional responsibility and autonomy⁸. Unfortunately feedback tells us that whilst public health specialists/ public health practitioners in specialist remits are often interested to work within the North of Scotland context they do not necessarily wish to re-locate. For those that would re-locate there are challenges e.g. access to affordable housing on Islands.</p> <p>Being creative to offer different/ unique public health career opportunities, will support the North of Scotland to be further recognised as a destination for career development / progression. The joint posts between Health Boards and Public Health Scotland offer examples of this creativity. Further joint roles between boards and/or with local and national partners could be explored to offer alternative opportunities whilst supporting boards to maintain the level of public health specialist capacity required. Consideration of the level of flexibility possible in these specialist roles and ability to offer hybrid/ virtual working will be central to this, including when/ how much in situ working is required and what support could be available to facilitate this.</p> <p>To minimise barriers to relocating and working in the North of Scotland, a better understanding of staff/ student experiences and motivations with respect of remote and rural</p>

⁸ NoSPHN 2015 Training and Working in Public Health within the North of Scotland. Available at: *insert NoSPHN weblink*

roles should be gathered. This would improve our understanding of factors that influence career decision making in relation to remote and rural working. It would also highlight perceived barriers that we can actively address. This would then inform information / support required to aid relocation (Islands additional payments, relocation remuneration, housing information etc.).

Further consideration of roles that are at a level of advanced practice could reduce the demand for public health specialists. Introduction of appropriate roles would facilitate specialists to be freed up to work at the 'top of their licence' on those duties only a regulated specialist is able to undertake. Furthermore development of these roles could bridge the gap between practitioner and specialist roles to facilitate workforce mobility particularly if parallel learning and development aligned to PHKSF is provided and UKPHR specialist registration completion is expected/ supported.

As stated previously a sustainable health workforce can best be achieved when staff are recruited from the local communities. The further development of local employability opportunities at the public health practitioner entry level, such as apprenticeships and training posts, supported by core learning and development, should attract people with diverse lived experience including younger people and those who already live in remote and rural communities. This would enhance the 'grow your own' models in the North of Scotland.

Recruitment can be a lengthy process which compounds the ability to meet service demands and relive pressure on existing workforce. Sharing / standardising job roles/descriptions may aid this, alongside regional promotion of North of Scotland posts.

Actions	
E1	Gather learning from across North of Scotland and wider on existing joint roles, use of hybrid/ flexible working and incentives/ support mechanisms.
E2	Explore and test potential joint role opportunities
E3	Explore and test roles at advanced practice level to free specialist capacity to work at the top of their license
E4	Develop a comprehensive 'Living and Working in North of Scotland' page on the NoSPHN website.
E5	Share and develop generic job descriptions for equivalent public health roles across Boards

Pillar 5	Nurture
Contributes to PHW Standard 2	Development of consistent professional development opportunities and learning culture for all public health workforce

Situation / Description
<p>A positive workplace culture supports staff wellbeing that in turn leads to positive service outcomes. A learning culture that supports learning and development for all will contribute to staff feeling respected and valued. A clear public health career pathway evidencing the ability / opportunity to progress from entry point to specialist roles, supported by learning and development, will empower staff to develop their knowledge, skills and competencies ensuring the required capacity and capability is in place to meet public health needs.</p> <p>Development of a regional statement of commitment and a pathway to support staff to undertake public health practitioner and specialist registration, as appropriate, would set out a regional vision to have a quality assured workforce. This would require a level of support for staff embarking on a portfolio to be in place, for annual personal development planning</p>

to be aligned to the Public Health Knowledge and Skills framework (PHKSF) as well as the provision of core public health training programmes for non-accredited staff aligned to the PHKSF. The national workforce programme will be considering some if not all of these elements, but regionally there is an opportunity to be agile and consider which aspects would best be provided on a regional basis.

Actions	
N1	Develop a combined regional statement setting out the commitment to have a quality assured workforce, and the pathway, processes and support available to achieve PHP and PHS accreditation.
N2/ T7	Lobby for the provision a national Core Public Health Training Programme or in its absence consider provision of a regional programme
N3	Review support in place for staff undertaking UKPHR specialist portfolio to inform the national workforce programme or a regional model (in the absence of a national approach).

6. Summary, Oversight and Next Steps

This paper sets out a wide ranging regional programme to deliver against the 2 public health workforce standards it is proposed are adopted in the North of Scotland. A series actions have been identified, aligned to the 5 pillars in the workforce journey².

This is a substantial programme and would require buy in from the 6 North of Scotland Directors of Public Health and their teams. It is likely that additional capacity would be required to deliver on major actions, if it is decided they should be progressed. This would be in addition to the NoSPHN Programme Manager capacity currently available.

It is proposed that a Workforce Planning and Development Board/ Group is established to direct and support the delivery of this regional programme, with involvement of Public Health Specialist/s experienced in Workforce Development and Planning. The Board/ group would be supported by NoSPHN's Programme Manager. This could either be a separate group that reports to the NoSPHN Steering Group or alternatively it could replace one of the quarterly NoSPHN Steering Group meetings, to minimise additional DPH capacity required to progress the programme.