



Public Health
England

Protecting and improving the nation's health

The Public Health Skills and Knowledge Framework 2016 LAUNCH: SCOTLAND

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public health
workforce strategy
2013

Skills for
Health



UKPHR

Public Health Register

Protecting the public – improving practice



Health Education England

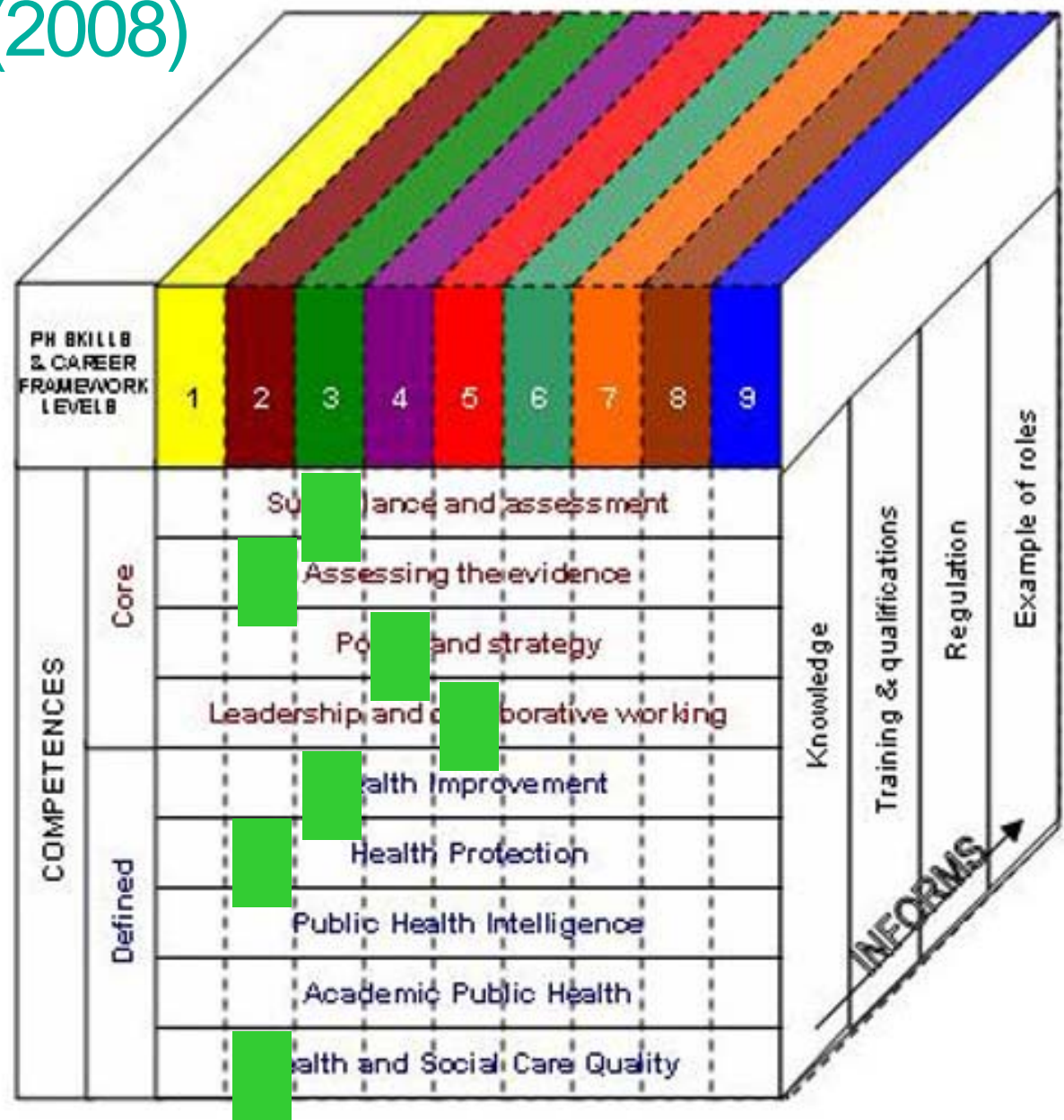
The original PHSKF (2008)

The framework defined **nine cumulative levels** of competence and knowledge

Wider workforce perceived to be at the lower levels

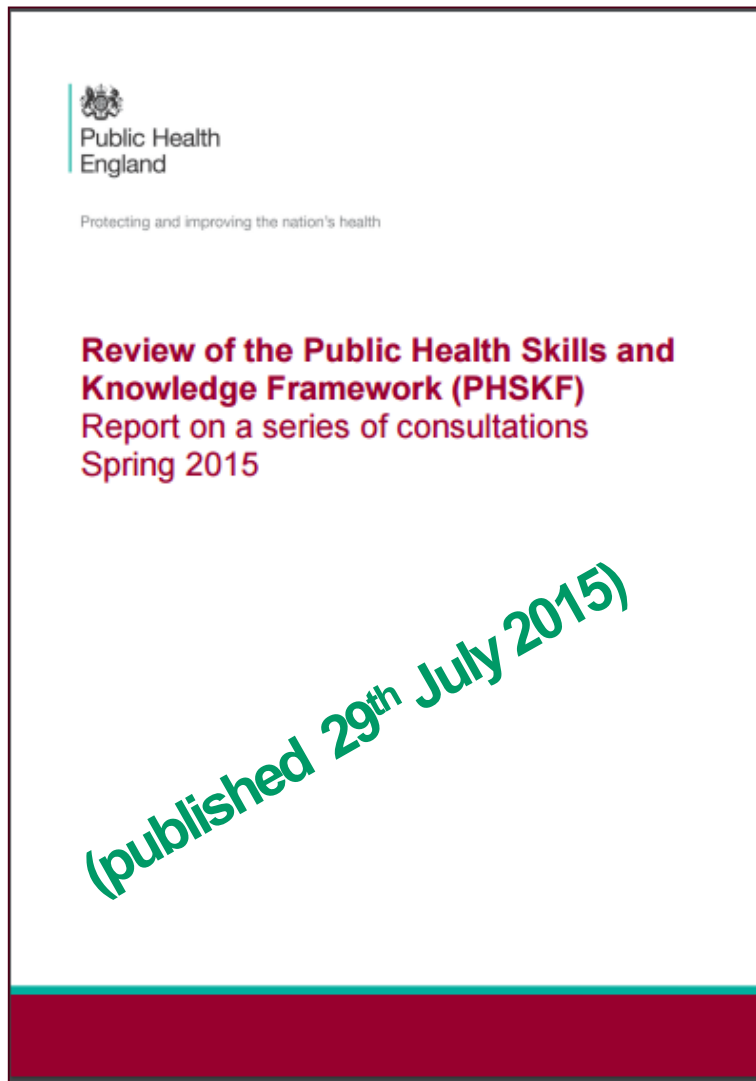
Cross referenced against the **nine areas of public health** used by the Faculty of Public Health in the curriculum for Specialty Training (2007)(now revised 2015)

Workers are expected to be at the same level of competence in the core and their defined area



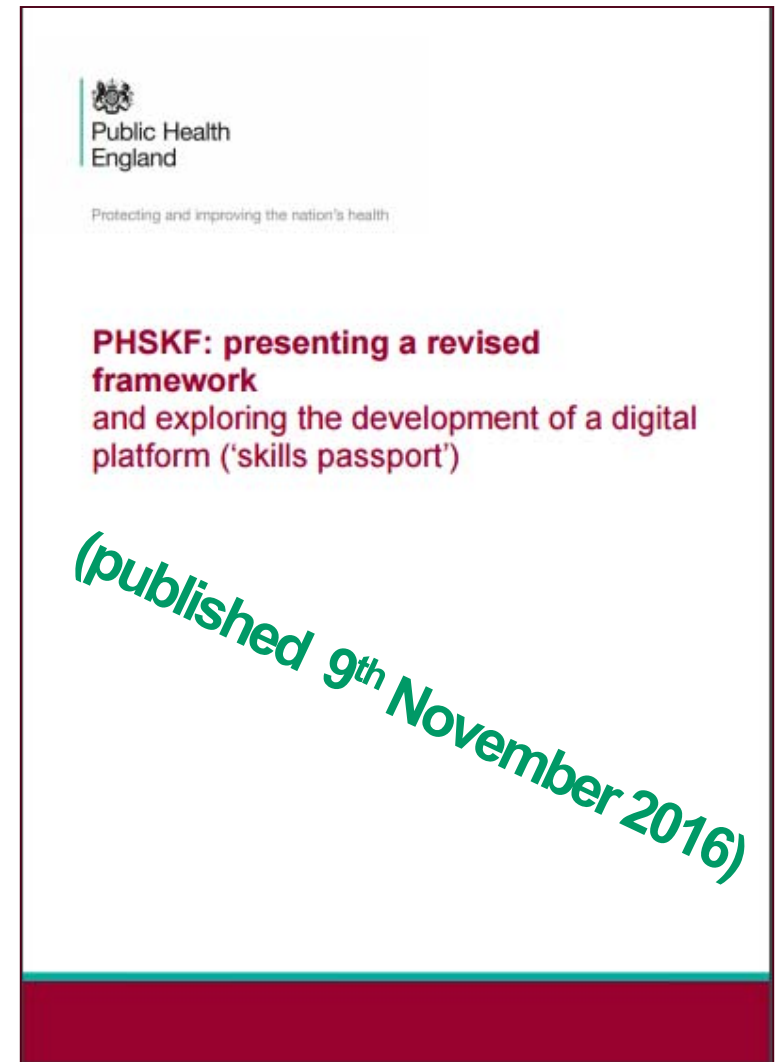
How we went about it

- ‘Listening exercise’ – series of consultative workshops around the UK Feb/March 2015
- On-line survey (UK-wide) Feb/Mar 2015
- ‘Proof of concept’ exercise for a skills passport using an ‘off-the shelf’ e-portfolio, involving 100 PH workers (England)
- Formulated a function-based approach – ‘what people do’ (FfF)
- Developed a new design and simplified the language
- Consulted on the new design UK-wide – by video/pdf and an on-line survey – Dec 2015 – Jan 2016
- Engaged workers and agencies to start experimenting with potential functionality



Review of the PHSKF: Report on a series of consultations Spring 2015

PHSKF: presenting a revised framework
and exploring the development of a digital platform
(skills passport)



Key changes – original framework

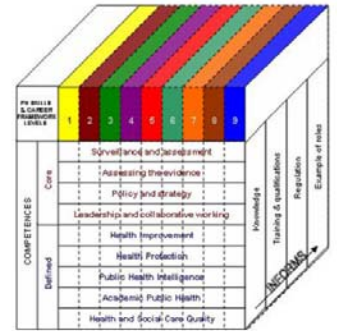
341 knowledge descriptors

362 competence descriptors

703 total number of descriptors

9 levels

9 areas of the specialty training curriculum



Key changes – revised framework 2016

~~341~~

knowledge descriptors

~~362~~

competence descriptors

~~703~~

total number of descriptors (sub-functions)

~~09~~

levels

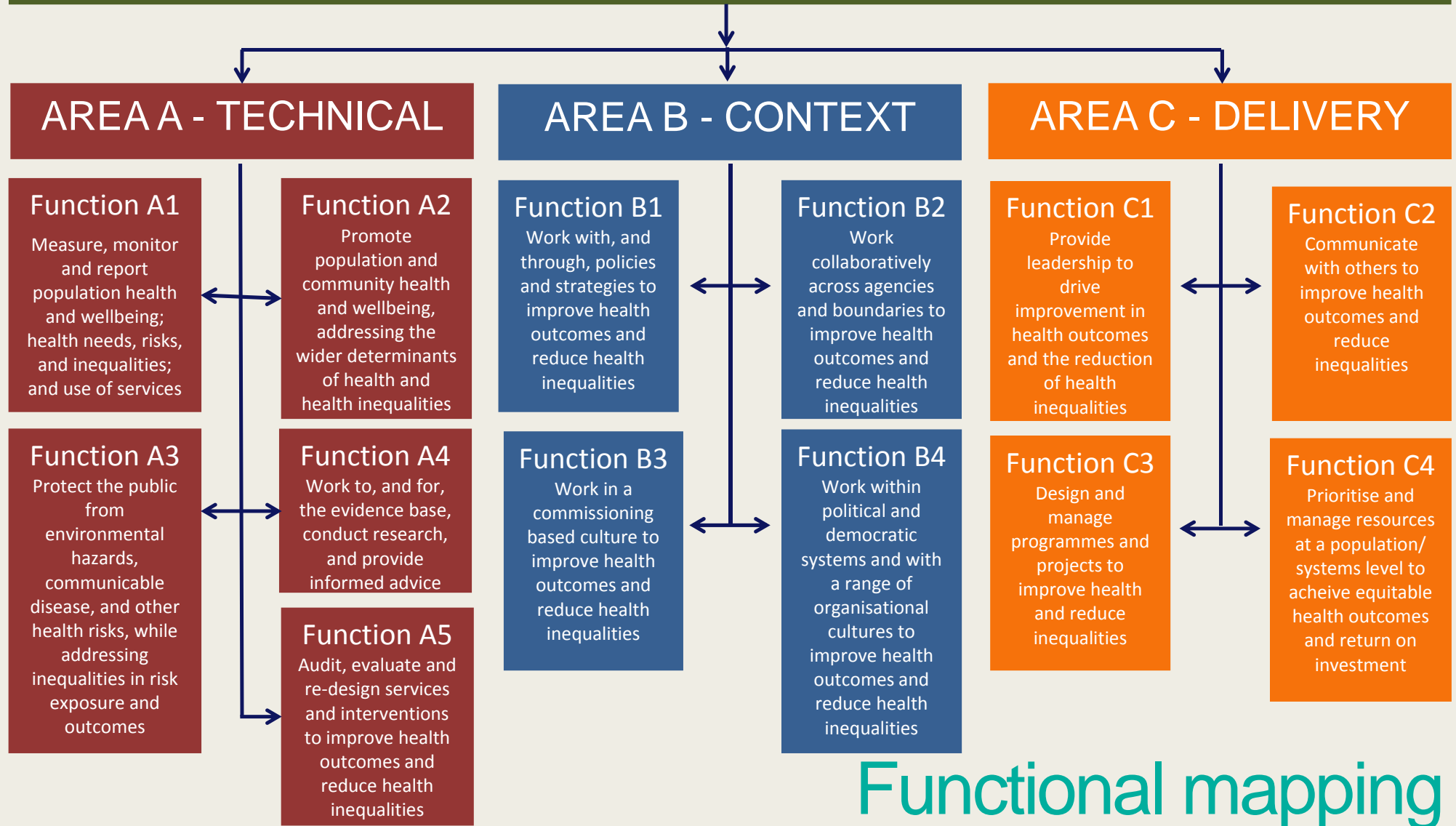
~~139~~

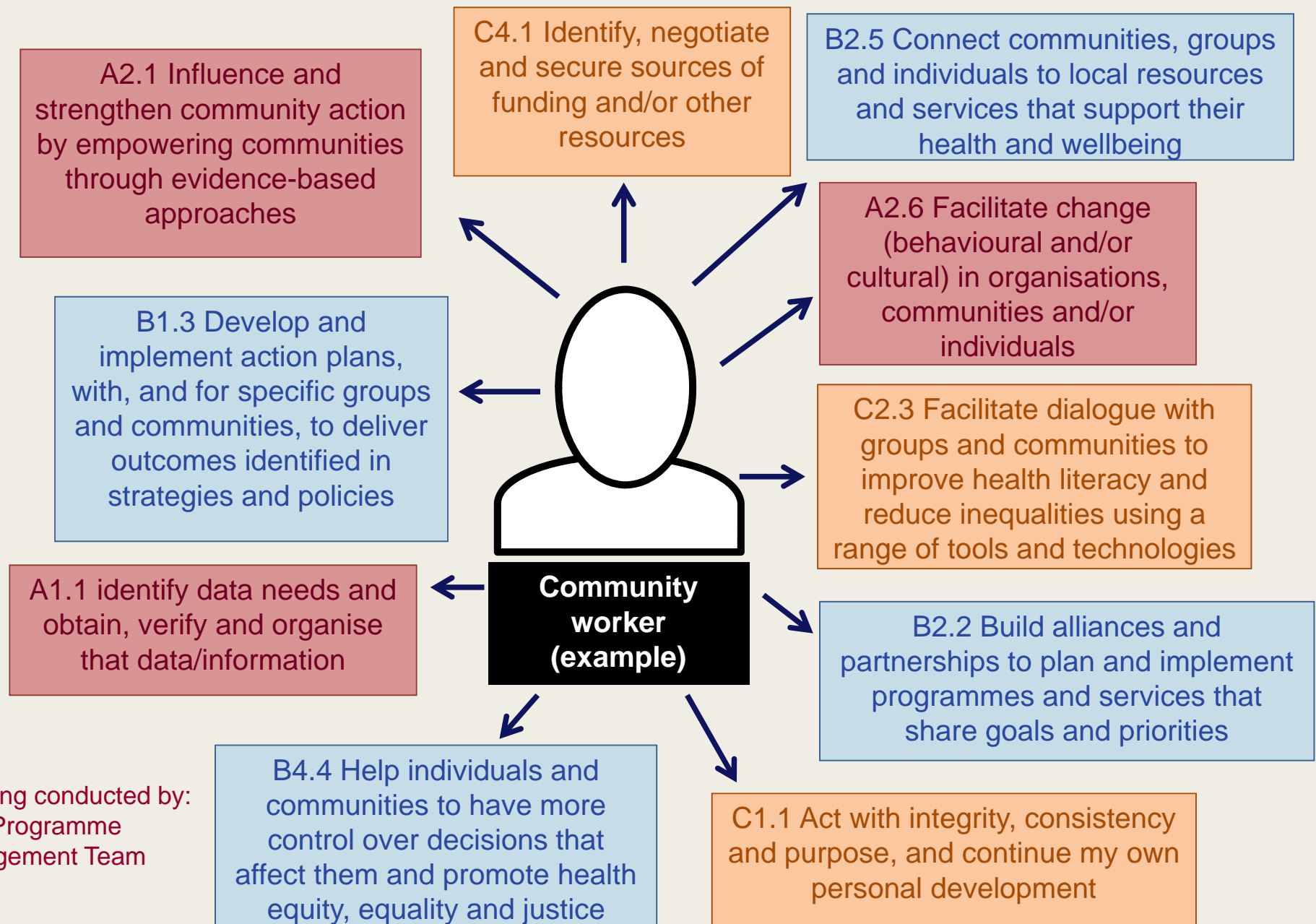
functions describing public health activity
areas of the ~~specialty training curriculum~~

c.350
NOS

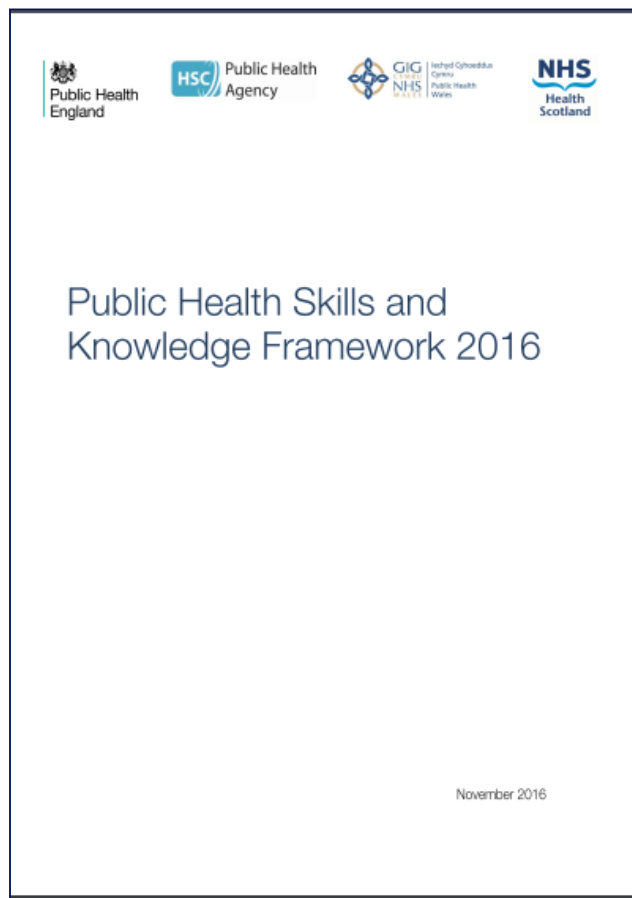
OVERALL FUNCTION of PUBLIC HEALTH

improves and protects the public's health and reduces health inequalities between individuals, groups, and communities, through coordinated system-wide action





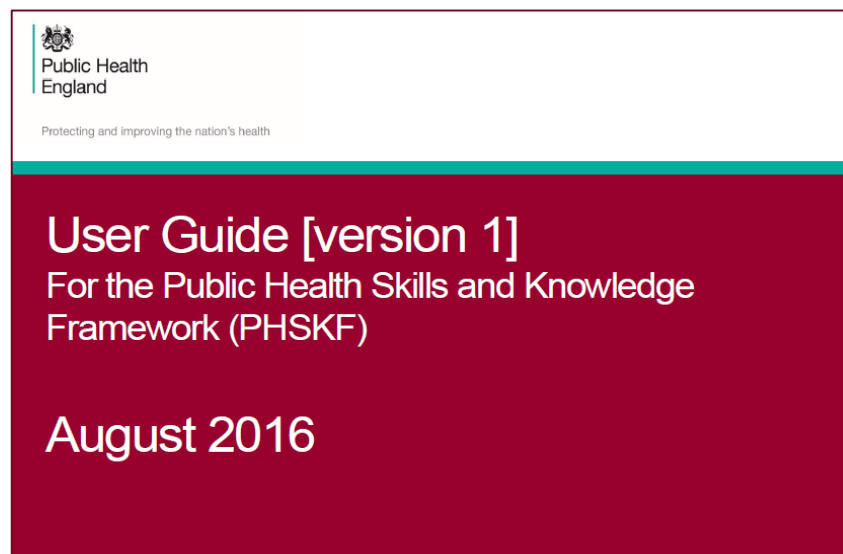
Mapping conducted by:
PHE Programme
Management Team



Key web-links

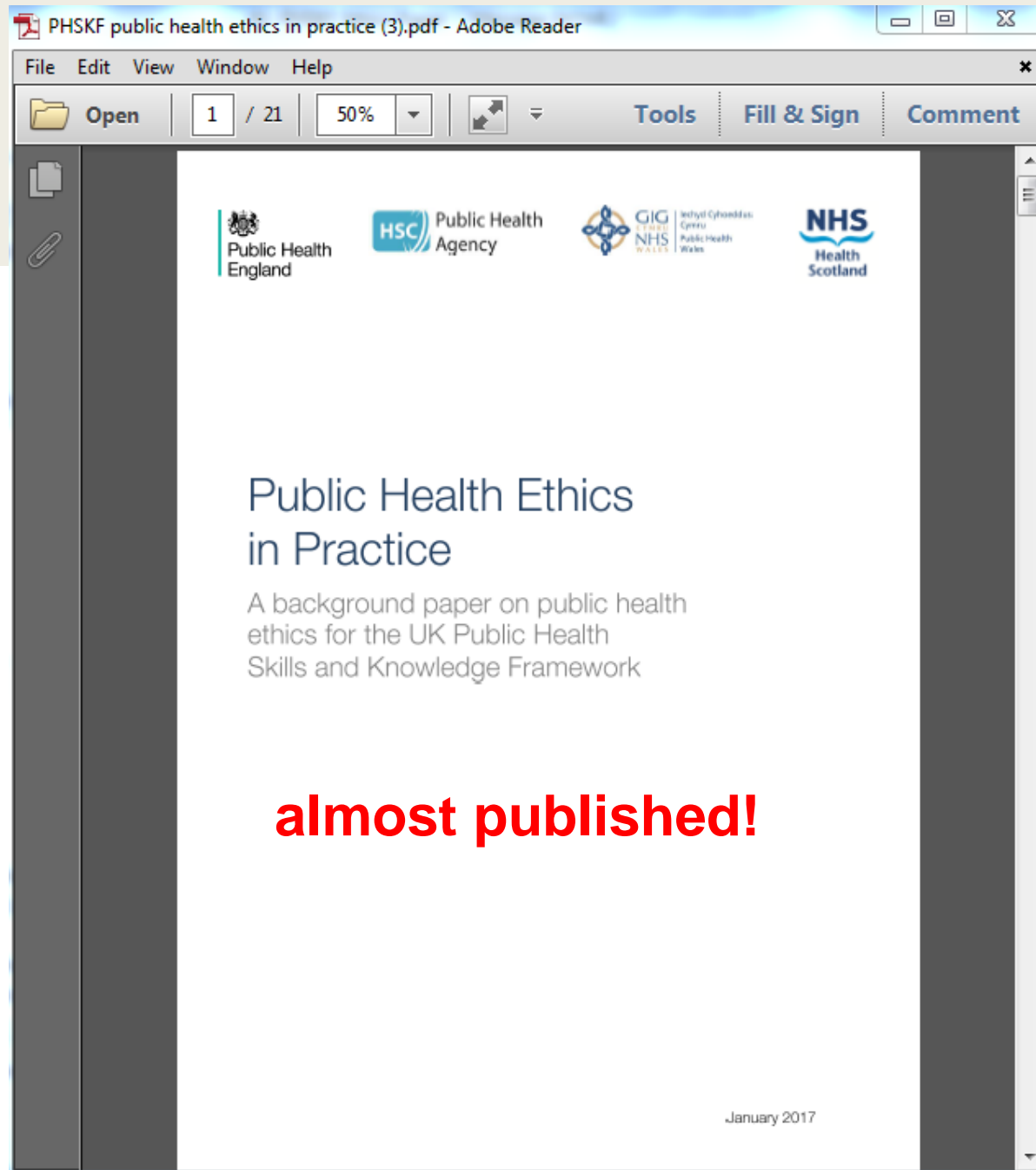
← **Framework**
with a supporting glossary
Launched 15th November 2016

User Guide →
providing examples of how the
framework could be applied
Published 10 August 2016



Professional and ethical underpinnings

Work within ethical and professional boundaries while promoting population health and wellbeing, and addressing health inequalities



we need this

is relevant to all workers, voluntary, regardless of recognises the standards, and guidance related to conduct and legal and practice, such as the Nolan and Good Public Health (2016) and the PHSKF Ethics Paper.

legislation and codes of practice are in place to

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does not form part of the
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How is it being used?

- PHE, Appraisal self-assessment form

Public Health Skills and Knowledge Framework (PHSKF) self-assessment form [2017/18]

The PHSKF is a tool to support those individuals who are pursuing or wish to pursue a career in public health. There are three sections in the Framework:

- The red section describes five technical areas specific to public health practice.
- The blue section describes a range of context, policy and strategy, collaborative working, a commissioning-based culture, and the political and democratic context.
- The orange section describes the functions that relate to delivery, leadership, communication, programme management, and the prioritisation and allocation of resources.

This document has been prepared to help you to carry out a self-assessment against the PHSKF (2016). This can help you to identify areas in which you may need or wish to develop to support a career in public health, and could support a career development conversation. The functions and sub-functions have been provided for you in the table below. Each sub-function can be given a grade 1-4, which may help you to think about how proficient you feel you are in relation to each one. You do not need to be fully competent in all of them. You can indicate the areas where you think you should develop by ticking the grey column. A scoring system is provided below with corresponding columns in the framework table.

Function	Sub-function	Level	Score
1	1.1	1	
2	2.1	2	
3	3.1	3	
4	4.1	4	

- Profile on a slide



- Profiles with examples

Function	Sub-functions	Examples
A1	A1.1	Swimming for health needs (The first principle of health visiting), health needs assessment, performance monitoring and evaluation.
A2	A2.1	Facilitation of groups/local initiatives, flying start service provision in certain areas.
A3	A3.1	Evidence based provision – screening groups, breast feeding, baby massage, parenting, and post-natal depression.

- Indicative role templates

Indicative Role Template

work in progress

Role title: Health Protection Practitioner

Employing organisations might include:

Organisation	Functional position in the organisation
National Health Service (NHS) organisations	
NHS Scotland	
Public Health Wales	
Public Health Agency Northern Ireland	
Public Health England (PHE)	
Other civil service departments and agencies	
Local government organisations	
Voluntary/charitable organisations	
Social Enterprises or Community Interest Companies (CICs)	
Private industry	

Functional position in the organisation:

Position	Functional position in the organisation
Executive Director/Strategic Leadership	
Director/Specialist	
Specialist expertise/senior advisor	
Operational Implementer/Managerial/Specialist expertise	
Operational Implementer/Front-line	
Operational/front-line support	
Apprenticeship/trainee	
Wider workforce – public health activity is a part of another recognised role in the organisation	

Useful references:

- Key Elements Career Framework (Skills for Health 2010)
- Working on Social Government: career opportunities for young people (LGA November 2014)
- Working for the civil service (GOV.UK website)

- Training providers: alignment with qualifications

- Service providers: highlighting the PH functions they deliver

A2.1 Influence and strengthen community action by empowering communities through evidence based approaches

A2.2 Advocate public health principles and action to protect and improve health and wellbeing

A2.3 Initiate and/or support action to create environments that facilitate and enable health and wellbeing for individuals, groups and communities

A2.4 Design and/or implement universal programmes and interventions while responding proportionately to levels of need within the community

A2.5 Design and/or implement sustainable and multi-faceted programmes, interventions or services to address complex problems

A2.6 Facilitate change (behavioural and/or cultural) in organisations, communities and/or individuals

A4.3 Design and conduct public health research based on current best practice and involving practitioners and the public

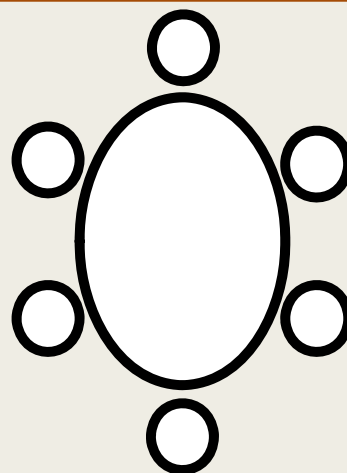
A4.6 Apply research techniques and principles to the evaluation of local services and interventions to establish local evidence of effectiveness

A5.3 Engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services

C4.1 Identify, negotiate and secure sources of funding and/or other resources

C1.1 Act with integrity, consistency and purpose, and continue my own personal development

C4.2 Prioritise, align and deploy resources towards clear strategic goals and objectives



**Charity
organisation**

C3.1 Scope programmes/projects stating the case for investment, the aims, objectives and milestones

C2.5 Consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change

C1.5 Provide vision, shape thinking, inspire shared purpose, and influence the contributions of others throughout the system to improve health and address health inequalities

B1.3 Develop and implement action plans, with, and for specific groups and communities, to deliver outcomes identified in strategies and policies

B1.4 Influence or lead on policy development and strategic planning, creating opportunities to address health needs and risks, promote health and build approaches to prevention

B2.1 Influence and coordinate other organisations and agencies to increase their engagement with health and wellbeing, ill-health prevention and health inequalities

B2.2 Build alliances and partnerships to plan and implement programmes and services that share goals and priorities

B2.4 Collaborate to create new solutions to complex problems by promoting innovation and the sharing of ideas, practices, resources, leadership, and learning

B2.5 Connect communities, groups and individuals to local resources and services that support their health and wellbeing

B3.3 Commission and/or provide services and interventions in ways that involve end users and support community interests to achieve equitable person-centred delivery

B4.1 Work to understand, and help others to understand, political and democratic processes that can be used to support health and wellbeing and reduce inequalities

C3.4 Track and evaluate programme/project progress against schedule(s) and regularly review quality assurance, risks, and opportunities, to realise benefits and outcomes

C3.2 Identify stakeholders, agree requirements and programme/project schedule(s) and identify how outputs/outcomes will be measured and communicated

C1.2 Engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives

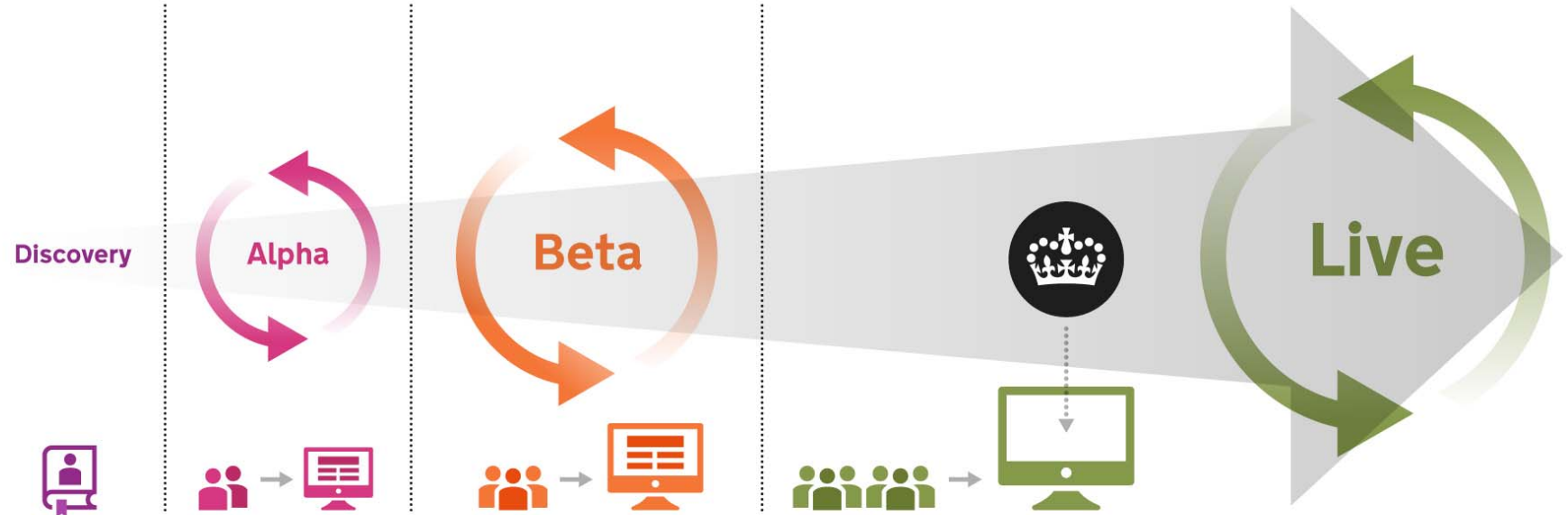
B3.5 Manage and monitor progress and deliverables against outcomes and processes agreed through a contract

Mapping conducted by:
Soil Association Food for Life



The future is DIGITAL

User needs



DISCOVERY – key insights (Feb 2017)

The insights and recommendations in this report draw on the findings from six research activities, which included:

- a quantitative user survey (**928** respondents from across public health)
- user interviews (**12** interviewees from across public health)
- stakeholder interviews (**four senior stakeholder** interviews)
- research at the London launch event (**62** suggested user stories)
- technical research with **IT** and **Security** team
- Desktop research

DISCOVERY – key insights (Feb 2017)

- people felt a strong need to have a digital service that would enable them to interact effectively with the Public Health Skills and Knowledge Framework (PHSKF)
- people could identify specific areas in which they felt a digital service could benefit them
- 50% of respondents had a concern over the adoption of a digital service across their sector
- one sixth of the respondents demonstrated a need for Assisted Digital (or low-tech alternatives)



AREA A: Technical

Function A1

Measure, monitor and report population health and wellbeing; health needs; risks; inequalities; and use of services

A1.1	identify data needs and obtain, verify and organise that data and information
A1.2	Interpret and present data and information
A1.3	manage data and information in compliance with policy and protocol
A1.4	Assess and manage risks associated with using and sharing data and information, data security and intellectual property
A1.5	Collate and analyse data to produce intelligence that informs decision making, planning, implementation, performance monitoring and evaluation
A1.6	Predict future data needs and develop data capture methods to obtain it

What is this function about?

Function A1 is about data and intelligence and how it is sourced and used. All public health workers will be carrying out some of these sub-functions, appropriate to their level and area of work. There are also workers who are highly specialised and proficient in delivering these functions, working at the cutting edge of data technology eg: public health data and intelligence analysts based in the NHS, PHE, and local authorities. The specialist workforce can provide support and training to help everyone to engage with these functions to best effect

AREA A: Technical

Function A2

Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities

- | | |
|-------------|---|
| A2.1 | Influence and strengthen community action by empowering communities through evidence based approaches |
| A2.2 | Advocate public health principles and action to protect and improve health and wellbeing |
| A2.3 | Initiate and/or support action to create environments that facilitate and enable health and wellbeing for individuals, groups and communities |
| A2.4 | Design and/or implement universal programmes and interventions while responding proportionately to levels of need within the community |
| A2.5 | Design and/or implement sustainable and multi-faceted programmes, interventions or services to address complex problems |
| A2.6 | Facilitate change (behavioural and/or cultural) in organisations, communities and/or individuals |

What is this function about?

Function A2 is about the enterprise behind health promotion, including community development, advocacy, behaviour change, and sustainable efforts to address the wider determinants of health. Within these functions are reference to elements of WHO's Ottawa Charter for Health Promotion (1986) and Marmot's proportionate universalism (2010). All public health workers will be contributing to some of these functions. There is also a specialist workforce who are particularly knowledgeable and skilled in this area eg: health promotion or improvement specialists

AREA A: Technical

Function A3

Protect the public from environmental hazards, communicable disease, and other health risks, while addressing inequalities in risk exposure and outcomes

- | | |
|-------------|---|
| A3.1 | Analyse and manage immediate and longer-term hazards and risks to health at an international, national and/or local level |
| A3.2 | Assess and manage outbreaks, incidents and single cases of contamination and communicable disease, locally and across boundaries |
| A3.3 | Target and implement nationwide interventions designed to off-set ill-health (eg: screening, immunisation) |
| A3.4 | Plan for emergencies and develop national or local resilience to a range of potential threats |
| A3.5 | Mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures |

What is this function about?

Function A3 is about immediate threats or transmitted risks to health and the analysis and management of these risks. This includes emergency planning, control of outbreaks of communicable disease, environmental health and the prevention of ill-health through screening and vaccination programmes. The domain also relates to longer-term hazards and risks that could include more global, environmental or climatic challenges for which we need to prepare. Specialists in this domain include consultants in health protection.

AREA A: Technical

Function A4

Work to, and for, the evidence base, conduct research, and provide informed advice

A4.1	Access and appraise evidence gained through systematic methods and through engagement with the wider research community
A4.2	Critique published and un-published research, synthesise the evidence and draw appropriate conclusions
A4.3	Design and conduct public health research based on current best practice and involving practitioners and the public
A4.4	Report and advise on the implications of the evidence base for the most effective practice and the delivery of value for money
A4.5	Identify gaps in the current evidence base that may be addressed through research
A4.6	Apply research techniques and principles to the evaluation of local services and interventions to establish local evidence of effectiveness

What is this function about?

Function A4 is about the evidence base for public health:

- how to find it
- how to understand it
- how to assess its quality, relevance and significance
- how to apply it meaningfully to practice
- how to generate it through research activity
- how to determine what further research is needed to provide stronger evidence to inform practice
- how to involve others in research
- who to involve in research

Someone who specialises in this area might be a public health researcher

AREA A: Technical

Function A5

Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities

- | | |
|-------------|--|
| A5.1 | Conduct economic analysis of services and interventions against health impacts, inequalities in health, and return on investment |
| A5.2 | Appraise new technologies, therapies, procedures and interventions and the implications for developing cost-effective equitable services |
| A5.3 | Engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services |
| A5.4 | Develop and implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems |
| A5.5 | Quality assure and audit services and interventions to control risks and improve their quality and effectiveness |

What is this function about?

Function A5 is about the evaluation and reorientation of health and other services. It involves the economic analysis of existing or proposed provision; the appraisal of advances in technology and methods that can improve service delivery and efficiency; the involvement of service users in service reviews and design; the compliance of service design and delivery to best practice guidance and procedures; and the ongoing audit, Quality Assurance (QA), and evaluation that informs continual improvement, and feeds the local evidence base. Specialists might include a healthcare public health practitioner

AREA B: Context

Function B1

Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities

B1.1 Appraise and advise on global, national or local strategies in relation to the public's health and health inequalities

B1.2 Assess the impact and benefits of health and other policies and strategies on the public's health and health inequalities

B1.3 Develop and implement action plans, with, and for specific groups and communities, to deliver outcomes identified in strategies and policies

B1.4 Influence or lead on policy development and strategic planning, creating opportunities to address health needs and risks, promote health and build approaches to prevention

B1.5 Monitor and report on the progress and outcomes of strategy and policy implementation making recommendations for improvement

What is this function about?

Function B1 is about how public health action is either informed by policy and strategy from national government agencies and other authorities, or how it is implemented strategically across a system through the development of local strategies and policies. People who work in public health will appraise and advise on strategy and policy, assess the impact, develop action plans based on strategic and policy direction, lead on local planning and the development of policies and strategies, and ultimately monitor and report on the success of implementation, with suggestions on how the policies and strategies can be improved

AREA B: Context

Function B2

Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities

B2.1 Influence and coordinate other organisations and agencies to increase their engagement with health and wellbeing, ill-health prevention and health inequalities

B2.2 Build alliances and partnerships to plan and implement programmes and services that share goals and priorities

B2.3 Evaluate partnerships and address barriers to successful collaboration

B2.4 Collaborate to create new solutions to complex problems by promoting innovation and the sharing of ideas, practices, resources, leadership, and learning

B2.5 Connect communities, groups and individuals to local resources and services that support their health and wellbeing

What is this function about?

Function B2 is about achieving more in public health by working collaboratively with other organisations and agencies, across sectoral and other boundaries. This could be in situations where public health workers have a recognised lead role, or where they have no direct authority. This requires several skills, particularly interpersonal eg: negotiation; influencing; mediation; diplomacy; facilitation. Collaborative arrangements may need to be sustainable or time-limited, depending on purpose eg: sharing of resources; problem solving; planning or implementing wide-spread change; coordinating rather than duplicating efforts; clarifying responsibilities and lines of accountability in the system.

AREA B: Context

Function B3

Work in a commissioning based culture to improve health outcomes and reduce health inequalities

B3.1	Set commissioning priorities balancing particular needs with the evidence base and the economic case for investment
B3.2	Specify and agree service requirements and measurable performance indicators to ensure quality provision and delivery of desired outcomes
B3.3	Commission and/or provide services and interventions in ways that involve end users and support community interests to achieve equitable person-centred delivery
B3.4	Facilitate positive contractual relationships managing disagreements and changes within legislative and operational frameworks
B3.5	Manage and monitor progress and deliverables against outcomes and processes agreed through a contract
B3.6	Identify and de-commission provision that is no longer effective or value for money

What is this function about?

Function B3 embraces the skills required to apply public health principles, and promote public health values and priorities, in a commissioning based business environment. In areas where commissioning is less developed, these may be described in the context of planning and prioritising. It is about how the apparatus associated with purchasing services and interventions can be used to be very specific about what needs to happen; to identify where public funds should be directed to deliver on health outcomes, social value, and sustainability; and how these will be monitored, audited and evaluated. It is also about how all stakeholders work effectively together throughout a commissioning process.

AREA B: Context

Function B4

Work within political and democratic systems and with a range of organisational cultures to improve health outcomes and reduce health inequalities

B4.1 Work to understand, and help others to understand, political and democratic processes that can be used to support health and wellbeing and reduce inequalities

B4.2 Operate within the decision making, administrative and reporting processes that support political and democratic systems

B4.3 Respond constructively to political and other tensions while encouraging a focus on the interests of the public's health

B4.4 Help individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice

B4.5 Work within the legislative framework that underpins public service provision to maximise opportunities to protect and promote health and wellbeing

What is this function about?

Function B4 is about the political and democratic processes that impact on the delivery of health, social care and other services. These impact either directly or indirectly on public health workers depending on their employing organisation. Political aspects could be party political (national or local) - parliamentary activity, public service policy, national legislation, election cycles. This domain is also about the dynamics (which can be nuanced) within, between and outside organisations and individuals. Democratic systems include the accountability and scrutiny that comes with public funds sourced through taxation, and the community voice and empowerment enabled by it.

AREA C: Delivery

Function C1

Provide leadership to drive improvement in health outcomes and the reduction of health inequalities

- | | |
|-------------|---|
| C1.1 | Act with integrity, consistency and purpose, and continue my own personal development |
| C1.2 | Engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives |
| C1.3 | Adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environments |
| C1.4 | Establish and coordinate a system of leaders and followers engaged in improving health outcomes, the wider health determinants and reducing inequalities |
| C1.5 | Provide vision, shape thinking, inspire shared purpose, and influence the contributions of others throughout the system to improve health and address health inequalities |

What is this function about?

Function C1 is about the activities associated with leadership in relation to different groups, situations, settings and intentions. All leadership stems from the ability to drive one's own actions and conduct. This area then describes action to lead and manage others; change; systems; and finally around setting strategic vision and establishing collective buy-in and ownership. The descriptors here are enacted in the contexts described in Domains B1-4 ie: they relate to strategic planning, collaborative working, working through contracts, and in political and democratic landscapes, enabling the delivery of functions identified in AREA A (Technical).

AREA C: Delivery

Function C2

Communicate with others to improve health outcomes and reduce health inequalities

C2.1 Manage public perception and convey key messages using a range of media processes

C2.2 Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods

C2.3 Facilitate dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools and technologies

C2.4 Apply the principles of social marketing, and/or behavioural science, to reach specific groups and communities with enabling information and ideas

C2.5 Consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change

What is this function about?

Function C2 includes the range of communication methods and technologies used by the public health workforce, to engage with all audiences, from lay to professional. The actions described here deliver on other functional areas eg: communicating data and intelligence (A1); behaviour change messages and community engagement (A2); reporting risks and outbreaks (A3); communicating the implications of new evidence (A4); communicating decisions around changes to service delivery (A5/B3); proposing spend on new services and initiatives (B4/C4).

AREA C: Delivery

Function C3

Design and manage programmes and projects to improve health and reduce health inequalities

C3.1 Scope programmes/projects stating the case for investment, the aims, objectives and milestones

C3.2 Identify stakeholders, agree requirements and programme/project schedule(s) and identify how outputs and outcomes will be measured and communicated

C3.3 Manage programme/project schedule(s), resources, budget and scope, accommodating changes within a robust change control process

C3.4 Track and evaluate programme/project progress against schedule(s) and regularly review quality assurance, risks, and opportunities, to realise benefits and outcomes

C3.5 Seek independent assurance throughout programme/project planning and processes within organisational governance frameworks

What is this function about?

Function C3 provides a profile for the processes and actions related to the delivery of programmes and projects. Programme Management is a professional area within it's own right with it's own professional body. Some people working in public health might be professionally qualified in this area, but the majority are not. The descriptors here represent the minimum requirements for the effective and methodical execution of programme and project management – to scope, plan, implement and review within effective programme and /or corporate governance systems.

AREA C: Delivery

Function C4

Prioritise and manage resources at a population/ systems level to achieve equitable health outcomes and return on investment

C4.1 Identify, negotiate and secure sources of funding and/or other resources

C4.2 Prioritise, align and deploy resources towards clear strategic goals and objectives

C4.3 Manage finance and other resources within corporate and/or partnership governance systems, protocol and policy

C4.4 Develop workforce capacity, and mobilise the system-wide paid and volunteer workforce, to deliver public health priorities at scale

C4.5 Design, implement, deliver and/or quality assure education and training programmes, to build a skilled and competent workforce

C4.6 Adapt capability by maintaining flexible in-service learning and development systems for the workforce

What is this function about?

Function C4 relates to the key resources – money and people - and how these are deployed in relation to what needs to be achieved. It includes sourcing of funding as well as the management of finance. The last three descriptors in the framework refer to the workforce – about capacity, competence and capability. They include capacity building, training and ongoing development to ensure that the workforce can adapt to ever-changing requirements, and are supported in continuing their professional development (CPD).