


The Public Health Knowledge  
and Skills Framework  
**'The Golden Thread'**

Scotland launch event report

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## Event context

The Review of Public Health in Scotland (2015) recognised the valuable role and contribution of a highly-skilled, competent and flexible multi-disciplinary public-health workforce. A workforce which has the ongoing ability to work and influence across organisational boundaries within and beyond the NHS, able to influence and meet the challenges around improving the health of the population and addressing inequalities.

There is an increasing recognition of the many changes taking place, including the legislation and changing landscape around the delivery of health, social care and other public services, and the shifting landscape which is having an impact on the configuration and demands on the workforce.

**In 2015**, NHS Health Scotland engaged key and local stakeholders as part of the UK consultation to inform the review of the 2008 Public Health Skills and Knowledge Framework.

**In 2016**, the Scottish Public Health Workforce Development Group endorsed the revised Framework and supported the organisation of this event to launch the revised Framework and further engage with key stakeholders.

### **The aims of the event were:**

- to raise awareness of the revised Public Health Skills and Knowledge Framework (2016) with key stakeholders
- to gather views from key stakeholders around the challenges and opportunities of using the framework in practice
- to consider the key question '**What does the framework mean for Scotland in relation to public health workforce development?**'

## Event format

The event took place over a full day with the morning plenary session comprising of two keynote speakers and four further speakers under the theme of the framework in practice. The afternoon comprised of small group discussions around a series of questions and a brief plenary feedback session. The discussion has informed the themes in this report.

Over 80 participants took part in the event and included those working in public health and health and wellbeing roles within the NHS at national and local level. These included medical and dental public health, health improvement, health protection, nursing and allied health professions, the third sector, local government, and universities.

### Event chair:

**Michele McCoy, Joint Interim Director of Public Health, NHS Dumfries and Galloway**

Michele McCoy has worked as a Consultant in Public Health in NHS Dumfries and Galloway since September 2011. Since August 2014 she has undertaken the role of Joint Interim Director of Public Health and joined NHS Health Scotland as Non-Executive Director in June 2016. Having started her career in education, Michele moved into the health service and has worked in the field of improving population health and wellbeing, and reducing inequalities, for more than 20 years.

## Morning plenary session

### Keynote speakers:

**Andrew Fraser, Director of Public Health Sciences  
NHS Health Scotland**

Andrew Fraser is Director of Public Health Science with NHS Health Scotland and is Chair of the Scottish Directors of Public Health and of the Scottish Public Health Workforce Development Group. Previous roles include Director of Public Health NHS Highland and Deputy Chief Medical Officer in the Health Department of the Scottish Office and Scottish Executive between 1997 and 2003. From 2003 to 2012, he worked in the Scottish Prison Service as Director of Health and Care, also advising the government and World Health Organization on prison-related health matters and national drugs and alcohol policy. His focus is on ways to narrow health inequalities in Scotland.



1 Andrew Fraser presenting at the PHKSF launch

Andrew's presentation: '[Right Time, Right Place...., Right People?](#)', reflected on the current context of public health reform acknowledging the challenges of greater pressure on health resources, changing demographics, enhanced scrutiny and public service reform. He identified the need for clarity around our ethical and political priorities relating to addressing health inequalities, social justice and human rights, children's attainment and child poverty. He also addressed the need for a workforce that is 'fit for purpose', with a more sustained and coordinated focus. He highlighted the importance of having the right balance of technical skills and personal effectiveness; the opportunity with the framework to act as a 'unifying spine' and the need to support leadership and succession planning around public health.

### **The Scottish Public Health Workforce Development Group (SPHWFDG)**

The SPHWFDG is a multi-disciplinary, non-executive group convened by NHS Scotland on behalf of the Chief Medical Officer. Chaired by Andrew Fraser, it has a remit to examine the development needs of the public health workforce identified as part of the 2015 Review of Public Health in Scotland.

### **Claire Cotter, Programme Manager, Public Health England**

Claire has been a public health practitioner since 1990, designing and implementing health promotion and health improvement programmes and services in NHS England commissioning and provider organisations. Claire has also worked in local government based in environmental health and trading standards teams. Claire currently leads on the UK-wide review of the framework as part of the national workforce development team at Public Health England. This work was commissioned by the Department of Health, on behalf of the wider system, and neighbouring devolved administrations. It includes the development of an interactive web-based version of the framework to assist employers and individuals to map against key public health functions. A registered practitioner, an approved and active assessor for practitioner registration and facilitator of portfolio development groups across the south of England, Claire has also acted as practitioner representative on the UK Public Health Register (UKPHR) Board since July 2013.



2 Claire Cotter presenting at the PHSKF launch

Claire's presentation on the [Public health skills and knowledge framework](#) looked in detail at the development of the framework. Claire explained the consultation process and development to simplify the previous framework, referred to as the 'cube'. She highlighted the overall function of public health and the three domains of the framework, noting the development of a suite of role templates. Claire also talked

through the 'Discovery' research project which has explored the scope and use of digital platforms to support the framework.

## **Public Health Skills and Knowledge Framework in practice:**

### **Sonya Scott, Consultant Public Health (Child Health) NHS Greater Glasgow and Clyde**

Sonya Scott is a Consultant in Public Health with a remit for Maternal and Child Public Health in NHS GGC. She has an interest in how public health can contribute to reducing socioeconomic inequalities in mental, physical and social health outcomes. In particular, her interest extends to how better coordination of multi-agency intelligence could improve our ability to understand health needs and monitor the impact of public health interventions. Sonya's presentation [Making Sense Of Public Health Intelligence \(PHI\)](#) highlighted the workforce recommendation identified in the 2016 health intelligence development work. Her presentation offered thoughts on how the framework might play a role in helping articulate the levels of PHI knowledge required, and identify and support PHI gaps and training needs. It also explained how this could be useful in supporting an audit of the core public health workforce.

### **Ruth Robertson, Health Protection Education Manager, Health Protection Scotland/NHS Education for Scotland**

Ruth's presentation **Health Protection Workforce Education and Development – 21st Century Knowledge and Skills** briefly summarised the national strategic approach to health protection workforce education development. This multi-disciplinary and multi-agency work led by Health Protection Scotland and NHS Education for Scotland has been guided by extensive partnership working, including the recently formed Scottish Health Protection Network. Key work streams include:

- development of CPD resources, e.g. immunisation and blood-borne viruses (BBV)
- development of a knowledge and skills matrix and career development frameworks, e.g. health protection nurses, hepatitis C workforce and healthcare scientists
- working on a specific and organisational basis to support this national approach to delivery of profession appropriate educational interventions.

Ruth highlighted the challenges associated with being able to adequately support an agile workforce (with changing roles and responsibilities) who are able to react effectively to emerging hazards, but also fully engage in the broader public health arena. She also highlighted the need to provide clarity to the workforce around the role of different initiatives, e.g. UKPHR, Clinical Scientist registration, the Public Health Knowledge and Skills Framework and on-call requirements. The number and different types of initiatives are becoming, in some instances, confusing for practitioners to follow. Ruth concluded by saying that we have a committed and

skilled workforce within public health and we need to ensure that we provide a progressive, coherent and integrated approach to the workforce development.

### **Nichola Brown, Chair of Workforce Development Group, NHS Greater Glasgow and Clyde**

Nichola Brown has worked in health improvement in Greater Glasgow and Clyde NHS for almost 20 years. From practitioner level in West Glasgow to her current role in managing the North East Health Improvement Team as part of Glasgow City Health and Social Care Partnership, Nichola has lead responsibility for commissioning community-led health improvement services in Glasgow City and health improvement programmes for children aged 0 to 8 years.

She has also chaired the NHS Greater Glasgow and Clyde public health workforce development group since November 2015 and presented on its significant progress at the Faculty of Public Health Conference in November 2016.

Nichola's presentation, [Developing Our Health Improvement Workforce](#) described the work and achievements of the workforce development group. This includes annual events, identification of champions and instigation of the use of reflective practice tools across all health improvement teams within the NHS board and the embedding of these in personal development plans, cross organisational training and support for registration.

### **Clare Black, Health Improvement Lead, NHS Ayrshire and Arran**

Clare Black is a Health Improvement Lead in the Health Improvement Team, Department of Public Health, NHS Ayrshire and Arran. As part of her portfolio of work, Clare has responsibility for public health workforce development, and leads on the development of approaches to build capacity of the workforce to promote and improve health and wellbeing. Clare has been instrumental in working with others to set up a pilot UKPHR Practitioner Registration Scheme in Scotland, which is now supporting health improvement staff in eight of the NHS Boards.

Clare's presentation [Public Health Workforce Development – Our Journey So Far](#) looked at the work around supporting practitioner registration and influencing wider workforce development at a strategic level, working with the Workforce Planning Programme Board and Ayrshire Education Partnership.



# Afternoon roundtable discussions

Participants contributed to facilitated discussions on a series of questions:

## Workshop questions:

- 1 What does the framework mean for us in Scotland in terms of opportunities and challenges?

What are your initial thoughts and comments on the revised framework?

- 2 What opportunities and value does the framework offer us as:
  - a. Employers of the public health workforce?
  - b. Individuals, within your respective areas of work?
- 3 What challenges exist, or potentially exist, around using the framework in practice?
- 4 What do we need to consider with all partners, both nationally and locally to support the implementation of the framework into practice?

Agree, as a group, one key point that you wish your facilitator to feed back to the main group.

## General discussion

- 1 **What does the framework mean for us in Scotland in terms of opportunities and challenges? What are your initial thoughts and comments on the framework?**

Initial discussion centred on how user friendly the framework was compared with the previous version. There was much support and positivity generated for the new format. It was viewed as much easier to understand, its functions were seen as recognisable and it was seen as a tool that was applicable across the whole of the public health workforce and could potentially 'unite one workforce' with the opportunity to fit with existing frameworks for example those used by the Community Health Exchange (CHEX) for community-led health ([www.chex.org.uk](http://www.chex.org.uk)) and 'Health for All'.

There was agreement that the tool could be used to evidence the work that we do across public health.

'...the framework offers solidity in an ever changing environment.'

There was also recognition that the framework could assist with the creation of dialogue about health inequalities and reinforce this as a priority, as well as strengthen the understanding around health inequalities across partnerships.

CathD (@cathdenholm) tweeted at 0:08 pm on Thu 16 March 2017: 'Everyone working in #publichealth - not just health improvement - must be mindful of health inequalities.'

Generally challenges were identified around support for staff to make use of the framework through implementation, coordination and leadership.

## 2 What opportunities and value does the framework offer us?

### a. Employers of the public health Workforce?

The framework was viewed with great potential as a very versatile tool for employers. Many participants expressed that the framework was an opportunity to assist with the challenges relating to the integration of health and social care, addressing health and wellbeing, and health inequalities.

'As care is shifted into the community, health and social care, and third sector staff will be working as multidisciplinary teams. Working towards the same workforce development framework would be good ... everyone integrated into one collaborative team.'

Some felt that the framework needed to be embedded into core local and national decision making and could provide the basis as a practical tool to support practice development, staff recruitment and staff development.

Others expressed that it could help with workforce planning in terms of skills audits and contribute to achieving a definable workforce; with a regulatory framework potentially being part of this.

Some felt it meant that it would be 'easier for employers to know what they are getting from staff roles'. There was support for exploring the framework in relation to developing consistent generic job descriptions which could then re-focus and reflect core competencies along with supporting competency-based interviews.



3 Participants at PHSKF launch afternoon workshop

There were issues raised about the need to map across to the e-Knowledge and Skills Framework (e-KSF).

There was caution noted in that the framework does not provide a 'one size fits all' solution for all our workforce challenges or a set career pathway:

'... getting too bogged down in establishing formal, inflexible workforce processes; recognising that our workforce needs to be motivated to engage with the framework; allowing for regional variation/innovation whilst maintaining standards.'

**b. Individuals within your respective areas of work?**

The greatest amount of discussion was generated around the area of professional development. The framework was perceived to be potentially helpful in supporting career development and offering shape to a career pathway for individuals from a range of backgrounds and disciplines. It was seen as a useful tool in evidencing knowledge and experience and identifying gaps – and as **something that could potentially support movement across professions in the future.**

Many felt that it could support career development and an example offered was in relation to the wider public health workforce – in particular colleagues working in community settings or using less traditional routes into the profession.

'The framework is clearly and non-hierarchically articulated; it acknowledges, for the first time, the full range of skills needed in practice; it is inclusive and accessible.'

It was felt that the framework provided an opportunity to reflect around skills and knowledge gained experientially, and it recognised the importance of many of the softer skills, including collaborative working, as important. The opportunity to evidence and demonstrate skills and knowledge gained through work experience was identified as valuable. There was discussion about the potential useful application of the framework in partnerships, in teams and individually as part of continuing professional development (CPD). Qualifications were noted as one aspect of knowledge acquisition.

The framework was seen by many as encouraging reflective practice and supporting the development of a professional identity.

As well as the discussion around routes into the profession there was also discussion which supported the alignment of the framework to UKPHR registration processes in the future.

There was mention of the usefulness of the role descriptors, templates and profile illustrations, and scope to develop these further.

### **3 What challenges exist or potentially exist around using the framework in practice?**

While there was a groundswell of opinion that was extremely favourable towards the framework it was frequently pointed out that the framework was only as good as its implementation. It was noted that we work in ‘interesting’ times with competing demands, pressures and cultures and a plethora of competency frameworks across the diversity of the workforce.

There was discussion about how the framework could dovetail with e-KSF and the need to ensure it was not viewed as duplication. It was recognised that staff could potentially perceive this as yet another framework, as an additional burden and therefore a communication strategy for the framework was essential.

The risk of not engaging would be that staff might feel threatened, would not engage or might be concerned in relation to Agenda for Change bandings (within the NHS).

‘Need support for developing capacity and advocacy for this – supported by workforce’

It was seen as important that there was a strategic communications strategy specifically aimed at the third sector to ensure that they were fully included in future developments.

There was discussion as to issues relating to the academic sector standing slightly apart from the ‘public health family’ and the need to work with the sector to explore some of the needs, requirements and opportunities for interaction and alignment in the future.

### **4 What do we need to consider with all partners, both nationally and locally to support the implementation of the framework into practice?**

There was much discussion about the need for leadership and clarity. It was noted that leadership was required at all levels and across all organisations. The need for succession planning was also widely identified as was the key leadership role for the public health workforce development group.

‘Needs to be coordinated across all key players – e.g. special boards, territorial boards – otherwise we will waste resources.’

There was much agreement about the need for a culture of ‘championship’.

‘Champions, mentors, assessors all increasing focus and extending capacity to raise awareness of and implement (the framework).’

However there was a concern about a lack of assessors to support routes to UKPHR practitioner registration and the consequences of raising and not fulfilling expectations. Others felt that there was a strong need for developing digital tools and digital literacy to enhance the ability of the workforce to deliver on the agenda.

# ‘The golden thread’ – emerging themes to consider



4 Participants at the PHSKF launch afternoon workshop

One group used a useful descriptive metaphor for the framework as potentially providing ‘the golden thread’.

If we extend the analogy and think of the many components of the workforce as the warp (the longitudinal threads held in tension on the frame) then the framework can potentially provide the weft (the transverse thread which runs through them all). In that sense it can both be seen as usefully providing a unifying sense of purpose and description to the work of public health, as well as a way of navigating a career path within and across public health.

Heather Sloan (@heatsloan) tweeted at 5:30 pm on Thursday 16 Mar 2017: ‘Productive session comes to an end - the golden thread will continue to be woven. #publichealth #healthinequalities PHKSF @NHS\_HS @NHSGGC’

In this section we look at emerging themes identified through the roundtable discussions and post event evaluation.

## 1 Communication and engagement

There was discussion relating to the need for a strategic and targeted communications plan around the revised framework in Scotland. There was concern that unless this was done more widely there could be some negative consequences to not engaging with staff.

The need for specific targeting of the ‘wider workforce’ was seen as an opportunity, and the importance role of partnership working with the third sector was highlighted as essential.

## 2 Professional development

The framework was recognised as a useful tool to support personal and professional development.

It was seen as a supportive tool to empower individuals to shape conversations around their own professional development and contribution to public health, and help support and build a stronger professional identity within the workforce.

In relation to the competency around 'collaborative working' the framework was viewed positively as a way of enabling the workforce to articulate the more specific 'harder' and 'softer' skills around public health.

The necessity of demonstrating the skills of being a reflective practitioner was strongly evident in the discussion along with discussion as to how this could be further developed in practice.

### 3 Relationship to the Knowledge and Skills Framework, other frameworks and e-portfolios

'...really interested to look at links to UKPHR competencies and Knowledge and Skills Framework (KSF) dimensions as this will help staff understand how it all links together and supports their development.'

There was a strong call to explore digital platforms to support the framework implementation.

A number of people raised the issue of making clear the relationship of the framework to the NHS Knowledge and Skills Framework (KSF) as well as other frameworks such as the Community Learning and Development Framework, used by CHEX. There are some identifiable tasks to explore how they might usefully complement each other and how this might work in practice.

It was identified by many that KSF and the revised framework play different roles in supporting staff and organisations, as well as the potential to complement each other. It was recognised that if individuals perceived the revised framework was providing no additional benefit and simply added an added layer of complexity there would be limited engagement.

Others were keen to see how the framework could be used with existing digital tools such as nursing and midwifery e-Portfolio and TURAS, the new eLearning platform from NHS Education for Scotland (NES).

There may be lessons to be learned from other resources such as the Scottish Online Appraisal Resource (SOAR) for medical appraisal and revalidation.

The role of managers and the importance of strong leadership was felt essential in relation supporting public health staff and others to engage in the framework and its ongoing implementation by individuals and organisations.

#### 4 Public health roles and professional registration

There was a good awareness and recognition around the role of professional bodies, registration and regulation.

The exemplar 'suite of role templates' were considered to be helpful and there was a strong sense of the opportunity this offered to share and make these available across the professional groups in Scotland.

The opportunity for dialogue with existing national bodies and the new public health body for Scotland was clearly identified.

#### 5 Routes to public health registration

It was felt that the framework could play as a supporting role in helping individuals think about public health as a career, in particular those at an early career stage, those working out with the NHS family and those in the community and third sectors.

There was a strong sense that the framework provided the foundation as a tool to support individuals and organisations to help consider routes to public health registration, both practitioner and specialist.

It was also felt that it provided the toolkit for both practitioner and specialist registration but it was clear that there would be require to be an:

'...aligning of future strategic framework and planning with existing UKPHR registration.'

#### 6 The role and contribution of the academic sector

There was a lot of discussion about the opportunity this created to work with the academic sector. The sector plays a key role in shaping the public health workforce for the future along with 'supporting knowledge into practice through research' and its role in providing continuous professional development programmes.

The role of the framework in 'empowering students' and enabling them to develop a potential public health skills set was noted as helpful.

There is clearly a role for developing further dialogue and engagement with the sector.

'I work in an academic setting so I aim to think about how students can evidence not only their skills but their knowledge underpinning the core functions and to be able to articulate this in their work settings.'



## 7 Multi-disciplinary workforce development

There was widespread consensus that the framework could help unite and define a public health workforce and make the individual and collective effort more 'tangible and explicit'.

'The framework can be used in a multi-disciplinary setting not only to explore competencies but also to build relationships across sectors and recognise various contributions to public health, especially those outwith the core workforce.'

To support this integration, however, requires a dialogue across the sectors.

CathD (@cathdenholm) tweeted at 0:01 pm on Thursday 16 March 2017:  
'We need public health experts in many things, but not in silos.'  
Claire Cotter @PHE\_uk #PHSKF @NHS\_HS\_LANDI #publichealth

'The 3rd sector has parallel networks for public health. We need to join forces.' Andrew Fraser @NHS\_HS\_LANDI @NHS\_HS #publichealth

## 8 Leadership at all levels

There was significant discussion throughout the day around the importance of leadership at all levels required to progress the implementation of the framework.

The framework was seen as an important tool to support the public health workforce conversation moving forward, at national and local level. There was potential opportunity noted to explore the concept of 'workforce champions' (frequently mentioned throughout the day) as a way of building momentum across Scotland.

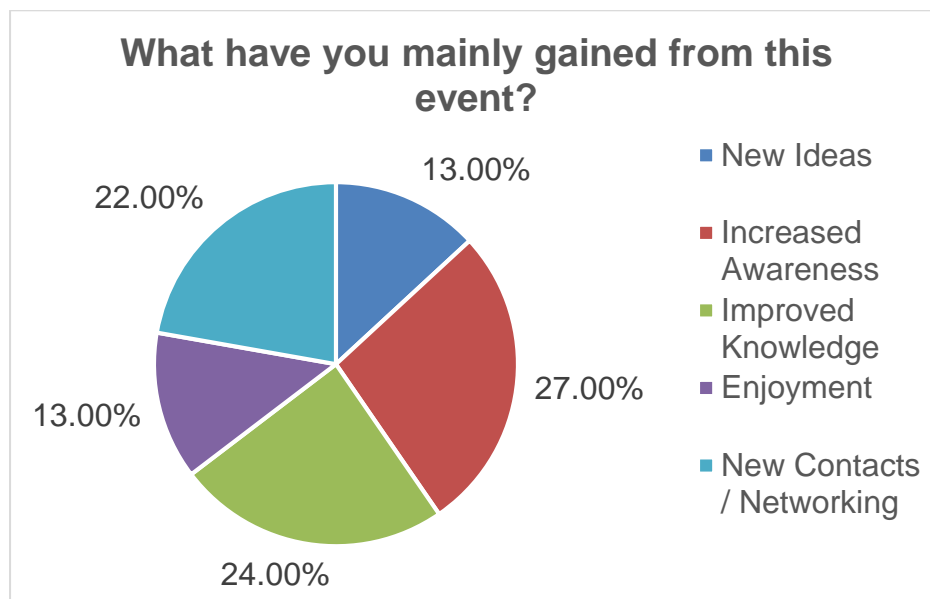
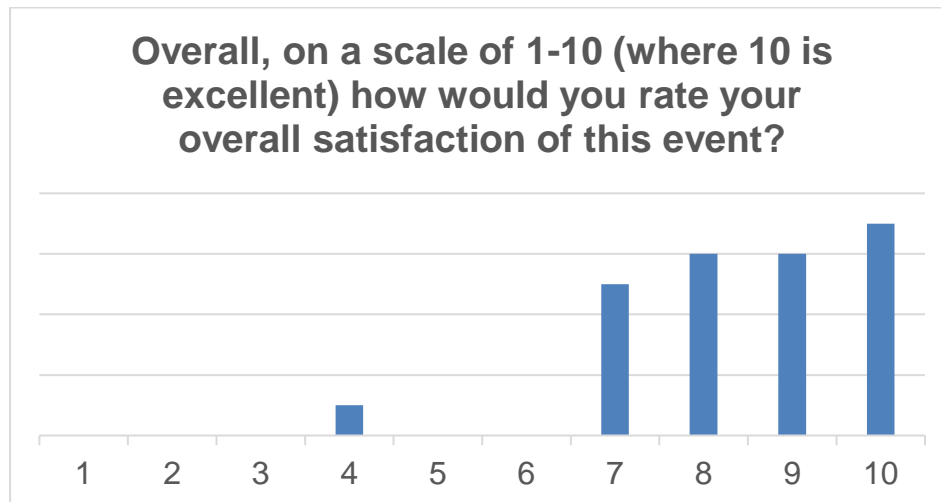
The need for leadership and ownership of the Framework both nationally and locally, was recognised.

The Scottish Public Health Workforce Development Group continues to play a key role in facilitating the discussion with other stakeholders across Scotland to support the ongoing implementation of the framework.

We provide leadership and engage our workforce in this framework agenda @NHSGGC @GCHSCP @NHS\_HS

## Appendix 1: Event evaluation

The participants were sent a series of evaluation questions post event via 'lime survey'. Quantitative data on overall satisfaction and rating of what they felt they had gained from the event is shown below:



Participants were also asked what were the key take-away messages regarding their own learning and practice, how they would apply these to their work and what they would need to support them in using the framework.

Replies acknowledged the value of the day, that it had kick-started their thinking about how they would implement the framework – for example looking at their workforce plan, succession issues and at Personal development plans (PDPs). Some wanted opportunities to test out and were curious about how it would work for the wider workforce. Others said they would begin to look at it in the recruitment

process. What participants identified as helpful to implementation included national direction and common resources, community champions and a continuing part in the dialogue and development of the framework. Others identified access to small pockets of funding to be able to organise self-assessment sessions, more case studies and information on how other people had begun to use the framework.

## Appendix 2: Additional resources

The Public Health Knowledge and Skills Framework and User Guide

[www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf](http://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf)

PHSKF Scotland Launch Event Live Webcast

[www.healthscotland.scot/events/2017/march/public-health-skills-and-knowledge-framework-launch-event](http://www.healthscotland.scot/events/2017/march/public-health-skills-and-knowledge-framework-launch-event)

Public Health Ethics in Practice

[www.gov.uk/government/publications/public-health-ethics-in-practice](http://www.gov.uk/government/publications/public-health-ethics-in-practice)

A report of the context, sessions and discussions that took place at the public health knowledge and skills framework event on 16 March 2017. This report also contains emerging themes to consider and an event evaluation.