Public Health England

Protecting and improving the nation's health

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

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Executive summary

This report provides the context for the most recent iteration of the Public Health Skills and Knowledge Framework (PHSKF). Following a consultation exercise with the UK-wide workforce (reported here[1]), the Framework has been simplified and re-designed to reflect the full range of functions and activities carried out by people who work towards the delivery of public health outcomes in the UK. The revised Framework was released for final consultation via the GOV.UK website on 10 August 2016 here[2] and the final version will be launched at an event on 15 November 2016.

Revisions to the Framework have been carried out in parallel with other work impacting on workforce development for public health across the home nations. For this report, **each of the four UK nations has described the prevailing context for public health practice in their regions** (see pages 6-9), and our gratitude is extended to the agencies providing these contributions. Also presented in this report, and previously un-published, is the full mapping of **National Occupational Standards** to the sub-functions of the revised Framework, carried out by Skills for Health (see pages 32-50).

This report also documents **progress to date** to inform: individuals and employers who continue to engage with this programme of work; the lead agencies and officers who provide advice and governance; partners and suppliers who are contributing to the ongoing development of resources and tools for implementation; and for the commissioning Department of Health. To this end, the report provides: a brief description of the activities that have been carried out since the start of the review (pages 11-14); the methodology and outcomes of a UK-wide consultation on the revised version of the Framework that was completed earlier this year (pages 15-21); and the plans for onward implementation and delivery to the system (page 23-24).

'Next Steps' for the Framework are outlined on page 23, including exploratory work underway to determine the feasibility of **developing an interactive digital platform** ('skills passport') as the main tool for delivering the Framework to the public health system. Recommendations for action are offered (pages 24-26) including a strong emphasis on the need to **clarify sustainable governance arrangements, ownership and funding** for the mid to long term, to ensure that the Framework is managed as a relevant and meaningful asset for workforce and career planning. The continued **development of a package of tools and resources** is also recommended, such as case studies and example role templates, to illustrate how the Framework can be applied by individuals and employers, and this will require **sustained and effective engagement of employing organisations, education and training providers and partner agencies**. Finally, the implementation of the Framework should be supported by a clear **communications plan**.

Context – planning the future workforce

Rapid and ongoing changes in the configuration and delivery of public services across the UK are placing new demands on the public sector workforce, including those in health and social care. For example:

- **Capability:** there is a move away from traditional roles in the health and care system, requiring employers to be more creative, developing new 'blended' roles with new combinations of skills and expertise, tailored to the needs of local communities and service delivery systems, involving the re-training or re-purposing of the existing workforce (eg: see King's Fund report 2013[3] and the UKCES report 2015[4] on the health and social care workforce)

- **Capacity:** there is a need to engage a wider network of workers to achieve change at scale, and these workers need to be supported in recognising the contributions they make to the public's health, and in developing their skills and expertise to support the public health agenda safely and effectively (eg: see 'the wider workforce'[5] report). There is also an expected growth in parts of the public sector post 2019 and, particularly, in professional and associated professional and technical groups (see UKCES report. UK labour market projections 2014-2024[6])

- **Competence:** there are new and developing areas of skills and expertise required to improve health outcomes eg: precision medicine[7]; public health economics, looking at return on investment and the sharing of costs and benefits; leadership of increasingly broad, fluid, complex or devolved systems; the ethical prioritisation of work against increasingly pressurised resources; public health research[8]; and the effective and sustainable engagement and empowerment of a diverse range of communities through multiple approaches.

A number of processes have taken place across the UK in recent years affecting the positioning of public health workforces. This has involved both new legislation and policy framing the opportunities for public health activity; and the reconfiguration of public service organisations, shifting power and resources, and defining new intersectoral landscapes for the workforce to navigate.

The next four pages present contributions from the leading public health agencies in England, Scotland, Wales and Northern Ireland describing the key issues for their countries.

Themes from the Workforce Review 2015/16 (England)

During 2015/16 the Department of Health commissioned Public Health England (PHE) to carry out a thematic review of workforce requirements for the next five years. This exercise was carried out in parallel with a similar exercise, commissioned from the Centre for Workforce Intelligence[9], that scanned the 20 year horizon to anticipate the workforce needs of the longer term future.

The review set out to answer the following key questions, through a literature review, key informant interviews and a series of workshops across England's regions:

- what would good public health work look like in five years' time and beyond?
- what are the drivers that will influence the way the workforce will need to develop?
- what does this mean in terms of the future composition of the workforce, and the skills and capabilities needed?
- how should the public health system respond nationally and locally to prepare a workforce that is fit for the future?

Through this broad base of consultative engagement, consensus emerged around the evident and perceived challenges that lay ahead, and the changes needed to develop a workforce that will be 'fit for purpose'. The PHE review report, 'Fit for the Future: people in public health'[10] identifies five themes around which to focus a system response, all equally important. Measures to develop the workforce in England will need to:

- create an attractive career
- develop a stronger social movement for health
- build skills for the 21st century
- strengthen strategic and system leadership
- ensure resilience, flexibility and mobility in the system

Since the Health and Social Care Act in 2012, England has produced a public health workforce strategy,[11] published in 2013 by the Department of Health, Public Health England, and the Local Government Association, which to some extent resonates with these five themes. The thematic review has provided an opportunity to reflect on the existing plans, and to refine how they should be developed and focused for the future. The recommendations from the 'Fit for the Future' report will form the foundation for a further five year public health workforce strategy to 2021.

A key ambition under 'creating an attractive career' is to enable the development of portfolio careers in public health, supported by a skills and knowledge framework with a 'digital passport', to be embedded and used as a point of reference by employers and key organisations. The delivery of a modernised Public Health Skills and Knowledge Framework therefore continues to be a key strategic intention.

Public Health England

Outcomes of the Public Health Review (Scotland)

The Public Health Review for Scotland[12] endorsed a strategic approach to developing the workforce. It emphasised that such a strategy should encompass a number of key factors including: public health leadership; a progressive, integrated and cohesive approach to workforce education across sectors; and the need to support and further build on the existing capability and capacity of the specialist, practitioner and wider public health workforce. The need for a competent and confident workforce is integral to delivering the ambition of the country for better health.

The Scottish Public Health Workforce Development Group (SPHWDG) has committed to shape a strategy for the public health workforce in response to the Review report. The group will carry out the following specific actions, as set out in the Review and in step with developments across the UK to develop the core and wider public health workforce in a context of rapid public services change in Scotland:

- work to support the Leadership and Succession Planning group which is currently drawing up relevant actions in this area
- seek to establish a support scheme for those from diverse backgrounds seeking specialist registration through the UKPHR portfolio route, until there is a decision across the UK on the future regulation of this part of the workforce
- consult in 2016-17 on the desire and scope for a practitioner registration scheme in Scotland, covering a range of disciplines
- explore routes for career progression and development that recognise the diverse professional (or practice) background of recruits (in science and social science as well as clinical disciplines), and both the generic skills and the diverse challenges of people who will deliver a better public health service
- scope out and define the wider workforce in Scotland as set out in the Review, taking account of developments across the UK
- engage with employers to ascertain their perspectives on delivery of the ambitions of the report in relation to the specialist, practitioner and wider public health workforce
- work closely with UK colleagues to affirm the skills framework, clarify the regulatory framework, study and apply appropriately elements of workforce strategy through work currently led by Public Health England; and
- consult on future leadership of workforce development in Scotland, recognising the various sectors, stakeholders and future expectations to build a movement that protects and improves public health in Scotland in the most efficient and effective way

These actions support much of the regulatory, skills and training framework, work that has also been agreed through the People in UK Public Health Group, a UK partnership that offers an opportunity for a cohesive regulatory and development approach across the four nations.

Dr Andrew Fraser,
Director of Public Health Science
Chair of the Scottish Public Health Workforce Development Group

Current developments in Wales

In Wales, we have made great strides in improving the health of the population. However, we still face significant challenges in: how we reduce the poverty and health inequalities that exist in some parts of Wales; how to give every child the best start in life; how to better support our growing older population to stay healthy and independent for as long as possible; how to prevent and manage chronic conditions; and how to prepare ourselves and manage new epidemics and global threats to our security.

This is also set within an environment of fiscal and economic challenges that require us to shift, even more so, to a more informed and targeted approach to investment in what will have the maximum impact to improve health and well-being and enable health, wealth and growth to thrive in Wales. This approach must also address the root causes of ill health and inequalities and lead to better mental, physical and social well-being together with enhancing resilience, employment and growth.

With a population of three million, we are fortunate to have a favourable legislative and policy context to progress the types of behaviour change that we need. The ground-breaking Well-being of Future Generations (Wales) Act 2015[13], presents key opportunities to work differently – across sectors and with communities - to address the increasing health, social and economic challenges in a more effective and sustainable way that requires public services to share assets and to galvanise their focus on well-being.

All of these drivers require us to ensure that we have a modern-day, fit-for-purpose 'public health' workforce that incorporates specialist public health, the broad range of public, private and voluntary sector staff who interact with people every day and, of course, the public as champions and peer leaders in their own right. How we exploit digital engagement methods, the 'internet of things' (IoT) and new technologies, to transform how we engage with and protect the public will bring with them new skills and development needs for our workforce.

With our partners, we are currently developing a ten-year public health workforce strategy for Wales that focuses on the societal developments, challenges and opportunities over that time together with improved approaches in managing our:

- scarce skills and recruitment hotspots
- talent management, succession planning and leadership development
- technical skill requirements and planning that align with changing and emerging technologies
- increasing requirements for effective behavioural and relationship skills within a public sector context of collaborative partnerships and stakeholder management being a core skill and expertise
- better utilisation and development of 'public health' champions across all sectors and society

A key enabler for us to deliver on this commitment is the UK Public Health Skills and Knowledge Framework which comes at an excellent time to help inform the developments happening in public health in Wales. I am therefore delighted to offer our wholehearted support to the Framework and would like to thank everyone involved for progressing this as a UK-wide piece of work.

Dr Tracey Cooper,
Chief Executive, Public Health Wales

Current developments in Northern Ireland

Strategic context

While life expectancy in Northern Ireland is broadly similar to that in the rest of the UK, 'healthy life expectancy' is considerably below that of England, Scotland and Wales. Many studies show that health is affected to a greater extent by economic, social and environmental factors than by health behaviours or health and social care services.

Since its establishment in 2009, the Public Health Agency (PHA) has continued to take a cross-sectoral, partnership approach to improving and protecting health and well-being, reducing health inequalities and improving the quality and safety of care services within Northern Ireland.

The PHA has a lead role in the implementation of Making Life Better, 2013-2023[14], Northern Ireland's ten year strategic framework for public health. The Framework focuses on working collaboratively, in a coherent way, across government departments and sectors, with individuals, communities and partner organisations, to address the wide range of issues which affect health and wellbeing and inequalities in health. The PHA also has a key role in ensuring the achievement of relevant targets identified in Northern Ireland's new draft Programme for Government Framework 2016-21[15].

The draft PfG Framework contains 14 strategic outcomes which, taken together, set a clear direction of travel and enable continuous improvement on the essential components of societal wellbeing. They touch on every aspect of government, including the attainment of good health and education, economic success and confident and peaceful communities.

Supporting the development of core public health skills in PHA

Staff in the PHA provide public health leadership and specialist services to populations, communities and clinicians across a range of voluntary, community and statutory organisations in Northern Ireland. These services include health improvement (e.g. identifying and addressing health inequalities), health protection (eg preventing and responding to outbreaks of infectious diseases), service development (e.g. commissioning cost-effective health services, improving service quality and patient safety) and population screening (eg coordinating and quality assuring the breast, bowel and cervical cancer screening programmes).

The PHA's Agency Management Team has recently approved the aim of implementing a coherent, overall strategic approach to develop and maintain generic public health skills and knowledge within the PHA workforce. A key requirement is that the approach is relevant to staff within all PHA directorates as core public health skills are valuable to those in Nursing, Allied Health Professions, Health Intelligence, Connected Health, Communication and Administration, as well as Public Health.

It is envisaged that this will be taken forward in the context of the new Public Health Skills and Knowledge Framework (PHSKF). Recently revised, under the auspices of the People in UK Public Health Group, the new PHSKF will be relevant to a wide range of staff across the PHA, along with other related strategies and frameworks.

Public Health Agency for Northern Ireland

Aligning workforce strategies across the UK

All four home nations are currently developing their strategies for workforce development, and the progress of these plans, and their implementation, will be shared through the People in UK Public Health (PIUKPH) group to establish agreement and collaboration on areas of common interest and priority, when and where appropriate. These could, as examples, include:

- initiatives to facilitate mobility of the workforce between roles, employing organisations and across the UK nations (this could include an interactive digital Framework modelled around a 'skills passport')
- initiatives to build capacity in the system through the recognition, engagement and development of the wider workforce, and the development of the prevention agenda and skills development in pre-registration and in-service training across the health and care system
- measures to clarify access points into public health as a career and the support and development that will assist both 'portfolio' pathways and more formalised routes
- measures to provide equitable, consistent and proportionate systems of quality assurance and the setting and regulation of standards for the workforce
- the strengthening of sustainable systems for succession planning and leadership development
- the development of education and training programmes to develop new skill sets and to build new areas of expertise
- methods to quantify and track the size and distribution of the core workforce to assist with workforce planning

Overview of work completed since initiation of the PHSKF review in July 2014

Workforce consultation February/March 2015

The 2015/16 review of the Framework commenced with a 'listening exercise' that engaged the UK-wide workforce through regional workshops across the home nations, and an online survey. The outcomes of this consultation were reported in July 2015 (full report[1] available on the GOV.UK website).

Evaluation of a skills passport 'proof-of-concept' exercise February/March 2015

During February and March 2015 a 'proof of concept' exercise was carried out to test the suitability of the original Framework (2008/revised 2013[16]) for use as an interactive online tool ('skills passport'), and to explore the types of functions that public health workers would find useful. This trial, involving 100 users (based in PHE, local authorities and the NHS in England), was evaluated by an external agency. The key findings of that evaluation were that:

- users found the content of the original PHSKF, as the basis for self-assessment, problematic, suggesting that the Framework in its original form may not be suited to being used in this way
- users were not particularly receptive to a digital interface that required significant amounts of time to engage with it, eg: self-assessing against the levels of the original framework. This impacted on the retention of users to the end of the trial
- users showed a preference for functions that helped them to identify gaps and to track and demonstrate development
- an e-portfolio style interface with the Framework was not easy to use
- users observed that the utility of an interactive tool is contingent on it being 'embedded' in the system and embraced by employers
- there was consensus that any digital platform developed should be 'user-led' rather than 'employer-led'

Re-write of the Framework July to December 2015

Responding to the findings of the consultation and the 'skills passport' trial, the Framework was restructured based around public health functions (on the premise that 'form follows function'), expressed through 70 single statements organised across 13 over-arching functional areas representing the range of skill sets used in public health work (see supporting documents).

The re-write of the Framework was informed by the learning outcomes of the revised Faculty Public Health Specialty Training Curriculum[17] (2015); Defined Specialist 'Know Hows' and 'Show Hows'[18] (2006); Practitioner Standards for UKPHR registration[19] (2010/11); the drafting of standards for the accreditation of advanced practitioners[20] being developed and piloted by Public Health Wales (2015); National Occupational Standards for Public Health[21] (2007) working with the skills council Skills for Health. The process was also conducted with regular read-back to the content of the original Framework (2008/2013), and earlier work such as the standards of proficiency for specialist public health nurses[22] (2004).

Contribution was also secured from lead groups and individuals in specific areas eg: Institute of Health Equity,[23] PHE leads in research, healthcare public health, health economics, behavioural science, leadership; academics from universities (particularly around specific areas of context such as working collaboratively); and skills councils such as Skills for Care around competences related to commissioning for wellbeing.

All member organisations of the PHSKF/Skills Passport Steering Group also participated in the development of the Framework (see appendices, page 29).

A Framework with a single set of function descriptors

The most striking change from the original framework is the elimination of levels. Through consultation, the workforce clearly voiced the preference for fewer levels than the 9 in the original framework, that were based on the key elements of the Skills for Health career framework[24] (2006/2010). The lack of clear distinction between so many levels was identified as problematic during the skills passport 'proof of concept' exercise. The workforce also voiced concerns about the ease of confusing these 9 levels with NHS Agenda for Change pay bandings, risking misleading alignment between the Framework levels and pay and grading entitlements, also explained by NHS employers[25] on their website. Some workers suggested that no levels were necessary.

In the light of increasing recognition of matrix models of working in public health, with team members bringing different blends of skills to their roles, further attempts to define linear paths of career development, through a function-based framework, have not been made, as it is not clear how such pathways might be universally reflected in the workplace. The report 'Fit for the future: public health people[10]' (May 2016) refers to 'portfolio careers', and since the publication of the original Framework, other methods of recognising competence at different levels of the workforce have been developed and are building traction across the workforce and with employers, eg: assessment and registration of public health practitioners against nationally agreed standards. Similar portfolio-based routes to professional registration have also been long established for biomedical scientists, public health nutritionists, and environmental health practitioners.

Education and training programmes have also developed for specialised areas of public health activity, eg: the recently approved programme for field epidemiologists (FETP) being rolled out in England and Northern Ireland.

The Framework is now geared around functions – the delivery of which can vary according to scope and focus, so people can be acting out these functions in different settings at different levels. The aspects of a role that determine level of operation include extent of specialist expertise, but also autonomy, accountability, responsibility and sphere of influence, and these may need to be determined at service design level. Work is underway to develop role templates to demonstrate this (see page 24).

Finally, the original framework suggested that the wider workforce was based at levels 1-4 (lower/junior levels) of the Framework. The most recent working definition of the wider workforce (see Centre for Workforce Intelligence/RSPH report[5], July 2015), suggests that these workers could be functional at all levels throughout the system, wherever they have the *'opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work'*.

Consultation on the revised framework across UK December 2015/January 2016

A revised framework was made available to the UK-wide public health workforce, for consultation, during December 2015/January 2016. A PHE Select Survey was designed to capture immediate reactions to the re-design which was made accessible via a narrated slide deck on YouTube, and a web-stored pdf of the slide deck. Additional, or more comprehensive comments were invited through the programme email address sp-phskf@phe.gov.uk. The outcomes are explained in the next section (page 15).

Business analysis and user engagement to inform the business case to explore the development of an interactive digital platform (December 2015 to March 2016)

While the re-drafted framework was out for consultation, PHE met with independent business analysts, commissioned to review the outcomes of the e-portfolio skills passport 'proof of concept' and the accessibility of the revised framework. This would help to assess the feasibility of developing a digital platform ('skills passport'). By appraising the market and the technical requirements for product development, costed predictions were presented to the Steering Group in February 2016.

Further work was commissioned during March 2016, to gain better insight into the needs and potential appetite of users for a digital platform. User focus groups were held to find out:

- what their current attitudes are to managing and developing their careers with continuous professional development (CPD)

- whether people in public health would do this using a web-based tool
- how and when they might use it, and the functions they would need it to perform

Outcomes from the focus groups informed the development of a low-tech prototype tested through one-on-one interviews carried out both face-to-face and remotely. The interviews explored the priorities of users, and how they interact with a digital interface.

The outcomes from this work will inform ongoing business cases for further exploration of the suitability of a digital solution during 2016/2017. A list of the job roles of users engaged in this process can be found on page 30 in the appendices.

In April 2016, PHE successfully secured approval from the Government Digital Service to proceed with the first phase of asset development for a digital service (see page 24).

Testing of the profiling function of the Framework with different groups in the core/wider workforce January 2016 – ongoing

The design of the new framework is such that it is unlikely that any one public health worker will demonstrate it in its entirety. Different workers will be able to demonstrate different combinations of the functions described at any given time. The Framework therefore provides a 'menu' of functions. Those in the wider workforce might identify with fewer of the descriptors, while highly specialised public health workers will identify with a greater breadth of functions and, in particular, those in the technical area.

To test the 'menu' analogy different groups of workers have been invited to map themselves against the Framework. Examples, or 'worker profiles' are shown in the User Guide available on the GOV.UK website, and include:

- a newly qualified environmental health officer (profile provided by Cardiff Metropolitan University)
- a health trainer (provided by Wiltshire Council Health Trainer Service)
- a health protection nurse consultant (presented to PHE PH nurse consultants group)
- an advanced dietitian (provided by the British Dietetic Association)
- a speech and language therapist (provided by the Royal College of Speech and Language Therapists)
- a physiotherapist (provided by the Chartered Institute of Physiotherapists)

It is envisaged that these and other profiles will inform the further development of role templates to support user interaction with the Framework. PHE will work with Skills for Health, the Local Government Association, and the HEE Health Careers website team to establish a consistent approach.

Outcomes of a consultation via an online survey December 2015 to January 2016

An online survey was made available, accompanied by a slide deck presenting the suggested content of a revised framework. The revised framework was developed in PowerPoint format, to keep it simple and visual, mindful of its potential availability as an interactive digital platform. The slide deck was accessible to the UK-wide core and wider workforce in two formats: i) a video, with narration, accessed through YouTube, and ii) a pdf via google.docs.

The Select Survey was launched on 15 December 2015 and closed (following an extended deadline) on 31 January 2016. It was publicised through Steering Group member organisations across the four home nations, through PHE internal communications, and during workshops across England being held as part of the national workforce thematic review.

Reach and uptake

Key metrics relating to the reach of the survey and the responses are given in the table on page 31 in the appendices. The survey initially received 5,544 hits which converted into responses reaching 824 at best. To date (September 2016), the YouTube video has received 662 views.

The highest number of responses were from the core/professional workforce (practitioners, specialists, consultants), and people based in local authorities, those in England, followed by workers in Scotland. Of 718 respondents 75% were previously aware of the original PHSKF, though fewer (44%) had used or applied it, reflecting the findings from a similar inquiry in the first consultation. The vast majority (92%) had not attended the consultation workshops held in the Spring of 2015, and so new audiences were reached through this second round of consultation.

Overall response

Simple 'yes/no' questions around the new framework were presented through the survey. Respondents were encouraged to communicate with the programme office with broader comments, which many did. From the questions posed through the survey, in response to the video or slide deck, the majority of those who responded to each question: liked the new Framework (67%); thought the Framework was better aligned to other levers in the system (89%); felt that everything required was included (68%); that

the Framework adequately described public health (89%); and thought they could use it to profile their own role (69%).

There was general consensus that the Framework could be used to: identify training needs; inform appraisals and PDP's; inform job design/descriptions; develop team profiles; and to conduct skills audits.

Other responses to the revised framework

Several groups sent general comments and fuller responses via email or separate documents including a university, a fire-and-rescue service, the King's Fund, LGB&T Foundation, HEE Health Careers team (previously PHORCaST). Further responses were received through professional networks, eg: local health intelligence networks and a healthcare public health network.

There remain tensions between providing a framework that is easily accessible to the wider workforce or a lay audience, while providing sufficient focus and detail to describe a highly specialised workforce, eg: health protection consultants; healthcare public health specialists; public health scientists; behavioural scientists. Some highly specialised professionals expressed a preference for their specific areas of expertise to have a higher profile in the Framework, while others saw the merits of the Framework being written for more universal application. Ongoing testing of the Framework is therefore imperative if the relevance and utility of the generic descriptors is to be successfully demonstrated to all groups through sample role profiles and case studies.

The mapping against all relevant National Occupational Standards, commissioned from the skills council Skills for Health, provides greater detail around the skills, knowledge, understanding and performance criteria that unpin the sub-functions within the Framework (see page 32). Detailed comments received from all quarters have been collated to inform ongoing refinement of the descriptors, whilst remaining faithful to the agreed principles guiding the Framework's development (see User Guide).

Positive comments received through the online survey

'Nice clear hierarchies and domains – logical clusters, I can see different roles within it.'
Regional Lead for Quality, PHE, England

'It seems clearer, easier to digest and up-to-date, eg: including project management skills/competences'.
Care Navigator, Voluntary Sector, England

'In principle many of the domains/functions have synergies with work being undertaken locally'.
HR Business Partner, Local Authority, England

'I think it has simplified the process'.
Governance Manager, Public Health Agency, Northern Ireland

'It appears to be a more realistic representation of public health practice and recognises the broader range of roles and tasks being undertaken'.
Health Promotion Lead, Mental Health Foundation Trust, England

'I am able to see myself in this framework'.
Information Business Analyst, NHS Scotland

'It clearly lays out the different aspects of public health work. I could easily select things from the menu to fit my own job role. I particularly like the self, others, change etc in the C1 section'.
Emerging infections scientist, PHE, England

'Whilst it is complex, the idea of applying this to one's own development and role is very clear. It will be a useful tool for public health professionals to examine their own areas of impact and to identify gaps or further work areas'.
Associate Principal Lecturer, Higher Education Institution, England

'I understand its purpose much better now'.
Research and Development Worker, Public Health Agency, Northern Ireland

'I like the way the skills and competences are integrated across different domains that reflect the way people work (rather than, for example, the structure of public health training curricula)'.
Information analyst, Public Health Wales

'First impression is that it is relatively straightforward to understand, and likely to be relevant to staff working in a wide range of roles'.
Consultant in Public Health Medicine, PHE, England

'Very clear, systematic and logical'.
Head of Strategy, Planning and Health Improvement, NHS Scotland

'It is much more simplified than the previous Framework and I think people will be able to relate it more easily to their own roles'.
Professional Development Manager, Public Health Wales

'The structure is clear and covers the different aspects of public health work. The menu-based approach makes sense in terms of the variety of public health roles'.
Public Health Intelligence Analyst, Local Authority, England

Reservations about some of the changes

'My reservations are around the language. I appreciate it is not easy but for those who are at level 1-4 for example, the language used may not be readily understood'.
Faculty Advisor, Health Education England

'It all seems rather full of jargon to me…..'
Health Improvement Specialist, Community Social Enterprise/CIC, England

Constructive suggestions to make it better

'Seems a logical approach; the language could I think be even more simplified'.
Public Health Specialist, Local Authority, England

'Has the language been checked with a lay person for any further refinement?'
Workforce Development Manager, PHE, England

A revised Framework

The revised Framework has been made available via the GOV.UK website. Two documents are accessible:

- the Framework with supporting glossary
- a User Guide [Draft] explaining the structure and guiding principles for the Framework's design, and providing examples of how the Framework could be used

These documents have been made available to facilitate wider engagement with key stakeholders, and to provide a central reference point for dialogue. Between August and November 2016, final amendments to the Framework will be made as a result of this process, leading to the launch of the 2016 edition at a national event on 15 November.

The main areas of the revised draft Framework, published in August 2016, are shown below (and might therefore be subject to change).

Overarching Function

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

Functions

AREA A - Technical Functions

Function	Descriptor
A1	**measure, monitor and report population health and wellbeing**; health risks, needs and inequalities; and use of services
A2	**promote population and community health and wellbeing,** addressing the wider determinants of health and health inequalities
A3	**protect the public** from environmental hazards, communicable disease, and other health risks, while addressing inequalities in risk exposure and outcomes
A4	**work to, and for, the evidence base**, conduct research, and provide informed advice
A5	**audit, evaluate and re-design services** and interventions to protect and improve health and reduce health inequalities

AREA B - Contextual Functions

Function	Descriptor
B1	work with, and through**, policies and strategies** to improve health outcomes and reduce health inequalities
B2	**work collaboratively across agencies and boundaries** to improve health and reduce health inequalities
B3	**work in a commissioning based culture** to improve health outcomes and reduce health inequalities
B4	**work within political and democratic systems** and with a wide range of organisational cultures to improve health and reduce health inequalities

AREA C - Delivery Functions

Function	Descriptor
C1	**provide leadership** to drive improvement in health outcomes and the reduction of health inequalities
C2	**communicate with others** to improve health outcomes and reduce health inequalities
C3	**design and manage programmes and projects** to improve health and reduce inequalities
C4	**prioritise and manage resources** at a population/systems level to achieve equitable health outcomes and return on investment

Beneath each of these Functions, A1-5, B1-4, and C1-4, are a further 70 sub-functions or function descriptors. The full Framework provides a further level where each sub-function is populated with the corresponding National Occupational Standards (NOS) (see appendices pages 32). The NOS mapping is also available as an Excel spreadsheet on request from sp-phskf@phe.gov.uk

Developing guidance on the ethical considerations for decision-making

During the early 'listening exercise' with the public health workforce, requests were made for the Framework to be supported by a clear reference to the ethical underpinnings of public health practice. Ethical guidance was not included in the original Framework, by design, as it was felt that this was addressed elsewhere in the system. When the proposed sections for the revised Framework were first presented in the consultation report July 2015, they included a section on behaviours, principles and

values. Advice from Skills for Health suggested that guidance around ethical practice should remain separate from the Framework structure, because it should be integral to all functions and actions demonstrated across the Framework.

Earlier this year, the Faculty of Public Health (FPH) produced a revised version of the Good Public Health Practice Framework (2016),[26] working in close partnership with the UK Public Health Register (UKPHR), providing guidance to the public health workforce on their personal conduct, irrespective of their professional registration or membership status. To complement the FPH document, PHE has commissioned the development of a 'frame of reference' paper for public health workers to support them in their understanding of ethical public health practice, and to signpost them to information sources that can help them. This work is a precursor to a wider work programme on ethics currently being undertaken at the Faculty of Public Health, which seeks to develop guidance on curriculum development around legal and ethical practice in public health. The work linked with the Framework will be reported at the launch event on 15 November.

Alignment with existing National Occupational Standards (NOS)

The sector skills council Skills for Health was commissioned to bring together all of the relevant national occupational standards (NOS) that relate to the disciplines and functions for public health activity, as described in the revised Framework. These are presented in full, in the appendices (see pages 32-50), and provide an additional level of granularity to the Framework to support its application at an individual worker level.

NOS describe the:

- skills
- knowledge
- understanding, and
- performance criteria

needed to undertake a particular task or job to a nationally recognised level of **competence**. They focus on what the person needs to be able to <u>do</u>, as well as what they must <u>know</u> and <u>understand</u> to work effectively. *(Definition supported by UK Commission for Employment and Skills)*

*'*Skills for Health were delighted to support Public Health England with the review of the Public Health Skills and Knowledge Framework. The continued use of National Occupational Standards to describe the competences ensures that these remain recognised UK wide and support transferability across a range of sectors. As the 2008 PHSKF was also mapped to NOS it also means that existing role profiles and job descriptions based on the NOS can be easily mapped to the new Framework if needed. We wish PHE and the public health workforce every success with the new Framework'

John Rogers, Chief Executive, Skills for Health

The NOS applied to the Framework have been drawn from NOS suites developed by a number of skills councils, including:

- Skills for Health (SFH)
- Skills for Care (SFC)
- Skills for Justice (SFJ)
- Skills CFA (council for administration)
- Joint Education and Training Standards (JETS)
- Proskills UK
- Learning and Skills Improvement Service (LSIS)
- Skills Third Sector (SFT)
- Skills for Care and Development (SCD)

All of the existing public health NOS have been placed in the Framework.

Next steps

The revised Framework was published via the GOV.UK website on 10 August as a 'soft launch'. Feedback is still being accepted through the sp-phskf@phe.gov.uk email address on this version of the Framework. To formally mark the transition from the original (2008) to the modernised Framework (2016), a **Launch event** has been arranged for 15 November 2016. This will take place in London, with associated presentations on the Framework at **national events in Wales, Scotland and Northern Ireland** between October and December 2016.

The next section makes recommendations for action, the focus of which now turns to the implementation of the Framework and the effective engagement of all stakeholders. A key priority for the Steering Group, with the oversight of the People in UK Public Health Group, is to resolve the issue around ownership and governance for the foreseeable future.

Plans for the development of an interactive digital service (or a digital 'skills passport')

We are investigating options for a digital 'skills passport' as the main delivery mechanism for the revised Framework. The digital platform will need to be developed in compliance with the Government Digital Service (GDS)[27] methodology, which requires the execution of several phases:

- Discovery
  To determine who the users are, what they need, the scope of the platform, what success will look like, and to challenge any assumptions
- Alpha
  To determine exactly how a web-based platform will actually work, where it could go wrong, test prototypes with users and collaborate with stakeholders so that they can contribute and 'buy in'
- Beta
  To test security and performance that will affect the finished product, and to define clear outcomes
- Live
  Providing a fully resilient service with built in continuous improvement

A fully functional platform will not be available until these phases have been completed. Each phase will inform the business case for the subsequent phase, and the necessary approvals from government departments will need to be sought and agreed to move through each stage. This work is scheduled to continue throughout 2016/2017.

Recommendations for full implementation of the Framework

Overall governance, ownership and funding

The review of the Framework and development work around the 'skills passport' has been funded by the Department of Health (England), following the Health and Social Care Act 2012 and the national public health workforce strategy stemming from it. One of the shortfalls of the original PHSKF, identified by the workforce in consultations, was that no single organisation had responsibility for the marketing and development of the Framework, and the full scope of its potential utility may not have been realised.

- **It is recommended that the revised Framework is delivered to the system with clear lines of accountability with regard to ownership, management, governance and funding**

Commissioning the design and testing of an interactive digital platform

- **It is recommended that efforts to explore the delivery of the Framework through an interactive digital platform are sustained, involving the various user groups across the UK**

A digital service would allow for the Framework to evolve and develop in response to changing requirements of the workforce; it to be accessible to anyone, anywhere via the internet; the platform to act as a single portal for 'market-neutral' links and information supporting public health workers, their employers, regulators and training providers; and the overall patterns of use to be analysed by system administrators to inform the planning of learning and development opportunities.

Development of role templates

User engagement and activity carried out so far to 'test' the revised Framework suggest that users seek examples of how the Framework can be applied, including how to produce a personal profile, and more importantly, how to recognise gaps in their skills sets if they aspire to work in a particular role or position.

- **It is recommended that indicative role profiles or role templates are developed using the revised Framework, building on the work of Skills for Health, HEE and the Health Careers website who already have example roles and**

templates, and the Local Government Association who wish to develop templates for public health roles in local government

Employer engagement

It has been observed by the workforce from several quarters, and via several methods of engagement, that the success of the Framework and the digital platform is incumbent upon whether they are both recognised and embraced by employers. While individual users could access an interactive web-based Framework for their own purposes, the value of what individuals might be able to achieve through the digital platform will be limited if it has no currency or traction with their peers, teams, line managers, or prospective employers.

- **It is recommended that the Discovery work procured for the digital platform identifies employers as a key group of users, as well as individual workers, and explores and articulates their requirements**

Engagement of education and training providers

During the early consultation process, the academic sector was seen to be a key group of users with regard to the original Framework. The Framework can continue to be a benchmark for education and training providers developing or reviewing curricula for a range of programmes designed for the health and social care workforce.

- **It is recommended that the Discovery work procured for the digital platform identifies academic institutions and other training providers as a key group of users, as well as individual workers, and explores and articulates their requirements**

Case studies for a range of applications

Work with a range of agencies and individuals so far suggests that the Framework could support a number of activities related to service delivery and workforce development:

- individual profiling
- developing job descriptions (see role templates above)
- conducting team/department audits
- designing learning curricula at all levels
- planning public health workforce/systems
- the referencing of public health 'credentials' by provider organisations tendering for commissions to deliver public health services, programmes and interventions

Examples of some of these can already be found in the [Draft] User Guide that accompanies the revised Framework on the GOV.UK website here.

- **It is recommended that the final published version of the Framework is supported with resources that demonstrate these applications through case studies from various regions, sectors and agencies**

Organisational endorsement

The original Framework was published with almost 50 endorsements from supporting individuals and organisations. Many of these were Royal Colleges, Faculties, and regulatory bodies, many of which reflected professional groups in the NHS. While these remain relevant to public health endeavours, the move of public health teams to local authorities in England; the increasing shifts towards devolution and emphasis on community planning; and the expanding market place for both the commissioning and delivery of public health activity; suggest that a wider range of organisations will be engaged in the application of the Framework. These would include those groups based in local government organisations who influence the wider determinants of health (eg: workers engaged in trading standards, town/spatial planning, leisure and recreation, transport, housing), and those in the voluntary and community interest sectors.

- **It is recommended that additional agencies and professional organisations, representing a wider reach of workers contributing to public health outcomes, are invited to engage with, and support the revised Framework**

Communications, marketing and dissemination

The Framework and its applications will need to be promoted to individual public health workers, members of wider workforces, employers, training providers, professional bodies and regulators. Examples of how the Framework provides a national benchmark for a range of applications will need to continue to be developed to illustrate its value and demonstrate the full potential range of users. There will also need to be a clear signal when the revised Framework (2016) has superseded the original (2008/2013).

- **It is recommended that the revised Framework is formally launched, eg: through a national event to mark its replacement of the original. This could be supported by additional events in the devolved nations, and across the regions in England. A communications strategy should inform ongoing marketing and promotion of the Framework designed to reach the workforce, employers, training providers, professional bodies and regulators**

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Appendices

Public Health Skills and Knowledge Framework/Skills Passport Steering Group Membership (July 2015 to March 2016)

Organisation	Representative
Association Directors Public Health (ADPH)	Director Public Health, Hampshire
Higher Education Institution	Senior Lecturer, Public Health, Brighton University
Chartered Institute of Environmental Health (CIEH)	Head of Policy and Education
Department of Health, England (DH)	Public Health Workforce Policy/Legislation
Faculty Public Health (FPH)	Head of Professional Standards
GSI Scotland	Chief Medical Officer
Health Education England (HEE)	National Programme Lead, Public Health
Local Government Association (LGA)	Senior Advisor, Workforce Policy and Strategy
Public Health Wales (PHW)	Head of Professional and Organisational Development
Public Health Agency Northern Ireland (PHANI)	Health and Wellbeing Improvement Manager
Public Health England (PHE)	Head of National Workforce Development (Group CHAIR)
Public Health England	Programme Manager(s)
Public Health England	Head of Education, Workforce Development
Public Health England	Deputy Director Workforce, North of England Region (Regional representative)
Royal College Midwives (RCM)	Director for Midwifery
Royal College Nursing (RCN)	Professional Lead for Public Health Nursing
Royal Society for Public Health (RSPH)	Education and Development Director
UK Health Forum	Director, Research and Information Services
UK Public Health Register (UKPHR)	Executive Director

PHE internal departments	Representative
Procurement	Digital Procurement Specialist
Digital	Technical Architect
Communications	Communications/PR Officer

People in UK Public Health Group
Association of Directors Public Health (ADPH), Chartered Institute of Environmental Health (CIEH), Department of Health (England), Department of Health, Social Services and Public Safety (Northern Ireland), Director of CPPH Durham University, Faculty Public Health (FPH), Greater Manchester Fire Service, Health Education England (HEE), Institute of Health Equity (IHE), Local Government Association (LGA), Public Health England (PHE), Public Health Wales (PHW), Royal College Nursing (RCN), Royal Society Public Health (RSPH), Scottish Departrment of Health, UK Public Health Register (UKPHR)

Roles of users engaged in focus groups and proto-type appraisal interviews for the skills passport (March to April 2016)

User research method	Roles of those involved
Focus Groups	Technical Services Manager, National Infection Service
	Freelance Public Health Specialist
	Public Health Strategist
	Project Officer, Healthy Living Centre
	Senior Health Improvement Specialist
	Public Health Programme Manager
	Workforce Development Specialist
	Information Officer, Health Protection
	Project Manager, Healthier Children-Healthier Place
Interviews (face-to-face)	Sexual Health Facilitator
	Deputy Head of Epidemiology and Surveillance
	TB Programme Manager
	Clinical Scientist
	Scientist
Interviews (remote)	Public Health Workforce Development Manager
	Public Health Commissioning Manager
	Health Improvement Nutritional Assistance
	Public Health Wider Workforce Lead
	Environmental Public Health Scientist

Q	Question	Options	No.	%	Total resp
**DATA FROM THE WORKFORCE SURVEY ON REVISED PHSKF**					
Visits to online survey: 5,544 (01/02/15)					
Highest Q response: 824 Lowest Q response: 188					
1	What part of UK	England	642	78	
		Scotland	102	12	
		Wales	43	5	
		Northern Ireland	25	3	
		Other	5	1	824
2	Which organisation	Local Authority	326	41	
		PHE	185	23	
		NHS Scotland	74	9	
		University/HEI	32	4	
		PH Wales	29	4	
		PH Agency NI	24	3	
		NHS England	12	1	
		NHS Community Trust	12	1	
		Social enterprise/CIC	12	1	
		Health Education Eng	11	1	
		CCG	1	0	
		Other	84	10	801
3	What level	Practitioner/Ad Prac	271	37	
		Consultant/Specialist/DD	152	21	
		Ass Prac/Technical/HT	73	10	
		Support/Admin	69	9	
		Director/DPH	26	4	
		Other	146	20	737
5	Aware of existing PHSKF 2008	**Yes**	**536**	**75**	
		No	178	25	718
6	Applied/used the PHSKF	Yes	317	44	
		No	**396**	**55**	718
7	Attended event 2015	**No**	**648**	**92**	
		Yes	57	9	705
**Respondents required to watch the video/visit the pdf at this point**					
8	Like the new FW	**Yes**	**282**	**67**	
		No	50	12	424
10	Better aligned	**Yes**	**249**	**89**	
		No	59	19	312
11	Anything missing?	**No, includes everything**	**207**	**68**	
		Yes	94	31	305
12	FW adequately describes the domains?	**Overall, Yes**	**167**	**89**	
		Overall, No	21	11	188
14	Could you profile your own role?	**Yes**	**183**	**69**	
		No	35	13	
		Other	53	20	265

National Occupational Standards

AREA A: TECHNICAL	
FUNCTION A1	Measure, monitor, and report population health and well-being; health needs; risks; inequalities; and use of services
SUB-FUNCTION	**NATIONAL OCCUPATIONAL STANDARDS**
A1.1 Identify data needs and obtain, verify and organise that data/information	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP01.pdf** - Collecting data and information about health and well-being and/or stressors to health and wellbeing) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP02.pdf** - Form data and information about health and well-being and/or stressors to health and wellbeing for later analysis) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP03.pdf** - Obtain and link data and information about health and well-being and/or stressors to health and wellbeing) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP10.pdf** - Collect and link data and information about the health and well-being and related needs of a defined population) (**http://nos.ukces.org.uk/PublishedNos/CFABAD321.pdf** - Collate and organise data) (**http://nos.ukces.org.uk/PublishedNos/CFABAD323.pdf** - Research information) (**http://nos.ukces.org.uk/PublishedNos/SFHHP16.pdf** - Coordinate the gathering of field information to assess risks to health) (**http://nos.ukces.org.uk/PublishedNos/SFHHP5.pdf** - Gather specific information from individuals to contribute to assessing risks to health and well-being)
A1.2 Interpret and present data and information	(**http://nos.ukces.org.uk/PublishedNos/SFHPHS02.pdf** - Manage, analyse, interpret and communicate information, knowledge and statistics about needs and outcomes of health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP11.pdf** - Analyse and interpret data and information about the health and well-being and related needs of a defined population) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS01.pdf** - Manage, analyse, interpret and communicate information, knowledge and statistics about health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFABAD322.pdf** - Analyse and report data) (**http://nos.ukces.org.uk/PublishedNos/SFHHP2.pdf** - Collate, analyse and interpret surveillance data to assess risks to population health, well-being and safety) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP05.pdf** - Interpret data and information about health and well-being and/or stressors to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD10.pdf** - Interpret results of research and development activities)
A1.3 Manage data and information in compliance with policy and protocol	(**http://nos.ukces.org.uk/PublishedNos/SFHPHS01.pdf** - Manage, analyse, interpret and communicate information, knowledge and statistics about health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHI5.pdf** - Develop models for processing data and information in a health context) (**http://nos.ukces.org.uk/PublishedNos/CFABAD122.pdf** - Manage and

		evaluate information systems) (**http://nos.ukces.org.uk/PublishedNos/SFJHF14.pdf** - Plan, implement and manage systems for the exchange of sensitive information, data and intelligence)
	A1.4 Assess and manage risks associated with using and sharing data and information, data security and intellectual property	(**http://nos.ukces.org.uk/PublishedNos/SFHHI15.pdf** - Develop a specification for systems that meet the needs of staff, patients and the public for health information) (**http://nos.ukces.org.uk/PublishedNos/SFHHI6.pdf** - Identify and specify data and information requirements in a health context)
	A1.5 Collate and analyse data to produce intelligence that informs decision making, planning, implementation, performance monitoring and evaluation	(**http://nos.ukces.org.uk/PublishedNos/SFJOD3.pdf** - Maintain the security of data through own actions) (**http://nos.ukces.org.uk/PublishedNos/SFHHI7.pdf** - Collect and validate data and information in a health context)
	A1.6 Predict future data needs and develop data capture methods to obtain it	(**http://nos.ukces.org.uk/PublishedNos/SFHHI8.pdf** - Analyse data and information and present outputs in a health context) (**http://nos.ukces.org.uk/PublishedNos/CFABAD322.pdf** - Analyse and report data) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS01.pdf** - Manage, analyse, interpret and communicate information, knowledge and statistics about health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHP2.pdf** - Collate, analyse and interpret surveillance data to assess risks to population health, well-being and safety) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD9.pdf** - Collate and analyse data relating to research)
FUNCTION A2		Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities
SUB-FUNCTION		**NATIONAL OCCUPATIONAL STANDARDS**
	A2.1 Influence and strengthen community action by empowering communities through evidence based approaches	(**http://nos.ukces.org.uk/PublishedNos/SFHPHS17.pdf** - Empower communities to improve their own health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS16.pdf** - Involve communities as active partners in all aspects of improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP41.pdf** - Enable people to address issues related to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN119.pdf** - Act as a resource to groups, communities and organisations as they address their issues and concerns around health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHT1.pdf** - Make relationships with communities) (**http://nos.ukces.org.uk/PublishedNos/JETSCD14.pdf** - Promote and support effective relationships between communities and public bodies

	and other agencies) (**http://nos.ukces.org.uk/PublishedNos/JETSCD23.pdf** - Monitor and evaluate community development activities)
A2.2 Advocate public health principles and action to protect and improve health and well-being	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP47.pdf** - Advocate for the improvement of health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP46.pdf** - Create and capitalise upon opportunities to advocate the need for improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS18.pdf** - Enable communities to develop their capacity to advocate for health and well-being)
A2.3 Initiate and/or support action to create environments that facilitate and enable health and well-being for individuals, groups and communities	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP14.pdf** - Enable individuals, groups and communities to develop their knowledge and skills about promoting health and well-being) (**http://nos.ukces.org.uk/PublishedNos/JETSCD16.pdf** - Support collaborative and partnership work in communities)
A2.4 Design and/or implement universal programmes and interventions while responding proportionately to levels of need within the community	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP29.pdf** - Work in partnership with others to develop and agree priorities and targets)
A2.5 Design and/or implement sustainable and multi-faceted programmes, interventions or services to address complex problems	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP25.pdf** - Work in partnership with communities to evaluate policies, strategies, services, programmes and interventions to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS13.pdf** - Plan, implement, monitor and evaluate programmes, services and interventions to address health and well-being needs) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP28.pdf** - Work in partnership with others to plan, implement and review programmes and projects to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHP18.pdf** - Engage and work collaboratively with a range of people and agencies to protect and improve population health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS04.pdf** - Plan, implement, monitor and evaluate disease prevention and screening programmes to improve the population's health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS12.pdf** - Enable inequalities in health and well-being to be reduced through planning and targeting services and programmes) (**http://nos.ukces.org.uk/PublishedNos/SFHHP9.pdf** - Develop plans to provide immunisation as an intervention to protect the population's health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP18.pdf** - Work in partnership with others to contact, assess and support individuals in populations who are at risk from identified hazards to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP20.pdf** - Work in partnership with others to identify how to apply plans to protect the public's

	health and well-being from specific risks)
A2.6 Facilitate change (behavioural and/or cultural) in organisations, communities and/or individuals	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP38.pdf** - Monitor trends and developments in policies for their impact on health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFABAH111.pdf** - Support the monitoring and evaluation of trends and events that affect organisations) (**http://nos.ukces.org.uk/PublishedNos/CFABAH114.pdf** - Monitor and evaluate trends and events that affect organisations) (**http://nos.ukces.org.uk/PublishedNos/SFHHP12.pdf** - Guide and support organisations to change their practices to ensure they meet their statutory responsibilities, in order to prevent, reduce and control risks to health, well-being and safety) (**http://nos.ukces.org.uk/PublishedNos/SFHHP13.pdf** - Work in partnership with organisations to enable them improve their practices and environments in order to prevent, reduce and control risks to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP15.pdf** - Encourage behavioural change in people and agencies to promote health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP42.pdf** - Enable people to improve others' health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHT3.pdf** - Enable individuals to change their behaviour to improve their own health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHT2.pdf** - Communicate with individuals about promoting their health and well-being)
FUNCTION A3	Protect the public from environmental hazards, communicable disease, and other health risks, while addressing inequalities in risk exposure and outcomes
SUB-FUNCTION	**NATIONAL OCCUPATIONAL STANDARDS**
A3.1 Analyse and manage immediate and longer-term hazards and risks to health at an international, national and/or local level	(**http://nos.ukces.org.uk/PublishedNos/SFHHP18.pdf** - Engage and work collaboratively with a range of people and agencies to protect and improve population health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP17.pdf** - Work in partnership with others to prevent the onset of adverse effects on health and well-being in populations) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS06.pdf** - Assess risks to the population's health and well-being and apply this to practice) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP19.pdf** - Work in partnership with others to plan investigations to protect the public's health and well-being from specific risks) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP20.pdf** - Work in partnership with others to identify how to apply plans to protect the public's health and well-being from specific risks) (**http://nos.ukces.org.uk/PublishedNos/SFHHP1.pdf** - Identify hazards and assess risks to health, well-being and safety from information provided by individuals) (**http://nos.ukces.org.uk/PublishedNos/SFHHP3.pdf** - Monitor and analyse routine surveillance data to assess risks to health, well-being and safety) (**http://nos.ukces.org.uk/PublishedNos/SFHHP4.pdf** - Collect and validate surveillance data to monitor risks to population health, well-being and safety)

		(**http://nos.ukces.org.uk/PublishedNos/SFHHP11.pdf** - Gather information to identify people who may have been exposed to a hazard to health) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP18.pdf** - Work in partnership with others to contact, assess and support individuals in populations who are at risk from identified hazards to health and well-being)
	A3.2 Assess and manage outbreaks, incidents and single cases of contamination and communicable disease, locally and across boundaries	(**http://nos.ukces.org.uk/PublishedNos/PROHSP10.pdf** - Develop and implement health and safety emergency response systems and procedures) (**http://nos.ukces.org.uk/PublishedNos/SFHHP18.pdf** - Engage and work collaboratively with a range of people and agencies to protect and improve population health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP18.pdf** - Work in partnership with others to contact, assess and support individuals in populations who are at risk from identified hazards to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHP15.pdf** - Coordinate a team investigating and managing an incident or outbreak) (**http://nos.ukces.org.uk/PublishedNos/SFHHP17.pdf** - Contribute to implementing measures to manage an incident or outbreak) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP21.pdf** - Undertake own role in a partnership to protect the public's health and well-being from specific risks) (**http://nos.ukces.org.uk/PublishedNos/SFHHP11.pdf** - Gather information to identify people who may have been exposed to a hazard to health) (**http://nos.ukces.org.uk/PublishedNos/SFHEC25.pdf** - Decontaminate individuals affected by a chemical, biological, radiological or nuclear incident) (**http://nos.ukces.org.uk/PublishedNos/SFHHP1.pdf** - Identify hazards and assess risks to health, well-being and safety from information provided by individuals)
	A3.3 Target and implement nationwide interventions designed to off-set ill-health (eg: screening, immunisation)	(**http://nos.ukces.org.uk/PublishedNos/SFHHP18.pdf** - Engage and work collaboratively with a range of people and agencies to protect and improve population health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHCHS226.pdf** - Plan the implementation of screening programmes) (**http://nos.ukces.org.uk/PublishedNos/SFHCHS227.pdf** - Conduct health screening programmes) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP24.pdf** - Work in partnership with communities to implement policies, strategies, services, programmes and interventions to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS04.pdf** - Plan, implement, monitor and evaluate disease prevention and screening programmes to improve the population's health and well-being)
	A3.4 Plan for emergencies and develop national or local resilience to a range of potential threats	(**http://nos.ukces.org.uk/PublishedNos/SFJCCAB1.pdf** - Anticipate and assess the risk of emergencies) (**http://nos.ukces.org.uk/PublishedNos/SFJCCAF2.pdf** - Warn, inform and advise communities about emergencies) (**http://nos.ukces.org.uk/PublishedNos/SFJCCAC1.pdf** - Develop, maintain and evaluate emergency plans and arrangements) (**http://nos.ukces.org.uk/PublishedNos/SFJCCAF1.pdf** - Raise awareness of the risk, potential impact and arrangements in place for emergencies)

		(**http://nos.ukces.org.uk/PublishedNos/SFJCCAH2.pdf** - Manage community recovery from emergencies) (**http://nos.ukces.org.uk/PublishedNos/SFJCCAD1.pdf** - Develop, maintain and evaluate business continuity plans and arrangements) (**http://nos.ukces.org.uk/PublishedNos/SFJCCAE1.pdf** - Create exercises to practice or validate emergency or business continuity arrangements) (**http://nos.ukces.org.uk/PublishedNos/SFJCCAE2.pdf** - Direct and facilitate exercises to practice or validate emergency or business continuity arrangements) (**http://nos.ukces.org.uk/PublishedNos/SFJCCAE3.pdf** - Conduct debriefings after emergencies, exercises or other activities) (**http://nos.ukces.org.uk/PublishedNos/SFJCCAA3.pdf** - Manage information to support civil protection decision making) (**http://nos.ukces.org.uk/PublishedNos/PROHSP10.pdf** - Develop and implement health and safety emergency response systems and procedures) (**http://nos.ukces.org.uk/PublishedNos/SFHEC31.pdf** - Manage major emergency situations)
	A3.5 Mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures	(**http://nos.ukces.org.uk/PublishedNos/SFHHP6.pdf** - Communicate risks to health, well-being and safety to a range of individuals and advise how the risks can be prevented, reduced or controlled) (**http://nos.ukces.org.uk/PublishedNos/SFHHP12.pdf** - Guide and support organisations to change their practices to ensure they meet their statutory responsibilities, in order to prevent, reduce and control risks to health, well-being and safety) (**http://nos.ukces.org.uk/PublishedNos/SFHHP13.pdf** - Work in partnership with organisations to enable them improve their practices and environments in order to prevent, reduce and control risks to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP16.pdf** - Work in partnership with others to promote health and well-being and reduce risks within settings) (**http://nos.ukces.org.uk/PublishedNos/SFHHP8.pdf** - Develop materials for information and education for specific audiences to support their engagement and participation in health protection processes)
FUNCTION A4		Work to, and for, the evidence base, conduct research, and provide informed advice
	SUB-FUNCTION	**NATIONAL OCCUPATIONAL STANDARDS**
	A4.1 Access and appraise evidence gained through systematic methods and through engagement with the wider research community	(**http://nos.ukces.org.uk/PublishedNos/SFHPHS22.pdf** - Appraise, plan and manage research related to improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD10.pdf** - Interpret results of research and development activities) (**http://nos.ukces.org.uk/PublishedNos/SFHHI13.pdf** - Appraise information and knowledge resources in a health context) (**http://nos.ukces.org.uk/PublishedNos/SFHHI20.pdf** - Critically appraise clinical information and evidence) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS07.pdf** - Assess the evidence and impact of health and healthcare interventions, programmes and services and apply the assessments to practice) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN32.pdf** - Search information, evidence and knowledge resources and communicate the results)

		(**http://nos.ukces.org.uk/PublishedNos/SFHPHP11.pdf** - Analyse and interpret data and information about the health and well-being and related needs of a defined population)
	A4.2 Critique published and un-published research, synthesise the evidence and draw appropriate conclusions	(**http://nos.ukces.org.uk/PublishedNos/SFHRandD15.pdf** - Evaluate and report on the application of research and development findings within practice) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS23.pdf** - Interpret research findings and implement them in practice) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP05.pdf** - Interpret data and information about health and well-being and/or stressors to health and well-being)
	A4.3 Design and conduct public health research based on current best practice and involving practitioners and the public	(**http://nos.ukces.org.uk/PublishedNos/SFHRandD3.pdf** - Design and formulate a research and development proposal) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD6.pdf** - Produce a detailed research and development plan) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD4.pdf** - Determine resources required to implement a research and development proposal) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD5.pdf** - Obtain approval for selected research and development activities) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD7.pdf** - Direct and manage research and development activities) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD8.pdf** - Conduct investigations in selected research and development topics)
	A4.4 Design and conduct public health research based on current best practice and involving practitioners and the public	(**http://nos.ukces.org.uk/PublishedNos/SFHRandD11.pdf** - Record conclusions and recommendations of research and development activities) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD12.pdf** - Present findings of research and development activities in written form) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD13.pdf** - Present findings of research and development activities orally) (**http://nos.ukces.org.uk/PublishedNos/SFHRandD14.pdf** - Translate research and development findings into practice) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS23.pdf** - Interpret research findings and implement them in practice)
	A4.5 Identify gaps in the current evidence base that may be addressed through research	(**http://nos.ukces.org.uk/PublishedNos/SFHHI19.pdf** - Search for clinical information and evidence according to an accepted methodology) (**http://nos.ukces.org.uk/PublishedNos/LSIILARF9v2.pdf#search=GAPS** - Commission content or research)
	A4.6 Apply research techniques and principles to the evaluation of local services and interventions to establish local evidence of effectiveness	(**http://nos.ukces.org.uk/PublishedNos/SFHGEN52.pdf** - Research the needs of the local population for provision of health care services) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS22.pdf** - Appraise, plan and manage research related to improving health and well-being)

FUNCTION A5	Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities
SUB-FUNCTION	NATIONAL OCCUPATIONAL STANDARDS
A5.1 Conduct economic analysis of services and interventions against health impacts, inequalities in health, and return on investment	(http://nos.ukces.org.uk/PublishedNos/SFHGEN113.pdf - Identify trends and changes in the specific health and well-being needs of a population and the effectiveness of different means of meeting their needs) (http://nos.ukces.org.uk/PublishedNos/SCDCPC431.pdf - Review the social, economic and environmental sustainability of commissioning activity for your area of work) (http://nos.ukces.org.uk/PublishedNos/SFHPHP04.pdf - Analyse data and information about health and well-being and/or stressors to health and well-being) (http://nos.ukces.org.uk/PublishedNos/SFHPHP05.pdf - Interpret data and information about health and well-being and/or stressors to health and well-being) (http://nos.ukces.org.uk/PublishedNos/SFHPHP11.pdf - Analyse and interpret data and information about the health and well-being and related needs of a defined population) (http://nos.ukces.org.uk/PublishedNos/SFHPHS01.pdf - Manage, analyse, interpret and communicate information, knowledge and statistics about needs and outcomes of health and well-being) (http://nos.ukces.org.uk/PublishedNos/SFHPHS02.pdf - Manage, analyse, interpret and communicate information, knowledge and statistics about health and well-being)
A5.2 Appraise new technologies, therapies, procedures and interventions and the implications for developing cost-effective equitable services	(http://nos.ukces.org.uk/PublishedNos/SFHHP10.pdf - Monitor and review the effectiveness of services and initiatives to protect health, well-being and safety) (http://nos.ukces.org.uk/PublishedNos/SFHCHS199.pdf#search=chs199 - Evaluate new and existing products, equipment, medical devices and associated systems in healthcare)
A5.3 Engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services	(http://nos.ukces.org.uk/PublishedNos/SFHHP18.pdf - Engage and work collaboratively with a range of people and agencies to protect and improve population health and well-being) (http://nos.ukces.org.uk/PublishedNos/SFHHP8.pdf - Develop materials for information and education for specific audiences to support their engagement and participation in health protection processes) (http://nos.ukces.org.uk/PublishedNos/SFHPHS09.pdf - Develop and sustain cross-sectoral collaborative working for health and well-being) (http://nos.ukces.org.uk/PublishedNos/SFHMH68.pdf- Co-produce action plans which assist stakeholders in improving environments and practices to promote mental health) (http://nos.ukces.org.uk/PublishedNos/SFHMH69.pdf - Work co-productively to implement action plans for improving environments and practices to promote mental health) (http://nos.ukces.org.uk/PublishedNos/SFHGEN27.pdf - Develop, sustain and evaluate collaborative working with other organisations) (http://nos.ukces.org.uk/PublishedNos/SFHGEN122.pdf - Enable workers and agencies to work collaboratively)
A5.4 Develop and implement standards,	(http://nos.ukces.org.uk/PublishedNos/SFHPHS15.pdf - Implement strategies for putting policies to improve health and well-being into effect) (http://nos.ukces.org.uk/PublishedNos/SFHPHS19.pdf - Develop,

protocols and procedures, incorporating national 'best practice' guidance into local delivery systems	sustain and implement a vision and objectives for improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS05.pdf** - Plan, implement, monitor and evaluate strategies for protecting the health and wellbeing of the population)
A5.5 Quality assure and audit services and interventions to control risks and improve their quality and effectiveness	(**http://nos.ukces.org.uk/PublishedNos/SFHPHS08.pdf** - Improve the quality of health and healthcare interventions through audit and evaluation) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS04.pdf** - Plan, implement, monitor and evaluate disease prevention and screening programmes to improve the population's health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS13.pdf** - Plan, implement, monitor and evaluate programmes, services and interventions to address health and well-being needs) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP25.pdf** - Work in partnership with communities to evaluate policies, strategies, services, programmes and interventions to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN117.pdf** - Monitor, evaluate and improve processes for delivering health and well-being services to a population) (**https://tools.skillsforhealth.org.uk/competence/show/html/id/3926/** - Manage a service which achieves the best possible outcomes for the individual) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN67.pdf** - Establish quality policy and quality assurance systems for the delivery of a service or function) (**http://nos.ukces.org.uk/PublishedNos/SFHCHS214.pdf** - Undertake quality performance checks within healthcare activities) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN126.pdf** - Monitor, evaluate and improve inter-agency services for addressing health and well-being needs) (**http://nos.ukces.org.uk/PublishedNos/SCDHSC0442.pdf** - Evaluate the effectiveness of health, social or other care services) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LFE5.pdf** - Manage continuous improvement)

AREA B: CONTEXT

FUNCTION B1	Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities
SUB-FUNCTION	**NATIONAL OCCUPATIONAL STANDARDS**
B1.1 Appraise and advise on global, national or local strategies in relation to the public's health and health inequalities	(**http://nos.ukces.org.uk/PublishedNos/SFHPHS10.pdf** - Advise others on health and well-being, related issues and their impact) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP36.pdf** - Contribute to the formulation of policy specifically focused on improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN56.pdf** - Review strategies and plans to meet local needs for health care services)
B1.2 Assess the impact and benefits of health and other policies and strategies on the public's health and	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP37.pdf** - Evaluate and review the effects of policies on health improvement) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP33.pdf** - Work in partnership with others to make a preliminary assessment of the impact of policies and strategies on health and well-being)

health inequalities	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP34.pdf** - Work in partnership with others to undertake a full assessment of the impact of policies and strategies on health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS14.pdf#search=phs14** - Assess the impact of policies and shape and influence them to improve health and well-being and reduce inequalities)
B1.3 Develop and implement action plans with, and for, specific groups and communities to deliver outcomes identified in strategies and policies	(**http://nos.ukces.org.uk/PublishedNos/SFHPHS03.pdf** - Plan, implement, monitor and evaluate strategies for promoting the health and well-being of the population) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS13.pdf** - Plan, implement, monitor and evaluate programmes, services and interventions to address health and well-being needs) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP31.pdf** - Work in partnership with others to implement strategies for improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP30.pdf** - Work in partnership with others to plan how to put strategies for improving health and well-being into effect) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP28.pdf** - Work in partnership with others to plan, implement and review programmes and projects to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS05.pdf** - Plan, implement, monitor and evaluate strategies for protecting the health and well-being of the population)
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	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP35.pdf** - Advise how health improvement can be promoted in policy development) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP39.pdf** - Present information and arguments to others on how policies affect health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFJHG101.pdf** - Manage political relationships and lobby for influence) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC429.pdf** - Contribute to and influence policy and strategy development within and beyond your own organisation) (**http://nos.ukces.org.uk/PublishedNos/SFJPDPS2.4.5.pdf** - Assess a policy area and the need for policy development) (**http://nos.ukces.org.uk/PublishedNos/SFJPDPS2.4.7.pdf** - Scope and propose a first draft policy) (**http://nos.ukces.org.uk/PublishedNos/SFJPDPS2.4.9.pdf** - Develop a revised policy submission) (**http://nos.ukces.org.uk/PublishedNos/SFJPDPS2.4.6.pdf** - Identify external factors that may influence policy development) (**http://nos.ukces.org.uk/PublishedNos/SFJPDPS2.4.11.pdf** - Finalise policy proposals and submit them for approval)
B1.5 Monitor and report on the progress and outcomes of strategy and policy implementation making recommendations for improvement	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP32.pdf** - Work in partnership with others to monitor and review strategies for improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP38.pdf** - Monitor trends and developments in policies for their impact on health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFJPDPS2.6.1.pdf** - Monitor the policy landscape as it relates to an active policy) (**http://nos.ukces.org.uk/PublishedNos/SFJPDPS2.6.3.pdf** - Promote and support a policy during operation) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP40.pdf** - Evaluate

		and recommend changes to policies to improve health and well-being)
	FUNCTION B2	Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities
	SUB-FUNCTION	NATIONAL OCCUPATIONAL STANDARDS
	B2.1 Influence and coordinate other organisations and agencies to increase their engagement with health and well-being, ill-health prevention and health inequalities	(**http://nos.ukces.org.uk/PublishedNos/CFAM_LDD2.pdf** - Develop and sustain productive working relationships with stakeholders) (**http://nos.ukces.org.uk/PublishedNos/SFJC22.pdf** - Maintain and develop effective working relationships in local government) (**http://nos.ukces.org.uk/PublishedNos/SFJCPS5.1.pdf** - Map the environment in which your organisation operates)
	B2.2 Build alliances and partnerships to plan and implement programmes and services that share goals and priorities	(**http://nos.ukces.org.uk/PublishedNos/JETSCD14.pdf** - Promote and support effective relationships between communities and public bodies and other agencies) (**http://nos.ukces.org.uk/PublishedNos/JETSCD17.pdf** - Strategically co-ordinate networks and partnerships)
	B2.3 Evaluate partnerships and address barriers to successful collaboration	(**http://nos.ukces.org.uk/PublishedNos/JETSCD16.pdf** - Support collaborative and partnership work)
	B2.4 Collaborate to create new solutions to complex problems by promoting innovation and the sharing of ideas, practices, resources, leadership, and learning	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP15.pdf** - Encourage behavioural change in people and agencies to promote health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFAMBCA3.pdf** - Develop and sustain relationships with colleagues and stakeholders)
	B2.5 Connect communities, groups and individuals to local resources and services that support their health and well-being	(**http://nos.ukces.org.uk/PublishedNos/JETSCD07.pdf** - Get to know a community) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP23.pdf** - Work in partnership with communities to plan how to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS16.pdf** - Involve communities as active partners in all aspects of improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LDD2.pdf** - Develop and sustain productive working relationships with stakeholders) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS17.pdf** - Empower communities to improve their own health and well-being)
	FUNCTION B3	work in a commissioning based culture to improve health outcomes and reduce health inequalities
	SUB-FUNCTION	NATIONAL OCCUPATIONAL STANDARDS
	B3.1 Set commissioning priorities balancing particular needs with the evidence base and the	(**http://nos.ukces.org.uk/PublishedNos/SCDCPC510.pdf** - Develop a joint strategic commissioning plan) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC315.pdf** - Contribute to establishing commissioning priorities and balancing demands on resources)

economic case for investment	(**http://nos.ukces.org.uk/PublishedNos/SFJCPS3.1.pdf** - Develop commissioning policies and strategies) (**http://nos.ukces.org.uk/PublishedNos/SFJCPS3.2.pdf** - Develop plans for services) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC506.pdf** - Negotiate for financial resources to support plans in your area of responsibility) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC519.pdf** - Provide leadership for commissioning)
B3.2 Specify and agree service requirements and measurable performance indicators to ensure quality provision and delivery of desired outcomes	(**http://nos.ukces.org.uk/PublishedNos/SCDCPC306.pdf** - Take action to promote contract compliance) (**http://nos.ukces.org.uk/PublishedNos/SFJCPS4.3.pdf** - Work with service providers to maximise and enhance service provision) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN93.pdf** - Monitor performance of contractors within healthcare) (**http://nos.ukces.org.uk/PublishedNos/SFJ1.2.5.pdf** - Work with providers to commission, monitor and review programmes) (**http://nos.ukces.org.uk/PublishedNos/SFJCPS4.2.pdf** - Manage service provider performance)
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	(**http://nos.ukces.org.uk/PublishedNos/SFJCPS4.1.pdf** - Specify and award contracts for services) (**http://nos.ukces.org.uk/PublishedNos/SFJHF34.pdf** - Commission specified programmes from providers) (**http://nos.ukces.org.uk/PublishedNos/SFJCPS1.1.pdf** - Engage with service users) (**http://nos.ukces.org.uk/PublishedNos/SFJCPS2.1.pdf** - Assess the needs and required outcomes of services)
B3.4 Facilitate positive contractual relationships managing disagreements and changes within legislative and operational frameworks	(**http://nos.ukces.org.uk/PublishedNos/SCDCPC509.pdf** - Enable your organisation to align or pool budgets with commissioning partners) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC412.pdf** - Collaborate with partners to jointly commission services) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC301.pdf** - Create and maintain effective working relationships with other people in Commissioning, Procurement and Contracting) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC504.pdf** - Negotiate the agreement and implementation of sustainable commissioning strategies)
B3.5 Manage and monitor progress and deliverables against outcomes and processes agreed through a contract	(**http://nos.ukces.org.uk/PublishedNos/SFJCJHF22.pdf#search= provide%20services** - Develop, negotiate and agree proposals to offer services and products) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC307.pdf** - Contribute to planning contract implementation)
B3.6 Identify and de-commission provision that is no longer effective or value for money	(**http://nos.ukces.org.uk/PublishedNos/SFJCPS2.2.pdf** - Review and evaluate current service provision) (**http://nos.ukces.org.uk/PublishedNos/SCDCPC424.pdf** - Improve contract performance) (**http://nos.ukces.org.uk/PublishedNos/SFJHF18.pdf** - Specify, commission and manage external contracts and agreements)

FUNCTION B4	Work within political and democratic systems and with a range of organisational cultures to improve health outcomes and reduce health inequalities
SUB-FUNCTION	NATIONAL OCCUPATIONAL STANDARDS
B4.1 Work to understand, and help others to understand, political and democratic processes that can be used to support health and well-being and reduce inequalities	(**http://nos.ukces.org.uk/PublishedNos/JETSCD14.pdf** - Promote and support effective relationships between communities and public bodies and other agencies) (**http://nos.ukces.org.uk/PublishedNos/JETSCD15.pdf** - Encourage and support public bodies to build effective relationships with communities) (**http://nos.ukces.org.uk/PublishedNos/SFTDW2.pdf** - Know and understand the environment in which a development worker operates) (**http://nos.ukces.org.uk/PublishedNos/LSICLD1.2.3%20v2.pdf** - Encourage and support others in active citizenship) (**http://nos.ukces.org.uk/PublishedNos/JETSCD12.pdf** - Support communities who want to bring about positive social change)
B4.2 Operate within the decision making, administrative and reporting processes that support political and democratic systems	(**http://nos.ukces.org.uk/PublishedNos/SFJA11.pdf** - Contribute to developing democratic and decision making structures and procedures) (**http://nos.ukces.org.uk/PublishedNos/SFJB12.pdf** - Prepare for democratic and decision making meetings)
B4.3 Respond constructively to political and other tensions while encouraging a focus on the interests of the public's health	(**http://nos.ukces.org.uk/PublishedNos/SFJPSG4.3.3.pdf** - Manage political relationships with ministers and other partners/stakeholders in the public sector) (**http://nos.ukces.org.uk/PublishedNos/JETSCD02.pdf** - Work with the tensions inherent in Community Development practice) (**http://nos.ukces.org.uk/PublishedNos/JETSCD11.pdf** - Respond to community conflict)
B4.4 Help individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP23.pdf** - Work in partnership with communities to plan how to improve health and wellbeing) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS18.pdf** - Enable communities to develop their capacity to advocate for health and wellbeing) (**http://nos.ukces.org.uk/PublishedNos/JETSCD01.pdf** - Integrate and use the values and process of Community Development) (**http://nos.ukces.org.uk/PublishedNos/JETSCD19.pdf** - Facilitate community learning for social and political development) (**http://nos.ukces.org.uk/PublishedNos/JETSCD10.pdf** - Organise community events and activities)
B4.5 Work within the legislative framework that underpins public service provision to maximise opportunities to protect and promote health and well-being	(**http://nos.ukces.org.uk/PublishedNos/SFJA52.pdf** - Manage consultations to support democratic and decision making processes) (**http://nos.ukces.org.uk/PublishedNos/JETSCD06.pdf** - Support inclusive and collective working)

AREA C: DELIVERY	
FUNCTION C1	Provide leadership to drive improvement in health outcomes and the reduction of health inequalities
SUB-FUNCTION	NATIONAL OCCUPATIONAL STANDARDS
C1.1 Act with integrity, consistency and purpose, and continue my own personal development	(**http://nos.ukces.org.uk/PublishedNos/SFHGEN12.pdf** - Reflect on and evaluate your own values, priorities, interests and effectiveness) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN13.pdf** - Synthesise new knowledge into the development of your own practice) (**http://nos.ukces.org.uk/PublishedNos/SCDHSC0023.pdf** - Develop your own knowledge and practice) (**http://nos.ukces.org.uk/PublishedNos/SCDHSC0033.pdf** - develop your practice through reflection and learning)
C1.2 Engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP45.pdf** - Lead others in improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP24.pdf** - Work in partnership with communities to implement policies, strategies, services, programmes and interventions to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP20.pdf** - Work in partnership with others to identify how to apply plans to protect the public's health and well-being from specific risks) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS21.pdf** - Develop capacity and capability to improve health and wellbeing) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP22.pdf** - Work in partnership with communities to assess health and well-being and related needs) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP28.pdf** - Work in partnership with others to plan, implement and review programmes and projects to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP30.pdf** - Work in partnership with others to plan how to put strategies for improving health and well-being into effect) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP31.pdf** - Work in partnership with others to implement strategies for improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP32.pdf** - Work in partnership with others to monitor and review strategies for improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP33.pdf** - Work in partnership with others to make a preliminary assessment of the impact of policies and strategies on health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP25.pdf** - Work in partnership with communities to evaluate policies, strategies, services, programmes and interventions to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHP13.pdf** - Work in partnership with organisations to enable them improve their practices and environments in order to prevent, reduce and control risks to health and well-being)

		(**http://nos.ukces.org.uk/PublishedNos/SFHPHP16.pdf** - Work in partnership with others to promote health and well-being and reduce risks within settings) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS20.pdf** - Lead teams and individuals to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN39.pdf** - Contribute to effective multi-disciplinary team working) (**http://nos.ukces.org.uk/PublishedNos/SCDHSC3121.pdf** - Promote the effectiveness of teams) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LDD1.pdf** - Develop and sustain productive working relationships with colleagues) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LDD2.pdf** - Develop and sustain productive working relationships with stakeholders)
C1.3 Adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environments		(**http://nos.ukces.org.uk/PublishedNos/CFAM_LCA3.pdf** - Engage people in change) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS22.pdf** - Appraise, plan and manage research related to improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LCA5.pdf** - Evaluate change) (**http://nos.ukces.org.uk/PublishedNos/CFABAA111.pdf** - Respond to change in a business environment) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LCA4.pdf** - Implement change)
C1.4 Establish and coordinate a system of leaders and followers engaged in improving health outcomes, the wider health determinants and reducing inequalities		(**http://nos.ukces.org.uk/PublishedNos/SFHPHP45.pdf** - Lead others in improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LAA3.pdf** - Develop and maintain your professional networks) (**http://nos.ukces.org.uk/PublishedNos/SCDHSC3101.pdf** - Support the development of community networks and partnerships)
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		(**http://nos.ukces.org.uk/PublishedNos/SFHPHP44.pdf** - Sustain and share a vision of improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LFA2.pdf** - Implement operational plans) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LBA9.pdf** - Develop operational plans) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LBA4.pdf** - Evaluate your organisation's operating environment) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP45.pdf** - Lead others in improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS20.pdf** - Lead teams and individuals to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS25.pdf#search=phs25** - Manage services that are aimed at improving health and well-being)

FUNCTION C2	Communicate with others to improve health outcomes and reduce health inequalities
SUB-FUNCTION	**NATIONAL OCCUPATIONAL STANDARDS**
C2.1 Manage public perception and convey key messages using a range of media processes	(**http://nos.ukces.org.uk/PublishedNos/CFACSA19.pdf** - Deal with customers using a social media platform) (**http://nos.ukces.org.uk/PublishedNos/CFACSD22.pdf** - Develop a customer service network through social media platforms) (**http://nos.ukces.org.uk/PublishedNos/CFACSA20.pdf** - Champion the use of social media to build customer trust and enhance brand value) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP26.pdf** - Advise the media about specific issues relating to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP27.pdf** - Respond to requests for information from the media) (**http://nos.ukces.org.uk/PublishedNos/SCDHSC0437.pdf** - Promote your organisation and its services to stakeholders) (**http://nos.ukces.org.uk/PublishedNos/SFHHP8.pdf** - Develop materials for information and education for specific audiences to support their engagement and participation in health protection processes)
C2.2 Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP07.pdf#search=php07** - Finalise and disseminate communications about health and wellbeing and/or stressors to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP08.pdf** - Advise others on data and information related to health and well-being and/or stressors to health and well-being and its uses) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP06.pdf** - Draft and structure communications about health and well-being and/or stressors to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LEC2.pdf** - Manage information, knowledge and communications systems) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN97.pdf** - Communicate effectively in a healthcare environment) (**http://nos.ukces.org.uk/PublishedNos/SCDHSC0031%20.pdf** - Promote effective communication) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS01.pdf** - Manage, analyse, interpret and communicate information, knowledge and statistics about needs and outcomes of health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS02.pdf** - Manage, analyse, interpret and communicate information, knowledge and statistics about health and well-being) (**http://nos.ukces.org.uk/PublishedNos/CFAMLE11.pdf** - Communicate information and knowledge) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP12.pdf#search=PHP12** - Communicate data and information about the health and well-being and related needs of a defined population)
C2.3 Facilitate dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools and technologies	(**http://nos.ukces.org.uk/PublishedNos/SFHPHP06.pdf** - Draft and structure communications about health and wellbeing and/or stressors to health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP08.pdf** - Advise others on data and information related to health and well-being and/or stressors to health and well-being and its uses)

	(**http://nos.ukces.org.uk/PublishedNos/SFHHP18.pdf** - Engage and work collaboratively with a range of people and agencies to protect and improve population health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHHT1.pdf** - Make relationships with communities) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN119.pdf** - Act as a resource to groups, communities and organisations as they address their issues and concerns around health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP24.pdf** - Work in partnership with communities to implement policies, strategies, services, programmes and interventions to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP25.pdf** - Work in partnership with communities to evaluate policies, strategies, services, programmes and interventions to improve health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHP13.pdf** - Provide information to individuals, groups and communities about promoting health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN118.pdf** - Enable groups, communities and organisations to determine their own issues and concerns and to plan how to address their issues and concerns) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS16.pdf** - Involve communities as active partners in all aspects of improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS17.pdf** - Empower communities to improve their own health and well-being)
C2.4 Apply the principles of social marketing, and/or behavioural theory, to reach specific groups and communities with enabling information and ideas	(**http://nos.ukces.org.uk/PublishedNos/SFHGEN98.pdf** - Promote effective communication in a healthcare environment) (**http://nos.ukces.org.uk/PublishedNos/CFAMAR23.pdf** - Develop a strategy and plan for marketing campaigns or activities) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LFB5.pdf** - Manage the marketing of products and services) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS11.pdf** - Communicate effectively with the public and others about improving the health and wellbeing of the population)
C2.5 Consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change	(**http://nos.ukces.org.uk/PublishedNos/SFHGEN27.pdf** - Develop, sustain and evaluate collaborative working with other organisations) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN120.pdf** - Establish with groups, communities and organisations their interests, concerns and priorities and enable them to identify acceptable representation) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS16.pdf** - Involve communities as active partners in all aspects of improving health and well-being) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS17.pdf -** Empower communities to improve their own health and well-being)
FUNCTION C3	Design and manage programmes and projects to improve health and reduce health inequalities
SUB-FUNCTION	**NATIONAL OCCUPATIONAL STANDARDS**
C3.1 Scope programmes/projects stating the case for	(**http://nos.ukces.org.uk/PublishedNos/SFJCPS9.5.pdf** - Appraise the feasibility of proposals for policies, projects and programmes in the public sector)

investment, the aims, objectives and milestones	(**http://nos.ukces.org.uk/PublishedNos/CFAM_LFA4.pdf** - Manage programmes)
C3.2 Identify stakeholders, agree requirements and programme/project schedule(s) and identify how outputs/outcomes will be measured and communicated	(**http://nos.ukces.org.uk/PublishedNos/CFABD4.pdf** - Carry out a review of your business) (**http://nos.ukces.org.uk/PublishedNos/SFLSCM81.pdf** - Plan the procurement of supplies) (**http://nos.ukces.org.uk/PublishedNos/SFHPHS24.pdf** - Manage the development and direction of work) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LDD2.pdf** - Develop and sustain productive working relationships with stakeholders)
C3.3 Manage programme/project schedule(s), resources, budget and scope, accommodating changes within a robust change control process	(**http://nos.ukces.org.uk/PublishedNos/SFHPHS24.pdf** - Manage the development and direction of work) (**http://nos.ukces.org.uk/PublishedNos/CFABAF111.pdf** - Invite tenders and select contractors) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LFA5.pdf** - Manage projects) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LEA4.pdf** - Manage budgets)
C3.4 Track and evaluate programme/project progress against schedule(s) and regularly review quality assurance, risks, and opportunities, to realise benefits and outcomes	(**http://nos.ukces.org.uk/PublishedNos/CFAM_LFA5.pdf** - Manage projects) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LFA4.pdf** - Manage programmes)
C3.5 Seek independent assurance throughout programme/project planning and processes within organisational governance frameworks	(**http://nos.ukces.org.uk/PublishedNos/CFACSD9.pdf** - Promote continuous improvement) (**http://nos.ukces.org.uk/PublishedNos/CFAMLF3.pdf** - Manage business processes) (**http://nos.ukces.org.uk/PublishedNos/SFHCHS198.pdf** - Design quality assurance programmes) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LFE1.pdf** - Manage quality assurance systems)
FUNCTION C3	Prioritise and manage resources at a population/systems level to achieve equitable health outcomes and return on investment
SUB-FUNCTION	**NATIONAL OCCUPATIONAL STANDARDS**
C4.1 Identify, negotiate and secure sources of funding and/or other resources	(**http://nos.ukces.org.uk/PublishedNos/SFHGEN55.pdf** - Obtain and monitor the use of the funds required to implement plans to meet local needs for health care services) (**http://nos.ukces.org.uk/PublishedNos/CFAMN7.pdf** - Get finance for your business) (**http://nos.ukces.org.uk/PublishedNos/CFABAG124.pdf** - Negotiate in a business environment)
C4.2 Prioritise, align and deploy resources towards clear strategic goals and objectives	(**http://nos.ukces.org.uk/PublishedNos/SFJHF31.pdf** - Assess and agree priorities for services and resources) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN116.pdf** - Prioritise interventions against available resources and the needs of the population)

		(**http://nos.ukces.org.uk/PublishedNos/SFJCJHE8.pdf** - Support the efficient use of resources)
	C4.3 Manage finance and other resources within corporate and/or partnership governance systems, protocol and policy	(**http://nos.ukces.org.uk/PublishedNos/CFAM_LEA4.pdf** - Manage budgets) (**http://nos.ukces.org.uk/PublishedNos/CFAMN3.pdf** - Keep financial records for your business) (**http://nos.ukces.org.uk/PublishedNos/CFAM_LEA3.pdf** - Manage the use of financial resources)
	C4.4 Develop workforce capacity, and mobilise the system-wide paid and volunteer workforce, to deliver public health priorities at scale	(**http://nos.ukces.org.uk/PublishedNos/SFHWP2.pdf** - Identify and evaluate forces for change that may impact on the workforce) (**http://nos.ukces.org.uk/PublishedNos/SFHWP3.pdf** - Contribute to preparing for workforce planning based on service needs) (**http://nos.ukces.org.uk/PublishedNos/SFHGEN64.pdf** - Ensure the availability of physical resources) (**http://nos.ukces.org.uk/PublishedNos/SFTMVA1.pdf** - Contribute to the development of strategy in an organisation that involves volunteers) (**http://nos.ukces.org.uk/PublishedNos/SFTMVD2.pdf** - Lead and motivate volunteers) (**http://nos.ukces.org.uk/PublishedNos/SFTA3.pdf** - Develop structures, systems and procedures to support volunteering)
	C4.5 Design, implement, deliver and/or quality assure education and training programmes, to build a skilled and competent workforce	(**http://nos.ukces.org.uk/PublishedNos/LSILADD01.pdf** - Identify collective learning and development needs) (**http://nos.ukces.org.uk/PublishedNos/CFAOP1.pdf** - Review the skills your business needs) (**http://nos.ukces.org.uk/PublishedNos/LSILADD03.pdf** - Plan and prepare learning and development programmes) (**http://nos.ukces.org.uk/PublishedNos/LSILADD09.pdf** - Assess learner achievement) (**http://nos.ukces.org.uk/PublishedNos/LSILADD11.pdf** - Internally monitor and maintain the quality of assessment) (**http://nos.ukces.org.uk/PublishedNos/LSILADD12.pdf** - Externally monitor and maintain the quality of assessment) (**http://nos.ukces.org.uk/PublishedNos/SFHHP8.pdf** - Develop materials for information and education for specific audiences to support their engagement and participation in health protection processes) (**http://nos.ukces.org.uk/PublishedNos/LSILADD13.pdf** - Evaluate and improve learning and development provision)
	C4.6 Adapt capability by maintaining flexible in-service learning and development systems for the workforce	(**http://nos.ukces.org.uk/PublishedNos/SFHGEN84.pdf** - Contribute to the planning and evaluation of learning activities) (**http://nos.ukces.org.uk/PublishedNos/LSILADD07.pdf** - Facilitate individual learning and development) (**http://nos.ukces.org.uk/PublishedNos/LSILADD06.pdf** - Manage learning and development in groups)