

# Public Health Skills and Knowledge Framework 2016

This framework has been produced through the collaborative efforts of lead agencies across the UK including Public Health England, Public Health Wales, NHS Scotland and the Public Health Agency of Northern Ireland, and through the engagement of the public health workforce across the home nations. The Public Health Skills and Knowledge Framework is a UK-wide resource. The list of steering group agencies who have also supported this work is shown on p29.

The review of the PHSKF was commissioned by the Department of Health, and project managed by Public Health England.

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# Foreword



The challenges to the public's health are many and varied, and have never been greater as our lives and environments become more complex and interdependent. The UK has long been known for its highly skilled public health workforce and we need to ensure that it remains at the forefront in tackling these challenges both now and in the future. This has been the remit of People in UK Public Health (PIUKPH), the group that I chair and which has been advising the four UK governments on the future of the public health workforce.

A particularly important component of our work has been overseeing the development of the new Public Health Skills and Knowledge Framework (PHSKF). We were delighted at the response of the current workforce to the consultations about the framework as the insights gained from such significant engagement has made this a robust, accessible and flexible document which can be used in a variety of circumstances.

Over recent years the scale and potential for the 'wider public health workforce' has been mapped. These are individuals who have 'the opportunity or ability to improve or protect the public's health' but are not part of the core public health workforce. The new PHSKF, through setting out the functional areas in which individuals, teams and organisations operate will enable the wider public health workforce to recognise their own contributions and perhaps choose to have a career in public health.

It is vital that we have a standard benchmark across the UK to help individuals and their employers plan personal development and provide a common reference for the development of standards of practice and curricula for training and education qualifications. The new framework has resonance across the UK and critically has the potential to be presented through an easy to navigate interactive digital platform referred to as the 'skills passport', which creates the flexibility and quality we will need for our workforce of the future.

It has been a privilege for PIUKPH to be involved in the development of the new framework and I would like to thank the authors for their diligence and professionalism. This is a new tool which, along with the accompanying guidance, marks a new era for the public's health.

**Shirley Cramer CBE**

Chair, People in UK Public Health, and Chief Executive, Royal Society for Public Health

# Introduction

The Public Health Skills and Knowledge Framework (PHSKF) was first published as the Public Health Skills and Careers Framework in 2008. The Framework was developed through the collaborative efforts of lead agencies in public health across the UK.

Many changes have taken place since that time, including:

- the development of new roles and associated training and qualifications
- development of new standards of practice for professional registration
- revisions to key curricula preparing the most specialised cohorts of the workforce
- changes in social policy and national legislation impacting on the configuration and distribution of the workforce
- scientific and technological advances influencing the delivery of health, social care and other public services
- extended discourse and areas of knowledge and expertise including public health ethics, and health economics
- mapping and profiling of the public health core and wider workforce providing better insights into capacity and capabilities
- a partial 'refresh' and renaming of the framework itself in 2012

In light of these developments, the framework has been reviewed and redesigned, and in the spirit of its original inception, this has been carried out through the collaborative efforts of lead agencies across the UK including Public Health England, Public Health Wales, NHS Scotland, and the Public Health Agency of Northern Ireland. The PHSKF is a UK-wide resource.

Key principles set out for the original framework have also been preserved in that its intended application and relevance should be independent of sector, employer, individual background and level of work, and should support anyone who might be making a contribution to the delivery of public health outcomes.

Reports are accessible online documenting the methodology adopted for the review and redesign, and these can be accessed on the [PHE website](#).

## What the framework is for

The PHSKF provides:

- the functional areas in which individuals, teams and organisations operate, to deliver on public health outcomes
- statements that describe what functions an individual might carry out in the course of their work. The combination of functions will vary from individual to individual, and from role to role
- a benchmark or single point of reference for the UK workforce and their employers to help individuals to plan their own personal development, and to help employers to plan and develop their workforce
- a tool to facilitate the generation of job descriptions for new roles; templates for standard roles; and profiles for individual roles
- a common reference for the review and development of standards of practice and curricula for training and education qualifications across all levels of the qualifications framework
- a description of the public health functions and sub-functions in a way that could be presented through an accessible and easy to navigate interactive digital platform (aka: 'skills passport')

# Principles guiding the design of the framework

## Purpose of the Framework

- the framework provides an architecture to describe generic activities and functions undertaken by the public health workforce

## Overarching purpose for public health

- the framework is presented as a hierarchy of functions, starting with a description of the overarching purpose behind public health practice

## AREA A

## AREA B

## AREA C

- public health functions are described in areas of activity:
  - A – Technical
  - B – Contextual
  - C – Delivery

## Function A1

## Function B1

## Function C1

- the FUNCTION level of the framework describes a group of skills, eg leadership and communication, and embraces a set of sub-functions carried out across the workforce

## Sub-function A2.5

## Sub-function B3.3

## Sub-function C4.1

- the SUB-FUNCTION level of the framework describes activity that is attributable to an individual in their role. Each statement can be pre-fixed with 'I...' or 'to....'

- there should be no duplication, repetition or overlap across the framework. Each descriptor should be exclusive. The descriptor should be read in the context of the overarching function
- each descriptor is about what is done, rather than how well, so words like 'effectively' or 'appropriately' are not used. How well something is done is addressed in the workplace
- to future-proof the framework the language is kept simple and generic as particular names for methodologies and products can become dated or may not immediately reflect the content
- to contain the volume of descriptors while ensuring that the framework is inclusive, no reference is made to: specific areas of delivery (eg physical activity, tuberculosis); settings (eg NHS, schools); or groups or communities (eg LGBT, carers)

# The framework

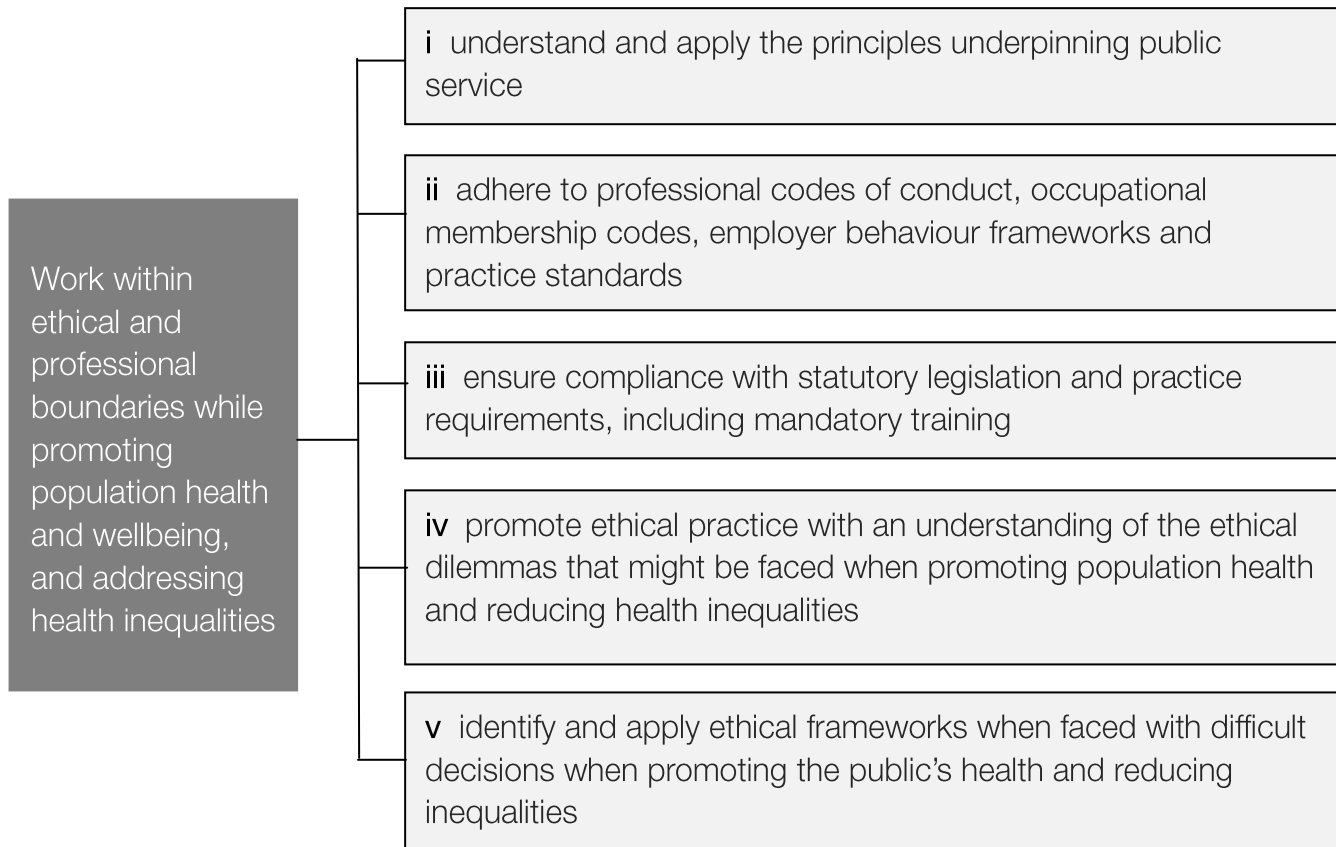
## Themes running through the framework

Public health action:

- is **system-wide** and at scale
- is based on **evidence**
- is geared towards **joint working** and **holistic** approaches
- fosters responsibility for leadership at all levels
- **builds capacity** by engaging with all workers who can contribute to public health outcomes
- is **outcomes driven** including the reduction of **health inequalities**
- embeds **sustainable solutions**
- supports and enables **individuals and communities to have more influence** over decisions that affect them and their health and wellbeing
- ensures provision is **value for money** and cost-effective



# Professional and ethical underpinnings



## Why do we need this section?

This section is relevant to all workers, paid and voluntary, regardless of sector. It recognises the standards, frameworks and guidance related to personal conduct and legal and ethical practice, such as the Nolan Principles, the [Good Public Health Practice Framework \(2016\)](#) and the [PHSKF Public Health Ethics in Practice Paper](#).

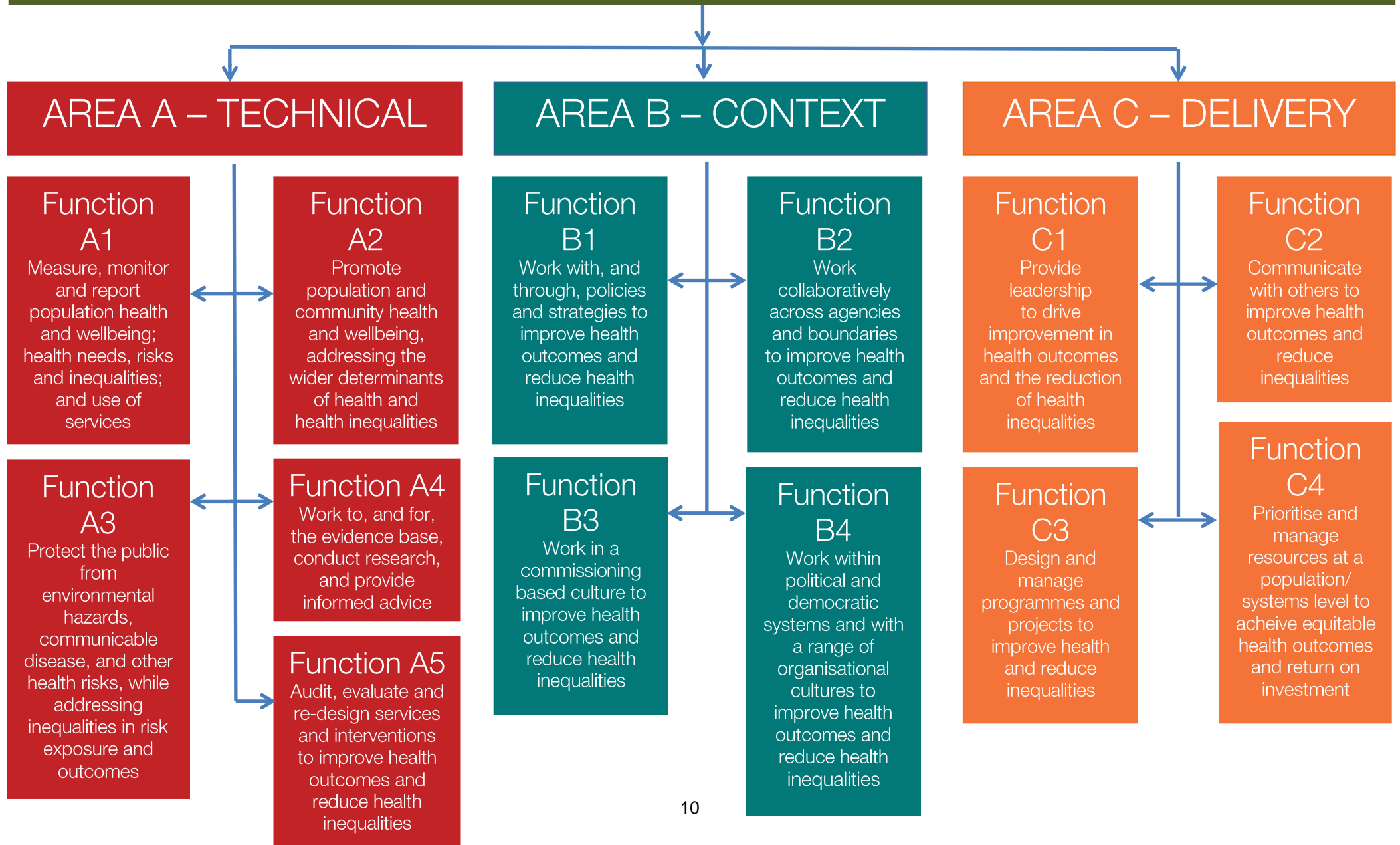
Workforce legislation and codes of practice are in place to protect:

- members of the public
- individual workers
- colleagues
- employing organisations

This section does not form part of the PHSKF in the same format as the areas and functions because they apply to everybody.

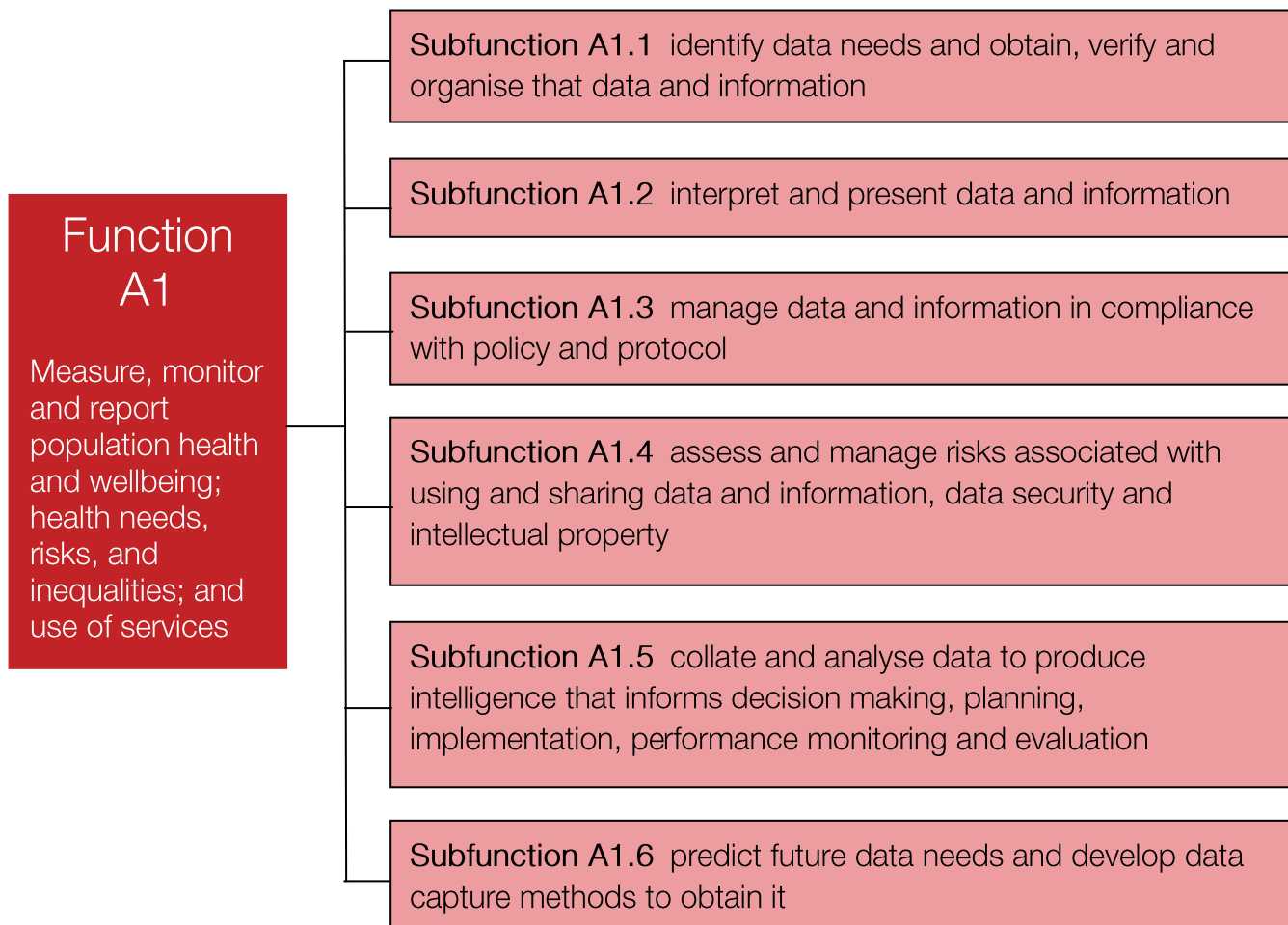
# OVERALL FUNCTION of PUBLIC HEALTH

Improves and protects the public's health and reduces health inequalities between individuals, groups and communities, through co-ordinated system-wide action



## AREA A – Technical

### Function A1

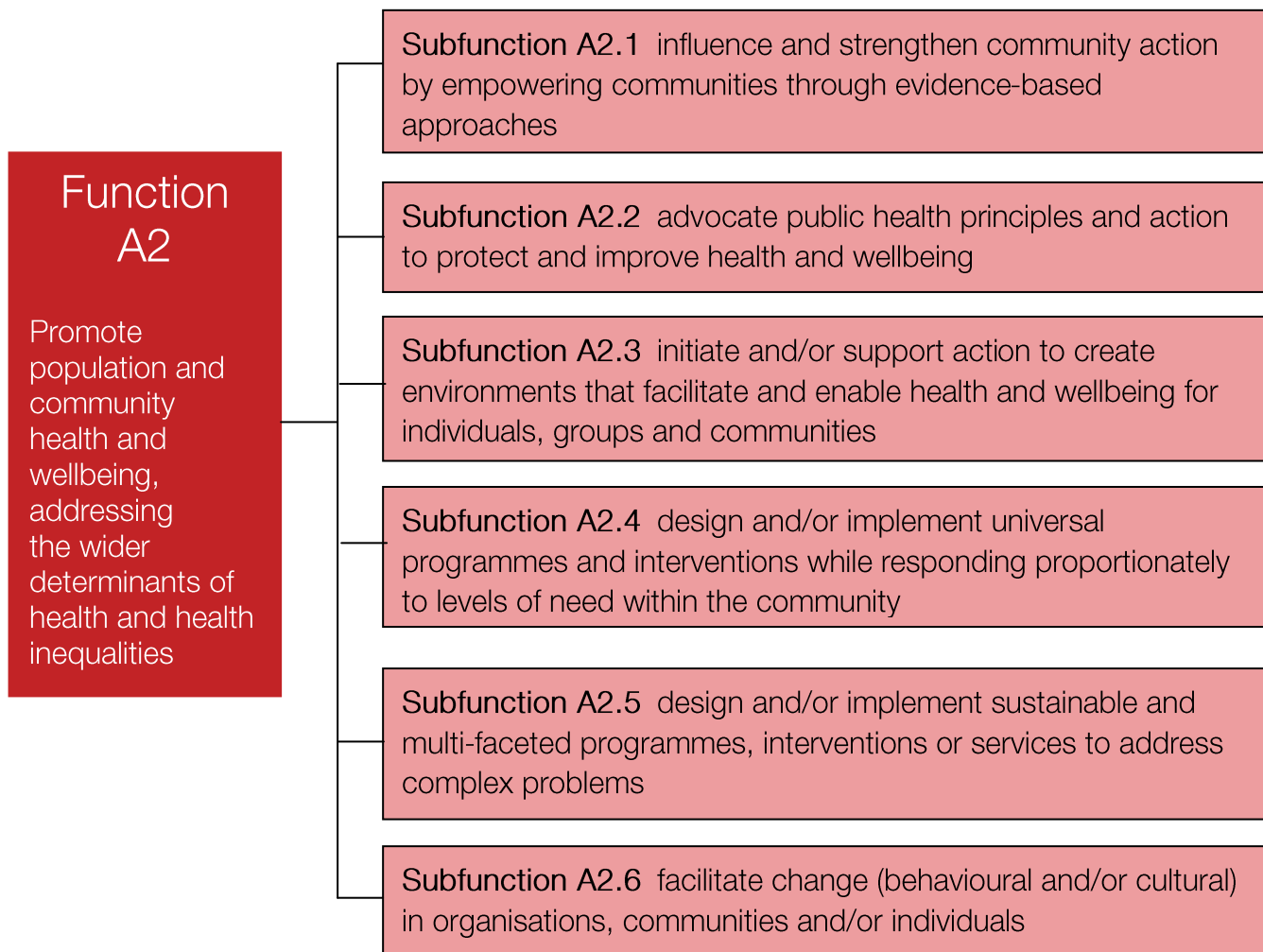


#### What this function is about:

Function A1 is about data and intelligence and how it is sourced and used. All public health workers will be carrying out some of these sub-functions, appropriate to their level and area of work. There are also workers who are highly specialised and proficient in delivering these functions, working at the cutting edge of data technology, eg public health data and intelligence analysts based in the NHS, PHE, Public Health Wales, Public Health Agency for Northern Ireland and local authorities.

The specialist workforce can provide support and training to help everyone to engage with these functions to best effect.

## Function A2

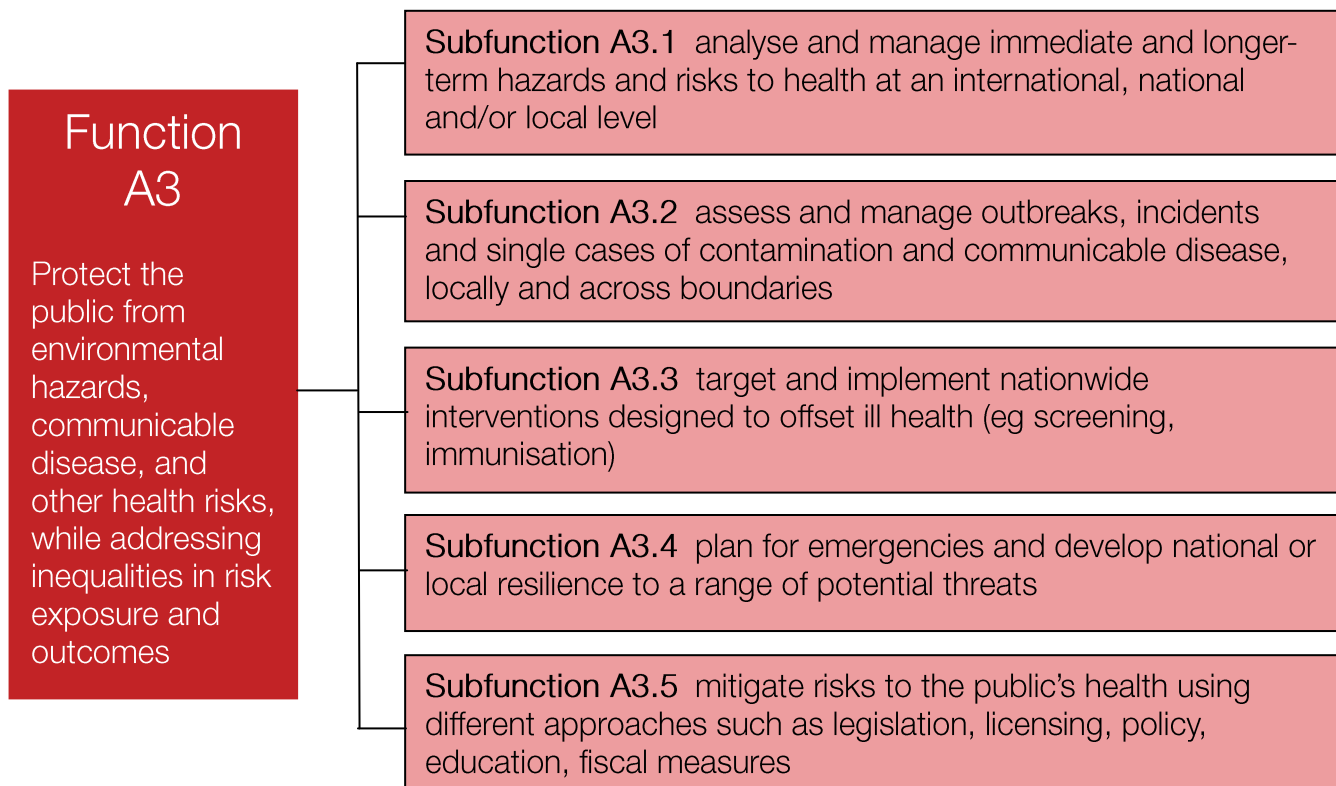


### What this function is about:

Function A2 is about the enterprise behind health promotion, including community development, advocacy, behaviour change, and sustainable efforts to address the wider determinants of health. Within these functions are reference to elements of WHO's *Ottawa Charter for Health Promotion* (1986) and *Marmot's proportionate universalism* (2010). All public health workers will be contributing to some of these functions.

There is also a specialist workforce who are particularly knowledgeable and skilled in this area, eg health promotion or improvement specialists.

## Function A3

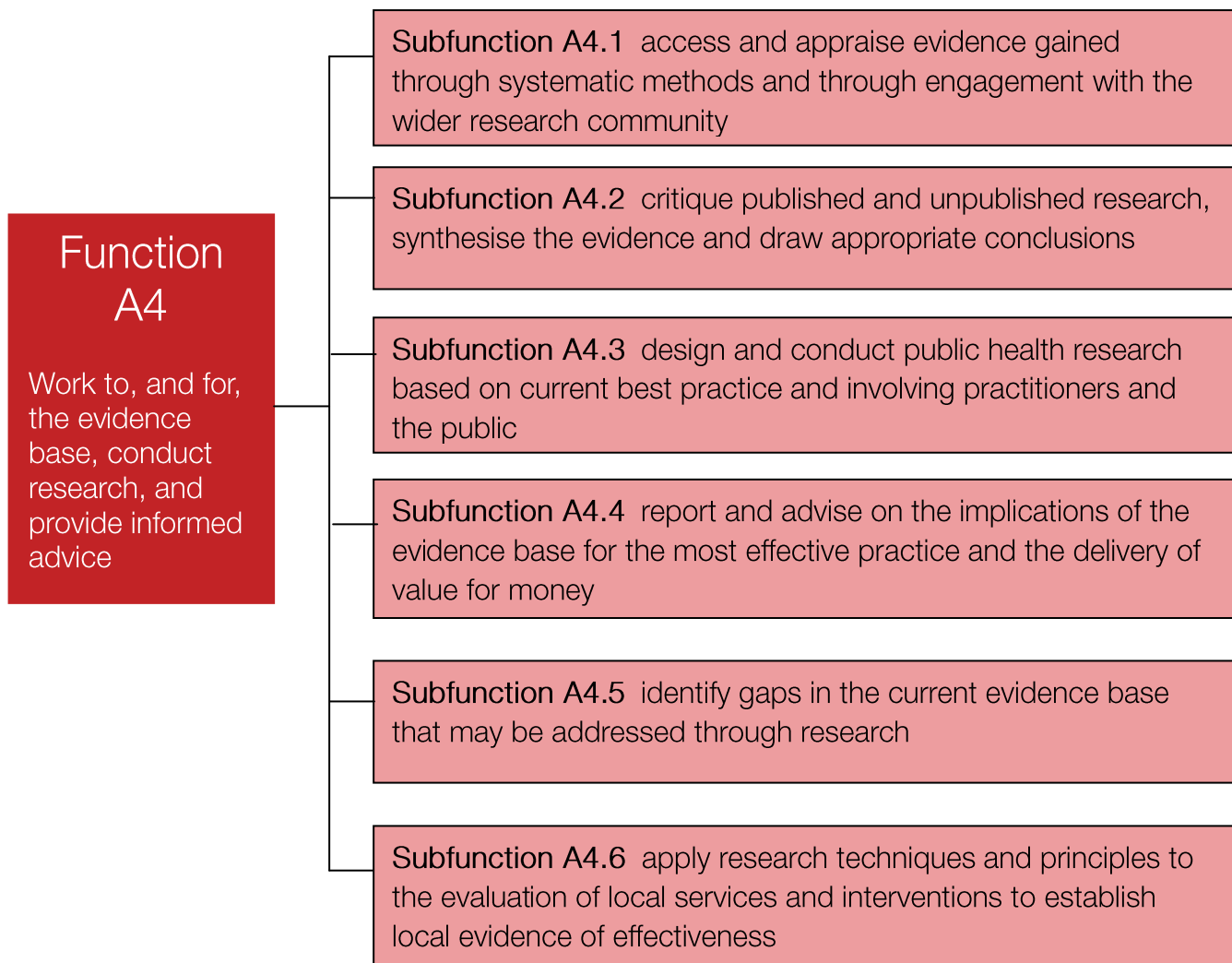


### What this function is about:

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

Specialists in this function include consultants in health protection.

## Function A4

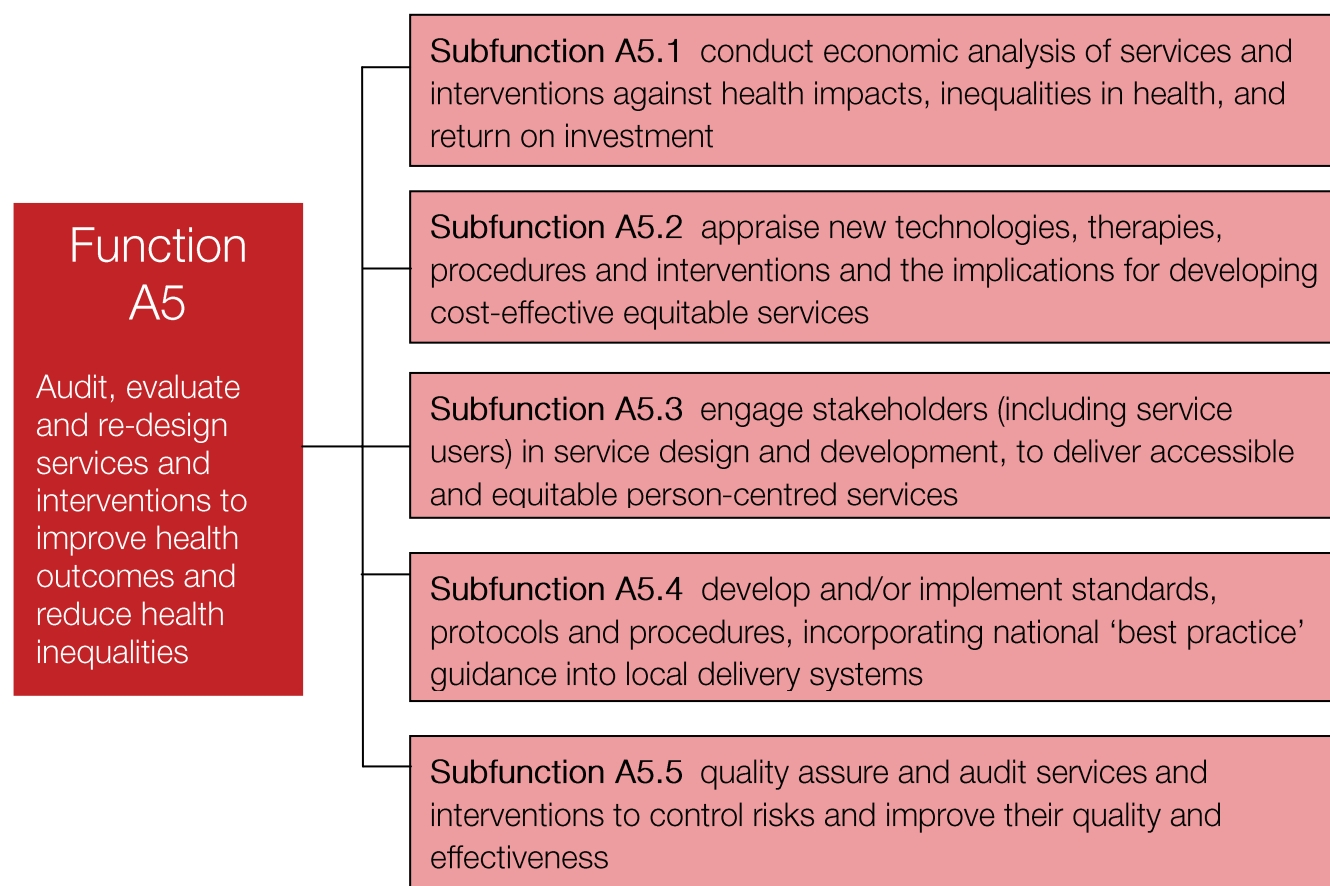


### What this function is about:

Function A4 is about the evidence base for public health. How to: find it; understand it; assess its quality, relevance and significance; apply it meaningfully to practice; generate it through research activity; determine what further research is needed to provide stronger evidence to inform practice; involve others in research; and who to involve in research.

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

## Function A5



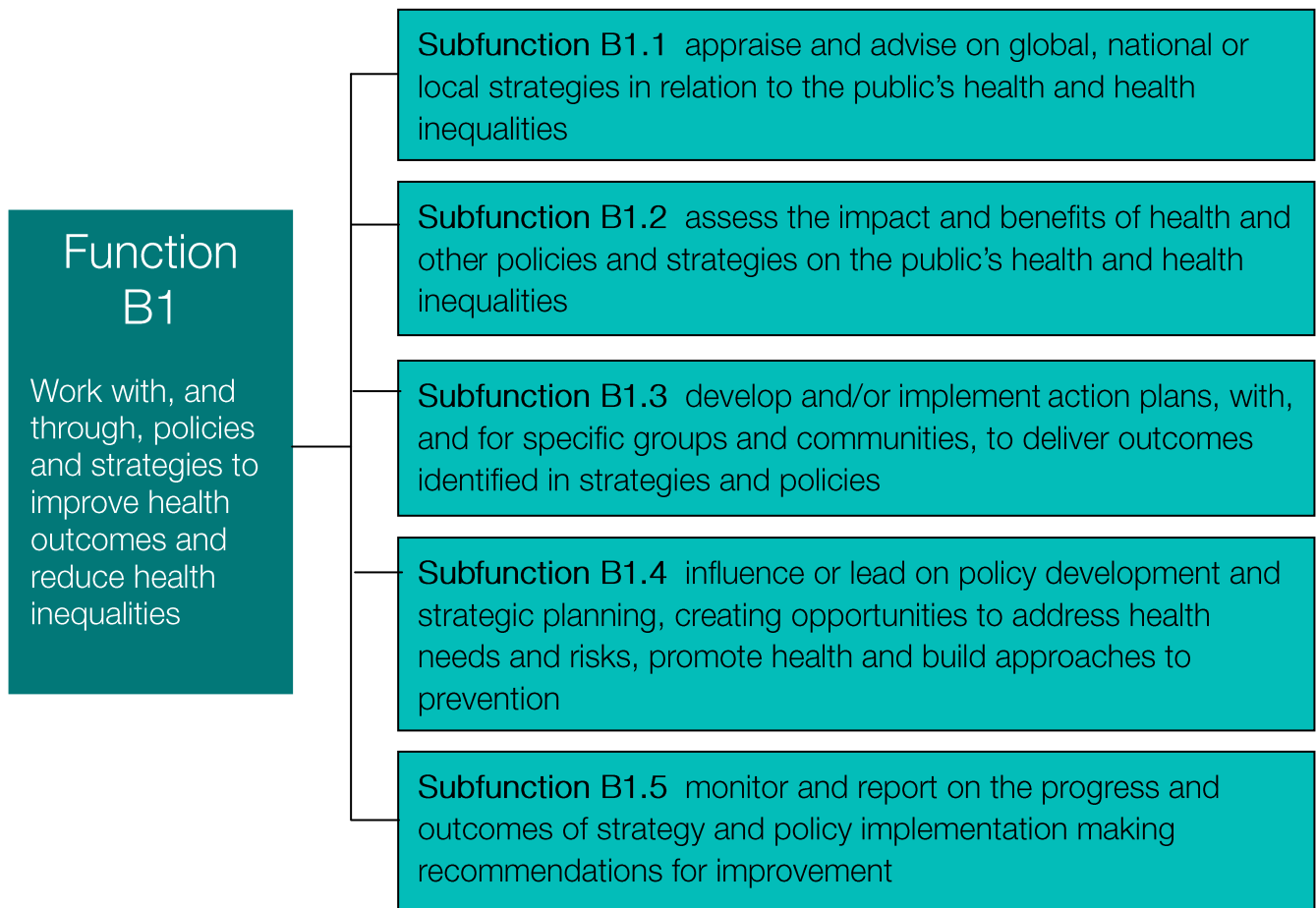
### What this function is about:

Function A5 is about the evaluation and reorientation of health and other services. It involves the economic analysis of existing or proposed provision; the appraisal of advances in technology and methods that can improve service delivery and efficiency; the involvement of service users in service reviews and design; the compliance of service design and delivery to best practice guidance and procedures; and the ongoing audit, quality assurance, and evaluation that informs continual improvement, and feeds the local evidence base.

Specialists might include a healthcare public health practitioner.

## AREA B – Context

### Function B1



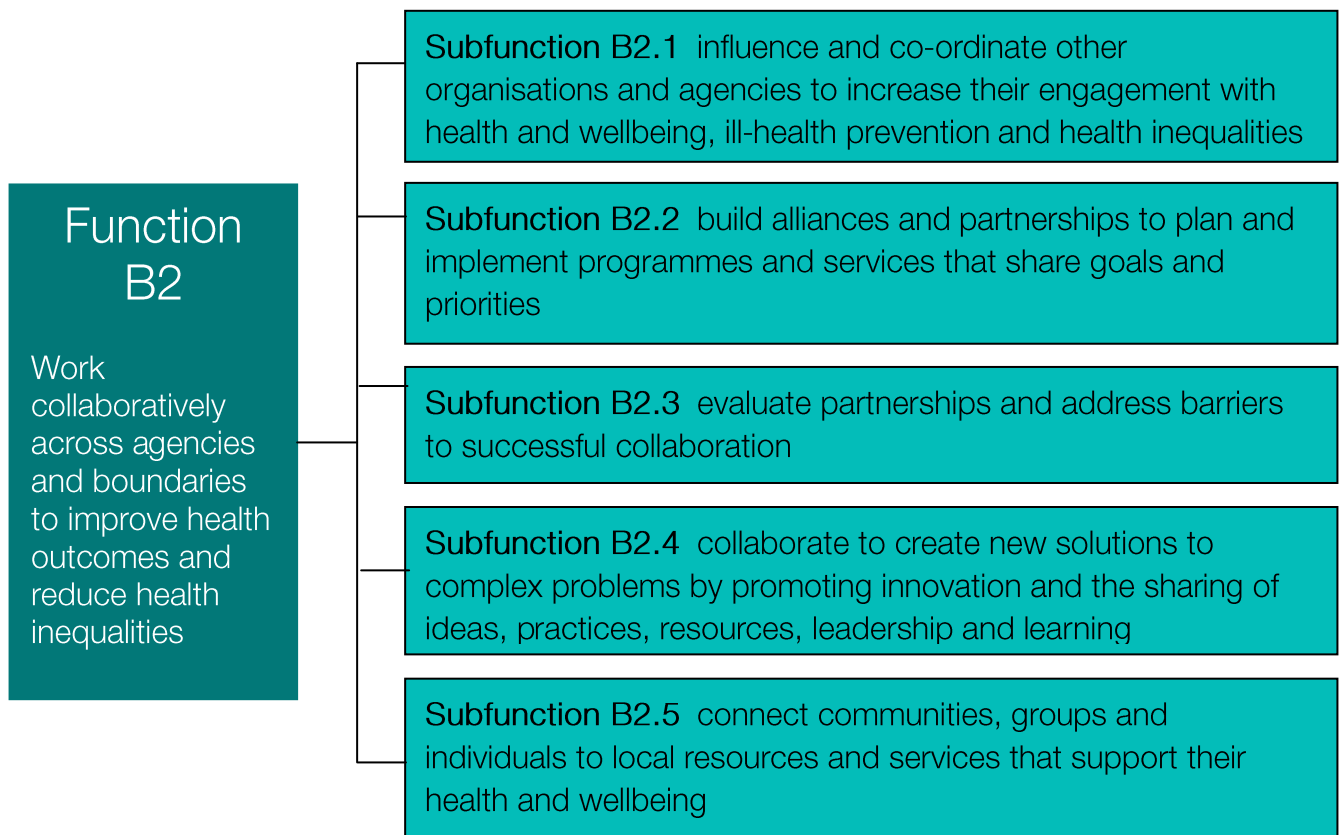
#### What this function is about:

Function B1 is about how public health action is either informed by policy and strategy from national government agencies and other authorities, or how it is implemented strategically across a system through the development of local strategies and policies.

People who work in public health will appraise and advise on strategy and policy, assess the impact, develop action plans based on strategic and policy direction, lead on local planning and the development of policies and strategies, and ultimately monitor and report on the success of implementation, with suggestions on how the policies and strategies can be improved.



## Function B2

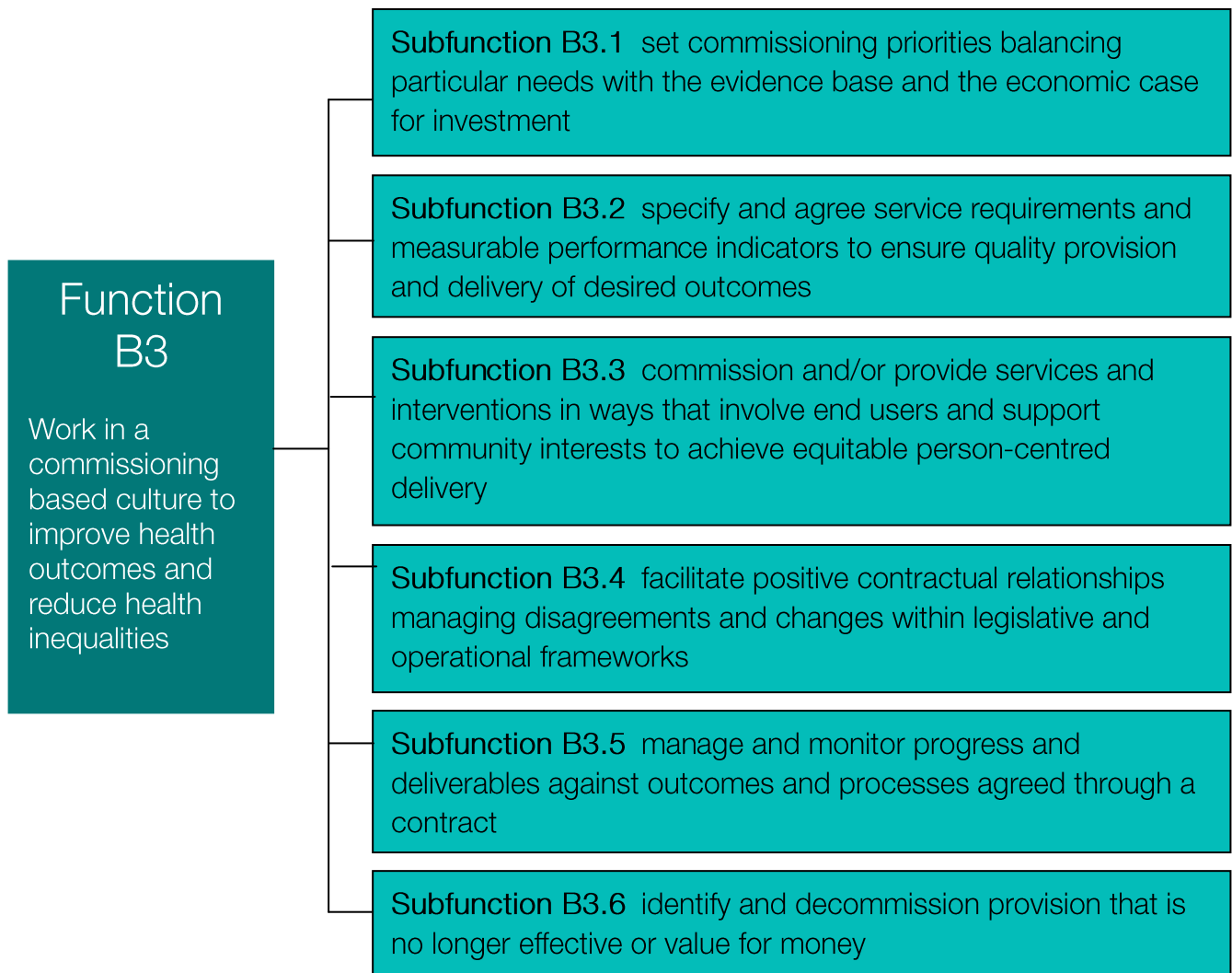


### What this function is about:

Function B2 is about achieving more in public health by working collaboratively with other organisations and agencies, across sectoral and other boundaries. This could be in situations where public health workers have a recognised lead role, or where they have no direct authority. This requires several skills, particularly interpersonal, eg negotiation; influencing; mediation; diplomacy; facilitation.

Collaborative arrangements may need to be sustainable or time-limited, depending on purpose, eg sharing of resources; problem solving; planning or implementing wide-spread change; co-ordinating rather than duplicating efforts; clarifying responsibilities and lines of accountability in the system.

## Function B3

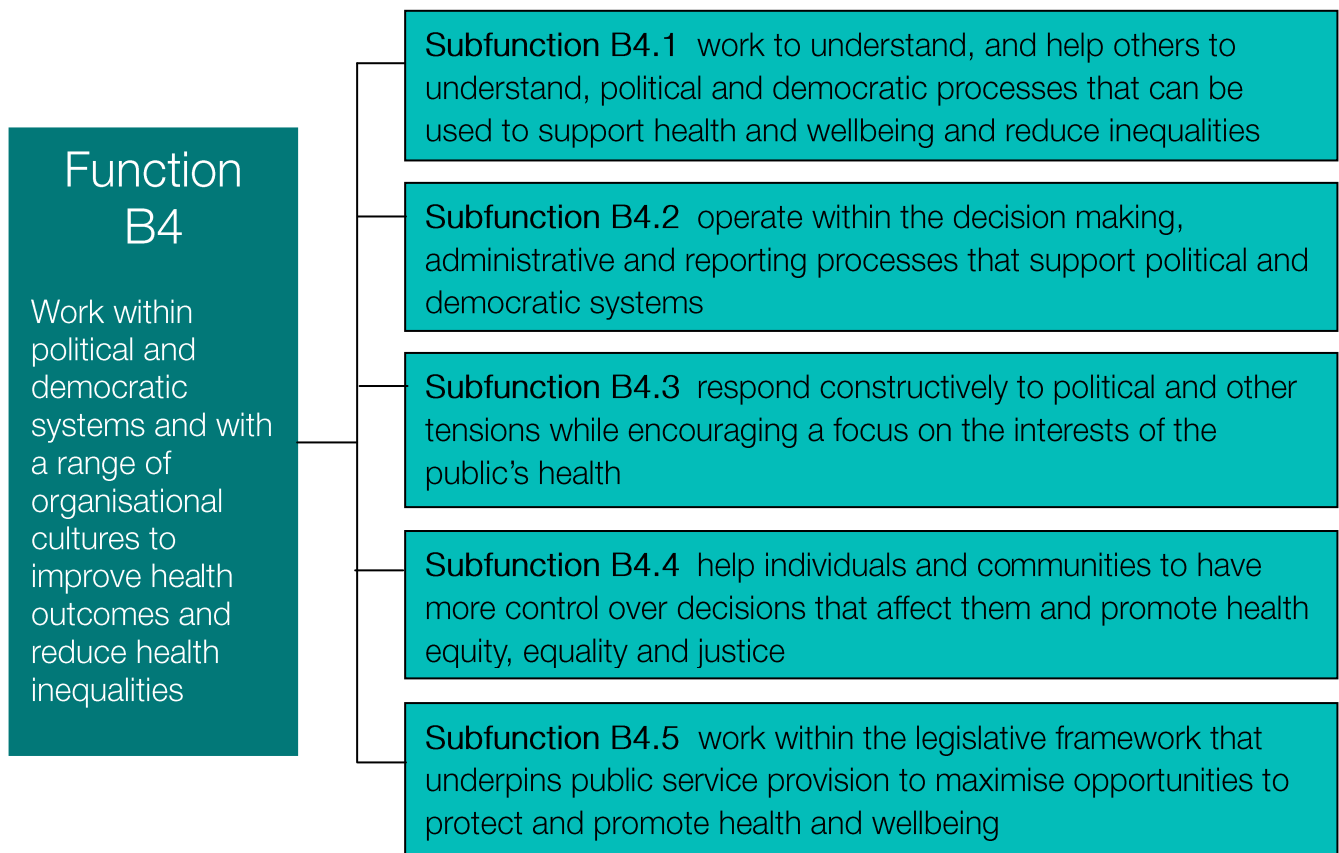


### What this function is about:

Function B3 embraces the skills required to apply public health principles, and promote public health values and priorities, in a commissioning-based business environment. In areas where commissioning is less developed, these may be described in the context of planning and prioritising.

It is about how the apparatus associated with purchasing services and interventions can be used to be very specific about what needs to happen; to identify where public funds should be directed to deliver on health outcomes, social value, and sustainability; and how these will be monitored, audited and evaluated. It is also about how all stakeholders work effectively together throughout a commissioning process.

## Function B4



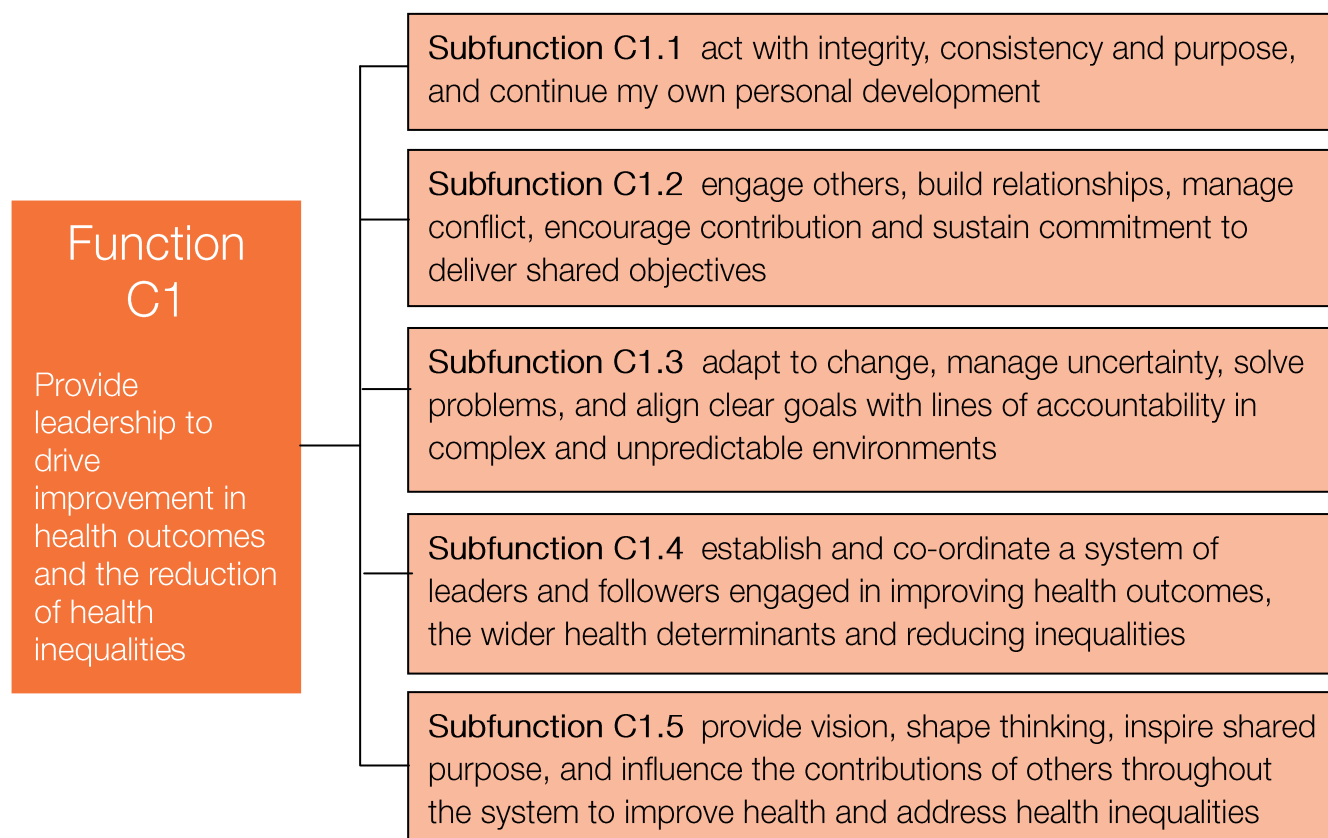
### What this function is about:

Function B4 is about the political and democratic processes that impact on the delivery of health, social care and other services. These impact either directly or indirectly on public health workers depending on their employing organisation. Political aspects could be party political (national or local) – parliamentary activity, public service policy, national legislation, election cycles.

This domain is also about the dynamics (which can be nuanced) within, between and outside organisations and individuals. Democratic systems include the accountability and scrutiny that comes with public funds sourced through taxation, and the community voice and empowerment enabled by it.

## AREA C – Delivery

### Function C1

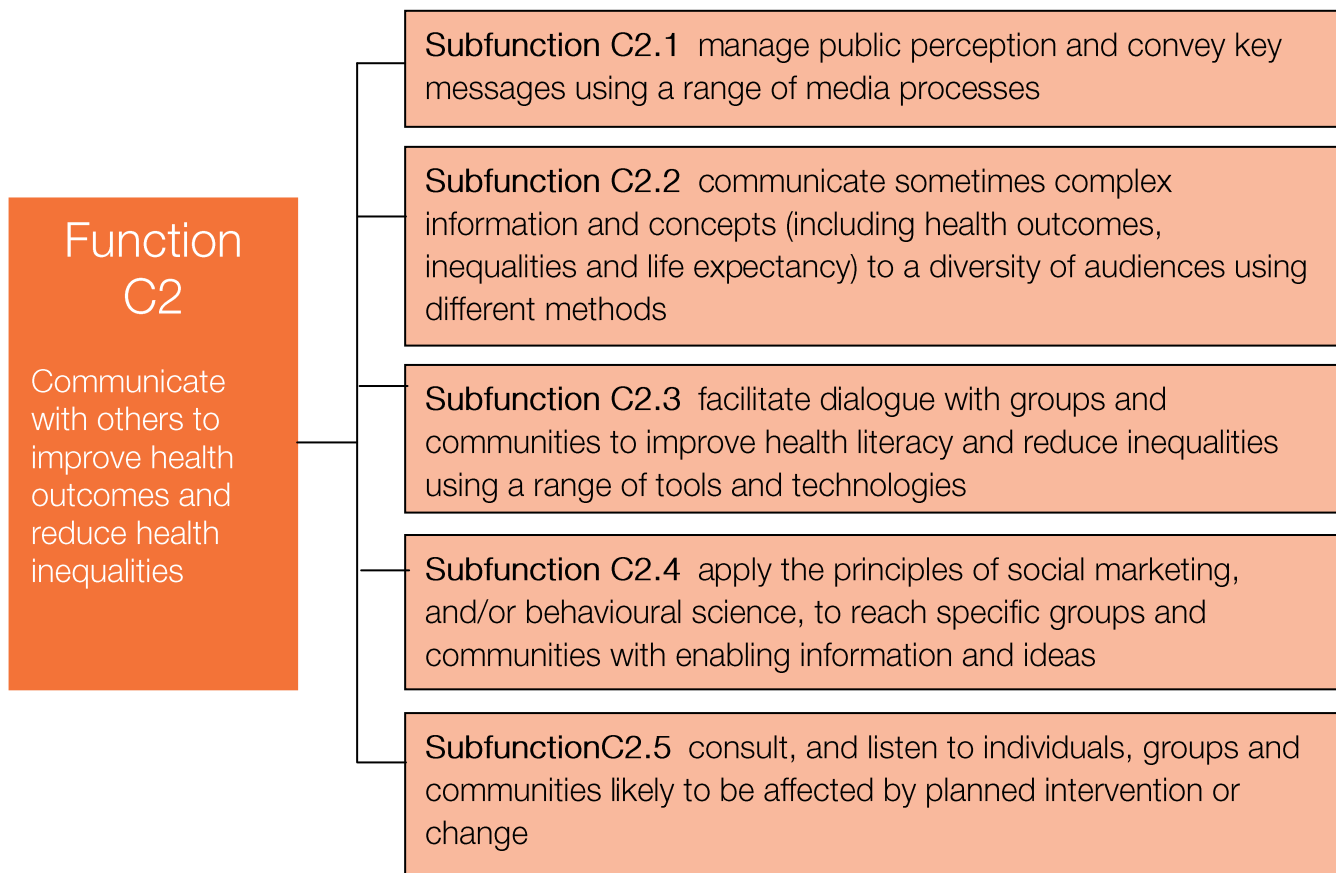


#### What this function is about:

Function C1 is about the activities associated with leadership in relation to different groups, situations, settings and intentions. All leadership stems from the ability to drive one's own actions and conduct. This area then describes action to lead and manage others; change; systems; and finally around setting strategic vision and establishing collective buy-in and ownership.

The descriptors here are enacted in the contexts described in Functions B1-4 ie they relate to strategic planning, collaborative working, commissioning, and in political and democratic landscapes, enabling the delivery of functions identified in AREA A (Technical).

## Function C2

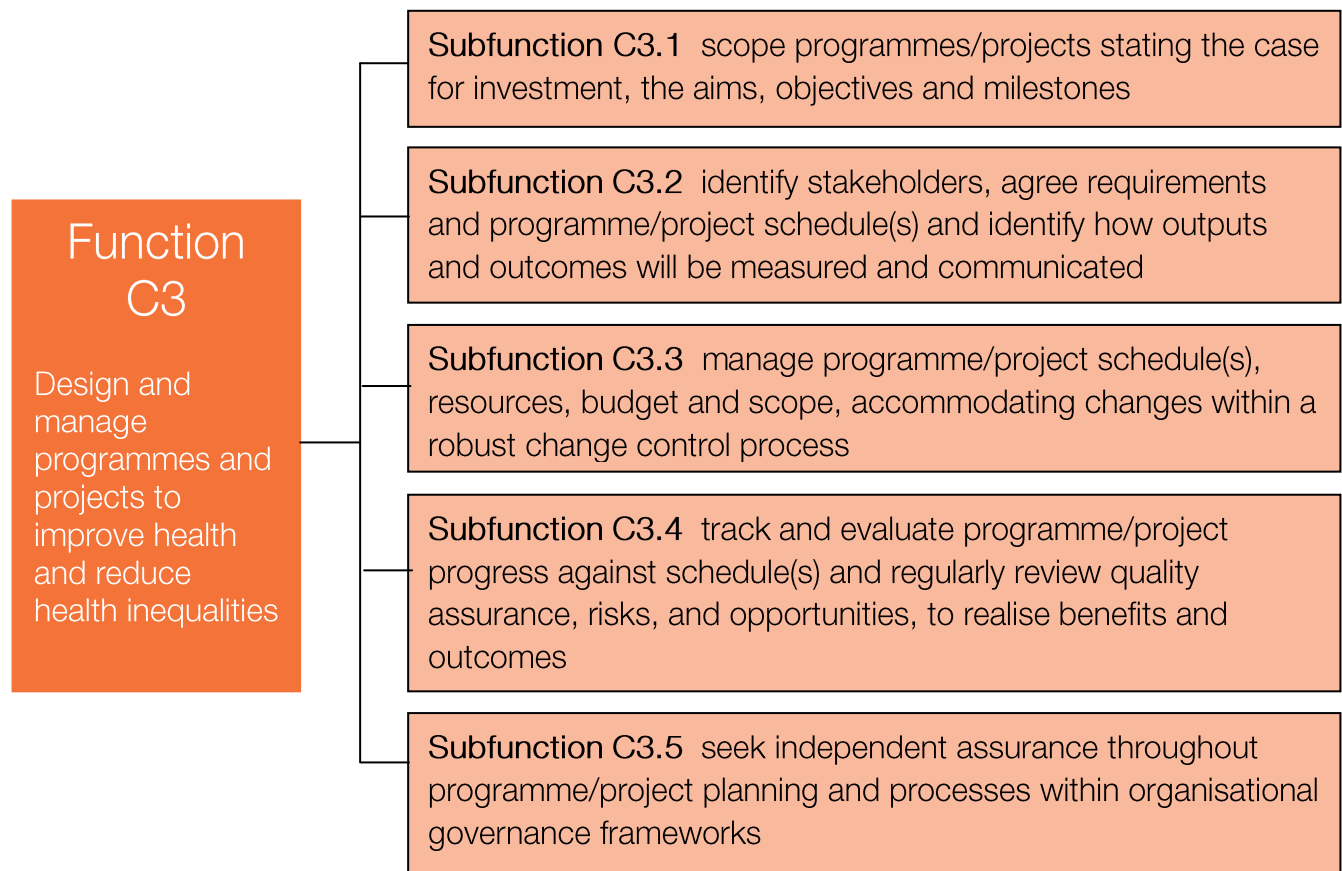


### What this function is about:

Function C2 includes the range of communication methods and technologies used by the public health workforce, to engage with all audiences, from lay to professional.

The actions described here deliver on other functional areas, eg communicating data and intelligence (A1); behaviour change messages and community engagement (A2); reporting risks and outbreaks (A3); communicating the implications of new evidence (A4); communicating decisions around changes to service delivery (A5/B3); proposing spend on new services and initiatives (B4/C4).

## Function C3

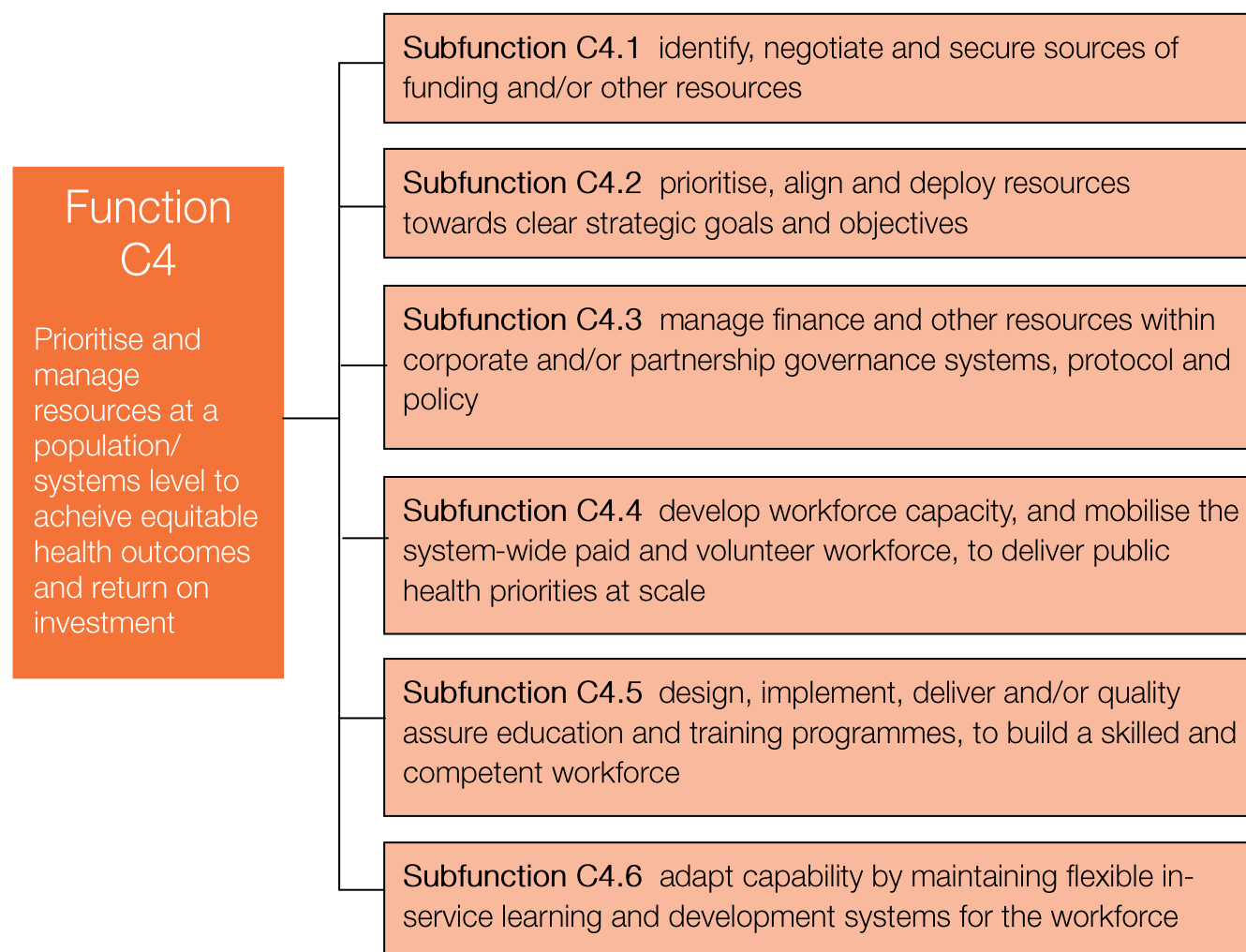


### What this function is about:

Function C3 provides a profile for the processes and actions related to the delivery of programmes and projects. Programme management is a professional area within its own right with its own professional body. Some people working in public health might be professionally qualified in this area, but the majority are not.

The descriptors here represent the minimum requirements for the effective and methodical execution of programme and project management – to scope, plan, implement and review within effective programme and/or corporate governance systems.

## Function C4



### What this function is about:

Function C4 relates to the key resources – money and people – and how these are deployed in relation to what needs to be achieved. It includes sourcing of funding as well as the management of finance.

The last three descriptors in the framework refer to the workforce – about capacity, competence and capability. They include capacity building, training and ongoing development to ensure that the workforce can adapt to ever-changing requirements, and are supported in their continuing professional development.

# Glossary

## Advocate

A person who publicly supports or recommends a particular cause or policy, or the action to support or recommend.

## Audit

A systematic review or assessment of something, often repeated in a cycle of change or improvement and re-audit.

## Behavioural science

The study of individuals and their interactions through systematic analysis and investigation.

## Best practice guidance

This is guidance, based on best available evidence, provided by an authoritative body setting out expectations for the components, quality, safety, consistency and effectiveness of the delivery of specific services or interventions. While the guidance may refer to legal requirements the guidance itself does not constitute legislation.

## Collaborate

The action of two or more people or groups of people working together to produce something, eg collaborative leadership, collaborative commissioning, collaborative research.

## Contracting

The means by which the procurement (buying) process is made legally binding. Contract management is the process that ensures services procured (bought or commissioned) are delivered to agreed quality standards.

## Commissioning

The process by which public services plan what is needed by the people who live in a local area, ensuring that those services are available, high quality and appropriate.

Commissioning is sometimes described as a cycle involving: assessing the needs; deciding what services are needed; designing a strategy to deliver those services; making sure those services are in place; evaluating how well these services are working; then making any changes needed.

## Democratic processes

Democratic processes allow democracy to exist. Democracy is based on the idea that everyone should have equal rights and be allowed to participate in making important



decisions. Democratic process supports citizen engagement through elected representatives, and other mechanisms at a local, national, or international level.

### **Determinants of health**

Personal (genetics, age, sex, ethnicity), social, economic and environmental factors – including health behaviour and lifestyle, income, education, employment, access to health services, housing and the natural environment – which determine the health status of a person or community.

### **Economic analysis**

The application of economic tools and methodologies to assess the cost impacts of a service or intervention against the benefits to be gained to population health or society.

### **Empowerment**

Authority, permission or power given to someone to do something, or the enabling process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.

### **Evaluation**

A process that attempts to determine systematically and objectively the relevance, effectiveness and impact of activities in the light of their objectives.

### **Evidence**

Information and knowledge derived from sound research and other reliable sources, eg evaluation and audit that informs decision making.

### **Exposure**

A measure of the actual contact with an agent (usually chemical, physical, or biological) or other factors that might change a state of disease or risk.

### **Governance**

A system or framework through which organisations are accountable for continuous quality improvement, and safeguarding high standards by creating an environment in which excellence can flourish, including clarity of purpose and clear lines of accountability eg corporate governance, clinical governance, information governance, programme governance.

### **Hazard**

The intrinsic capacity of an agent, a condition, or a situation to produce an adverse health or environmental effect.

## Health

The extent to which an individual or group is able to realise aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasising social and personal resources as well as physical capabilities. Health is related to how a person's potential to be a meaningful part of society in which they live, is adequately realised.

## Health inequalities

Preventable differences between groups in physical and mental health, health risks and health-related behaviour. Groups may be based on socioeconomic conditions, ethnicity, gender, sexual orientation or geography.

## Health literacy

This is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

## Intelligence

The best available data, information and evidence, presented to assist informed analyses that will underpin decision making.

## Intellectual property

Intellectual Property is something unique that has been created, bought, branded or trade marked and can be protected to stop people stealing or copying products, brands, designs, inventions or things written, made or produced.

## Intervention

An intervention is a combination of programme elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population.

## Outcomes

An aim or objective that people would like to achieve or need to happen. Planning geared around outcomes allows for service providers to develop innovative approaches to deliver on those outcomes, and provides a focus around which the effectiveness of those services can be evaluated.

## Person-centred

An approach that puts the people accessing services at the centre, treating them with care and support as an equal partner; and involving them in the process of working out what their needs are and how best these can be provided for. It is about providing services that put the needs of individuals before making assumptions about the needs of groups, or the needs of organisations.

### **Policy**

A system of principles to guide decisions and achieve agreed outcomes. A statement of intent that is then implemented through procedures or protocols.

### **Political systems**

A system involving government and its politics including those members who hold power. It involves a coordinated set of principles, laws, ideas and procedures.

### **Programme**

In the context of programme management, a programme is a temporary and flexible structure created to coordinate, direct and oversee the implementation of a set of related projects and activities to realise outcomes and benefits of strategic relevance.

### **Protocol**

An accepted code of conduct or acceptable professional behaviour, including rules and guidance.

### **Quality assurance**

The maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production.

### **Return on investment**

A general term encompassing the techniques for comparing the costs and benefits generated by an investment.

### **Risk**

The likelihood of harm imposed by an agent or a particular adverse event during a stated period of time, or resulting from a particular challenge.

### **Screening**

The systematic application of a test or inquiry to identify individuals at sufficient risk of a specific disorder to benefit from further investigation or direct preventive action among persons who have not sought medical attention on account of symptoms of that disorder.

### **Service**

A system supplying a public need or to fulfill a demand, or a public department or series of functions delivered by the state.

### **Social marketing**

The systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals for a social good.

### **Stakeholders**

Persons or organisations with an interest in an endeavour, project or service, or who may affect or be affected by the outcome of an activity. Responses to stakeholders may include collaboration, involvement, monitoring.

### **Sustainable**

Able to be maintained at a certain rate or level.

### **Strategy**

A high level plan to achieve one or more goals. Involves setting goals, determining actions to achieve the goals, and mobilising resources to execute the actions. A strategy describes how the goals will be achieved.

### **System**

A set of things working together as parts of a mechanism or an interconnecting network: a complex whole.

### **Universal**

Existing everywhere or involving everyone, applicable everywhere or in all cases.

### **Value for money**

The National Audit Office refers to economy (spending less); efficiency (spending well); and effectiveness (spending wisely). The term is widely used to describe the optimal balance between outputs and inputs.

### **Verify**

To make sure that something is correct, true or that it actually exists.

### **Wellbeing**

This is a broad concept that can be described in relation to personal dignity; physical health; mental health and emotional wellbeing; protection from abuse and neglect; control of the individual over day-to-day life; participation in work, education, training or recreation; social and economic wellbeing; and domestic, family and personal relationships.

### **Workforce competence**

The skills, knowledge and expertise available.

### **Workforce capability**

What can be achieved/produced using the skills, knowledge and expertise available.

### **Workforce capacity**

How much of which skills, knowledge and expertise is needed to deliver what needs to be delivered.

## Steering group agencies

Association of the Directors of Public Health  
Chartered Institute of Environmental Health  
Council for the Awards of Care, Health and Education  
Department of Health (England)  
Faculty of Public Health  
Health Education England  
Local Government Association  
NHS Scotland  
Public Health Agency for Northern Ireland  
Public Health England  
Public Health Wales  
Royal College of Midwives  
Royal College of Nursing  
Royal Society for Public Health  
UK Health Forum  
UK Public Health Register  
University of Brighton

