







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.

For queries relating to this document, please contact: sp-phskf@phe.gov.uk

© Crown copyright 2016

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit OGL or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: November 2016

PHE publications gateway number: 2016440



Contents

Foreword	4
Introduction	5
What the framework is for	6
Principles guiding the design of the framework	7
Themes running through the framework	8
Professional and ethical underpinnings	9
AREA A – Technical	11
Function A1	11
Function A2	11
Function A3	12
Function A4	13
Function A5	14
AREA B – Context	15
Function B1	16
Function B2	16
Function B3	17
Function B4	18
AREA C – Delivery	19
Function C1	20
Function C2	20
Function C3	21
Function C4	22
Glossary	23
Steering group agencies	29

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



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



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



- public health functions are described in areas of activity:
 - o A Technical
 - o B Contextual
 - o 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

- 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

service

ii adhere to professional codes of conduct, occupational membership codes, employer behaviour frameworks and practice standards Work within ethical and professional boundaries while

iii ensure compliance with statutory legislation and practice requirements, including mandatory training

i understand and apply the principles underpinning public

iv promote ethical practice with an understanding of the ethical dilemmas that might be faced when promoting population health and reducing health inequalities

v identify and apply ethical frameworks when faced with difficult decisions when promoting the public's health and reducing inequalities

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

promoting

population health

and wellbeing,

and addressing

health inequalities

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

to improve health

outcomes and reduce health

inequalities

outcomes

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

AREA B - CONTEXT AREA A - TECHNICAL AREA C – DELIVERY **Function Function Function Function** Function **Function A1** B2 C2A2 **B**1 C1Work with, and Work Provide Communicate Measure, monitor Promote through, policies collaboratively leadership and report population and with others to and strategies to population health community health across agencies to drive improve health and wellbeing; and wellbeing, improve health and boundaries improvement in outcomes and health needs, risks addressing the outcomes and to improve health and inequalities: wider determinants reduce health outcomes and and the reduction of health and inequalities and use of reduce health of health health inequalities inequalities services **Function Function** Function A4 **Function** C4**Function Function** Prioritise and Work to, and for. **B**3 A3 **B**4 **C**3 the evidence base. manage Work in a Protect the public Work within Design and resources at a conduct research. commissionina from and provide political and manage based culture to environmental systems level to informed advice democratic programmes and improve health hazards. systems and with acheive equitable projects to outcomes and communicable improve health a range of Function A5 reduce health disease, and other organisational and reduce and return on inequalities health risks, while Audit, evaluate and cultures to addressina improve health re-design services inequalities in risk outcomes and and interventions exposure and

10

reduce health

inequalities

AREA A - Technical

Function A1

Function A1

Measure, monitor and report population health and wellbeing; health needs, risks, and inequalities; and use of services Subfunction A1.1 identify data needs and obtain, verify and organise that data and information

Subfunction A1.2 interpret and present data and information

Subfunction A1.3 manage data and information in compliance with policy and protocol

Subfunction A1.4 assess and manage risks associated with using and sharing data and information, data security and intellectual property

Subfunction A1.5 collate and analyse data to produce intelligence that informs decision making, planning, implementation, performance monitoring and evaluation

Subfunction A1.6 predict future data needs and develop data capture methods to obtain it

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

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

Subfunction A2.1 influence and strengthen community action by empowering communities through evidence-based approaches

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

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

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

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

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

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

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

Subfunction A3.1 analyse and manage immediate and longerterm hazards and risks to health at an international, national and/or local level

Subfunction A3.2 assess and manage outbreaks, incidents and single cases of contamination and communicable disease, locally and across boundaries

Subfunction A3.3 target and implement nationwide interventions designed to offset ill health (eg screening, immunisation)

Subfunction A3.4 plan for emergencies and develop national or local resilience to a range of potential threats

Subfunction A3.5 mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures

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.

Subfunction A4.1 access and appraise evidence gained through systematic methods and through engagement with the wider research community

Subfunction A4.2 critique published and unpublished research, synthesise the evidence and draw appropriate conclusions

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

Subfunction A4.4 report and advise on the implications of the evidence base for the most effective practice and the delivery of value for money

Subfunction A4.5 identify gaps in the current evidence base that may be addressed through research

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

Function

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

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

Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities Subfunction A5.1 conduct economic analysis of services and interventions against health impacts, inequalities in health, and return on investment

Subfunction A5.2 appraise new technologies, therapies, procedures and interventions and the implications for developing cost-effective equitable services

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

Subfunction A5.4 develop and/or implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems

Subfunction A5.5 quality assure and audit services and interventions to control risks and improve their quality and effectiveness

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

Function B1

Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities Subfunction B1.1 appraise and advise on global, national or local strategies in relation to the public's health and health inequalities

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

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

Subfunction 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

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

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

Function B2

Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities Subfunction B2.1 influence and co-ordinate other organisations and agencies to increase their engagement with health and wellbeing, ill-health prevention and health inequalities

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

Subfunction B2.3 evaluate partnerships and address barriers to successful collaboration

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

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

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

Subfunction B3.1 set commissioning priorities balancing particular needs with the evidence base and the economic case for investment

Subfunction B3.2 specify and agree service requirements and measurable performance indicators to ensure quality provision and delivery of desired outcomes

Subfunction 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

Subfunction B3.4 facilitate positive contractual relationships managing disagreements and changes within legislative and operational frameworks

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

Subfunction B3.6 identify and decommission provision that is no longer effective or value for money

Function B3

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

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

Function B4

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

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

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

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

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

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

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

Function C1

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

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

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

Subfunction C1.3 adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environments

Subfunction C1.4 establish and co-ordinate a system of leaders and followers engaged in improving health outcomes, the wider health determinants and reducing inequalities

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

What 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

Function

Communicate with others to improve health outcomes and reduce health inequalities

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

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

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

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

SubfunctionC2.5 consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change

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

Function

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

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

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

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

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

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

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

Function C4

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

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

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

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

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

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

Subfunction C4.6 adapt capability by maintaining flexible inservice learning and development systems for the workforce

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 in 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 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























