Public Health Skills and Knowledge Framework as a tool for line managers

January 2019

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

Corporate member of Plain English Campaign
Committed to clearer communication
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The PHSKF in context / your organisation

Public health services are delivered in different ways by different organisations across the UK. The PHSKF was created by colleagues from across the 4 nations working in different fields of public health to reflect the diversity of the public health workforce.

The framework can apply to those working in:

- 'core' public health workforce, ie from Health Protection Practitioners to Consultants working in Healthcare Public Health or colleagues delivering screening / immunisation programmes etc., or
- 'wider' public health service, ie dietitians, fire fighters, community support workers etc.

If the key focus of your organisation is to deliver a public health service, the PHSKF could be applied across a significant proportion of your workforce. If your organisation has a wider remit (for example a local authority, health care provider, community development organisation) the PHSKF may apply to a smaller section of the workforce and could be used in support of the existing arrangements for appraisal / learning and development.

Countries of the UK

It is acknowledged that there are different arrangements in place in the home countries. When using the PHSKF consideration should be given to existing arrangements as follows:

- colleagues working within the core public health workforce in England should consider the arrangements for appraisal / learning and development in place within in their organisation
- colleagues working within the core public health workforce in **Wales** should consider the arrangements appraisal / learning and development in place in Public Health Wales
- colleagues working within the core public health workforce in **Scotland** should consider the arrangements appraisal / learning and development in place in NHS Health Scotland
- colleagues working within the core public health workforce in **Northern Ireland** should consider the arrangements appraisal / learning and development in place in HSC Public Health Agency
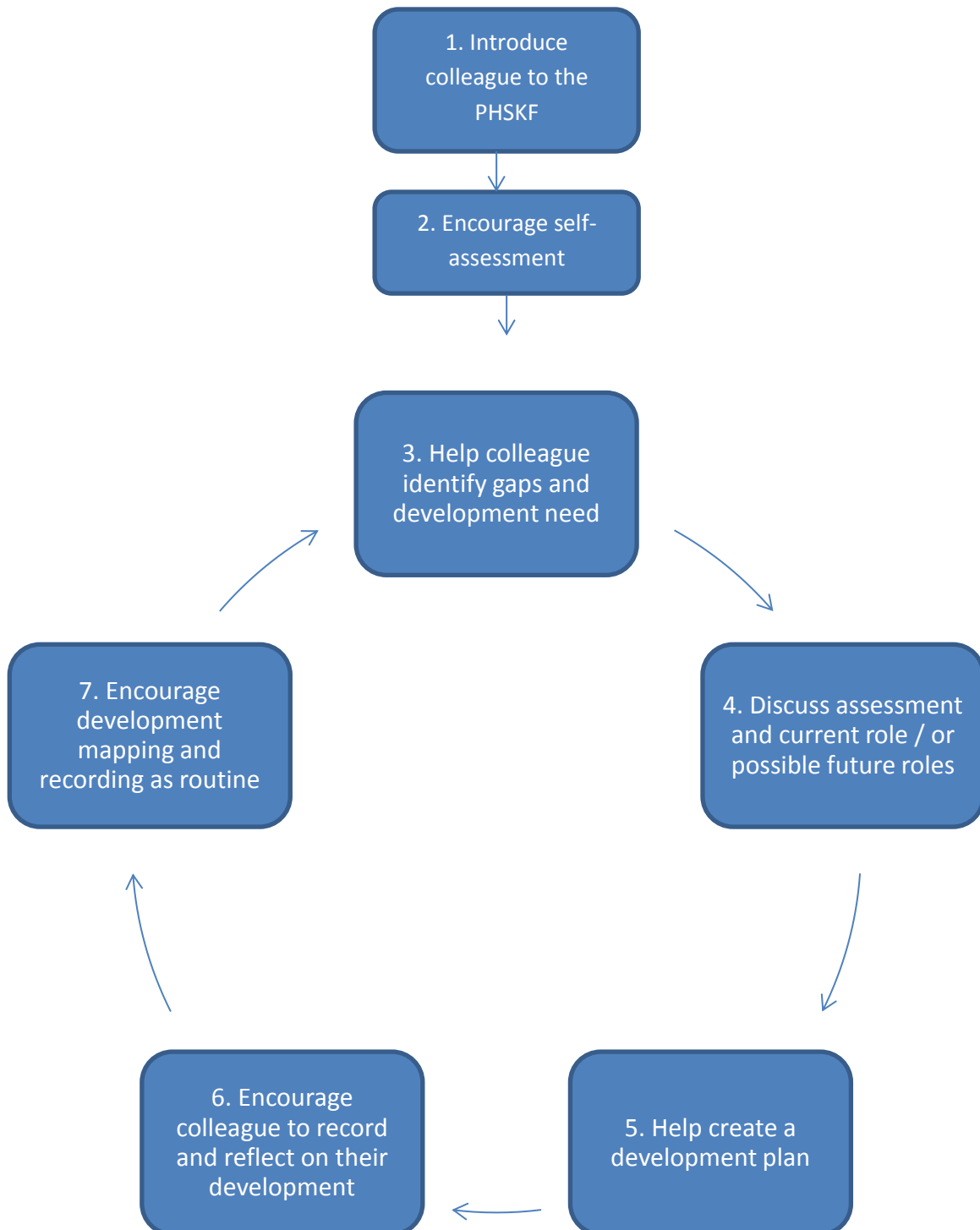
Step-by-step approach for the line manager

As a line manager you may find yourself supporting the performance and development of people with a remit to deliver on public health outcomes, through the delivery of actions and functions specific to public health practice. You may or may not have expertise in this area yourself. The Public Health Skills and Knowledge Framework (PHSKF) can help you to support colleagues by:

- introducing them to the PHSKF and explaining that it is a national framework describing the public health functions delivered by individuals and teams across agencies and organisations in the UK
- offering them the self-assessment tool, and sub-functions explained guide, that will help them assess themselves against the functions and sub-functions
- encouraging them to think about their current levels of competence and confidence specific to their area of work, identifying any gaps or development needs (this can be undertaken with reference to their job description or appraisal objectives)
- offering them an opportunity to discuss their self-assessment with you (and perhaps a public health mentor), to explore how equipped they feel for their current role
- offering them an opportunity to discuss their development needs and their career aspirations with you (or a public health mentor), to explore how equipped they feel for potential future roles, and what development pathway will help them to progress further
- supporting them to create a development plan that includes their capabilities in relation to public health activities, as well as the organisational business skills or mandatory training that they need to include
- encouraging them to keep a record of their development activities, whether this be on-the-job training, self-directed learning, or more formalised training programmes, and to record their thoughts and reflections on their learning[1] (to encourage the development of reflective practitioners across the public health workforce)
- enabling them to establish this process as a routine that will help them to develop on whichever public health career pathway they wish to pursue. This may require either you, or your direct reports, to seek and identify sources of sound careers advice in public health practice and careers. If you do not feel able to provide this advice yourself (please refer to the organisations listed under 'Countries of the UK' on page 4 of this document)

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[1] Faculty of Public Health Tips on writing effective reflective notes, September 2012 www.fph.org.uk/media/1283/fph-tips-on-writing-effective-reflective-notes.pdf

Step by step approach—diagram

1. Introduce colleague to the PHSKF

2. Encourage self-assessment

3. Help colleague identify gaps and development need

4. Discuss assessment and current role / or possible future roles

5. Help create a development plan

6. Encourage colleague to record and reflect on their development

7. Encourage development mapping and recording as routine

Frequently asked questions (FAQs)

1.   Why guidance for line managers?

An early tool to be developed, shortly after the publication of the revised Framework in 2016, was a self-assessment form for individuals[2]. This has been used to conduct team skills audits; to help workers in PHE to review their development needs during the mid-year review point of the appraisal cycle; and similar application is also being developed for public health workers in the Public Health Agency (PHA) for Northern Ireland for them to:

- map their PHA job descriptions to the Framework
- provide specific work examples that demonstrate the sub-functions they carry out
- identify areas where they feel they need further development to fulfil their role competently

Line managers in these, and other organisations, may or may not be members of the core public health workforce, but they may be managing those who are. Similarly, public health professionals may be managing staff who are not members of the core public health workforce, but who wish to be, and who will be looking for development opportunities to help them on this career pathway. These guidelines have been prepared to help those line managers to understand how they can help individuals to work with the Framework.

2.   How does the Framework help line managers?

It encourages workers to 'own' their career development

The Framework provides a tool that encourages individual workers to take steps to review their own progress, to recognise their own areas of expertise, and to identify where they may need to develop further. This supports reflective practice, as well as a culture of self-led career planning and development.

Line managers can legitimately invite their direct reports to carry out this self-assessment as the Framework provides a national benchmark. In the context of reflective practice, line managers can encourage workers to take responsibility for planning their own professional or practice-based development. This partnership approach is also engendered through career or development

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[2] Acknowledgements to Lincolnshire County Council who designed a self-assessment methodology to conduct a public health department team audit using the PHSKF during 2017

'conversations'[3] that are encouraged during appraisal and staff review processes across UK organisations and sectors.

It can help workers to see where their role fits within the wider public health context

Because the Framework represents all areas of public health practice, both the technical functions (around health intelligence, health promotion, health protection, healthcare public health, research) and those transferable skills shared with other organisational colleagues, individuals working with the Framework can see how their own actions and capabilities contribute to the wider public health effort. This will support a sense of purpose and higher ambition, and could also contribute to a sense of wider belonging within their employing organisation, recognising the particular contributions of themselves and their team.

It can help with writing or reviewing job descriptions

Line managers may also find themselves in a position where they need to extend their team, or provide a different skills profile as the nature of the work they are delivering changes or evolves. They may find that they need to write new job descriptions. The Framework can assist with this by providing a menu of functions that public health workers are able to carry out. It is unlikely that anyone working in public health, even the most accomplished, will be delivering on every single function in the Framework, to a current level of competence, so the Framework can be used to identify the key areas of delivery you require from a post. These can then be described in a way that many public health workers will recognise, (if they are familiar enough with the Framework), and in a way that resonates with people based across a range of sectors and organisations.

3.   How can line managers help individuals?

It is often difficult for individuals, at any level, to assess themselves if they do not receive regular feedback on their work, either around their levels of competence, or productivity/output.

In their 1999 study[4], David Dunning and Justin Kruger explained that with incompetence comes the inability to make an accurate self-assessment of one's own competence. They observed that often incompetent individuals over-estimate their abilities. This is known as the Dunning-Kruger effect. Subsequent studies around this phenomenon have also revealed that more competent individuals often under-estimate their competence by assuming that things that they find relatively easy, others also find easy. This is why it is always useful for individuals to be able to discuss any self-assessment with

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[3] Career Conversations, HEE healthandcaretalentmanagement.hee.nhs.uk/hcls/talent-management-toolkit/career-conversations, Career conversation framework and tips, Civil Service Learning civilservicelearning.civilservice.gov.uk/sites/default/files/career_conversations_1.pdf

[4] 'Unskilled and Unaware of It: how difficulties in recognising one's own incompetence lead to inflated self-assessments', Kruger, J. and Dunning, D.; Journal of Personality and Social Psychology 1999, Vol. 77, No.6, 1121-1134

someone else, whether that is a peer, a tutor, a mentor, or a line manager. We all need support to help us to calibrate how we see ourselves.

In the context of work-based appraisal and development discussions, between workers and their line managers, a candid and constructive conversation can be an invaluable aid to development.

Line managers should also have a sound grasp of the learning and development policies and opportunities within their organisations, to respond to the development needs identified in their direct reports. These needs could be met in a variety of different ways and the 70/20/10 model of learning and development[5] currently holds significant traction in organisations internationally and across all sectors. This model suggests that, as a general guide, about 70% of an individual's learning is sourced from job-related experiences; 20% from interactions with others; and 10% from formal educational events. Options to support individuals might therefore be varied eg: shadowing; secondment; 'acting-up'; special projects; extended leadership opportunities; on-line or e-learning based knowledge acquisition; class-room based learning; formally assessed learning leading to nationally recognised qualifications.

Hence line managers can help by:

- assisting individuals in reaching more realistic judgements about their capabilities
- supporting individuals with development options, in line with their corporate learning and development offer
- helping individuals to prioritise their learning and development needs so that they are competent in their current roles, while planning for their future career development

4.   How does the PHSKF link with other organisational competency frameworks?

Employing organisations often have their own competency frameworks to support the learning and development of their workforce, reflecting their strategic goals, their over-riding purpose and their culture.

For the public health workforce, this could be the NHS Knowledge and Skills Framework[6], a myriad of local authority competency frameworks[7], or the Civil Service Competency Framework[8], as well as those from a wide range of other employing organisations and agencies across sectors.

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[5] Model created in the 1980s by Morgan McCall, Michael M Lombardo and Robert A Eichinger, of the Center for Creative Leadership, when researching successful executives

[6] NHS Knowledge and Skills Framework (Scotland) www.ksf.scot.nhs.uk/

[7] Northern Ireland Local Government Competency Framework www.lgsc.org.uk/fs/doc/publications/competency-framework-for-local-government.pdf

[8] Civil Service Competency Framework 2012-2017 www.gov.uk/government/uploads/system/uploads/attachment_data/file/436073/cscf_fulla4potrait_2013-2017_v2d.pdf

TABLE 1 shows how elements of the PHSKF link to, and complement these other frameworks. The table also shows how different frameworks address different aspects of staff performance eg: some combine desirable behaviours with specific areas of functional activity, while others focus on service delivery standards or specific skill-sets, so the comparisons between frameworks are not always 'like with like'.

TABLE 1			
PHSKF	NHS KSF	Civil Service	Local Government (Northern Ireland example)
Context B1 – work through policies & strategies Delivery C1 – provide leadership to drive improvement		*Inspiring* Setting Direction Seeing the bigger picture Changing & improving Making effective decisions	How we provide leadership and direction: Setting Direction Leadership Managing Performance
Technical - A1-5 Context B3 - work in a commissioning based culture Delivery C3 – design & manage programmes & projects	IK1-3 Information & Knowledge HWB 1 – 10 Health & Wellbeing C3 Health, safety & security C4 Service Improvement C5 Quality	*Empowering* Delivering Results Achieving commercial outcomes Delivering value for money Managing a quality service Delivering at pace	How we move forward: Problem solving & decision making Managing change Achieving results Continuously improving services
Delivery C2 – communicate with others C4 – prioritise & manage resources Context B2 - work collaboratively across boundaries B4 – work within political & democratic systems & with a range of organisational cultures	C1 Communication C2 Personal & people development G7 Capacity & capability C6 Equality & diversity	*Confident* Engaging People Leading & communicating Collaborating & Partnering Building capability for all	How we manage ourselves: Managing our own work Developing our own capability Communicating with impact How we work with others: Collaborating in a political environment Influencing outcomes Meeting customer needs Respect for diversity & equality
Professional and ethical underpinnings		Values	

5. Can the Framework help the line manager to support the health and wellbeing of staff?

Evidence shows that the health and wellbeing of staff is affected by how they are managed. The National Institute for Health and Care Excellence (NICE) provides guidance on management practices[9].

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[9] NICE guideline [NG13] Workplace health: management practices June 2015, updated March 2016
www.nice.org.uk/guidance/ng13

These pieces of guidance, alongside others that reference the potential impact of the line manager can all be found in the NICE pathway on this topic.

With regard to job design, NICE recommend that line managers encourage employees to be involved in the design of their role to achieve a balance in the work demanded of them. Other recommendations that the Framework can support, require line managers to:

- encourage creativity, new ideas and opportunities to learn
- act as a mentor or coach
- recognise the contribution of each employee
- provide a sense of meaning and challenge, and building a spirit of teamwork and commitment
- work with employees to produce and agree employees' personal development plans

6. If there are no levels – how can the Framework help people to progress or develop?

One of the challenges with the original Framework (2008) was that it provided 9 levels of the workforce, using the Skills for Health (SfH) 'key elements of the career pathway' tool[10]. The testing of an early e-portfolio prototype for the Framework in 2015 showed that when individuals tried to assess themselves against these levels, they could not distinguish sufficiently between the knowledge and skills descriptors of neighbouring levels to feel confident that they were assessing themselves correctly. During engagement events, the workforce also reported that there were too many levels.

A further problem associated with the 9 levels described in the Skills for Health career pathway was that individuals were tempted to align these to the NHS Agenda for Change pay bandings, and they used the PHSKF as a tool to support job evaluation, or to claim they were working at a different level to the one on which they were being paid. This was never the intended use of either the Skills for Health career pathway or the PHSKF and it left some individuals with negative associations with the Framework, particularly if they had been moved to a lower, rather than a higher banding by the presiding manager.

It is important to understand that the Framework is not designed to be used as a job evaluation tool to determine the banding/pay and grading of staff

The Framework (2016) should be used to help individuals to:

- identify those public health functions in which they are experienced, and feel confident, so that they can produce their own personal profile of their public health capabilities

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[10] Skills for Health Key Elements of the Career Pathway
www.skillsforhealth.org.uk/index.php?option=com_mtree&task=att_download&link_id=163&cf_id=24

- identify those public health functions that they actively carry out in their role and which are reflected in their current job description, and/or
- identify those areas where they need to develop their capability further

7.   What does the Framework offer for individuals working at different levels?

A series of indicative role templates are in development to demonstrate how different roles at different levels in the public health system reflect the Framework in their day to day duties. The templates show how individuals may be operating in the same 'functional space' as others who are either senior or junior to them in their organisational hierarchy.

The differentiating factors that determine the level that someone might be working at (and being paid for) are identified within the employing organisation, and these usually include the level of:
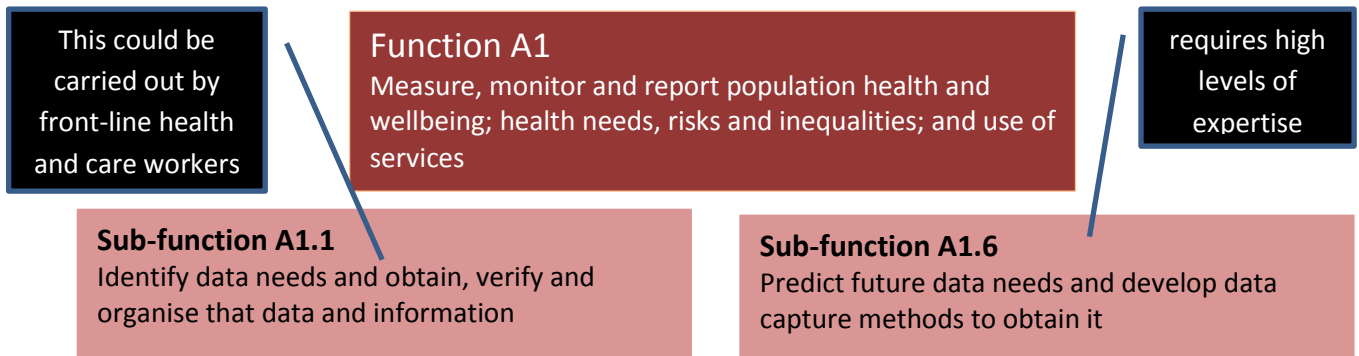
- autonomy and creative licence
- accountability
- risk that they may be carrying for themselves, or on behalf of others including colleagues and service users
- decision making and the potential impact of those decisions on others including colleagues and service users
- physical and mental demands of the role
- required knowledge, skills and expertise
- responsibility for others

Each organisation will have its own job evaluation process, and it would be difficult for the Framework to reflect these accurately given the wide range of employing organisations for public health workers across the UK, and the diversity in the primary nature of business for those organisations.

What the Framework *can* offer, is a range of descriptors within each functional area, some of which will reflect operational activity, others that reflect more strategic action (see next page). The risk of assigning any of these to specific levels of the workforce, through a prescriptive framework, is that these activities are then deemed exclusive to particular groups, when in fact we are all probably carrying out a mixture of activities at different levels in any given role. The consistent characteristics assigned to levels are those factors listed above.

Examples of the differences between some of the sub-function descriptors are as follows:

AREA A – Technical

This could be carried out by front-line health and care workers

Function A1
Measure, monitor and report population health and wellbeing; health needs, risks and inequalities; and use of services

requires high levels of expertise

Sub-function A1.1
Identify data needs and obtain, verify and organise that data and information

Sub-function A1.6
Predict future data needs and develop data capture methods to obtain it

AREA B – Context

Operational action or implementation

Function B1
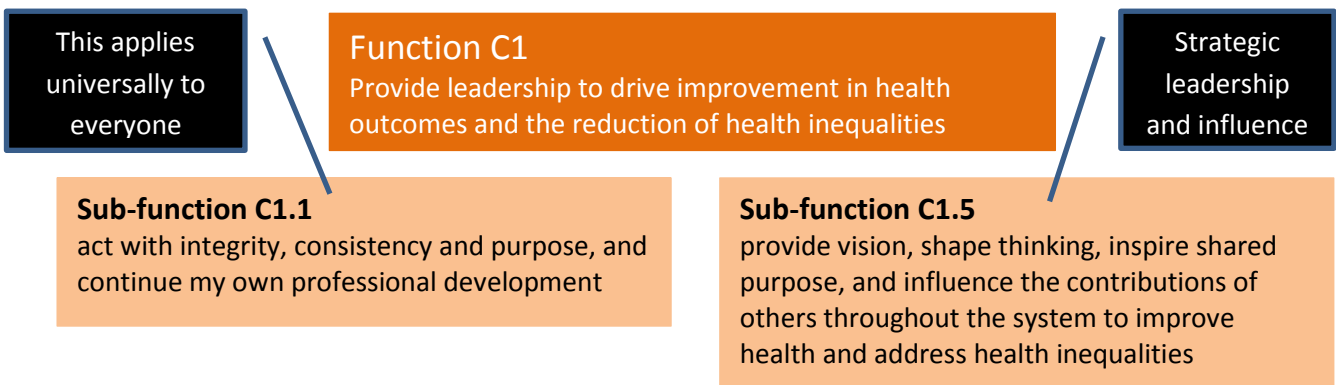Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities

Strategic leadership and influence

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

Sub-function 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

AREA C – Delivery

This applies universally to everyone

Function C1
Provide leadership to drive improvement in health outcomes and the reduction of health inequalities

Strategic leadership and influence

Sub-function C1.1
act with integrity, consistency and purpose, and continue my own professional development

Sub-function 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

8.   How is the Framework being used in other ways?

The 2016 Framework is being applied in a number of different ways. This guidance focuses on its use by *individuals* who wish to identify their current capabilities in public health and plan for their ongoing development in this field of practice.

So that line managers are aware of the scope and range in the use of the Framework, other applications are listed below:

- to map curricular for training programmes and degree courses (eg: see reference to the PHSKF with RSPH [qualification documents HERE](#))
- to conduct skills audits across a team or service to identify gaps ([case studies HERE](#))
- to appraise the public health functions/capabilities that need to be delivered across a 'place' or locality based health and social care system
- to provide a reference in the writing of service specifications in a commissioning process re: the capabilities required of a provider organisation
- to provide a reference for providers tendering for contracts to demonstrate how they provide the right capabilities to deliver public health services
- to support line managers in the writing of job descriptions
- to provide the basis of a degree-level apprenticeship standard for the public health practitioner in England

Currently, engagement events around the Framework have included the following groups:

- individual public health workers
- education and training providers
- employers
- professional membership organisations and regulatory bodies
- members of the wider workforce, and organisations representing them

9.   How do we know if development activities have improved capability or performance?

It is one thing to attend and complete a training and development programme. It is another to be enabled to put new skills and knowledge into practice, and further, to be able to identify how that development has helped to increase or improve performance in an individual, and ultimately contribute to improved business outcomes.

The evaluation of development opportunities is often overlooked. Sometimes there is little or no follow up with individuals regarding their newly acquired level of competence, and how that can be put to best

use. [The Kirkpatrick Model](11) for evaluating training, first developed in 1955, is often cited as a key reference.

Kirkpatrick's Four Levels of Evaluation		
Level 1 Reaction	What did the learners think of the learning experience? Did they enjoy it?	Often captured through surveys or questionnaires at, or following the training or development event
Level 2 Learning	Did candidates actually learn anything? Did they gain in knowledge and skills?	Captured through assessments – either at the end, or the beginning and the end of the development experience
Level 3 Behaviour	Did learners do things differently as a result of the learning experience? Do they work better as a result? How has the learning been applied?	Can be captured through follow-up evaluation with learners and line managers, though this often doesn't happen
Level 4 Results	How did the learning impact on the business as a whole?	This will require business metrics that can be linked to the training/development programme or skill-sets being development

This model has been discussed and developed further eg: by the Chartered Institute of Personnel and Development[12] and more information is available on their website. There are also other methods of evaluating development programmes. The important message is that it is beneficial to find ways of demonstrating how the investment in the development of people is making a positive impact on both the learners, and the business, and in some instances wider society.

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[11] The Kirkpatrick evaluation model www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model
[12] CIPD evaluating learning and development www.cipd.co.uk/knowledge/fundamentals/people/development/evaluating-learning-factsheet

Contributors to the Framework

The Public Health Skills and Knowledge Framework (PHSKF) was published in November 2016 (referred to as 'the Framework' within this document). The 2016 Framework is an updated re-design of an earlier version that was produced in 2008 through the collaborative efforts of the public health community in the UK. It is a UK-wide resource for the public health core and wider workforce[13].

The 2016 Framework describes the public health functions carried out by the public health workforce in the UK and it is available on the GOV.UK website

The revised Framework has been developed collaboratively with a range of partner agencies, and is fully supported by the members of the Framework Steering Group. The Steering Group members include:

- Department of Health and Social Care (DHSC England) (sponsoring agency)
- Public Health England (PHE) (programme management agency)
- Public Health Wales (PHW)
- Public Health Agency Northern Ireland (PHANI)
- NHS Health Scotland
- Health Education England (HEE)
- Faculty of Public Health (FPH)
- Association of Directors of Public Health (ADPH)
- Local Government Association (LGA)
- Royal Society for Public Health (RSPH)
- Chartered Institute for Environmental Health (CIEH)
- UK Public Health Register (UKPHR)
- Nursing and Midwifery Council (NMC)
- Royal College of Nursing (RCN)
- Representatives of PHE Centres and Regions
- Representatives of Higher Education Institutions (eg universities) (HEIs)

Contributors to this guidance

This guidance has been produced in consultation with the public health agencies for the 4 home nations, and public health teams across the UK.

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[13] The wider workforce is defined as 'any individual who is not a specialist or practitioner in public health, but has the opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work (CfWI and RSPH). More information can be found on the RSPH and Health Careers websites