Public Health England

HSC Public Health Agency

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NHS Health Scotland

Public Health Skills and Knowledge Framework

Sub-functions explained

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.

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The Following tables provide detailed examples and explanations for each sub-function of the PHSKF. Please read across the table from left to right to see how the examples relate to each sub-function.

Area A - Technical

Function A1 Measure, monitor and report population health and wellbeing; health needs; risks; inequalities; and use of services		
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, and local authorities. The specialist workforce can provide support and training to help everyone to engage with these functions to best effect		
A1.1	Identify data needs and obtain, verify and organise that data and information	identifying the data and information required to monitor, support or make a case for action or intervention; being able to get hold of the data, and knowing that it is reliable; and then being able to organise it so that it is useful. This will include data on comparative differences between different populations and health inequalities.
A1.2	Interpret and present data and information	understanding the data well enough to know what it means and the implications of that data for practice; and being able to present the data in a way that is most meaningful to self and others in relation to their data requirements
A1.3	Manage data and information in compliance with policy and protocol	conforming to corporate and legal protocol in the handling of data as set out by the information commissioner's office
A1.4	Assess and manage risks associated with using and sharing data and information, data security and intellectual property	understanding the risks of both sharing data and linking data. Understanding the levels of protection for different types of data and information, whether that belongs to individuals or organisations; personal or commercial; and to manage this securely
A1.5	Collate and analyse data to produce intelligence that informs decision making, planning, implementation, performance monitoring and evaluation	combining the data from different sources when appropriate. Analysing the data to make comparisons with benchmarks and understanding whether variation is important or not. Presenting the analysis in a way that enriches the use and application of that data to help users to make better decisions to support population health (including data sources that highlight inequalities in health between different communities and areas)
A1.6	Predict future data needs and develop data capture methods to obtain it	anticipating the types of data and intelligence that will be needed to meet future public health challenges, and to work out how to get hold of, and store that data, if methods don't currently exist

Function A2 Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities
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 the 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

A2.1	Influence and strengthen community action by empowering communities through evidence based approaches	drawing on the prevailing evidence base and best practice models and guidance for community development; engagement and participation; working in partnership with communities, and enabling communities to have more control over things that affect their lives and their health and wellbeing, especially those communities with the greatest health problems or at greatest risk of exclusion
A2.2	Advocate public health principles and action to protect and improve health and wellbeing	shedding light on important issues relating to the public's health. Advocacy occurs when people with influence use it to represent the views and interests of those whose voices aren't heard eg: the vulnerable in society. Advocacy can also be used to raise the profile of public health as a field of practice that seeks to optimise the health and wellbeing of local people or populations
A2.3	Initiate and/or support action to create environments that facilitate and enable health and wellbeing for individuals, groups and communities	developing ways to make it easier for people to make healthier choices, by addressing enablers or barriers in their surroundings. Some of the most effective public health action addresses the environments (settings) in which people spend most of their time ie: the key drivers that account for people's health are the *'conditions in which people are born, grow, live, work and age'* (WHO). This not only relates to their physical environment, but also the factors that impact on all aspects of mental and physical health and wellbeing, which extends to the culture of organisations, their policies and management approaches, and increasingly the digital dimensions of everyday life
A2.4	Design and/or implement universal programmes and interventions while responding proportionately to levels of need within the community	designing and implementing services and interventions aimed at the whole population or community but with the capacity to respond to differing level of need. This approach is focused specifically on efforts to reduce unjust differences, or inequalities, between the health status of different groups in society, by addressing this across the whole social gradient in the population (ie: not just focusing on the most disadvantaged which could create stigma). Ethical tensions may be raised in these circumstances. (See:: NHS Health Scotland briefing)
A2.5	Design and/or implement sustainable and multi-faceted programmes, interventions or services to address complex problems	planning in a way that recognises that complex problems in society, such as population health, wellbeing and life expectancy, will most likely require multi-faceted actions that are sustained for long enough to have an impact. Single interventions targeted at specific groups or communities should be delivered in the context of a broader strategic approach that addresses several influencing factors coherently to increase effectiveness. This will also have a bearing on how these interventions are evaluated or their impact monitored
A2.6	Facilitate change (behavioural and/or cultural) in organisations, communities and/or individuals	focusing specifically on the behaviours, habits or lifestyle choices of individuals or groups, and applying the science behind behaviour change; and for those workers trying to effect change in organisations (eg: workplaces, prisons) to encourage them to do things differently eg: through priority setting, policies, staff training or specific health promoting initiatives

Function A3 Protect the public from environmental hazards, communicable disease and other health risks, while addressing inequalities in risk exposure and outcomes		
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 domain 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.		
A3.1	Analyse and manage immediate and longer-term hazards and	planning effectively to respond appropriately to the immediate risks posed to health eg: infectious disease such as flu outbreaks; and to

	risks to health at an international, national and/or local level	longer term hazards such as environmental pollution. These risks and hazards need to be recognised and analysed so that effective risk management strategies can be developed and monitored. A substantive element of this work will link to Function A1 around data and intelligence. There will also be a significant scientific body of knowledge informing these actions and links to the scientific community
A3.2	Assess and manage outbreaks, incidents and single cases of contamination and communicable disease, locally and across boundaries	responding to notifications of infectious disease in the community. This action relates to the core day-to-day work carried out through health protection services across the UK, eg: responding to the reporting of notifiable diseases as required by legislation. As infectious disease disregards geographical or organisational boundaries actions here will link to Function B2 (working collaboratively across boundaries) -Link for England -Link for Scotland -Link for Northern Ireland Northern Ireland
A3.3	Target and implement nationwide interventions designed to off-set ill health (eg: screening and immunisation)	implementing programmes and interventions that have been designed to protect the public's health by either establishing 'herd immunity' to the most contagious or life-threatening diseases (eg: measles) by vaccination; or through the systematic identification of risk of disease in individuals by targeting specific cohorts of the population to check (screen) for early signs or indicators of specific diseases eg: cancer, in the population who are primarily 'well'. While target populations are often identified at a national level for such programmes, based on those most at risk and the cost effectiveness of intervention, specific activities are often required at a local level, or for particular communities, to maximise take-up of these programmes
A3.4	Plan for emergencies and develop national or local resilience to a range of potential threats	taking civil contingency measures, and planning for potential emergencies, while working across public sector organisations and services, (including emergency services) to anticipate and respond to threats to the health, safety and wellbeing of the population. This can range from bio-terrorism to flooding
A3.5	Mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures	taking measures at a population or community level to prevent risks to health and wellbeing occurring in the first place eg: **legislating** for smoke-free public places; prohibitive **pricing** around alcohol sales (see Scottish Government HERE); **educating** caterers and health and care staff around hand and personal hygiene; **Licencing** of tattoo, body piercing or sunbed premises; local **fines** regarding dog-fouling or other by-laws. Ethical considerations may arise here

Function A4 Work to, and for, the evidence base, conduct research, and provide informed advice		
A4 is about the evidence base for public health: how to find it; how to understand it; how to assess its quality, relevance and significance; how to apply it meaningfully to practice; how to generate it through research activity; how to determine what further research is needed to provide stronger evidence to inform practice; how to involve others in research; who to involve in research. Someone who specialises in this area might be a public health researcher		
A4.1	Access and appraise evidence gained through systematic methods and through engagement with the wider research community	appraising, systematically, all available evidence relating to any area of work (including evidence relating to vulnerable groups and health inequalities), understanding the quality and relevance of that evidence and the different sectors and agencies that may engage in relevant research across public health disciplines (eg: see NIHR, Health and Care Research Wales, HSCNI R&D, CSO Scotland)
A4.2	Critique published and unpublished research,	accessing the broad base of research findings and other evidence, recognising the relative significance or limitations of different sources

	synthesise the evidence and draw appropriate conclusions	of evidence based on the research methodology; and understanding how the research findings should inform public health service delivery
A4.3	Design and conduct public health research based on current best practice and involving practitioners and the public	carrying out research. Public health workers, public health scientists, as well as academics may engage in public health research, and this should be done with the relevant engagement of field workers and other stakeholders for it to inform practice and be relevant. The proposed research may also need approval from a local research ethics committee (eg: see NHS Scotland, Wales, Health Research Authority)
A4.4	Report and advise on the implications of the evidence base for the most effective practice and the delivery of value for money	recognising when the outcomes of research contribute to the evidence base, and how that evidence sheds light on the most effective methods for delivering positive public health outcomes, through the most effective application of available resources
A4.5	Identify gaps in the current evidence base that may be addressed through research	drawing attention to deficiencies in the existing evidence base. While public health workers seek to design and implement services and interventions based on, or informed by, the best available evidence, sometimes through innovative practice or the emergence of new public health problems, the necessary evidence may not be immediately available. This can be ameliorated by ensuring each 'evidence review' or similar synthesis includes recommendations for research and that these are disseminated to research funders as well as the academic research community. The NIHR's PHINDER resource highlights ongoing interventions so researchers will address their evaluation (see: PHINDER)
A4.6	Apply research techniques and principles to the evaluation of local services and interventions to establish local evidence of effectiveness	evaluating local services to identify effective approaches to improving the public's health. While research evidence may exist regarding effective interventions in other countries or settings, this does not always mean that the methodology is transferable. The outcomes of ongoing evaluation of local services and interventions can generate a local evidence base around what works (or doesn't work), which, if captured, can inform local decision making, and contribute to the wider evidence base. This may require the application of sound research principles. Expertise here links with Function A1 and health intelligence analysts can support good practice (eg: see PHE evaluation toolkit for sexual health services)

Function A5 Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities		
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 (QA), and evaluation that informs continual improvement, and feeds the local evidence base. Specialists might include a healthcare public health practitioner		
A5.1	Conduct economic analysis of services and interventions against health impacts, inequalities in health, and return on investment	analysing services and intervention to determine whether they are value for money. Some public health professionals are skilled in the appraisal of health services, and specific public health interventions, to determine whether the benefits gained through delivery justify the costs or expenditure of public or other funding and resources. This is an important aspect of public health expertise when health services are delivered within the constraints of public budgets with competing demands on finite resource (see: PHE health economics tools and)
A5.2	Appraise new technologies, therapies, procedures and	appraising advancements in practice and provision to inform investment. Part of the appraisal of services and interventions is to

	interventions and the implications for developing cost-effective equitable services	identify where ongoing costs can be saved through investment in technology, treatments, or processes that will also benefit all those who need the services through better health outcomes, continually improving effectiveness, while ensuring equity of access for different groups in society
A5.3	Engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services	involving all those who are likely to be impacted by the design and delivery of services and interventions, in their continual improvement eg: service users or patients, front-line staff, partner agencies. Concepts such as co-production and personalisation are pertinent here – (eg: see the principles of prudent healthcare (Wales) http://www.prudenthealthcare.org.uk/)
A5.4	Develop and implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems	applying best practice guidance to the delivery of services, which is informed by the prevailing evidence, ensuring that standards are consistent across providers. Where best practice guidance has not been published, local standards might need to be developed and protocols or standard operating procedures (SOPs) produced and enacted, in the light of the evidence base, local service configuration and local needs
A5.5	Quality assure and audit services and interventions to control risks and improve their quality and effectiveness	incorporating systems to monitor the quality and effectiveness of services and interventions, during their design and delivery, ensuring continual improvement and the timely management of emerging risks to delivery and sustainability. This will link with corporate or partnership governance frameworks

Function B1 Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities		
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		
B1.1	Appraise and advise on global, national or local strategies in relation to the public's health and health inequalities	critically assessing and interpreting global, national or local strategies that inform the development of public policy and action to protect or improve the public's health. This includes the ability to convey the strategic ambitions to those who might be able to influence and facilitate delivery, linking to Function C2
B1.2	Assess the impact and benefits of health and other policies and strategies on the public's health and health inequalities	assessing the extent to which policies and strategies might be detrimental, or beneficial to people's health, whether intentionally, or un-intentionally, or whether policies or strategies redress or exacerbate the differences between communities in relation to their health or life chances (inequalities). The health of the population is often affected by social policy, not just those policies written particularly to address health issues, but many other policies relating to the planning, funding and delivery of a wide range of public and other services
B1.3	Develop and implement action plans, with, and for specific groups and communities, to deliver outcomes identified in strategies and policies	engaging those groups and communities most likely to be affected by the policies and strategies, in deciding how local plans are developed, delivered and monitored
B1.4	Influence or lead on policy development and strategic planning, creating opportunities to address health needs and	initiating and leading on the development of new policies, and the strategic planning for a population or place. Again, this will not be limited to health or healthcare specific policies, but those affecting all aspects of public service provision that impact on health, and the

	risks, promote health and build approaches to prevention	prosperity of the local population, identifying where decisions might enhance peoples life chances, or create barriers to healthy living and life expectancy eg: where unintended consequences may exacerbate inequalities or exclude vulnerable groups (Eg: see Health in all policies HiAP - WHO)
B1.5	Monitor and report on the progress and outcomes of strategy and policy implementation making recommendations for improvement	assessing and evaluating the impact of a strategy or policy or process with a view to monitoring impact, and recognising ways in which policies, strategies and their associated action plans can be improved

Function B2 Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities		
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; coordinating rather than duplicating efforts; clarifying responsibilities and lines of accountability in the system.		
B2.1	Influence and coordinate other organisations and agencies to increase their engagement with health and wellbeing, ill-health prevention and health inequalities	advocating and encouraging organisational buy-in from internal and external colleagues through an understanding of their impact on the public's health, raising their awareness of the contributions they can make to the public health endeavour
B2.2	Build alliances and partnerships to plan and implement programmes and services that share goals and priorities	identifying opportunities for harnessing the added value gained where organisations and agencies have a shared interest or commitment or are working to a common agenda. This will require the development of mutually beneficial working arrangements and relationships to combine efforts and resources, and may require positive efforts to ensure that those who have greatest needs, or are seldom heard have opportunities to engage with alliances
B2.3	Evaluate partnerships and address barriers to successful collaboration	establishing what is working well and what is not in any given partnership or collaboration; identifying barriers to progress, and establishing whether, and how they might be overcome; or disbanding or re-defining partnerships that take up resources, yet fail to add value
B2.4	Collaborate to create new solutions to complex problems by promoting innovation and the sharing of ideas, practices, resources, leadership and learning	identifying where collaboration is needed to address all aspects of a complex problem, recognising that a single agency is unlikely to have sufficient impact, and that a range of approaches may be required. This will require an openness to the ideas of others and the ability make joint decisions
B2.5	Connect communities, groups and individuals to local resources and services that support their health and wellbeing	helping people to navigate and access services and opportunities that will promote their health and wellbeing; establishing effective communication channels and networks between providers, and with service users; and signposting as appropriate

Function B3 Work in a commissioning based culture to improve health outcomes and reduce health inequalities		
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.		
B3.1	Set commissioning priorities balancing particular needs with the evidence base and the economic case for investment	understanding the particular needs of a specific population or group; and demonstrating how their needs can be met in a way that is informed by the best available evidence, and delivers the best value for money, ensuring that this intelligence is used to plan and deliver services
B3.2	Specify and agree service requirements and measurable performance indicators to ensure quality provision and delivery of desired outcomes	defining what a service or intervention should look like, to meet the needs of service users, while making the best use of available resource; clearly describing the expected outcomes and impact, and the measures that will be used to demonstrate that these outcomes have been delivered successfully. These are often developed with an understanding of the capacity and capabilities of the planners/commissioners and the agencies/suppliers positioned to deliver. Performance indicators should also include measures of impact on health inequalities.
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	creating opportunities for service users and community representatives to inform service design, implementation and evaluation, based on their experiences and resources
B3.4	Facilitate positive contractual relationships managing disagreements and changes within legislative and operational frameworks	working amicably with others, throughout the duration of a contractual or other agreement made with them; and in the public's interest; using the legal apparatus available, as appropriate, should changes need to be made to agreements bound by legal contract
B3.5	Manage and monitor progress and deliverables against outcomes and processes agreed through a contract	establishing agreed reporting mechanisms and processes for assessing progress to meet the requirements of a contract, or agreement, whether based in the commissioning authority or agency, or the supplier/provider organisation
B3.6	Identify and de-commission provision that is no longer effective or value for money	determining the quality and effectiveness of a service or intervention, through appropriate monitoring and assessment, and following an appropriate decommissioning process should the service or intervention fall below thresholds that determine the gainful use of public resources

Function B4 Work within political and democratic systems and with a range of organisational cultures to improve health outcomes and reduce health inequalities		
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.		
B4.1	Work to understand, and help others to understand, political	identifying the levers and opportunities presented through a political and democratic system of governance, that can be used to positive

	and democratic processes that can be used to support health and wellbeing and reduce inequalities	effect by individuals, groups, communities and organisations, to promote the public's health, or to address those issues that pose a threat to the public's health
B4.2	Operate within the decision making, administrative and reporting processes that support political and democratic systems	understanding the administrative structures and processes within national and local government organisations, that are in place to ensure accountability for public assets and resources; to uphold the rights of the local electorate; and to service the needs of the populations and communities for whom such organisations are responsible
B4.3	Respond constructively to political and other tensions while encouraging a focus on the interests of the public's health	understanding the different values, theories and ideologies that underpin different political beliefs, identifying how the health and wellbeing of the public can be presented, impartially, as a priority to the different viewpoints, and presenting the facts and evidence to help to negate conflict
B4.4	Help individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice	understanding the democratic processes that exist to empower and enable individuals, groups and communities to vocalise their needs and exercise their rights, supporting them to engage in dialogue with those in positions of power, control and influence
B4.5	Work within the legislative framework that underpins public service provision to maximise opportunities to protect and promote health and wellbeing	applying insight into the scope of public service legislation and enforcement, that could or should be used to provide leverage for change and impact on a range of issues that affect health and wellbeing eg: housing, environment, planning, social services, health and safety, transport (see: Social Value Act, Wellbeing of Future Generations (Wales) Act, Public Sector Equality Duty)

Function C1 Provide leadership to drive improvement in health outcomes and the reduction of health inequalities		
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 under functions B1-B4 ie: they relate to strategic planning, collaborative working, working through contracts, and in political and democratic landscapes, enabling the delivery of all of the functions identified in AREA A (Technical).		
C1.1	Act with integrity, consistency and purpose, and continue my own personal development	leading self: making full use of development opportunities, reflecting on experiences, being aware of professional/role boundaries and obligations, and demonstrating exemplary behaviours
C1.2	Engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives	leading others: through the development of positive relationships, establishing a sense of shared purpose, commitment and reward, whether part of a line management process, or through the engagement of workers from other departments, or external agencies
C1.3	Adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environments	leading change: demonstrating resilience in times of change, flexing to environmental pressures while remaining faithful to clear objectives, and within an agreed accountability structure to ensure direction is not lost through change, or is adapted by design rather than default
C1.4	Establish and coordinate a system of leaders and followers engaged in improving health outcomes, the wider health	leading the system: building capacity in the system, identifying and working with system leaders and those they lead, to steer the collective effort towards improved health outcomes for the population

	determinants and reducing inequalities	
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	leading through vision and direction: demonstrating the ability to gain the trust and respect of other leaders; to envisage and describe a desirable future state that is achievable through collective effort; and to be influential as the leader of leaders to maximise the potential impact of that collective effort

Function C2 Communicate with others to improve health outcomes and reduce health inequalities		
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).		
C2.1	Manage public perception and convey key messages using a range of media processes	understanding the influence and impact that the media can have on the public's perception of health risks (either helpfully or un-helpfully) and working through different forms of media to communicate health messages appropriately, targeting different audiences. For high volume, or adverse risk events, this may require public health authorities/agencies to work with other agencies to exert influence over media organisations to inform the timing and content of their reporting
C2.2	Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods	using a range of communication methods to provide or present information and data that might be difficult to understand, or which might vary according to different situations or events, for both professional and lay audiences, in a way that is understandable to them. This requires changes to the way the information might be communicated or presented, depending on the audience – even if the overall message is the same
C2.3	Facilitate dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools and technologies	having two-way communication in different ways to help members of the public and their representatives, who may find it difficult to understand health information (eg: due to medical or technical terminology, including information about health risks, disease, personal choices and responsibilities; as well as information about how services or procedures are described and organised, or regarding their eligibility to access them)
C2.4	Apply the principles of social marketing, and/or behavioural science, to reach specific groups and communities with enabling information and ideas	using an in-depth understanding of the factors that influence how individuals, groups and communities behave, in relation to choices that they make that then impact on their own health and wellbeing, and that of wider society (eg: choosing not to smoke, choosing to re-use or recycle materials that can damage the environment), and then crafting targeted messages, or using particular communication skills and techniques, to enable people to choose differently and establish changed behaviours to benefit themselves and others
C2.5	Consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change	engaging relevant sectors of the public in two-way communication when setting up new, or planning changes to existing services, interventions or programmes, so that those who may be affected feel able to contribute to the process and are 'worked with' rather than 'done to'

Function C3 Design and manage programmes and projects to improve health and reduce health inequalities		
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		
C3.1	Scope programmes/projects stating the case for investment, the aims, objectives and milestones	making the business case for prioritising and allocating resources to an initiative or programme of work, (including why a programme management approach is appropriate), setting out the transformation or change that it will achieve and how these will help to deliver strategic goals; defining measurable targets for how it will be achieved, and the markers that will show that progress is being made
C3.2	Identify stakeholders, agree requirements and programme/project schedule(s) and identify how outputs and outcomes will be measured and communicated	identifying individuals, groups and organisations who may be affected by, or who can influence the programme, ensuring that they are engaged with the programme of work from the start, and understand the outcomes and benefits that it will deliver for both them, and the wider community. Positive relationships with these stakeholders will be important for the full impact of the programme to be realised, and the progress of the plans and stages of activity will need to be effectively communicated to all invested or influential parties
C3.3	Manage programme/project schedule(s), resources, budget and scope, accommodating changes within a robust change control process	having systems in place to record changes within, and external to, the programme, that might impact on progress, checking for interdependencies across projects to detect and control the impact of change, while continuing to manage the delivery of all aspects of the programme. This is usually the role of a Programme Manager.
C3.4	Track and evaluate programme/project progress against schedules(s) and regularly review quality assurance, risks, and opportunities, to realise benefits and outcomes	monitoring, documenting and communicating the progress of the programme, evaluating progress in relation to the plan or schedule, ensuring that quality assurance and risk reviews are undertaken at the appropriate intervals so that action can be taken to avoid delay or failure to deliver those outcomes expected by sponsors and stakeholders, and ultimately the benefits to be felt by them and wider society
C3.5	Seek independent assurance throughout programme/project planning and processes within organisational governance frameworks	ensuring that there is external scrutiny of the programme management process and the timeliness of what it is delivering; to monitor how risks, issues and changes are being handled; providing overarching governance of the work within the managing organisation and across partnership arrangements if the programme is collaborative

Function C4 Prioritise and manage resources at a population/ systems level to achieve equitable health outcomes and return on investment		
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 the support of the workforce in continuing their professional development (CPD).		
C4.1	Identify, negotiate and secure sources of funding and/or other resources	accessing resources through a number of means eg: bidding for funding within existing allocations, submitting grant applications, securing ethical sponsorships; or finding ways to access non-financial resources such as accommodation, facilities, or assets through partnerships and collaboration with other organisations
C4.2	Prioritise, align and deploy resources towards clear strategic goals and objectives	allocating resources to support those services, programmes and interventions, that will deliver the best returns on the investment of those resources, and in line with the agreed strategic direction

C4.3	Manage finance and other resources within corporate and/or partnership governance systems, protocol and policy	ensuring that the appropriate controls for the governance of public spending are in place, and that public health activity is incorporated in these governance frameworks and come under the scrutiny of the relevant governance forums
C4.4	Develop workforce **capacity**, and mobilise the system-wide paid and volunteer workforce, to deliver public health priorities at scale	building the overall resource available to promote population health, through the engagement and development of workers beyond the professional public health workforce (ie: the wider workforce), who are in a position to positively influence the health and wellbeing of others
C4.5	Design, implement, deliver and/or quality assure education and training programmes, to build a skilled and **competent** workforce	ensuring that the current and future public health workforce has the right skills and expertise to tackle and resolve challenges to the public's health, through initial (eg: occupational or professional training), or post-qualification (in-service) education and training programmes
C4.6	Adapt **capability** by maintaining flexible in-service learning and development systems for the workforce	ensuring that public health workers can continue to improve themselves; to keep abreast of changes to practice, strategic direction, or direct challenges to the public's health; by providing them with the time and opportunity for training and development while in post eg: through placements, secondments, on-the-job learning, self-directed learning, shadowing/mentoring, formal training

Work within ethical and professional boundaries while promoting population health and wellbeing, and addressing health inequalities		
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 Framework (2016) and the PHSKF Public Health Ethics Paper. Workforce legislation and codes of conduct and 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 way as the areas and functions because all if it applies to everyone		
i	understand and apply the principles underpinning public service	applying the seven principles of public service when under taking public health activities: i) selflessness ii) integrity iii) objectivity iv) accountability v) openness vi) honesty vii) leadership
ii	adhere to professional codes of conduct, occupational membership codes, employer behaviour frameworks and practice standards	ensuring that personal behaviours are in keeping with the requirements of professional regulatory bodies (eg: GMC, NMC, UKPHR, HCPC), or if not applicable, to the requirements of the employer (eg: civil service code, NHS code (Wales), local government codes)
iii	ensure compliance with statutory legislation and practice requirements, including mandatory training	taking responsibility for accessing training in line with corporate schedules and the requirements of the role, and to keep abreast of changes to legislation (eg: changes to information governance, eg: GDPR); or changes to practice in line with inspectorate requirements (eg: CQC) or the development/review of evidence based guidance (eg: NICE)
iv	promote ethical practice with an understanding of the ethical dilemmas that might be faced when promoting population health and reducing health inequalities	challenging or reporting unethical behaviour as appropriate; and facilitating wider understanding and discussion around the ethical tensions that can arise from public health activity (eg: around the choices and behaviours of individuals), developing self and others
v	identify and apply ethical frameworks when faced with	seeking ethical guidance from different sources depending on the context, and using the theories and principles derived from legal and

	difficult decisions when promoting the public's health and reducing inequalities	ethical discourse, presented through a range of frameworks, that help in decision making