



Public Health  
England

Protecting and improving the nation's health

# The Public Health Skills and Knowledge Framework (PHSKF) Webinar for the South of England

## OCTOBER 2016

Claire Cotter, Programme Manager

# What we were asked to do

- PHE/DH/LGA public health workforce strategy 2013
  - Modernise PHSKF
  - Develop a 'skills passport'
- Programme management commissioned from PHE by DH
- Work from the workforce strategy overseen by the People in UK Public Health Group chaired by Shirley Cramer, Chief Executive, Royal Society Public Health
- PHSKF/SP Steering Group – multi-agency, UK-wide



**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



**The Scottish  
Government**



**Public Health  
Agency**



**Public Health  
England**



**Local  
Government  
Association**



**Department  
of Health**

**public health  
workforce strategy  
2013**

**Skills for  
Health**

**RSPH**

**ROYAL SOCIETY FOR PUBLIC HEALTH**  
VISION, VOICE AND PRACTICE



**FACULTY OF  
PUBLIC HEALTH**



**Chartered  
Institute of  
Environmental  
Health**



**Royal College  
of Nursing**



**Health Education England**

**UKPHR**

**Public Health Register**

Protecting the public – improving practice

# How we went about it

- ‘Listening exercise’ – series of consultative workshops around the UK Feb/March 2015
- On-line survey Feb/Mar 2015
- ‘Proof of concept’ exercise for a skills passport using an ‘off-the shelf’ e-portfolio, involving 100 PH workers
- Formulated a function-based approach – ‘what people do’
- Developed a new design and simplified the language
- Consulted on the new design UK-wide – by video/pdf and an on-line survey – Dec 2015 – Jan 2016
- Engaged workers and agencies to start experimenting with potential functionality

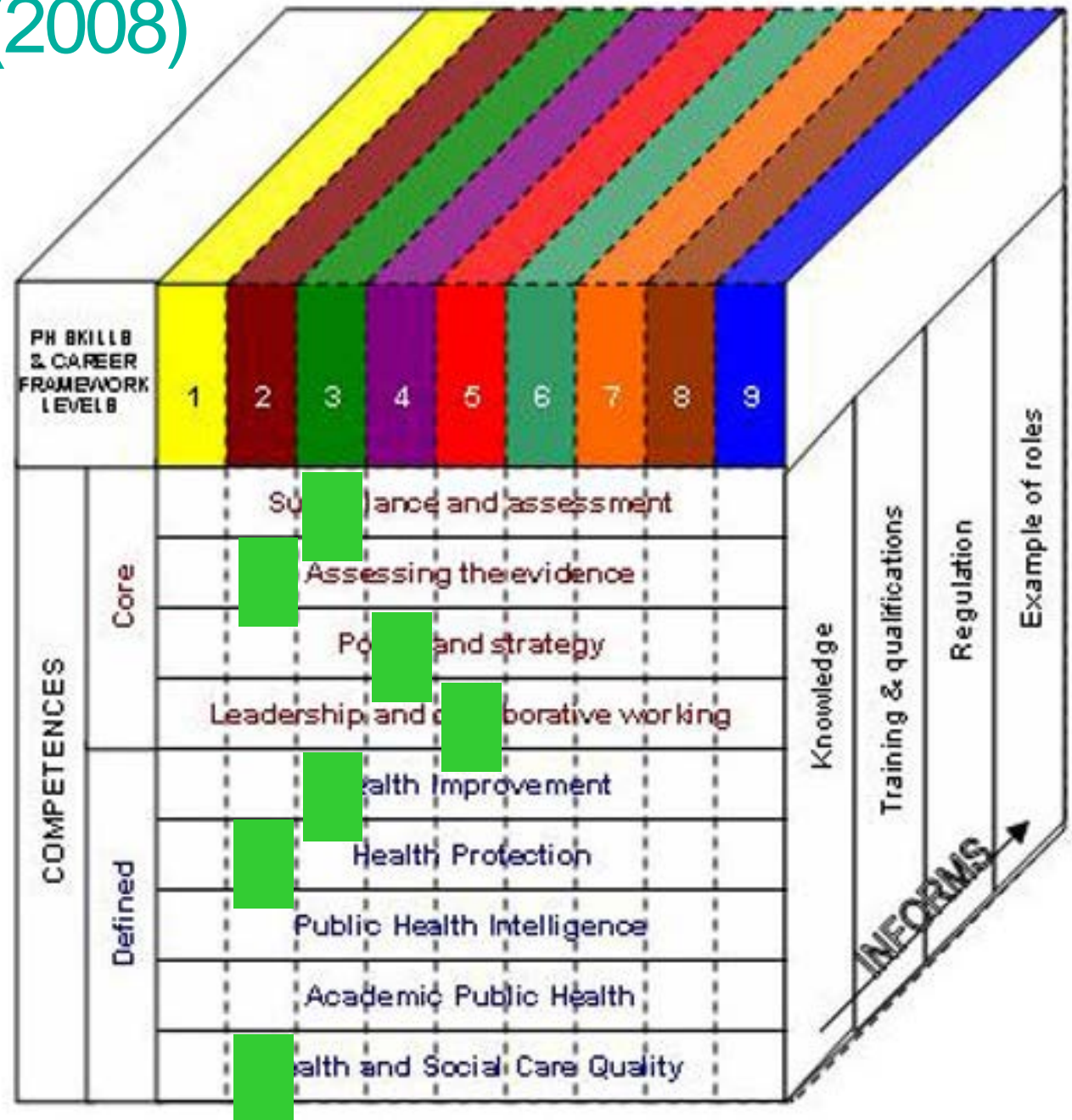
# The original PHSKF (2008)

The framework defined **nine cumulative levels** of competence and knowledge

**Wider workforce perceived to be at the lower levels**

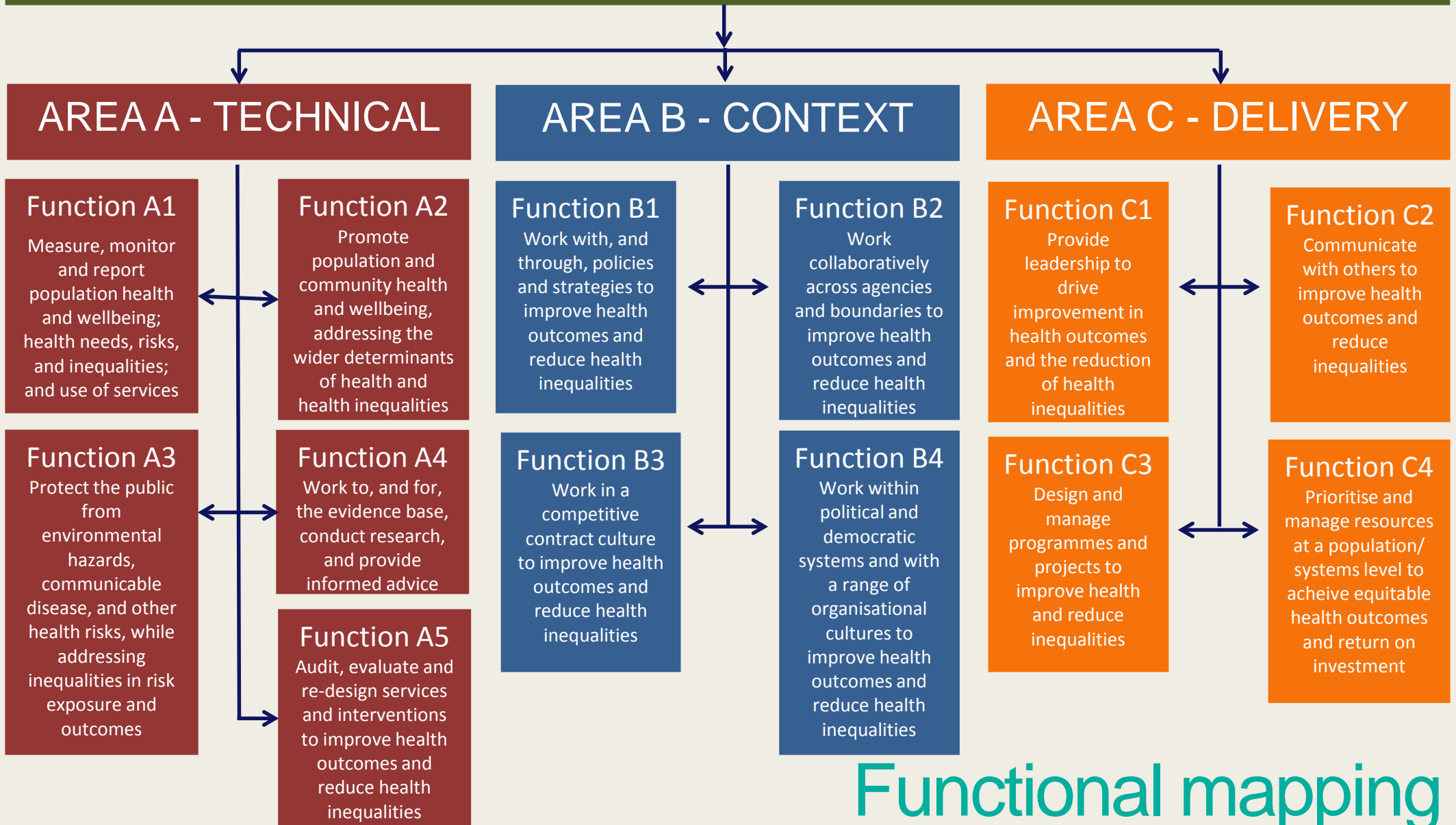
Cross referenced against the **nine areas of public health** used by the Faculty of Public Health in the curriculum for Specialty Training (2007)(now revised 2015)

**Workers are expected to be at the same level of competence in the core and their defined area**



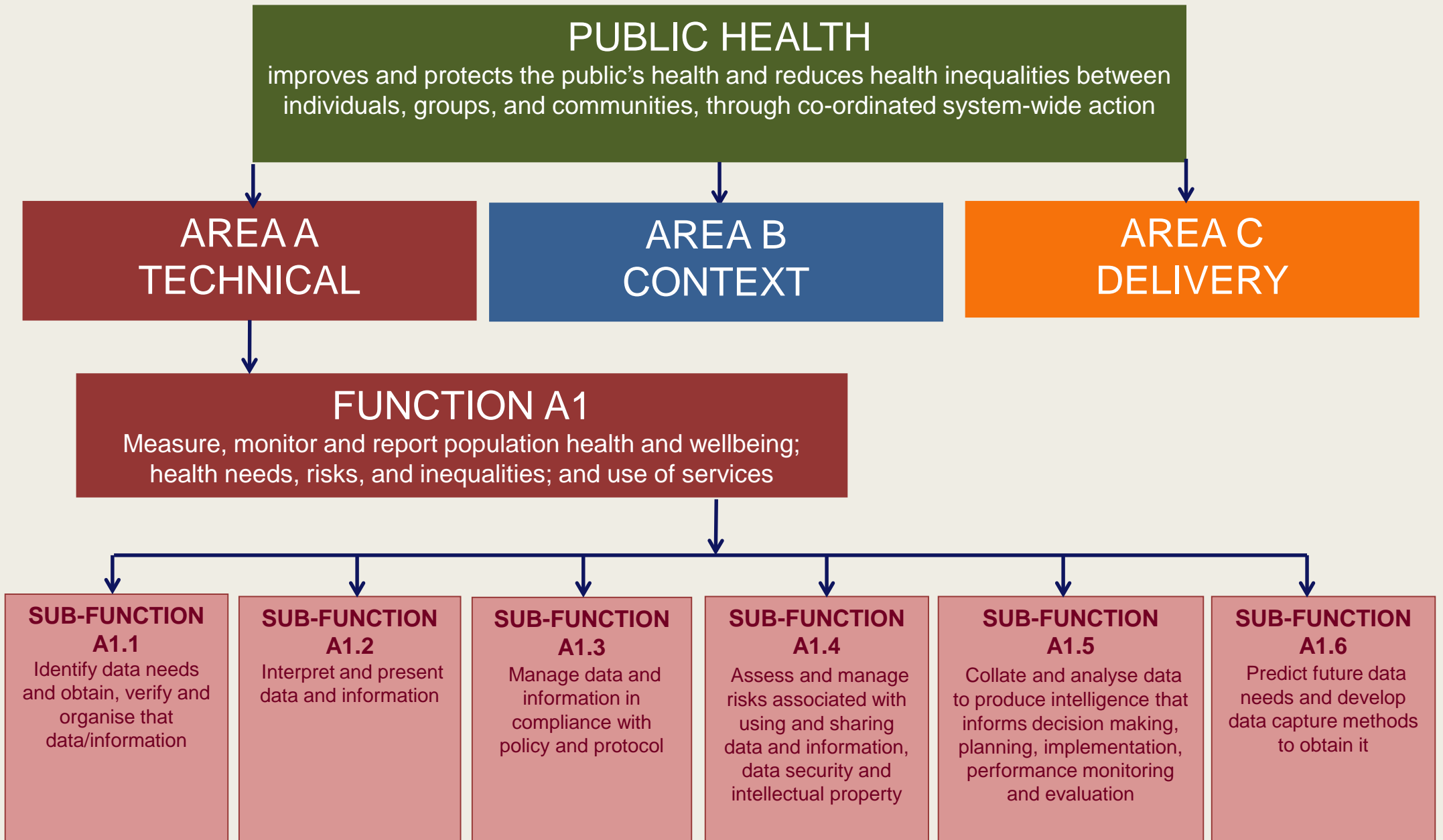
# OVERALL FUNCTION of PUBLIC HEALTH

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



## Functional mapping

# Functional mapping – areas, functions and sub-functions



# Key changes – original framework

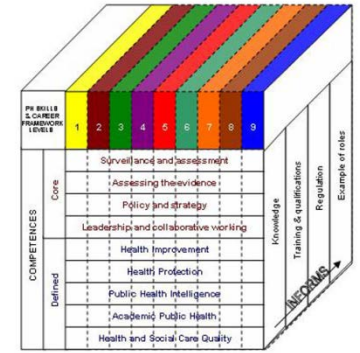
341 knowledge descriptors

362 competence descriptors

703 total number of descriptors

9 levels

9 areas of the specialty training curriculum





# Key changes – revised framework 2016

~~341~~

knowledge descriptors

~~362~~

competence descriptors

703

total number of descriptors (sub-functions)

~~09~~

levels

13

functions describing public health activity  
areas of the ~~specialty training curriculum~~

c.350  
NOS

## AREA A: Technical

### Function A1

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

<b>A1.1</b>	identify data needs and obtain, verify and organise that data and information
<b>A1.2</b>	Interpret and present data and information
<b>A1.3</b>	manage data and information in compliance with policy and protocol
<b>A1.4</b>	Assess and manage risks associated with using and sharing data and information, data security and intellectual property
<b>A1.5</b>	Collate and analyse data to produce intelligence that informs decision making, planning, implementation, performance monitoring and evaluation
<b>A1.6</b>	Predict future data needs and develop data capture methods to obtain it

## What is this function 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, and local authorities. The specialist workforce can provide support and training to help everyone to engage with these functions to best effect

## AREA A: Technical

### Function A2

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

**A2.1** Influence and strengthen community action by empowering communities through evidence based approaches

**A2.2** Advocate public health principles and action to protect and improve health and wellbeing

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

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

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

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

## What is this function 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

## AREA A: Technical

### Function A3

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

**A3.1** Analyse and manage immediate and longer-term hazards and risks to health at an international, national and/or local level

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

**A3.3** Target and implement nationwide interventions designed to off-set ill-health (eg: screening, immunisation)

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

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

## What is this function 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 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 domain include consultants in health protection.

## AREA A: Technical

### Function A4

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

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

**A4.2** Critique published and un-published research, synthesise the evidence and draw appropriate conclusions

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

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

**A4.5** Identify gaps in the current evidence base that may be addressed through research

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

## What is this function about?

Function 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

## AREA A: Technical

### Function A5

Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities

**A5.1** Conduct economic analysis of services and interventions against health impacts, inequalities in health, and return on investment

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

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

**A5.4** Develop and implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems

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

## What is this function 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 (QA), 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

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

**B1.1** Appraise and advise on global, national or local strategies in relation to the public's health and health inequalities

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

**B1.3** Develop and implement action plans, with, and for specific groups and communities, to deliver outcomes identified in strategies and policies

**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

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

## What is this function 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

## AREA B: Context

### Function B2

Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities

**B2.1** Influence and coordinate other organisations and agencies to increase their engagement with health and wellbeing, ill-health prevention and health inequalities

**B2.2** Build alliances and partnerships to plan and implement programmes and services that share goals and priorities

**B2.3** Evaluate partnerships and address barriers to successful collaboration

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

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

## What is this function 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; coordinating rather than duplicating efforts; clarifying responsibilities and lines of accountability in the system.



## AREA B: Context

### Function B3

Work in a competitive contract culture to improve health outcomes and reduce health inequalities

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

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

**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

**B3.4** Facilitate positive contractual relationships managing disagreements and changes within legislative and operational frameworks

**B3.5** Manage and monitor progress and deliverables against outcomes and processes agreed through a contract

**B3.6** Identify and de-commission provision that is no longer effective or value for money

## What is this function about?

Function B3 is about both sides of the contractual relationship, both purchaser and provider. 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 advance health and wellbeing, and to identify where public funds should be directed. It is also about how commissioners and suppliers work effectively together throughout a commissioning process to deliver best outcomes. Aspects of commissioning guidance, or cycles, are here and in other functional areas of the framework.

## AREA B: Context

### Function B3

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

- |             |  |
|-------------|--|
| <b>B3.1</b> | Set commissioning priorities balancing particular needs with the evidence base and the economic case for investment  |
| <b>B3.2</b> | Specify and agree service requirements and measurable performance indicators to ensure quality provision and delivery of desired outcomes                        |
| <b>B3.3</b> | Commission and/or provide services and interventions in ways that involve end users and support community interests to achieve equitable person-centred delivery |
| <b>B3.4</b> | Facilitate positive contractual relationships managing disagreements and changes within legislative and operational frameworks                                   |
| <b>B3.5</b> | Manage and monitor progress and deliverables against outcomes and processes agreed through a contract  |
| <b>B3.6</b> | Identify and de-commission provision that is no longer effective or value for money  |

## What is this function 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.

## AREA B: Context

### Function B4

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

**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

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

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

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

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

## What is this function 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

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

**C1.1** Act with integrity, consistency and purpose, and continue my own personal development

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

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

**C1.4** Establish and coordinate a system of leaders and followers engaged in improving health outcomes, the wider health 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

## What is this function 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 Domains B1-4 ie: they relate to strategic planning, collaborative working, working through contracts, and in political and democratic landscapes, enabling the delivery of functions identified in AREA A (Technical).

## AREA C: Delivery

### Function C2

Communicate with others to improve health outcomes and reduce health inequalities

**C2.1** Manage public perception and convey key messages using a range of media processes

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

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

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

**C2.5** Consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change

## What is this function 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).

## AREA C: Delivery

### Function C3

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

<b>C3.1</b>	Scope programmes/projects stating the case for investment, the aims, objectives and milestones
<b>C3.2</b>	Identify stakeholders, agree requirements and programme/project schedule(s) and identify how outputs and outcomes will be measured and communicated
<b>C3.3</b>	Manage programme/project schedule(s), resources, budget and scope, accommodating changes within a robust change control process
<b>C3.4</b>	Track and evaluate programme/project progress against schedule(s) and regularly review quality assurance, risks, and opportunities, to realise benefits and outcomes
<b>C3.5</b>	Seek independent assurance throughout programme/project planning and processes within organisational governance frameworks

## What is this function 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 it's own right with it's 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.

## AREA C: Delivery

### Function C4

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

**C4.1** Identify, negotiate and secure sources of funding and/or other resources

**C4.2** Prioritise, align and deploy resources towards clear strategic goals and objectives

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

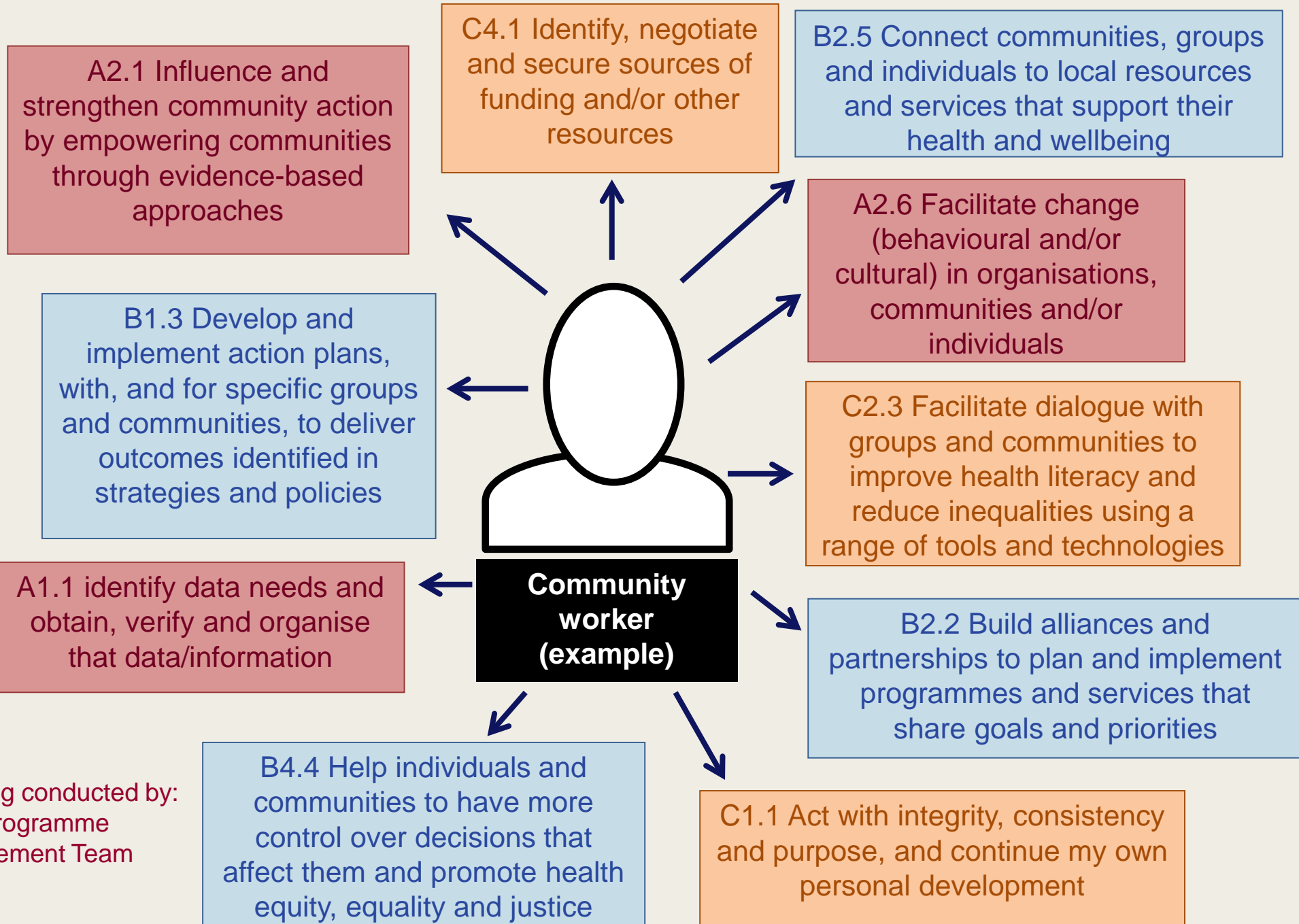
**C4.4** Develop workforce capacity, and mobilise the system-wide paid and volunteer workforce, to deliver public health priorities at scale

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

**C4.6** Adapt capability by maintaining flexible in-service learning and development systems for the workforce

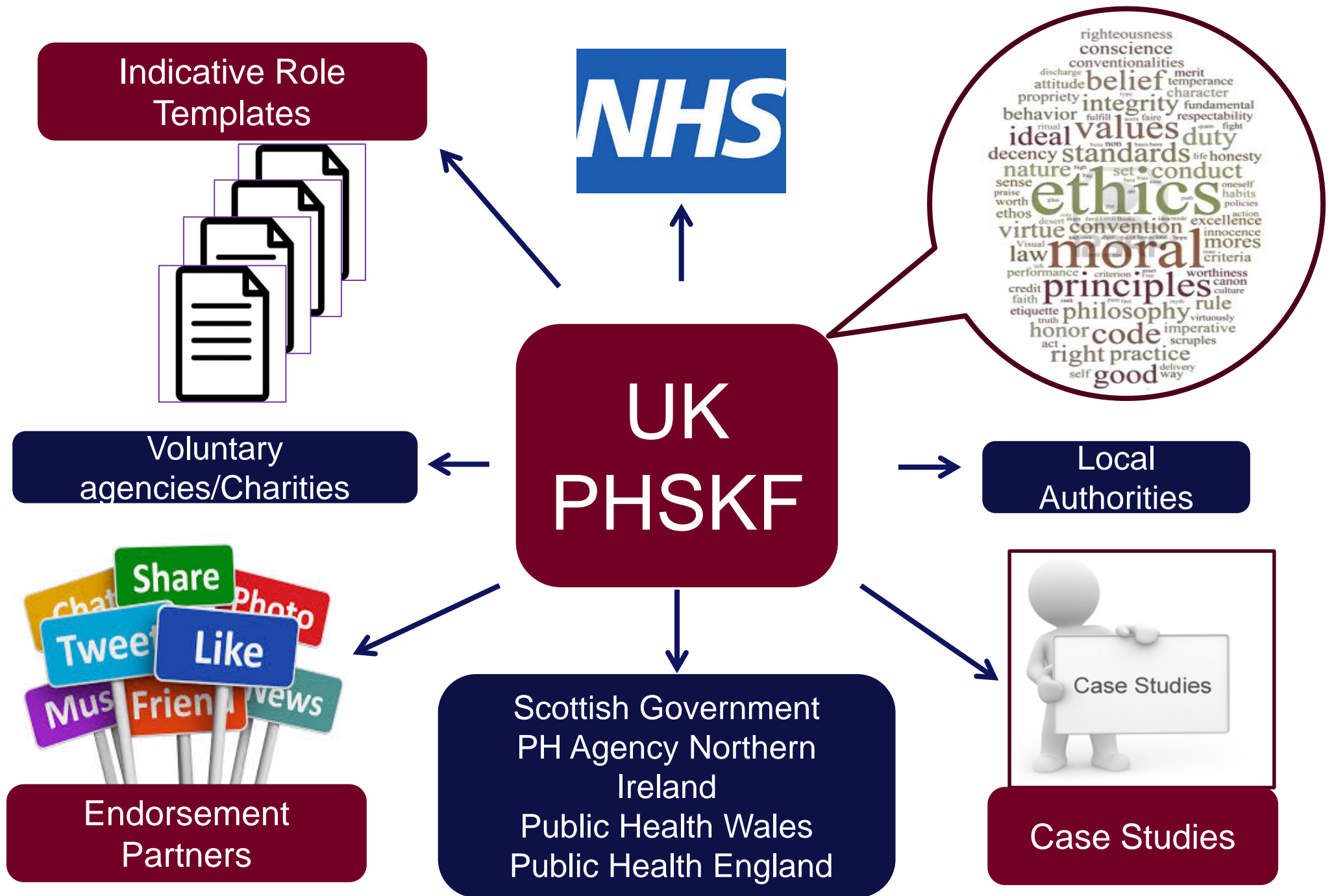
## What is this function about?

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 continuing their professional development (CPD).



Mapping conducted by:  
PHE Programme  
Management Team





# Behaviours

Work within ethical and professional boundaries while promoting population health and wellbeing, and addressing health inequalities

- i** Understand and apply the principles underpinning public service
- ii** Adhere to professional codes of conduct, occupational membership codes, employer behaviour frameworks and practice standards
- iii** Ensure compliance with statutory legislation and practice requirements, including mandatory training
- 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?

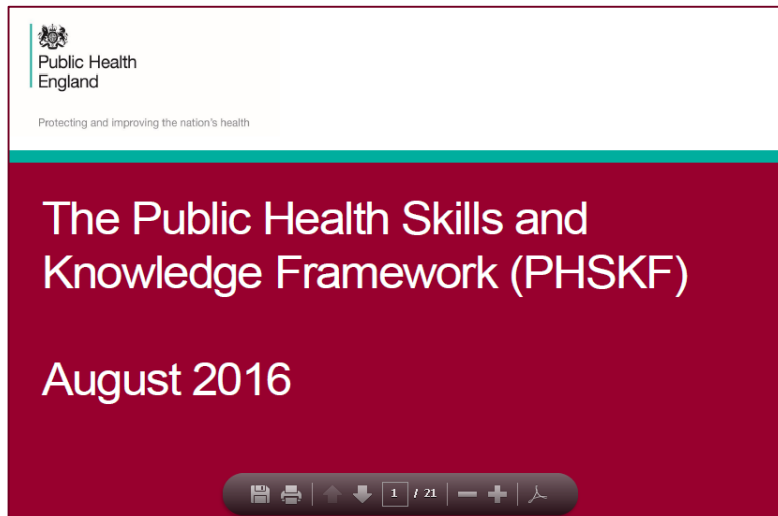
This section is relevant to all workers, paid and voluntary, regardless of sector. It recognises the standards, frameworks and guidance related to personal conduct and legal and ethical practice, such as the Nolan Principles, and the Faculty Public Health Good Public Health Guide (2016). Workforce legislation and codes of practice are in place to protect:

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

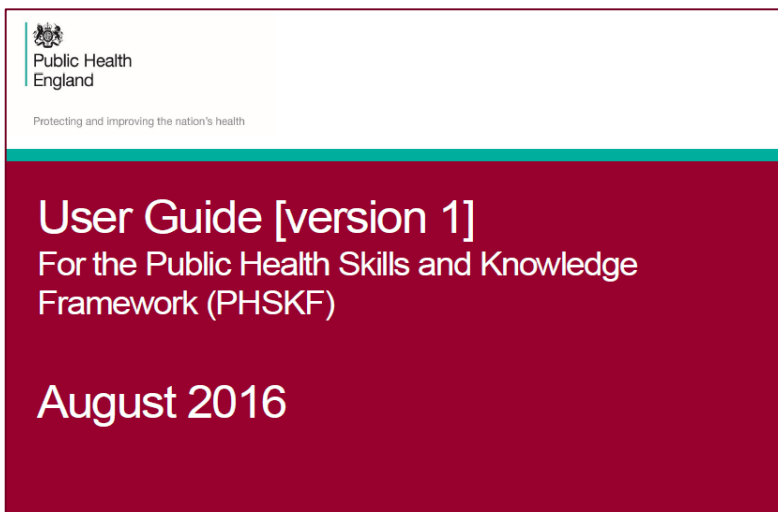
This section does not form part of the PHSKF in the same format as the areas and functions they apply to everybody

# Key web-links

Framework with a supporting glossary  
Published 10 August 2016



User Guide providing examples of how the framework could be applied  
Published 10 August 2016



# LAUNCH Event

15<sup>th</sup> November 2016 between 10:30 and 2:45, London

To register:

**[www.phe-events.org.uk/phskf16](http://www.phe-events.org.uk/phskf16)**