



Public Health  
England

Protecting and improving the nation's health

# User Guide [version 1] For the Public Health Skills and Knowledge Framework (PHSKF)

## August 2016

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# Introduction

The original UK Public Health Skills and Knowledge Framework (PHSKF), published in 2008, has recently undergone significant revision. This has partly been triggered by the introduction of the Health and Social Care Act in 2012 and the subsequent redistribution of public health workers across England; but also by ongoing changes to policy, practice and workforce planning in health and social care across the UK. Such change requires the revision of guidance, standards and curricular if the UK-wide workforce is to keep in step, and be prepared for the demands of the future.

This publication accompanies a similar document that presents the revised Framework in its latest form. Both publications are being made available online in response to requests from the workforce for access to the Framework, and this release is a 'soft launch' of the work completed so far. A third document will follow shortly outlining the methodology behind the Framework review, and further work planned for implementation, including a formal launch in the autumn 2016.

This 'User Guide' explains the principles underpinning the revised Framework design, and how it can support individual workers and teams; employers; and education providers; with early examples of how a number of stakeholders have started to experiment with the application of the new Framework. These examples should be read as 'work in progress'.

Everyone is encouraged to interact with the new Framework and to contact the programme office to share their experiences via the [sp-phskf@phe.gov.uk](mailto:sp-phskf@phe.gov.uk) programme email, to help to refine the tool and to build a compendium of support materials to promote its application.

## What the framework is for:

to set out the functional areas in which individuals, teams and organisations operate, to deliver on public health outcomes

to provide a set of statements that describe what functions an individual might carry out in the course of their work. The combination of functions will vary from individual to individual, and from role to role

to provide a benchmark or single point of reference for the UK workforce and their employers to help individuals to plan their own personal development, and to help employers to plan and develop their workforce

to provide a tool to facilitate the generation of job descriptions for new roles; templates for standard roles; and profiles for individual roles

to provide a common reference for the review and development of standards of practice and curricular for training and education qualifications across all levels of the qualifications framework

to present public health functions and sub-functions in a way that can be presented through an accessible and easy to navigate interactive digital platform (aka: 'skills passport')

## What the framework includes:

a set of high level functions that the public health workforce carry out covering the full range of what people 'do' in public health

a 'frame of reference' for public health ethics to support decision making, and to complement the Faculty of Public Health **Good Public Health Practice Framework 2016** and professional codes of conduct (still in development)

a mapping of the functions against related **national occupational standards** from a range of sector skills councils (see later document)

an outline of the underpinning disciplines and bodies of knowledge that are essential for effective public health practice (still in development)

a glossary of terms (see Framework document)

## What the framework does not include:

the day-to-day tasks governed by corporate processes relating to HR and other policy implementation regarding recruitment processes, lines of report or management, or mandatory requirements often delivered and monitored through corporate software and e-learning packages

any explicit links to pay and conditions or hierarchical entitlements

any reference to specific legislation, methodology or phraseology that can be changed or superseded over time and that would make the framework quickly out-dated

any reference to specific areas of delivery (eg physical activity, tuberculosis; settings eg NHS, schools; or groups eg LGBT, carers)

# Themes running through the framework

Public health action:

is **system-wide** and **at scale**

is based on **evidence**

is geared towards **joint working** and **holistic** approaches

fosters **responsibility for leadership** at all levels

**builds capacity** by engaging with all workers who can contribute to public health outcomes

is **outcomes driven** including the reduction of **health inequalities**

embeds **sustainable solutions**

supports and enables **individuals and communities to have more influence** over decisions that affect them and their health and wellbeing

ensures provision is **value for money** and cost-effective

# Principles guiding the organisation of the framework

Purpose of the Framework

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

Overarching purpose for public health

Answers the question - **What does 'public health' do?**



**AREAS** - show the different areas of activity:

- A - Technical
- B - Contextual
- C - Delivery

Function A1

Function B1

Function C1

**FUNCTIONS** – describe a set of functions carried out across the workforce, and within each area

Sub-function A2.5

Sub-function B3.3

Sub-function C4.1

**SUB-FUNCTIONS** – describe something that is attributable to an individual in their role. Each statement can be prefixed with 'I...' or 'to...'

## Notes

There should be no duplication, repetition or overlap across the framework. Each descriptor should be exclusive. The descriptor should be read in the context of the overarching function.

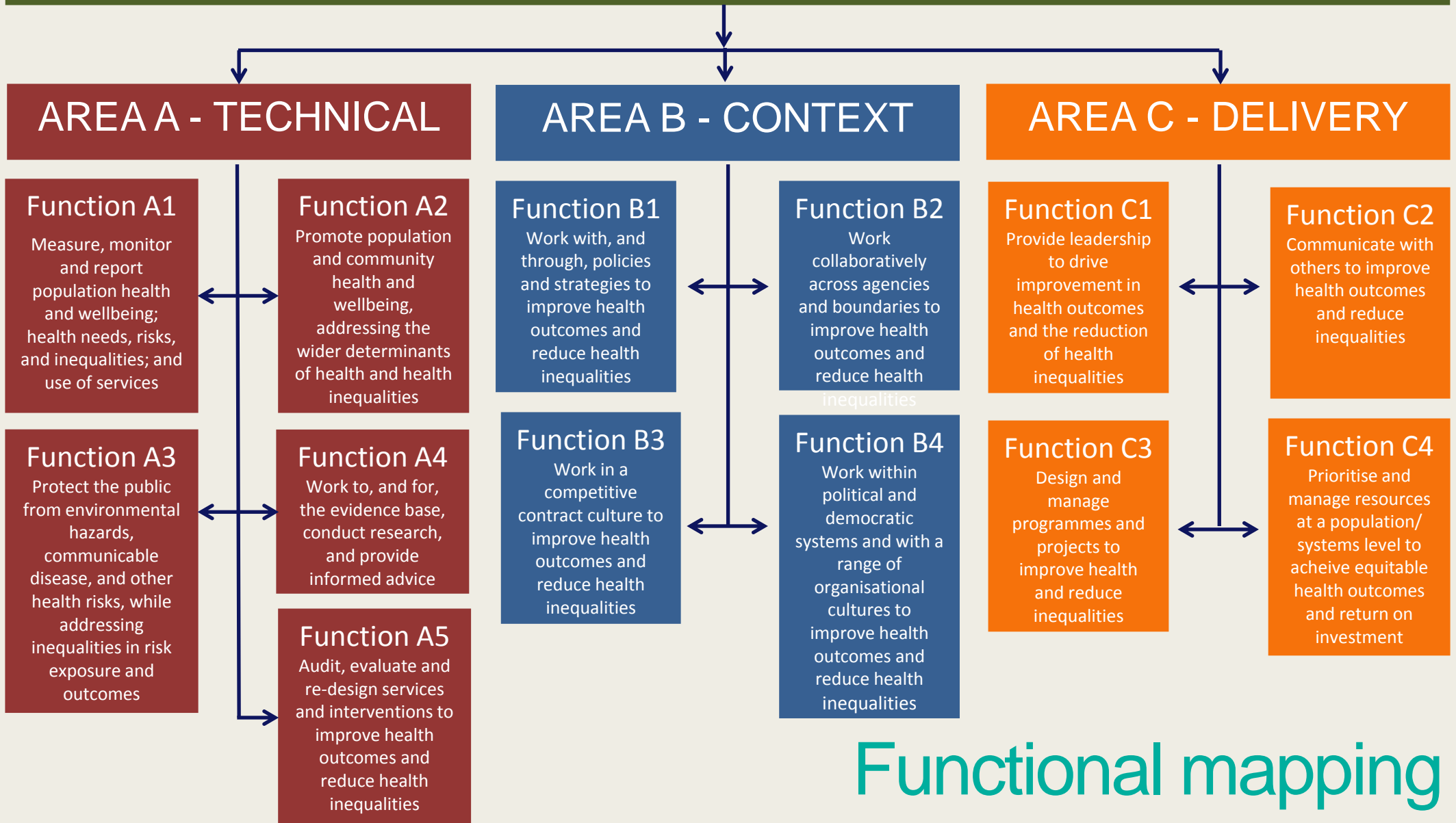
Each descriptor is about *what* is done, rather than *how well* – so words like 'effectively' or 'appropriately' will not be used. How well something is done is addressed in the workplace.

Descriptors are kept as succinct as possible, but a small number may include some additional information regarding method or scope to reflect the public health approach behind the function.

To future-proof the framework the language will be kept simple and generic as particular names for methodologies and products can become dated or may not immediately reflect the content.

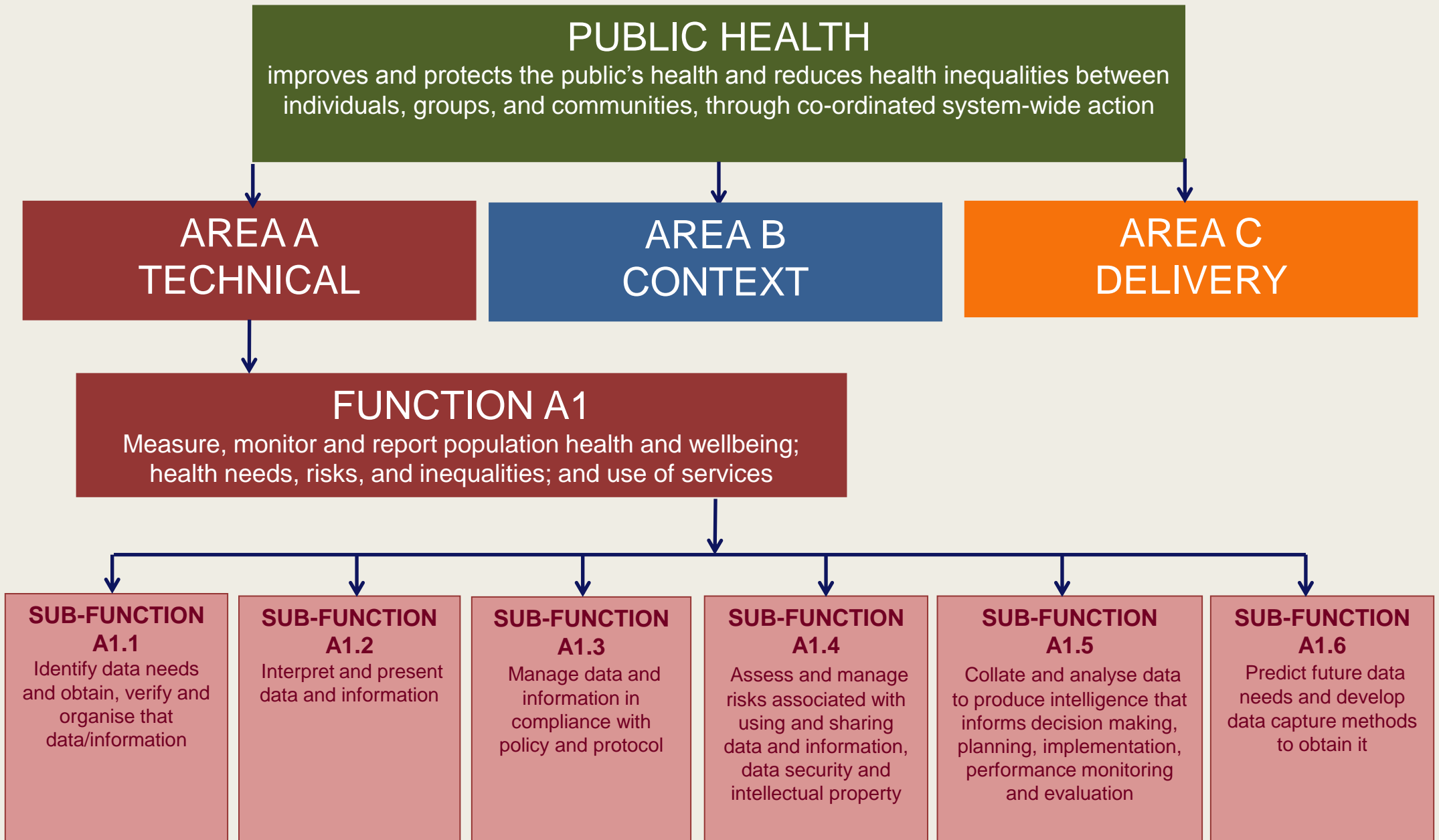
# OVERALL FUNCTION of PUBLIC HEALTH

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



# How to use the framework

The revised Framework describes 13 AREAS of public health practice providing around 70 statements (sub-functions) that describe public health activity in a way that is attributable to an individual's role. These statements have been mapped to a wide range of National Occupational Standards (NOS) and these will be published in a subsequent report in September 2016.

It is not envisaged that any one worker will be able to demonstrate the whole Framework at once, but the whole Framework may need to be represented in a public health team or locality. Individual workers can pick out those activities that they most identify with using the Framework as a 'menu'. This functionality recognises the potential for individual profiles to vary considerably.

The Framework 'menu' can be used to:

- profile an individual worker through 'self assessment'
- provide a template for a role that frequently occurs in the public health family with established pre-registration curriculum eg: environmental health officer
- create a job description for a new role that may need to be defined to meet a gap in a team or service
- develop learning curricula linked to public health activity as it is being described in the workplace
- describe areas of public health activity that need to be delivered through a service level agreement or specification
- provide overarching context for the development of more detailed frameworks relating to very specific areas of expertise or focus, eg behavioural science, mental health, health protection



*'I am able to see myself in this framework'*

*Information Business Analyst,  
NHS Scotland*

## How can I use the Framework as an individual worker?

Individuals can produce a personal profile that reflects the contributions they make to public health activity. Members of the core workforce will either demonstrate more or a wider breadth of functions, while workers who are part of the wider workforce will be able to identify the aspects of their role that contribute to improving the public's health.

*'It clearly lays out the different aspects of public health work. I could easily select things from the menu to fit my own job role. I particularly like the self, others, change etc. in the C1 section'*

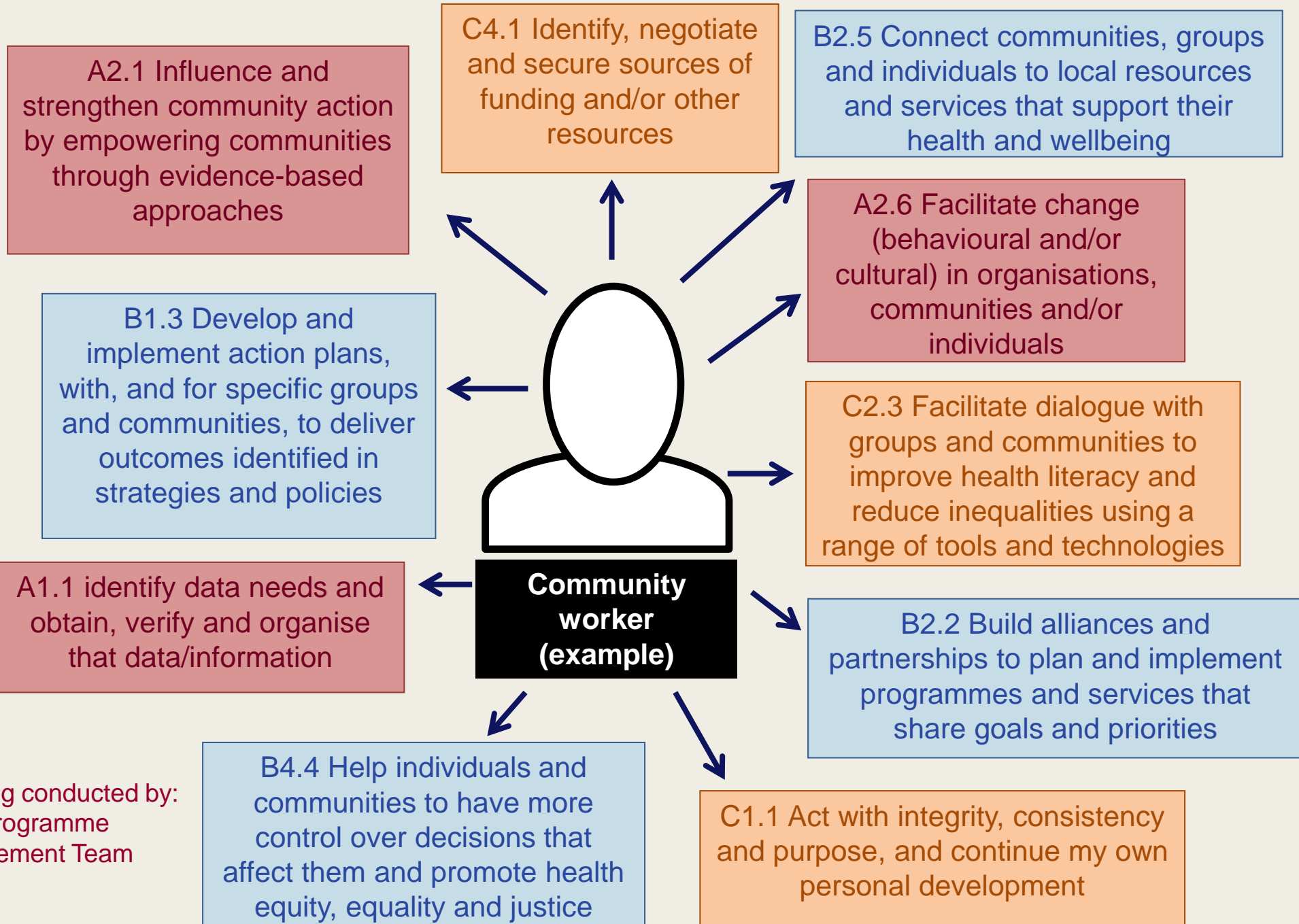
*Emerging Infections Scientist,  
PHE*

## How can I use the Framework as an employer?

*'In principle many of the functions have synergies with work being undertaken locally'*

*HR Business Partner,  
Local Authority*

Individuals can share their personal profiles with line managers during appraisal, using the Framework to identify areas for development, or where there are gaps in relation to roles that people are working towards. Managers/employers can also use the Framework statements to build job descriptions.



Mapping conducted by:  
PHE Programme  
Management Team

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

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

A1.5 Collate and analyse data to produce intelligence that informs decision making, planning, implementation, performance management and evaluation

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

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

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

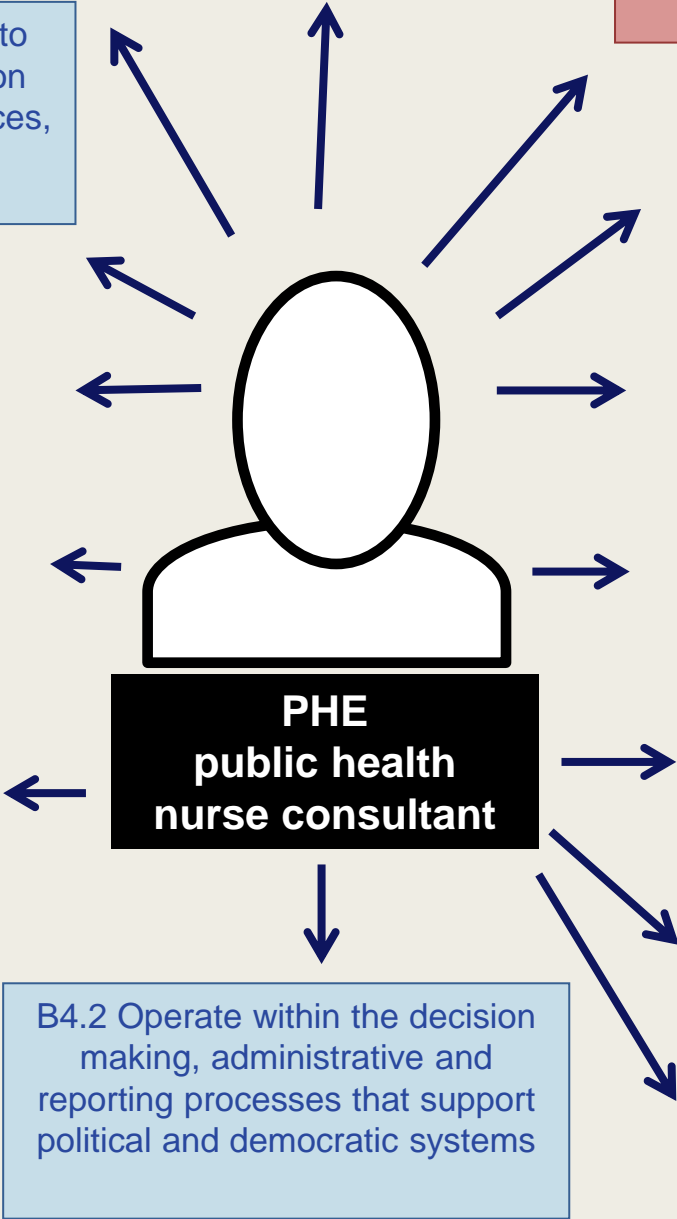
A4.4 Report and advise on the implications of the evidence base and its implementation for the most effective practice and the delivery of value for money

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

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

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

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



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

Mapping conducted by:

Public Health England  
Protecting and improving the nation's health

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

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

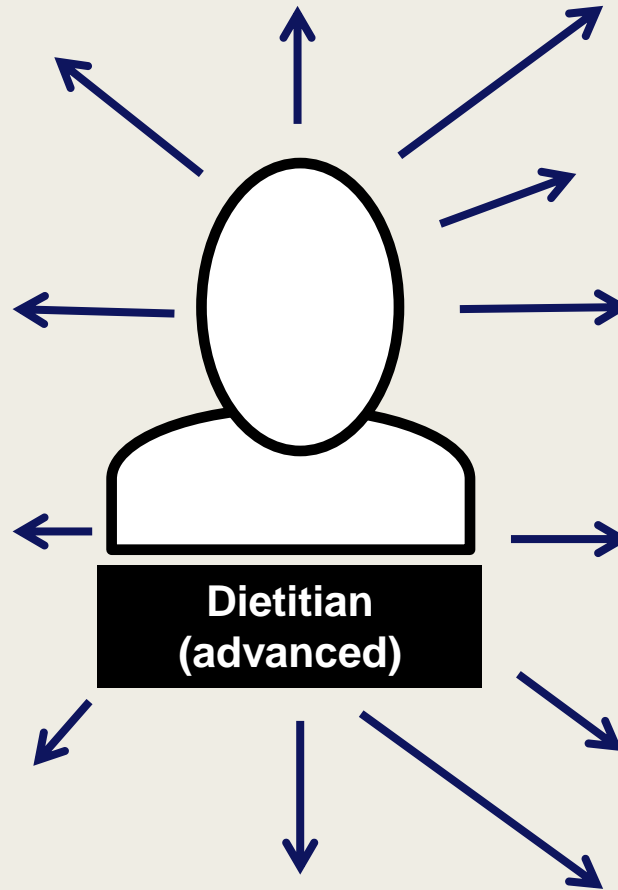
C2.2 Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods

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

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

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

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



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

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

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

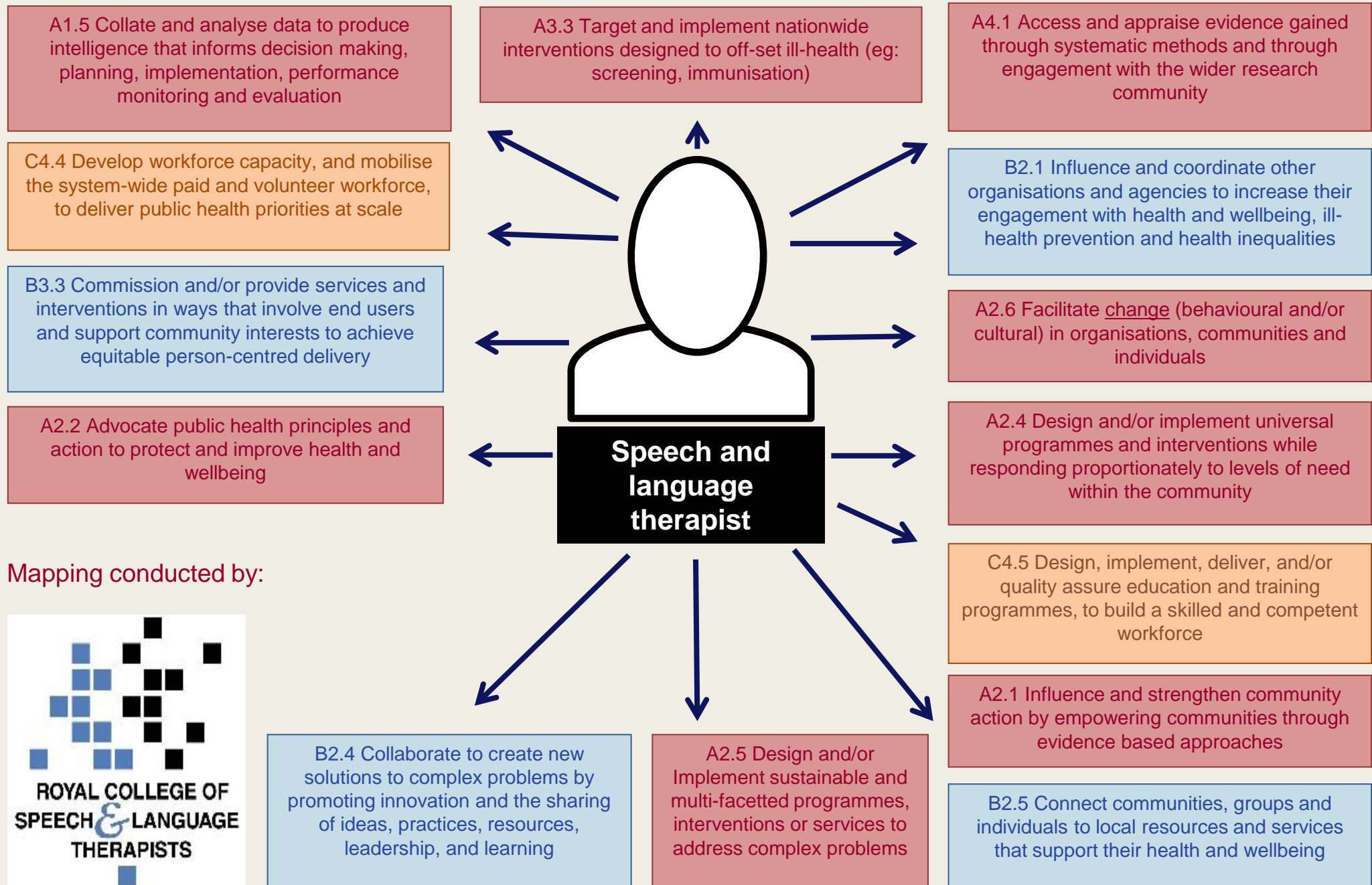
C4.5 Design, implement, deliver and/or quality assure education and training programmes, to build a skilled and competent workforce

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

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

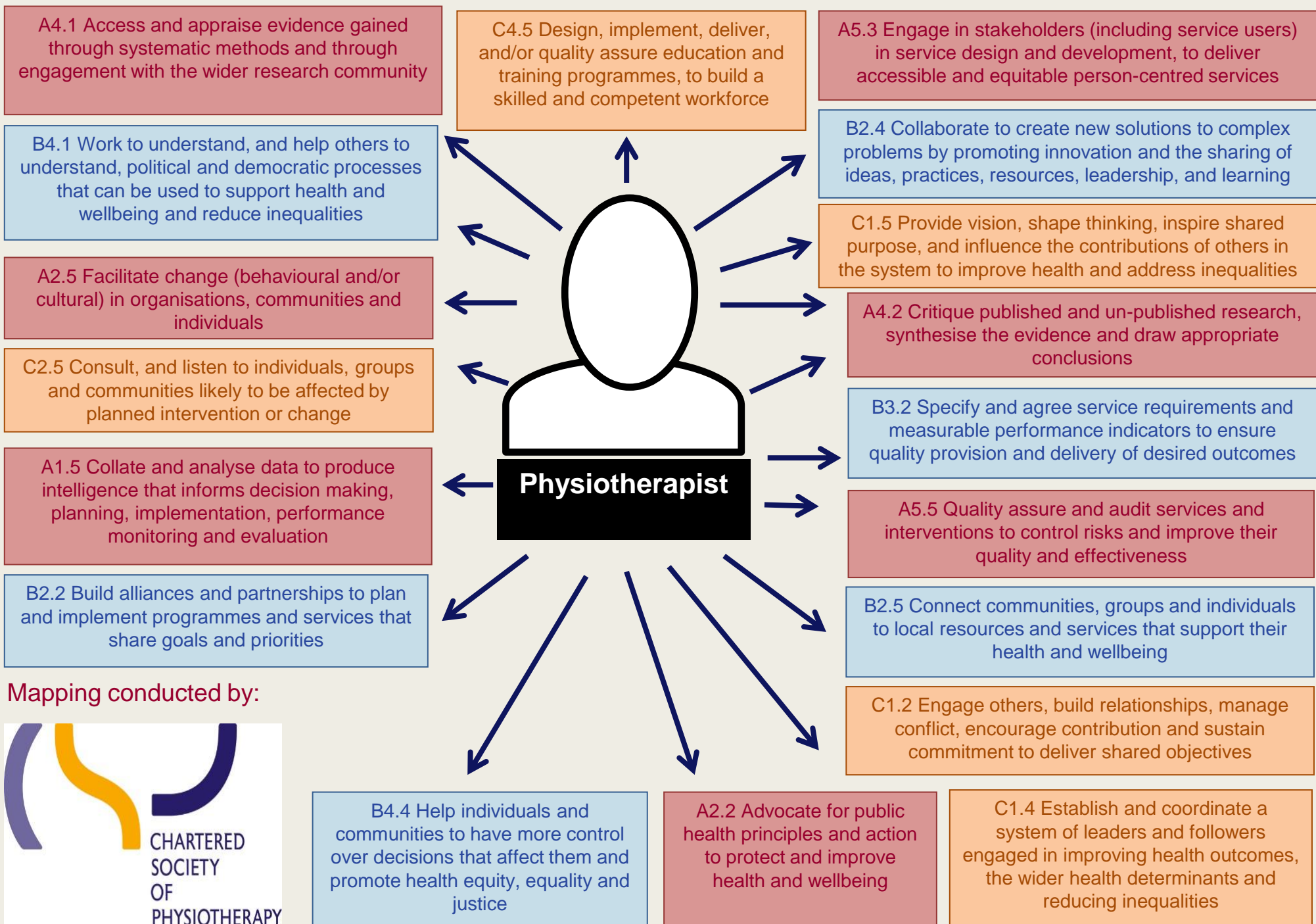
Mapping conducted by:





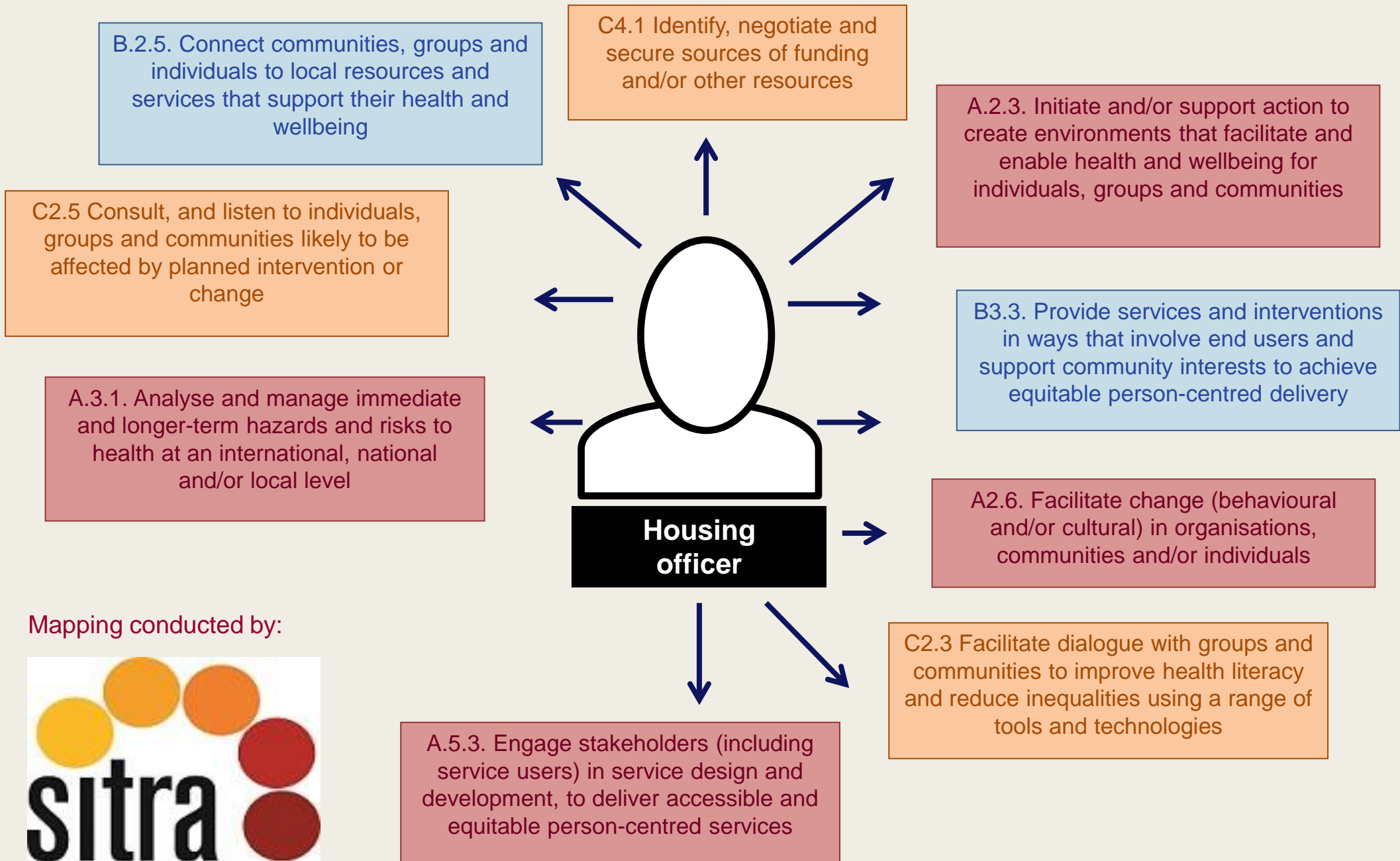
Mapping conducted by:





Mapping conducted by:





Mapping conducted by:



## I am an education and training provider – how can I use the Framework?

Education and training providers can use the Framework to map existing courses, new programmes of study or individual modules for continuing professional development (CPD) to public health functions. This will help providers to demonstrate how they will develop students with the breadth of skills to enable them to be adaptable in a rapidly changing workplace. The functions can inform the development of courses and qualifications across all levels of the national qualifications frameworks.

*'The PHSKF was very helpful when drilling down into some of the learning outcomes within individual modules, particularly at academic level 6 (ie final year) – what we want our graduates to be able to do (or at least, to have the knowledge and skills to be able to do, and in some instances to actually have been able to demonstrate through work-based learning). So the PHSKF was helpful at that more detailed level, alongside other curricula/competency frameworks from UK and elsewhere (eg IUHPE)'*

*Senior lecturer and programme director  
Higher education institution*



The Framework sets out public health functions in both the specialised areas of public health expertise (Technical AREA A), and those areas where many of the skill sets are shared with other workers across organisations (Contextual AREA B and Delivery AREA C).

While AREAS B and C describe functions that require transferable skills and expertise, people in public health will be conducting these activities to deliver to specific public health outcomes as described in the Framework.

Given the multi-disciplinary nature of public health activity, the knowledge base draws on a wide range of disciplines, including those that underpin AREAS B and C in the Framework.

*‘While it is complex, the idea of applying this to one’s own development and role is very clear. It will be a useful tool for public health professionals to examine their own areas of impact and to identify gaps or further work areas’*

*Associate principal lecturer,  
Higher education institution*

*‘Overall I think this variety [in the functions] is undoubtedly a good thing – it suggests sufficient flexibility in the framework to be able to broadly capture the competencies of people working at different levels and contexts’*

*Senior lecturer and programme director  
Higher education institution*

Cardiff Metropolitan University has provided a profile for an environmental health practitioner (EHP) fully registered with the Environmental Health Registration Board with 1-2 years of post-registration experience working in a ‘frontline’ role in a local authority (see page 18).

The Royal Society of Public Health (RSPH) is already mapping the qualifications on their review schedule against the Framework, eg Level 2 Understanding Health Improvement.

*‘I think it will be very useful when planning the undergraduate curriculum’*

*Lecturer  
Higher education institution*

A1.2 Interpret and present data and information

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

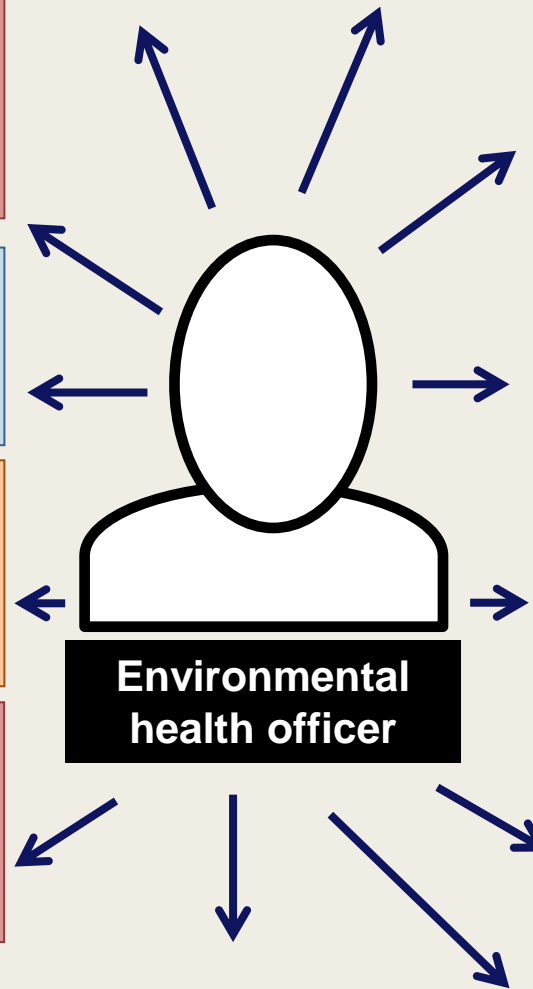
A3.5 Mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures

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

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

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

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



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

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

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

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

A1.1 identify data needs and obtain, verify and organise that data/information

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

Mapping conducted by:



Cardiff Metropolitan University

Prifysgol Metropolitan Caerdydd

## I am a service provider – how can I use the Framework?

Some organisations have cited examples of their work to demonstrate how their services deliver on some of the functions and sub-functions (page 20), or to show their areas of expertise and strengths with a view to promoting the value of their services or using this profiling to support the tender bidding process (page 21)

There is potential to map the Framework against mandatory and quality assurance requirements and page 22 presents the potential links between the PHSKF and the CQC fundamental standards

*'I certainly found it helpful to go through the framework, and I would anticipate that there may be benefit in discussing the functions we contribute to with Public Health teams commissioning our programmes of work. The framework could also enable Public Health teams to explain how they would like voluntary sector organisations to work more effectively/differently to ensure a good fit and contribution to the framework where appropriate.'*

*National Programme Innovation Manager  
Charity*

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

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

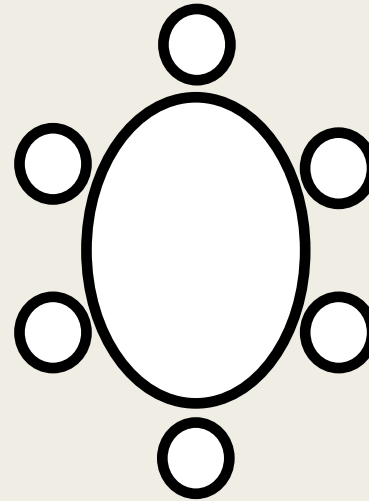
A4.6 Apply research techniques and principles to the evaluation of local services and interventions to establish local evidence of effectiveness

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

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

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

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



**Charity  
organisation**

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

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

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

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

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

B2.4 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

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

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

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

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

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

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

Mapping conducted by:  
Soil Association Food for Life



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

A1.1. Needs led DCRS fields e.g. adding number of T2 diabetics accessing service

A1.4 C&G training, Lockable boxes, NHS email address

C2.1, C2.2, C2.3, C2.4, C2.5  
Community Area Boards and public meetings  
Presentations to target audience groups  
Health fairs in factories  
HT working with D&A teams  
Walking football and weight management  
Working with adults with learning disabilities

**Function C2**  
Communicate with others to improve health outcomes and reduce health inequalities

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

A2.3 community, partnership work e.g. leg clinic, groups; reducing isolation and improving health

2.6 Key to individuals but also influencing organisations e.g. canteen provision



B2.1, B2.2 & B2.3  
Health fairs with OH and factory workers  
Being proactive on community area board  
Signposting and supporting engagement

**Function B2**  
Work collaboratively across agencies and boundaries

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

B1.2 Using the JSA to identify areas of health need and intervention impact

B4.5 Public health transfer from NHS to Local authority. Working with Health and Wellbeing Board

**Function B4**  
Work within political and democratic systems and with a range of organisational cultures

**Function C4**  
Prioritise and manage resources at a population/ systems level to achieve equitable health outcomes and return on investment

C3.4 working with GPs and rooms provided, feedback given

C3.1 Friends of local HMP funding training. Business plan developed

C1.1 Being the HT face in the community  
Taking ownership of own 'patch' Building trust and relationships.

C1.3 Changes due to austerity. Reduced resources. BP in libraries, increase in emotional well being needs.

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

Mapping conducted by:  
**Health Trainers**  
Wiltshire Council  
Where everybody matters



Person-centred care

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



Dignity and respect

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



Food and drink

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



Safe-guarding from abuse

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



Complaints

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



Display of ratings



Good governance

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

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

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

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

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

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

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

Premises & equipment



Safety



Staffing



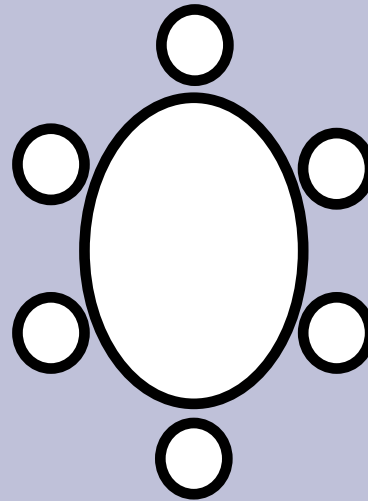
Fit and proper staff



Duty of candour



Consent



### CQC Mapping Fundamental Standards

# Acknowledgements

*PHE would like to thank all those who have engaged with the process of reviewing the Public Health Skills and Knowledge Framework, including all those who have attended workshops and responded to the on-line and face-to-face consultations during 2015/2016.*

*Ongoing thanks is also extended to those individuals and agencies who have helped to test the framework, and who are continuing to find ways to apply it, to extend its value and utility, and who are willing to offer their work as examples and case studies.*

Get in touch!  
We would like your feedback.  
Please email your comments  
and ideas to:

[sp-phskf@phe.gov.uk](mailto:sp-phskf@phe.gov.uk)



# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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