



# Title: The UK Public Health Skills and Knowledge Framework 2016 'at a glance'

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Protecting and improving the nation's health

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## INTRODUCTION



**Shirley Cramer CBE**

Chief Executive,  
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People in UK Public Health Group

The challenges to the public's health are many and varied, and have never been greater as our lives and environments become more complex and interdependent. The UK has long been known for its highly skilled public health workforce and we need to ensure that it remains at the forefront in tackling these challenges both now and in the future. This has been the remit of *People in UK Public Health*, the group that I chair and which has been advising the four UK governments on the future of the public health workforce. A particularly important component of our work has been overseeing the development of the new Public Health Skills and Knowledge Framework (PHSKF). We were delighted at the response of the current workforce in responding to the consultations about the framework as the insights gained from such significant engagement has made this a robust, accessible and flexible document which can be used in a variety of circumstances.

Over recent years the scale and potential for the 'wider public health workforce' has been mapped. These are individuals who have 'the opportunity or ability to improve or protect the public's health' but are not part of the core public health workforce'. The new PHSKF, through setting out the functional areas in which individuals, teams and organisations operate will enable the wider public health workforce to recognise their own contributions and perhaps choose to have a career in public health. It is vital that we have a standard benchmark across the UK to help individuals and their employers plan personal development and provide a common reference for the development of standards of practice and curricula for training and education qualifications. The new framework has resonance across the UK and critically can be presented through an easy to navigate interactive digital platform referred to as the 'skills passport', which creates the flexibility and quality we will need for our workforce of the future.

It has been a privilege for PIUKPH to be involved in the development of the new framework and I would like to thank the authors for their diligence and professionalism. This is a new tool which, along with the accompanying guidance, marks a new era for the public's health.

## METHODS

Throughout 2015, the Workforce Development Team at PHE conducted a series of consultation and engagement activities with the public health workforce in England, Scotland, Wales and Northern Ireland. Workshops and an on-line survey explored people's views on the original PHSKF (2008) and the kind of changes they thought would be helpful (see report below). The PHSKF was then revised through ongoing consultation with specific groups and leading experts. The revised Framework was consulted on through a YouTube Video and on-line Survey in December 2015/January 2016. The revised Framework was published in August 2016 and is presented on this poster to facilitate further discussion.

Corporate report  
**Public health skills and knowledge framework: consultations review**

From: Public Health England  
First published: 29 July 2016

This report presents the outcomes of the first stage of the review of the UK public health skills and knowledge framework (PHSKF).

Document  
[Review of the Public Health Skills and Knowledge Framework: report on a series of consultations, spring 2015](#)

Ref: PHE publications gateway number 2015158  
PDF, 1,991KB, 90 pages

URL: <https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-consultations-review>

## RESULTS

### AREA A: Technical

<b>Function A1</b> 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

<b>Function A2</b> Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities	<b>A2.1</b>	Influence and strengthen community action by empowering communities through evidence based approaches
	<b>A2.2</b>	Advocate public health principles and action to protect and improve health and wellbeing
	<b>A2.3</b>	Initiate and/or support action to create environments that facilitate and enable health and wellbeing for individuals, groups and communities
	<b>A2.4</b>	Design and/or implement universal programmes and interventions while responding proportionately to levels of need within the community
	<b>A2.5</b>	Design and/or implement sustainable and multi-faceted programmes, interventions or services to address complex problems
	<b>A2.6</b>	Facilitate change (behavioural and/or cultural) in organisations, communities and/or individuals

<b>Function A3</b> Protect the public from environmental hazards, communicable disease, and other health risks, while addressing inequalities in risk exposure and outcomes	<b>A3.1</b>	Analyse and manage immediate and longer-term hazards and risks to health at an international, national and/or local level
	<b>A3.2</b>	Assess and manage outbreaks, incidents and single cases of contamination and communicable disease, locally and across boundaries
	<b>A3.3</b>	Target and implement nationwide interventions designed to offset ill health (eg screening, immunisation)
	<b>A3.4</b>	Plan for emergencies and develop national or local resilience to a range of potential threats
	<b>A3.5</b>	Mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures

<b>Function A4</b> Work to, and for, the evidence base, conduct research, and provide informed advice	<b>A4.1</b>	Access and appraise evidence gained through systematic methods and through engagement with the wider research community
	<b>A4.2</b>	Critique published and unpublished research, synthesise the evidence and draw appropriate conclusions
	<b>A4.3</b>	Design and conduct public health research based on current best practice and involving practitioners and the public
	<b>A4.4</b>	Report and advise on the implications of the evidence base for the most effective practice and the delivery of value for money
	<b>A4.5</b>	Identify gaps in the current evidence base that may be addressed through research
	<b>A4.6</b>	Apply research techniques and principles to the evaluation of local services and interventions to establish local evidence of effectiveness

<b>Function A5</b> Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities	<b>A5.1</b>	Conduct economic analysis of services and interventions against health impacts, inequalities in health, and return on investment
	<b>A5.2</b>	Appraise new technologies, therapies, procedures and interventions and the implications for developing cost-effective equitable services
	<b>A5.3</b>	Engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services
	<b>A5.4</b>	Develop and implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems
	<b>A5.5</b>	Quality assure and audit services and interventions to control risks and improve their quality and effectiveness

<b>Function B1</b> Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities	<b>B1.1</b>	Appraise and advise on global, national or local strategies in relation to the public's health and health inequalities
	<b>B1.2</b>	Assess the impact and benefits of health and other policies and strategies on the public's health and health inequalities
	<b>B1.3</b>	Develop and implement action plans, with, and for specific groups and communities, to deliver outcomes identified in strategies and policies
	<b>B1.4</b>	Influence or lead on policy development and strategic planning, creating opportunities to address health needs and risks, promote health and build approaches to prevention
	<b>B1.5</b>	Monitor and report on the progress and outcomes of strategy and policy implementation making recommendations for improvement

<b>Function B2</b> Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities	<b>B2.1</b>	Influence and co-ordinate other organisations and agencies to increase their engagement with health and wellbeing, ill-health prevention and health inequalities
	<b>B2.2</b>	Build alliances and partnerships to plan and implement programmes and services that share goals and priorities
	<b>B2.3</b>	Evaluate partnerships and address barriers to successful collaboration
	<b>B2.4</b>	Collaborate to create new solutions to complex problems by promoting innovation and the sharing of ideas, practices, resources, leadership, and learning
	<b>B2.5</b>	Connect communities, groups and individuals to local resources and services that support their health and wellbeing

<b>Function B3</b> Work in a competitive contract 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

<b>Function B4</b> Work within political and democratic systems and with a range of organisational cultures to improve health outcomes and reduce health inequalities	<b>B4.1</b>	Work to understand, and help others to understand, political and democratic processes that can be used to support health and wellbeing and reduce inequalities
	<b>B4.2</b>	Operate within the decision making, administrative and reporting processes that support political and democratic systems
	<b>B4.3</b>	Respond constructively to political and other tensions while encouraging a focus on the interests of the public's health
	<b>B4.4</b>	Help individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice
	<b>B4.5</b>	Work within the legislative framework that underpins public service provision to maximise opportunities to protect and promote health and wellbeing

### AREA C: Delivery

<b>Function C1</b> Provide leadership to drive improvement in health outcomes and the reduction of health inequalities	<b>C1.1</b>	Act with integrity, consistency and purpose, and continue my own personal development
	<b>C1.2</b>	Engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives
	<b>C1.3</b>	Adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environments
	<b>C1.4</b>	Establish and coordinate a system of leaders and followers engaged in improving health outcomes, the wider health determinants and reducing inequalities
	<b>C1.5</b>	Provide vision, shape thinking, inspire shared purpose, and influence the contributions of others throughout the system to improve health and address health inequalities

<b>Function C3</b> 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

<b>Function C2</b> Communicate with others to improve health outcomes and reduce health inequalities	<b>C2.1</b>	Manage public perception and convey key messages using a range of media processes
	<b>C2.2</b>	Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods
	<b>C2.3</b>	Facilitate dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools and technologies
	<b>C2.4</b>	Apply the principles of social marketing, and/or behavioural science, to reach specific groups and communities with enabling information and ideas
	<b>C2.5</b>	Consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change

<b>Function C4</b> Prioritise and manage resources at a population/systems level to achieve equitable health outcomes and return on investment	<b>C4.1</b>	Identify, negotiate and secure sources of funding and/or other resources
	<b>C4.2</b>	Prioritise, align and deploy resources towards clear strategic goals and objectives
	<b>C4.3</b>	Manage finance and other resources within corporate and/or partnership governance systems, protocol and policy
	<b>C4.4</b>	Develop workforce capacity, and mobilise the system-wide paid and volunteer workforce, to deliver public health priorities at scale
	<b>C4.5</b>	Design, implement, deliver and/or quality assure education and training programmes, to build a skilled and competent workforce
	<b>C4.6</b>	Adapt capability by maintaining flexible in-service learning and development systems for the workforce

## DISCUSSION

Public health skills and knowledge framework (PHSKF)

The revised PHSKF, accompanied by a helpful user guide, will be an important tool in developing public health capabilities needed in future.

Documents  
Public Health Skills and Knowledge Frameworks  
Ref: PHE publications gateway number 201604  
PDF, 204KB, 2 pages

URL: <https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf>

This revised Framework has been published on the GOV.UK website together with a User Guide illustrating how the Framework can be applied (see URL above). This is a 'soft launch' exercise to ensure that the Framework has the widest exposure before settling on a final version. As mentioned in Shirley Cramer's introduction, work is underway to explore how we can deliver the Framework to the system through an interactive Digital Platform (or skills passport). PHE is leading on the 'agile' process of developing a digital product with the Workforce Development, Digital Procurement and Digital teams working together and in line with the Government Digital Service (GDS) requirements. The 'skills passport' will enable users to create their personal skills profile from the Framework; to identify gaps in their skill-sets; and plan their ongoing development in public health practice.

Ongoing feedback is invited and comments can be forwarded to the workforce development team via [sp-phskf@phe.gov.uk](mailto:sp-phskf@phe.gov.uk)