

## Inform development planning for individuals, teams and professional groups

Public health practitioners can be found in a broad range of organisations and professions. In many cases, they may not identify themselves first and foremost as working in public health, but rather by other professional categories. Increasingly, though, those who recognise their public health role are keen to know how this can be further developed and strengthened, on both a personal and professional level. The PHSCF can help individuals and professional groups to identify and analyse where they sit within the world of public health, and to set a career development path for those who wish to broaden and deepen their public health functions.



**Public Health  
Resource Unit**

Supporting Public Health



# **PUBLIC HEALTH SKILLS AND CAREER FRAMEWORK (PHSCF)**

## **HOW TO USE IT: FOR PUBLIC HEALTH PRACTITIONERS**

### **How the framework can help you**

Public health practitioners can all make use of the public health skills and career framework in order to:

- describe and demonstrate the competences one's own profession contributes to improving population health
- inform and facilitate closer working relationships across professional groups
- inform development planning for individuals, teams and professional groups

### **Purpose of the Public Health Skills and Career Framework**

- inform skills and career development of everyone who contributes to improving and protecting the health and wellbeing of the population
- facilitate the development of a skilled public health workforce that is fit for purpose to tackle health inequalities and deliver the national public health agenda
- provide a consistent and coherent vision across the whole of public health, value everyone's contribution and the interactions between those contributions

### **Public Health Information Specialist**

Public health information analysts are core to the public health function of primary care organisations. Matt has worked for a number of years as part of an information team, having started straight out of university, where he had studied psychology. Through his work he has become much more interested in what is happening 'behind the numbers' and would like to develop into a more general public health practitioner, possibly as a route to then becoming a defined specialist, but one who has experience of different aspects of the public health function. Using the PHSCF, Matt works out where he currently sits against the four core areas, as well as his specialist area, and what he needs to focus on in terms of development.

*Surveillance and assessment:* His current role and experience places him at Level 6, as his main function is to collate, analyse and communicate many different kinds of health data.

*Assessing the evidence:* Matt sees himself working at Level 4, however, he has not yet delved into broader public health evidence and needs to explore this further.

*Policy and strategy development:* This is an area that Matt has very little experience of. He would put himself at Level 3, since he is aware of, and applies, policies directly related to his own area of work.

*Leadership and collaborative working:* As Matt's work brings him into contact with different teams within his organisation, he would put himself at Level 3.

*Health Intelligence:* Matt considers that he is working at Level 6 in health intelligence, as his role includes not only collating and analysing information, but also communicating the results of that analysis and supporting more junior team members and other teams involved in data collection and analysis.

For further information about the PHSCF  
please visit:

[www.phru.nhs.uk](http://www.phru.nhs.uk)

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

## How you can use the framework

### Describe and demonstrate the competences one's own profession contributes to improving population health

Government policies now require different organisations to work in partnership in order to achieve nationally defined targets. This is particularly true in the health sector, where health improvement targets are dependent on much more than improving health service delivery, but also on changing and improving the intrinsic and extrinsic determinants of health, such as lifestyle or environment. Due to pressures of time and other priorities, senior managers of non-health organisations may not always take into account the health improvement roles their teams play, nor see how a particular profession makes a contribution to health through their own day to day activities. Practitioners can use the PHSCF not only to describe what their own public health role is, but to also help their managers and teams show they are meeting their statutory requirements with regards to health improvement.

#### **District Council Housing Officer**

Carol has worked as a housing officer for three years, and has worked in the same district council housing section for the last five years. The local county's strategic partnership has to date been focused on economic development, with many of the social and environmental issues taking less priority. However, as a result of the last audit of the council and a change of political leadership, the chief executive has asked each department and its partners to reinvigorate their work on meeting the full range of government targets, especially those in health and education. Carol recognises that now is the time to promote the public health aspects of her work, particularly as her manager is uncertain how they all contribute other than the obvious social benefits of having a reasonable roof over one's head.

Using the PHSCF to guide her, Carol is able to show that the housing profession's key role in public health is contributing to health improvement and health protection. In terms of health improvement, Carol considers that someone with her job description is working at Level 5. She spends much of her time advocating on behalf of families she visits to ensure that housing repairs are done promptly, while also educating people living in council housing about the importance to their health of maintaining a clean environment and reporting any problems quickly. In terms of her health protection role, Carol recognises that she is working at Level 4. She has to know, and report on, risks related to problems in housing stock. Many of the risks are health related, such as leaky pipes, poor drainage, faulty boilers, non-disposal of rubbish and noise pollution.

### Inform and facilitate closer working relationships across professional groups

It sometimes feels as though all work sectors and organisations are becoming increasingly complex. The much greater emphasis on partnership working and exhortations to reach across professional boundaries can create the impression that those boundaries are progressively more blurred. The PHSCF can help members of different professional groups to define their roles within a health improvement partnership more clearly, which in turn facilitates better working relationships between different groups.

#### **Improving Adolescent Sexual Health Programme**

The chief executive of your primary care organisation (PCO) is keen to promote the development of a comprehensive, multi-organisational approach to tackling adolescent sexual health issues. You are tasked by the Director of Public Health to contact and pull together a team within the primary care organisation that can liaise with the local authority and voluntary sector to develop a new adolescent sexual health strategy. You now have multi-sectoral representation and use the PHSCF to begin looking at what each specific professional group brings to the table for developing and implementing the new strategy.

*PCO Public health directorate:* Your main functions, as coordinator of the programme, are to provide overall leadership for the group, to ensure that evidence forms the basis of strategy development, translate policy into strategy and to consolidate and report on key indicators of adolescent sexual health.

*FP/GUM/GP clinical professionals:* The clinicians working with adolescents recognise that their role is primarily in supporting health improvement (Level 3 - through one to one counselling of individuals), health protection (Level 5 - in preventing the spread of sexually transmitted infection) and in surveillance (Level 3 -through reporting on cases seen). They are also required to assure the quality of the care they provide at Levels 6/7 of the framework.

*Community health practitioners (school nurses, midwives and health visitors):* Community health practitioners reflected that their role covers both one to one work as well as larger scope for working with communities of young people, either within schools or through community groups. They see themselves as playing a major role in community health improvement that the other team members are not able to play. As such, they work at Level 6 for health improvement and Level 4 as regards surveillance and assessment of population health. School nurses, community midwives and health visitors also need to define the boundaries of their own roles, and in this case agree that school nurses work on sexual health promotion within schools, community midwives work with pregnant adolescent women to assure safe pregnancy outcomes and to promote delaying the next pregnancy, while the health visitors use their contacts through Sure Start centres to promote better adolescent health practices amongst young mums and dads.