

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

The wider public health workforce 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.

This last example is work that is actually being undertaken in London by the London Teaching Public Health Network.

#### London Teaching Public Health Network support to the Third Sector

LTPHN is using the PHSCF to ascertain the development needs of workers in the 3rd Sector in London, many of whom are engaged in public health delivery without having had prior access to formal training or career development. A self-assessment tool is being developed, whereby workers can see at what level on the PHSCF they are functioning and what competencies they need to acquire should they wish to perform at the next level. London's 3rd Sector organisations have engaged enthusiastically with this project, which, as far as we know, is the first attempt in the UK to involve the Sector systematically in public health skills development. Once piloted, and revised if necessary, it is intended to make the self-assessment tool more widely available via our website, at [www.ltphn.org.uk](http://www.ltphn.org.uk)

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)

Public Health Resource Unit  
4150 Chancellor Court  
Oxford Business Park South  
Oxford  
OX4 2GX

Tel: +44 (0)1865 334735

Ref: PHSCF05A5



**Public Health  
Resource Unit**

*Supporting Public Health*



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

### **HOW TO USE IT: FOR THE PUBLIC HEALTH WIDER WORKFORCE**

#### **How the Framework Can Help You**

The wider workforce, and those who work with them, 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

## How you can use the framework

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

There is now welcome recognition that many different sectors and professional groups have at least as important a contribution to make to public health as do health professionals and the health sector more generally. Given how broad these different determinants are, it is possible to include most professions as contributors to public health and therefore part of the wider workforce. This means that each professional group with an interest or need to make explicit their own contribution to the public health agenda needs to be clear how they are contributing, and at what level. The PHSCF helps to provide a common vocabulary and conceptual understanding allowing individuals and groups to analyse their place within the public health spectrum.

#### **Personal Health and Social Education (PHSE) Teachers**

The public health role of PHSE teachers has always been far more implicit than explicit. The nature of PHSE also differs from country to country, as the PHSE curriculum is a statutory requirement in Wales, but not in England, Scotland or Northern Ireland. Emma is a form tutor for Key Stage 3, English teacher and teaches PHSE in a comprehensive school catering to a very diverse student community. As form tutor she often plays a sounding board to her students. She feels that teachers in her school could be doing much more to support young people to make healthier choices.

Using the framework, Emma sees that teachers are most concerned with health improvement and health protection aspects of public health. She also recognises that she and her colleagues have a role to play in assessing the general health and well-being of their students, as well as in knowing and understanding the evidence around what types of health improvement and protection interventions have been shown to work within younger people and/or in schools.

*Health improvement:* Analysing the competences needed in health improvement Emma considers that teachers directly involved in PHSE probably need to operate at Level 5. Their role is very much about listening and involving students in finding ways of improving their own health, as well as planning learning that targets different age groups.

*Health protection:* As far as health protection is concerned, Emma finds teachers should be operating at Level 4, taking into account a teacher's role in assessing and monitoring risks to young people in their charge. This includes the child protection function that teacher's must carry out.

*Surveillance and assessment:* Teachers operate at Level 2 in terms of the various reports that need to make. As they are required to report on achievements of different groups of pupils, as well as fill in incidence reports, they are up to speed with the need for accurate recording of data and how data can identify differences in risk and in achievement between different groups.

### 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.

#### **Lead Councillor, Local Council**

James has recently been elected as lead councillor for his local council. He and his fellow members have been working through the new Local Partnership Framework and the Local Government and Public Involvement in Health Act (2007) as part of the developing the new Local Area Agreement and local performance targets. He has studied the health related performance targets with particular interest as his constituency has the largest proportion of elderly households. Many of his constituents have expressed grave concerns about living in their communities, as local amenities are closing, home visits by health workers are reducing and footpaths and housing are not being maintained. The greatest self-reported fear amongst the elderly is of falling and breaking a bone. James sees the new LPF as a means of addressing these concerns.

To initiate discussions about new performance targets James convenes a meeting with the Director of Economic Development, the Director of Adult Services and the PCT Director of Public Health. By working through the PHSCF, James develops a greater appreciation for the roles played by public health and how public health approaches can help him and the council to achieve their priority targets. He will chair the Falls Reduction Partnership group that they agree to set up.

#### *Comprehensive Falls Reduction Strategy:*

- **Strategic leadership:** It is agreed that the Director of Public Health will take an overall lead on working to reduce falls as part of ensuring that older people can continue to live independently for as long as possible. While setting the overall strategy she will need to work closely with the Highways and Housing sections of the council to develop realistic plans for improving the physical environments that the elderly use.
- **Operational management:** The DPH assigns operational management of the falls reduction strategy to her health improvement manager. He works at Level 7 of the framework, having achieved Level 7 in all core public health areas, as well as in the health improvement area. His role is to oversee day to day implementation, working with nursing, social services and highway officers.
- **Implementing health improvement activities:** part of the new fall reduction strategy will be to work with the elderly on what they can do to prevent falls. This will include improving access to walking aids and supporting community exercise classes that aim to improve people's balance. The district nurse team and social services community care team will work at Level 5 of the PHSCF, where their main focus will be on working with the elderly patients they visit (for district nurses) or elderly household heads on what aids they might need to prevent falls, provide information about community classes and activities to assist them and information about services available if they have more concerns.