

PUBLIC HEALTH PRACTITIONER

Reference Number: ST0631

Details of standard

This apprenticeship standard is currently in development and its contents are subject to change

Occupation summary

Public Health Practitioners (PHPs) are found in a wide range of organisations including:

- Local councils
- Government bodies eg: Public Health England (PHE)
- Local or international agencies
- National Health Service (NHS)
- Business and industry
- Voluntary and community agencies eg: charities

Public health practitioners (PHPs) work as part of a national workforce that strives to help people and communities to maximise their potential for a healthy, happy and productive life, to live healthier for longer.

PHPs focus on health at a community or population level, assessing and managing risk of disease and ill-health, and the prevention of premature deaths. They monitor and promote health and wellbeing to ensure fairer health outcomes between different communities and groups (health inequalities). They put in place protection measures to protect the public from environmental hazards and risks. They evaluate sources of evidence, interpret it and design and plan health interventions.

PHPs work independently and collaboratively, both within their organisation and with others, to initiate and develop public health interventions and services (eg: obesity prevention programmes; infection prevention and control programmes; national risk-assessment and screening programmes). They work in a wide range of settings (eg: office, community, healthcare), working with different types of organisations (see list above), and with professionals and members of the public. They will usually be part of a team of public health professionals and may report to public health specialists and consultants from a range of backgrounds (including medicine). They might be expected to work out-of-hours or on-call so they need to be flexible and adaptable.

As a professionally competent PHP they act autonomously within the scope of their role. They implement plans and policies, and may help to develop those plans. They take responsibility for their continuous development; and the development, and possibly the supervision, of others. They manage their own workload and the prioritisation of activities, utilising their problem solving

skills in a complex and changing environment. They may also be responsible for resources such as people, budgets, equipment or facilities.

Typical job titles

- Public Health Practitioner
- Health Protection Practitioner
- Health Improvement Practitioner
- Public Health Intelligence Officer
- Public Health Data Analyst
- Healthy Lifestyles Coordinator
- Tobacco Control Lead
- Workplace Health Advisor
- Cardiovascular Disease (CVD) Prevention Lead
- Immunisation Programme Coordinator
- Accident Prevention Officer
- Community Development Worker
- Community Engagement Officer
- Public Health Project Manager
- Health and Wellbeing Coordinator

Occupation duties

Duty	Criteria for measuring performance	KSBs
Duty 1 measure, monitor and report population health and wellbeing; health needs, risks, and inequalities; and the use of services	Provides and uses data and intelligence accurately and within limitations	K1 K2 K3 K4 K5 S1 S2 S3
	Maintains confidentiality and adheres to the relevant legislation eg: GDPR	B1 B2 B3
	Adheres to policies, protocols and governance frameworks	
Duty 2 promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities	uses approaches to engaging communities in line with guidance	K6 K7 K8 K9 S4 S5 S6
	communicates with individuals about their health and wellbeing in line with guidance eg: around appropriate use of new technologies such a digital media	B4 B5 B6
	delivers in line with expectations around health inequalities and the	

wider determinants of health

Duty 3 protect the public from environmental hazards, communicable disease, and other health risks, while addressing inequalities in risk exposure and outcomes	complies with health protection legislation	K10 K11 K12 K13 K14
	responds reliably to 'command and control' management approaches	S7 S8 S9 S10 B1 B7 B8
	communicates risks to health clearly and succinctly	
Duty 4 access and use the evidence base, conduct research and provide informed advice	sources, and critically appraises the evidence to draw conclusions, in line with guidance	K15 K16 K17 S11 S12 S13 S14 S15
	communicates the evidence clearly and succinctly	B1 B9 B10
Duty 5 audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities	complies with best practice guidance (eg: National Institute for Health and Care Excellence (NICE)) and quality assurance frameworks	K18 K19 K20 K54 S16 S17 S18
	uses audit and evaluation frameworks in line with instruction/guidance	B3 B4 B7
Duty 6 work with, and through, policies and strategies to improve health outcomes and reduce health inequalities	applies policies and strategies in line with procedures	K21 K22 K23 K24
	interprets and assesses the impact of policies and strategies in line with guidance	S19 S20 S21 B5 B8 B9
Duty 7 work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities	works with other agencies in line with partnership expectations	K25 K26 K27 S22 S23 S24
	facilitates collective efforts to deliver on actions agreed within a multi-agency environment in line with good public health practice guidance	B4 B11 B12
Duty 8 work in a commissioning based culture to improve health outcomes and reduce health inequalities	complies with legislation and procedures eg: around public sector procurement	K28 K29 K30 K31 S25 S26 S27
	communicates commissioning or service intentions clearly and succinctly	B3 B5 B10
	works with key performance indicators and other outcome measures associated with	

	commissioned services in line with instructions/guidance	
Duty 9 work within political and democratic systems and with a range of organisational cultures to improve health outcomes and reduce health inequalities	complies with relevant legislation (e.g. Equality Act 2010, Localism Act 2011, Public Services (social value) Act 2012)	K32 K33 K34 K35 S28 S29 S30 S31
	delivers work in line with political and democratic instruction and procedures (such as local scheme of delegation or standard operating procedures)	B3 B5 B7 B9
	communicates with politicians and partner organisations impartially and succinctly	
Duty 10 provide leadership to drive improvement in health outcomes and the reduction of health inequalities	influences others in line with good public health practice guidance	K36 K37 K38 K39
	communicates with others clearly and succinctly	S32 S33 S34 S35 B4 B6 B8
	manages self and supervises others in line with instructions, procedures and guidance	
Duty 11 communicate with others to improve health outcomes and reduce health inequalities	applies appropriate guidance when consulting with others (eg: the Gunning Principles)	K40 K41 K42 K43 S36 S37 S38 S39 S40
	communicates with other clearly and succinctly	B1 B4 B5 B11
	provides information and opportunities for others to understand health and health services in line with good public health practice guidance	
Duty 12 design and manage programmes and projects to improve health and reduce health inequalities	manages projects and programmes in line with best practice methodology and guidance	K44 K45 K46 S41 S42 S43
	works in compliance with organisational governance frameworks	B3 B8 B10
Duty 13 prioritise and manage resources at a population/systems level to achieve equitable health outcomes and return on investment	targets resources in line with prioritisation frameworks	K47 K48 K49 K50
	manages resources in compliance with procedures	S44 S45 S46

evaluates cost-effective use of resources in line with instructions and guidance B3 B6 B11

Duty 14 work within ethical and professional boundaries while promoting population health and wellbeing, and addressing health inequalities

uses ethical frameworks when assessing own and others work K51 K52 K53

K51 K52 K53

raises ethical issues with others in line with protocols, procedures and good public health practice guidance S47 S48 S49 S50

S47 S48 S49 S50

B7 B8 B12

KSBs

Knowledge

K1: different sources of data and intelligence and their strengths and limitations

K2: methods used to determine existing and future population health needs and how they are monitored (eg: within a local authority population) and for specific communities (eg: children and young people; people with life-long conditions such as diabetes; people living in prison)

K3: the complexities of health inequalities, how they occur, how they are measured, monitored and reported, and the impact on different societies and populations

K4: how to analyse and interpret the data generated when tracing patterns of disease and ill-health, and how this data is reported for communities and populations (eg: incidence and prevalence)

K5: the challenges of measuring health and wellbeing and health improvement, setting performance indicators for health-related programmes and services, and the importance of evaluation, audit and quality assurance

K6: methods used to engage with the public and local communities in line with prevailing evidence of effectiveness (eg: asset based approaches to community development), recognising the role of agency, autonomy, power and control

K7: how public health and wellbeing interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn't), and how to evaluate these interventions to track effectiveness and ensure continuing improvement

K8: the theories underpinning behavioural science and its relevance to a range of health and wellbeing outcomes, for individuals, communities, and populations, and the appropriate use of behaviour change techniques and tools for different groups, in different settings with different opportunities (e.g.: helping people to make healthy dietary choices; supporting people living with addiction; informing and minimising risk-taking behaviours; heeding health promoting messages and advice)

K9: the determinants of health, including the wider and social determinants; how these impact on the health and wellbeing of individuals, communities and populations; and the evidence-based approaches to consider when taking action to achieve better health and wellbeing outcomes for all, while ensuring that the needs of the most vulnerable are met

K10: infectious disease (incubation, transmission, hygiene, infection control, personal behaviours); how infectious disease can spread in a range of settings; and the prevention and management strategies and protocols used to manage the spread of infectious disease, including the identification, reporting and tracking of notifiable diseases, and current legislation

K11: the range of environmental hazards that can pose a risk to the public's health, including chemical contamination and radiation, and the systems in place to prevent, report, monitor and manage these risks

K12: the challenges and successes of disease prevention and management programmes such as immunisation and screening, for whole populations, or specific groups, and the pre-requisites for these programmes to be most effective

K13: systems supporting emergency planning and response, the organisations responsible, and the role of public health

K14: how to mitigate risks to the public's health using different approaches such as legislation, licensing, policy, education, fiscal measures

K15: how to critically appraise the evidence base, interpret its relevance and application to practice, and how it informs the basis of key public health messages and advice, and national guidance

K16: how public health interventions are designed, planned and developed, informed by the best available evidence (about what works, and what doesn't), and when the evidence base is evolving

K17: how to evaluate public health interventions to track effectiveness; ensure continuing improvement; and contribute to the evidence base

K18: the ways in which health and care organisations and professionals are held to account for the quality and effectiveness of services and interventions, and how they keep themselves informed of new developments in technologies, treatments and therapies to improve efficacy

K19: the complexities of measuring health improvement, setting performance indicators for programmes and services, and the importance of evaluation, audit and quality assurance

K20: how health and care services are designed, planned and developed, informed by the best available evidence, and how they are monitored to track effectiveness and ensure continuing improvement

K21: how policy and strategy is formed and developed, nationally and locally

K22: how policies and strategies are used to implement change, improve services, and secure wide engagement in public health issues and outcomes, the social determinants of health, and the different government and local government departments that influence these

K23: the extent to which national and local policies, strategies and service planning impact on health and wellbeing

K24: the theories underpinning behavioural science and its relevance to a range of health and wellbeing outcomes, and how it informs the development of policy, strategy, and the planning and implementation of public health interventions and services

K25: the principles of partnership working and collaboration, and the skills and approaches necessary to do this successfully

K26: ways to determine the organisational relationships and inter-dependencies in the local field of operation; the boundaries of jurisdiction, accountability, and purpose; and where the opportunities for collaboration might lie

K27: the different approaches to evaluating the effectiveness of existing partnerships

K28: how health and care services are funded, the organisations responsible for the delivery of different services, and the tensions that arise from the availability of finite resources

K29: the complexities of measuring health improvement when setting performance indicators for programmes and services in specifications and agreements

K30: the legislation and regulations relating to procurement, commissioning models and theories of commissioning for outcomes

K31: how progress and deliverables against outcomes and processes agreed through a contract, service level agreement, or memorandum of understanding are managed and monitored

K32: the different organisations and agencies, both nationally and locally, that play a key role in the public's health, their statutory duties and remits, and the leadership and other roles where key accountabilities lie

K33: ways to determine and overcome the challenges of making the business case for prevention against competing, and more immediate priorities, for key agencies positioned to promote and protect the public's health

K34: the legislative framework and decision making, administrative and reporting processes that support political and democratic systems (e.g.: unitary and tiered local government structures and service accountabilities)

K35: a critical awareness of the political and other tensions that impact on public service provision, and public protection, and ways to encourage a focus on the interests of the public's health (including helping individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice)

K36: the theories and approaches that underpin the leadership and management culture within decision making organisations, including systems leadership approaches

K37: healthcare management systems and their applicability to public health systems (locally, regionally)

K38: leadership and management approaches that support the influencing role of public health practitioners in situations where they have some statutory authority, (e.g. through the statutory requirement for local authority public health teams to provide public healthcare advice to NHS commissioners), but also in situations when they do not have this authority

K39: approaches to transformational change management within health and care systems

K40: techniques and methods for communicating sometimes complex messages to different segments of the population to support choices and decisions made at an individual level that impact on health and wellbeing

K41: the techniques and methods used to engage with the public and local communities, and to consult with the public in a meaningful way, with an understanding of best practice in the use and application of these methods

K42: theories underpinning health education in addressing the wider determinants of health, and the promotion of health for individuals, groups and communities

K43: the relevance and application of behavioural science, and the use of social marketing techniques, to deliver accessible messages to different segments of populations and communities, to support behaviours and choices that are made at an individual or community level that impact on health, wellbeing, and healthy life expectancy

K44: the principles of programme and project management, and an understanding of the models of project and programme management being used to deliver public health activity

K45: the principles of corporate governance and accountability, and a recognition and understanding of the governance frameworks in place within your own organisation and through which public health action is delivered

K46: the importance of evaluation, audit and quality assurance

K47: how to identify opportunities to build capacity through the specialised and wider public health workforce to strengthen approaches to prevention, understanding the impact of local system capacity on the delivery of public health services and interventions

K48: the principles of corporate governance and accountability, and the importance of engaging with the organisational governance frameworks through which public health action is delivered

K49: economic analysis of services and interventions using tools and techniques to determine cost effectiveness, return on investment and value for money to inform decision making

K50: the factors that affect the ability of individuals to learn and develop within a community or work environment; and how to provide accessible learning opportunities that enable people to develop both their own learning and the learning of others

K51: theories informing the development of public health ethics and law, how these compare to medical ethics, and the different ethical theories that support different public health challenges

K52: making the best use of a range of ethical frameworks to support decision making when faced with different ethical dilemmas in practice

K53: a developed area of expertise in a particular area of public health (eg: the management of risk behaviours such as smoking, inactivity, poor nutrition; infectious disease prevention and control such as sexually transmitted infections, Tuberculosis (TB), or anti-microbial resistance (AMR); the implementation of immunisation and vaccination programmes; mental health and wellbeing; public health intelligence etc.)

K54: a critical insight into the accessibility and availability of health, care and other public services for different groups in the population and the barriers that may exist to prevent the public from successfully receiving the care and support that they need.

Skills

S1 analyse a range of data sets to draw informed conclusions about local public health needs and use of services, contributing to strategic needs assessments and operational service planning

S2 provide and present public health information, analysis, interpretation and insight to support decision making, business planning, policy and strategy development, performance monitoring, and quality assurance

S3 manage data and information in compliance with policy and protocol and assess and manage risks associated with using and sharing data and information, data security and intellectual property

S4 work with communities, to facilitate their engagement and participation in: • needs assessments, service design and delivery • improving access to, and navigation of local services • action to improve health literacy where it is a barrier to accessing services and interventions

S5 recognise where health inequalities prevail; determine how they will influence the planning of public health interventions and services; and to apply the evidence appropriately to make the most impact in alleviating these inequalities

S6 apply behavioural insights and information about community needs to support healthy choices that individuals might wish to make, and provide individuals, groups and communities with the capabilities to make changes to their behaviours (eg: increasing levels of physical activity), in the context of a wider set of interventions and actions

S7 participate effectively in the assessment and management of outbreaks, incidents, and single cases of contamination and communicable disease, locally and across boundaries

S8 apply protocol and standard operating procedures related to the management of infectious disease, and in response to civil emergencies and unscheduled events, within the scope of the role

S9 help to identify, analyse and manage the local impact of longer-term hazards and risks to health that may play out at a global, national or local level

S10 communicate the risks and benefits of immunisation and screening programmes to a range of audiences eg: health professionals, parents, people from a range of cultures

S11 use appropriate methods to access and appraise evidence gained through systematic methods and through engagement with the wider research community

S12 critique published and unpublished research, synthesise the evidence and draw appropriate conclusions

S13 report and advise on the implications of the evidence base for the most effective practice; to define problems and shape solutions; and to help in the delivery of value for money

S14 present an evidence based narrative that is suitably adjusted to inform different types of audiences with different levels of health literacy

S15 use and adapt appropriate research techniques and principles to evaluate local services and interventions to contribute to the local evidence-base for effectiveness

S16 monitor, evaluate and disseminate (report) the impact of health and care projects, services and interventions, including quality impact

S17 engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services

S18 implement standards, protocols and procedures, incorporating national 'best practice' guidance into local delivery systems

S19 appraise and implement government-led policies and strategies locally (eg: ensuring the equitable and effective implementation of winter fuel schemes to prevent deaths from cold; the

implementation of the NHS Health Check programme)

S20 assess the impact and benefits of health and other policies and strategies on the public's health and health inequalities (eg: using health impact assessment approaches or tools)

S21 develop or implement actions plans, with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies

S22 evaluate one's own interpersonal skills, and adapt to different situations through a developed proficiency in negotiation, influencing, diplomacy, mediation, facilitation

S23 use appropriate methods to establish and sustain effective working relationships with local partners in order to bring about positive outcomes in the health and wellbeing of the local population

S24 work collaboratively with colleagues across a broad range of partnership organisations to identify local needs, agree priorities, and deliver on action plans for joint health improvement programmes or services across the area

S25 interact with other specialists and colleagues to improve health and reduce health inequalities through the development, monitoring and review of public health programmes, including the commissioning and delivery of these programmes

S26 ensure, where relevant, that tendering and procurement processes are managed appropriately and within policy and legislative requirements when commissioning, planning or providing a range of services to bring about improvements in the public's health (including the drawing up and negotiation of service specifications and performance indicators)

S27 facilitate positive contractual relationships understanding how disagreements and changes can be managed within legislative and operational frameworks

S28 Operate appropriately within the decision making, administrative and reporting processes that support political and democratic systems

S29 present a compelling case for action to improve health and wellbeing and reduce inequalities, using appropriate methods to capture and interpret the evidence

S30 use appropriate community engagement techniques to support individuals and communities to have more control over decisions that affect them while promoting health equity, equality and justice

S31 respond constructively to political and other tensions while encouraging a focus on the interests of the public's health

S32 to engender trust by acting reliably with integrity, consistency and purpose

S33 work effectively within a team that is collectively responsible for leading and managing areas of public health business including the management or supervision of staff, resources or finances

S34 use appropriate leadership skills to engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives

S35 adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environments

S36 communicate complex information and concepts, including health outcomes, inequalities and life expectancy, to a range of different audiences using different methods (e.g.: exploiting the

evolving opportunities of digital capability and dependency, and the associated need for some audiences to be assisted with digital communications)

S37 work with communities, to facilitate their engagement and participation in: • needs assessments, service design and delivery • improving access to, and navigation of local services • action to improve health literacy where it is a barrier to accessing services and interventions

S38 apply a range of tools and technologies to improve health literacy where it is creating a barrier to accessing services and information

S39 manage public perception of health risks or solutions, and convey key messages using a range of media processes

S40 consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change

S41 engage stakeholders and work collaboratively with colleagues across a broad range of partnership organisations to identify local needs, agree priorities and develop action plans for joint public health programmes across boundaries

S42 support the development, monitoring and review of public health programmes; identifying risks to delivery and the appropriate risk and issue reporting mechanisms; and re-assessing delivery schedules and methods to respond constructively to change

S43 develop projects and plans with key stakeholders and partner agencies to address local public health needs and bring about improvements in identified areas. Lead or contribute to delivery of these projects as appropriate within the scope of your role

S44 identify the resources needed to develop and deliver new public health activity, or to sustain public health services and interventions, and how these resources might be sourced

S45 help to determine shared priorities and action plans for public health programmes working with colleagues both from within the same organisation and across a range of other agencies

S46 build capacity and capability across the field of operation to increase impact and effectiveness of public health programmes and interventions, engaging with professional colleagues, and others groups of workers or volunteers who make up the wider public health workforce

S47 use appropriate tools and methods to appraise ethical tensions and to make decisions that promote ethical practice

S48 think and write reflectively about one's own practice, lessons learned, and things that can be done differently for better outcomes eg: to keep a reflective log as part of one's continuing professional development

S49 demonstrate professional characteristics throughout the course of one's work eg: engendering trust; assuring confidentiality where appropriate; understanding one's own limitations in terms of capability, accountability and expertise; the addressing of risks and issues in a timely and appropriate manner

S50 demonstrate awareness of personal impact on others, both fellow professionals, external partners and members of the public

Behaviour

B1: promotes the ability of others to make informed decisions

B2: acknowledges the importance of data confidentiality and disclosure and use of data sharing protocols

B3: acts in ways that are consistent with legislation, policies, governance frameworks and systems

B4: recognises peoples expressed beliefs and preferences

B5: promotes equality and diversity

B6: recognises the need for, and makes use of, opportunities for personal and others' development while recognising different approaches and preferences for learning

B7: recognises ethical dilemmas or issues and addresses them appropriately e.g.: through the use of ethical frameworks

B8: recognises and acts within the limits of own competence seeking advice when needed

B9: contributes to the development and improvement of own and others' practice in public health by the application of evidence in improving own area of work

B10: objectively and constructively contributes to reviewing the effectiveness of own area of work

B11: values people as individuals

B12: continually develops own practice by reflecting on own behaviour and role, identifying where improvements can be made

Qualifications

English and Maths qualifications

Apprentices without level 2 English and maths will need to achieve this level prior to taking the End-Point Assessment. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3. A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

Other qualifications

Mandatory qualification 1: BSc Public Health / BSc (Hons) Public Health / BSc (Hons) Public Health and Health Promotion / BSc (Hons) Health and Wellbeing

Level of qualification: 6 (integrated degree)

Basis for mandatory qualification: Professional body requirement

Type of qualification

Type 1 qualification that accredits occupational competence

University 1

The name of all the Universities delivering the integrated degree

University of Birmingham

University 2

The name of all the Universities delivering the integrated degree

University of Brighton

University 3

The name of all the Universities delivering the integrated degree

University of Salford

University 4

The name of all the Universities delivering the integrated degree

Cardiff Metropolitan University

University 5

The name of all the Universities delivering the integrated degree

University of East London (UEL)

University 6

The name of all the Universities delivering the integrated degree

University of Wales, Trinity St David (UWTSD)

University 7

The name of all the Universities delivering the integrated degree

University of Wolverhampton

University 8

The name of all the Universities delivering the integrated degree

Leeds Trinity University

Regulatory or professional body

Regulatory or professional body 1

Body name

Contact

UK Public Health Register

David Kidney

Professional recognition

UK Public Health Register / 6

Additional details

Occupational Level: 6

Duration (months): 36

Review

This standard will be reviewed after three years.

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Version log

VERSION	DATE UPDATED	CHANGE	PREVIOUS VERSION
1	13/02/2019	Standard first published	Not available