

Health and Wellbeing Content in Education Curricula for Undergraduate Health Care Professionals



A Best Practice Framework

Reference Guide

#PublicHealthQA

Developing people for health and healthcare

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How to use this framework

It is essential that all future health and social care professionals receive a significant education input and appreciation of public health issues if the aim of a skilled workforce knowledgeable in preventive healthcare, well-being and public health is to be realised. The proposed Public Health Quality framework is a tool for Education and Placement Providers to present evidence of how public health content is captured and reflected in undergraduate education curricula designed to support the preparation of healthcare professionals.

The framework is structured as a self-assessment benchmark and action planning tool, and evidence provided should be a current reflection of public health content with regular review through evaluation processes.

The framework identifies seven performance categories reflecting the seven Public Health domains.

Completing the tool:

1. Familiarise yourself with the tool. Each category in excel spreadsheet has its own category.
2. Identify and involve the relevant curriculum leads/team to help support the review.
3. Review each category and the levels of evidence. Based upon the category aim, identify which level best represents the current state of public health education input evident within the curricula you are assessing. There are examples of evidence that you could use to indicate current status and/or identify issues for inclusion.

The user is asked to complete even if reporting that there is no evidence for some performance categories; examples of evidence are provided. The levels achieved can be summarised in the framework overview outlined below.

Learning opportunities associated with public health practice in clinical placements will be included in the Placement Development Network (PDN) Toolkit for new placement areas and should be evidenced in placement profiles for existing placements. This will support attainment of level 3 in each indicator (**Placement Provider Network refers to a North West network only – likely to be other forums / placement providers outside of the NW**).

For detailed instructions on completing the toolkit please refer to the introduction page in the EXCEL document.

You are advised to use this PDF version as a guidance document and use the EXCEL version for reporting and collating evidence.

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When undertaking a review please ensure that you provide the information outlined below:

- Name of HEI
- Name of faculty / undergraduate programme
- Name of curricula being assessed
- Date of assessment
- Name of assessor/s

Framework summary

No	Performance Category	Level	Action points
1.	Understanding Public Health		
2.	Wider Determinants of Health		
3.	Health Improvement		
4.	Health Protection		
5.	Healthcare Public Health		
6.	Health, Wellbeing & Independence		
7.	Life Course		

Health and Wellbeing Content in Education Curricula for Undergraduate Health Care Professionals

1. Understanding Public Health

Defining and understanding what public health is: including different domains of public health practice and the practitioner's role and contribution.

Evidence Examples could include:

- Knowledge and skills associated with World Health Organisation / Faculty of Public Health definitions of public health
- Domains of public health practice, wider determinants of health
- Examples of individual, community and population level approaches to public health
- Examples of individual, community and population level approaches to public health - such as immunisation, screening programmes, NHS Health Checks, tobacco control legislation and breastfeeding peer support
- Legislative approaches to Public Health
- History of Public Health
- Skills associated with effective public health practice
- Recognising, observing and contributing to different public health approaches in clinical placements

Level 3 Examples could include: (not an exhaustive list)

- Written assignments
- Case studies e.g. assessing individual health needs, wider determinants & MECC
- Role play
- Presentations
- Reflective portfolio of evidence
- Tutorial discussions
- Workbooks
- Projects which require learners to address one or more of the wider determinants of health
- Health needs assessments with individuals or groups

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Level 4 Example:

- Assessment via the practice assessment documentation (or similar according to profession) where learners are observed e.g. undertaking a MECC (brief intervention) intervention or community development, health promotion intervention.

Level 3 & 4 Specific learner evidence could include:

- Demonstrates effective and sensitive and appropriate communication skills
- Demonstrates cultural competence
- Responds appropriately to service users
- Collaborates effectively with the wider health care team
- Identifies health care needs at individual, family and population level
- Can support empowerment of individuals, families and communities
- Signposts to relevant support
- Can identify and discuss the demographic profiles of communities
- Can plan, develop, implement and evaluate public health interventions
- Aware of non NHS settings and their value in supporting public health strategies
- Can lead groups, tailor information required of groups and evaluate group sessions
- Can identify at risk individuals, families and communities
- Can use technology in supporting health e.g. telephone advice, use of apps and online forums
- Uses evidence - based theories in developing public health strategies and practice

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Within our curricula we would indicate:

Level 0	There is no evidence in the curricula of content that outlines a basic understanding of public health, including all three areas of health improvement, health protection and healthcare public health.
Level 1	Content being developed for 2016 /17 curricula.
Level 2	There is evidence of content in the curricula that provides knowledge and understanding associated with introducing a basic understanding of public health and the learner's role and responsibilities in taking a population health approach.
Level 3	There is evidence that learners are able to apply own understanding of what public health is about through both formative and summative assessed work in academic settings.
Level 4	There is evidence of assessment of learning and application via practice assessment documentation (or similar) during placements.
HEI self - assessment rating Within our curricula we would indicate our level for this performance category as:	Evidence summary
	What actions do we need to take to strengthen our public health education input further?
	What actions do we need to take with our placement providers to strengthen our public health education further?
	Who will implement the actions and by when?

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2. Wider Determinants of Health

AIM: To achieve improvements against wider factors that affect health and wellbeing and health inequalities (the ways in which people experience health differently due their social or personal characteristics).

Evidence Examples could include:

- Knowledge and skills associated with an understanding of the wider determinants of health including definition, the link between poverty, education, employment, green space, housing, education and health outcomes including mortality and morbidity
- Placements that reflect and enable learners to observe and practice skills that address the wider determinants
- “Ensuring every child has the best start in life” – how the learner contributes to this public health priority
- Knowledge and understanding of the link between mental ill health and reduced life expectancy / life chances
- Learning and placements that promote mental health resilience such as the five ways to wellbeing

Level 3 Examples could include: (not an exhaustive list)

- Written assignments
- Case studies e.g. assessing individual health needs, wider determinants & MECC
- Role play
- Presentations
- Reflective portfolio of evidence
- Tutorial discussions
- Workbooks
- Projects which require learners to address one or more of the wider determinants of health
- Health needs assessments with individuals or groups

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Level 4 Examples:

- Assessment via the practice assessment documentation (or similar according to profession) where learners are observed e.g. undertaking a MECC intervention
- Evidence of signposting to a community organisation

Level 3 & 4 Specific learner evidence could include:

- Demonstrates effective, sensitive and appropriate communication skills
- Demonstrates cultural competence
- Responds appropriately to service users
- Collaborates effectively with the wider health care team
- Identifies health care needs at individual, family and population level
- Can support empowerment of individuals, families and communities
- Signposts to relevant support
- Can identify and discuss the demographic profiles of communities
- Can plan, develop, implement and evaluate public health interventions
- Aware of non NHS settings and their value in supporting public health strategies
- Can lead groups, tailor information required of groups and evaluate group sessions
- Can identify at risk individuals, families and communities
- Can use technology in supporting health e.g. telephone advice, use of apps and online forums
- Uses evidence - based theories in developing public health strategies and practice

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Within our curricula we would indicate:

Level 0	There is currently no content that provides knowledge and understanding associated with the wider determinants of health.
Level 1	Content being developed for 2016 /17 curricula.
Level 2	There is evidence that content in the curricula currently provides knowledge and understanding associated with the wider determinants of health and the learner understands their role and responsibilities.
Level 3	There is evidence that learners are able to apply own understanding of the wider determinants of health through both formative and summative assessed work in academic settings.
Level 4	There is evidence of assessment of learning and application via practice assessment documentation (or similar) during placements.
HEI self - assessment rating	Evidence summary
	What actions do we need to take to strengthen our public health education input further?
	What actions do we need to take with our placement providers to strengthen our public health education further?
	Who will implement the actions and by when?

3. Health Improvement

AIM: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities (the ways in which people experience health differently due their social or personal characteristics).

Evidence Examples could include:

- Skills and knowledge associated with the benefits of a healthy lifestyle at an individual level for positive physical and mental health and wellbeing and improvements in mortality and morbidity
- Understanding of community and population level approaches to health improvement
- Understanding of the legislation associated with health improvement, such as seat belts, tobacco and alcohol legislative measures
- Understanding the association between long term conditions, cancers and healthy life styles
- Making Every Contact Count – particularly alcohol harm reduction, obesity, and smoking (public health priority areas)
- Skills and knowledge associated with health inequalities and factors that reduce health inequalities (the ways in which people experience health differently due to their social or personal characteristics)
- Understanding of different theories of behaviour change and application in practice
- How to raise the issue of lifestyle and health choices in a person centred and appropriate manner
- Skills that enable behaviour change, brief interventions and raising health risks for discussion

Level 3 Examples could include: (not an exhaustive list)

- Written assignments
- Case studies e.g. assessing individual health needs, wider determinants & MECC
- Role play
- Presentations
- Reflective portfolio of evidence
- Tutorial discussions
- Workbooks
- Projects which require learners to address one or more of the wider determinants of health
- Health needs assessments with individuals or groups

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Level 4 Example:

- Assessment via the practice assessment documentation (or similar according to profession) where learners are observed e.g. undertaking a MECC intervention, discussing health choices, referral to lifestyle services, signposting to services.

Level 3 & 4 Specific learner evidence could include:

- Demonstrates effective and sensitive and appropriate communication skills
- Demonstrates cultural competence
- Responds appropriately to service users
- Collaborates effectively with the wider health care team
- Identifies health care needs at individual, family and population level
- Can support empowerment of individuals, families and communities
- Signposts to relevant support
- Can identify and discuss the demographic profiles of communities
- Can plan, develop, implement and evaluate public health interventions
- Aware of non NHS settings and their value in supporting public health strategies
- Can lead groups, tailor information required of groups and evaluate group sessions
- Can identify at risk individuals, families and communities
- Can use technology in supporting health e.g. telephone advice, use of apps and online forums
- Uses evidence - based theories in developing public health strategies and practice

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Within our curricula we would indicate:

Level 0	There is currently no content that provides knowledge and understanding associated with health improvement.
Level 1	Content being developed for 2016 /17 curricula.
Level 2	There is evidence that content in the curricula currently provides knowledge and understanding associated with health improvement and the learner understands their role and responsibilities.
Level 3	There is evidence that learners are able to apply understanding of the health improvement through both formative and summative assessed work in academic settings.
Level 4	There is evidence of assessment of learning and application via practice assessment documentation (or similar) during placements.
HEI self-assessment rating	Evidence summary
	What actions do we need to take to strengthen our public health education input further?
	What actions do we need to take with our placement providers to strengthen our public health education further?
	Who will implement the actions and by when?

4. Health Protection

AIM: To protect the population's health from major incidents and other threats.

Knowledge and skills associated with health protection including a broad understanding of what health protection entails and the learners' role and responsibilities: e.g. Screening and immunisation programmes.

Evidence Examples could include:

- Reducing dementia risk (public health priority)
- Tackling antimicrobial resistance (public health priority)
- Reducing tuberculosis (public health priority)
- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and other hazards to public health

Level 3 Examples could include: (not an exhaustive list)

- Written assignments
- Case studies e.g. assessing individual health needs, wider determinants & MECC
- Role play
- Presentations
- Reflective portfolio of evidence
- Tutorial discussions
- Workbooks
- Projects which require learners to address one or more of the wider determinants of health
- Health needs assessments with individuals or groups

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Level 4 Examples:

- Assessment via the practice assessment documentation (or similar according to profession) where learners are observed e.g. undertaking a MECC intervention
- Observed contributing to risk reduction – manual handling, handwashing, infection control and screening.

Level 3 & 4 Specific learner evidence could include:

- Demonstrates effective and sensitive and appropriate communication skills
- Demonstrates cultural competence
- Responds appropriately to service users
- Collaborates effectively with the wider health care team
- Identifies health care needs at individual, family and population level
- Can support empowerment of individuals, families and communities
- Signposts to relevant support
- Can identify and discuss the demographic profiles of communities
- Can plan, develop, implement and evaluate public health interventions
- Aware of non NHS settings and their value in supporting public health strategies
- Can lead groups, tailor information required of groups and evaluate group sessions
- Can identify at risk individuals, families and communities
- Can use technology in supporting health e.g. telephone advice, use of apps and online forums
- Uses evidence - based theories in developing public health strategies and practice

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Within our curricula we would indicate:

Level 0	There is currently no content that provides knowledge and understanding associated with health protection.
Level 1	Content being developed for 2016 /17 curricula.
Level 2	There is evidence that content in the curricula provides knowledge and understanding associated with health protection and the learner understands their role and responsibilities.
Level 3	There is evidence that learners are able to apply understanding of health protection through both formative and summative assessed work in academic settings.
Level 4	There is evidence of assessment of learning and application via practice assessment documentation (or similar) during placements.
HEI self-assessment rating	Evidence summary
	What actions do we need to take to strengthen our public health education input further?
	What actions do we need to take with our placement providers to strengthen our public health education further?
	Who will implement the actions and by when?

5. Healthcare Public Health

AIM: To reduce the numbers of individuals that are living with preventable ill health and dying prematurely.

Evidence Examples could include:

- An understanding of different healthcare settings and how health is experienced across different settings
- An understanding of the learners' role and responsibilities associated with healthcare public health
- Health data and application in clinical practice to improve care
- Understanding the benefit and rationale of evidence based practice
- Evaluation – understanding different types of evaluation and importance of evaluation methodology
- Research methodology and application to the learners' role
- Long term conditions – population approaches such as NHS Health Checks

Level 3 Examples could include: (not an exhaustive list)

- Written assignments
- Case studies e.g. assessing individual health needs, wider determinants & MECC
- Role play
- Presentations
- Reflective portfolio of evidence
- Tutorial discussions
- Workbooks
- Projects with require learners to address one or more of the wider determinants of health
- Health needs assessments with individuals or groups

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Level 4 Examples:

- Assessment via the practice assessment documentation (or similar according to profession) where learners are observed e.g. undertaking a MECC intervention.
- Demonstrating use of cost effectiveness evidence in interventions
- Effective use of health data in written assignments
- Demonstrating how health research is used in clinical settings and interventions to improve patient care and experience
- Demonstrating the importance of evaluation to assess effectiveness of interventions and patient care.

Level 3 & 4 Specific learner evidence could include:

- Demonstrates effective and sensitive and appropriate communication skills
- Demonstrates cultural competence
- Responds appropriately to service users
- Collaborates effectively with the wider health care team
- Identifies health care needs at individual, family and population level
- Can support empowerment of individuals, families and communities
- Signposts to relevant support
- Can identify and discuss the demographic profiles of communities
- Can plan, develop, implement and evaluate public health interventions
- Aware of non NHS settings and their value in supporting public health strategies
- Can lead groups, tailor information required of groups and evaluate group sessions
- Can identify at risk individuals, families and communities
- Can use technology in supporting health e.g. telephone advice, use of apps and online forums
- Uses evidence - based theories in developing public health strategies and practice

Health and Wellbeing Content in Education Curricula for Undergraduate Health Care Professionals

Within our curricula we would indicate:

Level 0	There is currently no content that provides knowledge and understanding associated with healthcare public health.
Level 1	Content being developed for 2016 /17 curricula.
Level 2	There is evidence that content in the curricula provides knowledge and understanding associated with healthcare public health and the learner understands their role and responsibilities.
Level 3	There is evidence that learners are able to apply understanding of healthcare public health through both formative and summative assessed work in academic settings.
Level 4	There is evidence of assessment of learning and application via practice assessment documentation (or similar) during placements.
HEI self-assessment rating	Evidence summary
	What actions do we need to take with our placement providers to strengthen our public health education further?
	What actions do we need to take to strengthen our public health education input further?
	Who will implement the actions and by when?

6. Health, Wellbeing & Independence

AIM: To help people stay independent, maximising wellbeing and improving health outcomes.

Evidence Examples could include:

Skills and knowledge associated with:

- Encouraging physical and mental wellbeing at every appropriate opportunity
- Supporting self-care for example supporting and maintaining mobility
- Understanding the role that carers, communities and voluntary organisations contribute to healthcare
- Understanding the important role of community assets in contributing to positive mental health & physical health & wellbeing
- Understanding the contribution that the environment and the local community make to positive physical and mental health and wellbeing
- Enabling patients / clients to remain active, connected and independent in their own homes for as long as they want or are able
- Improving physical and mental health outcomes
- Working across health and care boundaries to provide support and services
- Improving dementia outcomes (public health priority)
- Understanding how settings and the environment impacts on health and health outcomes

Level 3 Examples could include: (not an exhaustive list)

- Written assignments
- Case studies e.g. assessing individual health needs, wider determinants & MECC
- Role play
- Presentations
- Reflective portfolio of evidence
- Tutorial discussions
- Workbooks
- Projects which require learners to address one or more of the wider determinants of health
- Health needs assessments with individuals or groups

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Level 4 Examples:

- Assessment via the practice assessment documentation (or similar according to profession) where learners are observed e.g. undertaking a MECC intervention
- Supporting a self-management approach to care

Level 3 & 4 specific learner evidence could include:

- Demonstrates effective and sensitive and appropriate communication skills
- Demonstrates cultural competence
- Responds appropriately to service users
- Collaborates effectively with the wider health care team
- Identifies health care needs at individual, family and population level
- Can support empowerment of individuals, families and communities
- Signposts to relevant support
- Can identify and discuss the demographic profiles of communities
- Can plan, develop, implement and evaluate public health interventions
- Aware of non NHS settings and their value in supporting public health strategies
- Can lead groups, tailor information required of groups and evaluate group sessions
- Can identify at risk individuals, families and communities
- Can use technology in supporting health e.g. telephone advice, use of apps and online forums
- Uses evidence - based theories in developing public health strategies and practice

Health and Wellbeing Content in Education Curricula for Undergraduate Health Care Professionals

Within our curricula we would indicate:

Level 0	There is currently no content that provides knowledge and understanding associated with health, wellbeing and independence.
Level 1	Content being developed for 2016 /17 curricula.
Level 2	There is evidence that content in the curricula provides knowledge and understanding associated with health, wellbeing and independence and the learner understands their role and responsibilities.
Level 3	There is evidence that learners are able to apply understanding of health, wellbeing and independence through both formative and summative assessed work in academic settings.
Level 4	There is evidence of assessment of learning and application via practice assessment documentation (or similar) during placements.
HEI self - assessment rating	Evidence summary
	What actions do we need to take to strengthen our public health education input further?
	What actions do we need to take with our placement providers to strengthen our public health education further?
	Who will implement the actions and by when?

7. Life Course

AIM: This is an overarching population activity that refers to reducing the impact of health challenges at key stages to improve population health. It will involve some or all of the other five activity areas.

Evidence Examples could include:

- Reducing the impact of key health challenges at life stages – maternal and newborn, child and adolescent, working age adult and older age. Best start in life (public health priority)
- Learning associated with parenting programmes that impact on resilience, physical, mental and socio-economic outcomes in later life
- Understanding of some of the activity areas that take a targeted life course approach such as transition to parenthood, maternal mental health work programmes; initiatives that promote breast feeding, healthy weight in the early years, child development and initiatives to reduce childhood hospital admissions
- Reducing dementia risk (public health priority)

Level 3 Examples could include: (not an exhaustive list)

- Written assignments
- Case studies e.g. assessing individual health needs, wider determinants & MECC
- Role play
- Presentations
- Reflective portfolio of evidence
- Tutorial discussions
- Workbooks
- Projects which require learners to address one or more of the wider determinants of health
- Health needs assessments with individuals or groups

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Level 4 Examples:

- Assessment via the practice assessment documentation (or similar according to profession) where learners are observed e.g. undertaking a MECC intervention.

Level 3 & 4 Specific learner evidence could include:

- Demonstrates effective and sensitive and appropriate communication skills
- Demonstrates cultural competence
- Responds appropriately to service users
- Collaborates effectively with the wider health care team
- Identifies health care needs at individual, family and population level
- Can support empowerment of individuals, families and communities
- Signposts to relevant support
- Can identify and discuss the demographic profiles of communities
- Can plan, develop, implement and evaluate public health interventions
- Aware of non NHS settings and their value in supporting public health strategies
- Can lead groups, tailor information required of groups and evaluate group sessions
- Can identify at risk individuals, families and communities
- Can use technology in supporting health e.g. telephone advice, use of apps and online forums
- Uses evidence - based theories in developing public health strategies and practice

Health and Wellbeing Content in Education Curricula for Undergraduate Health Care Professionals

Within our curricula we would indicate:

Level 0	There is currently no content that provides knowledge and understanding associated with taking a Lifecourse approach.
Level 1	Content being developed for 2016 /17 curricula.
Level 2	There is evidence that content in the curricula currently provides knowledge and understanding associated with a Lifecourse approach to learning and the learner understands their role and responsibilities.
Level 3	There is evidence that learners are able to apply understanding of a Lifecourse approach through both formative and summative assessed work in academic settings.
Level 4	There is evidence of assessment of learning and application via practice assessment documentation (or similar) during placements.
HEI self-assessment rating	Evidence summary
	What actions do we need to take with our placement providers to strengthen our public health education further?
	What actions do we need to take to strengthen our public education input further?
	Who will implement the actions and by when?

Further support:

- It is recommended that every undergraduate education programme lead should consider using this framework in order to benchmark and evidence for public health content and practice.
- In order to attain level three, evidence will need to be obtained from the curricula and the placement development network toolkit (new placements). Placement profiles for existing placements.
- It is anticipated that a random selection of programme leads will be asked to submit evidence of the reviewing as part of the ongoing quality assurance processes between Health Education England Institutions and Health Education England working across the North West.
- All submissions will be treated confidentially and on an individual basis.
- Sharing evidence of good practice at meetings, events and any other forum will only be done with permission from an authorised member of the relevant health faculty.

For further support and all enquiries please contact the North West Population Health & Prevention Network at phpn.northwest@srft.nhs.uk