

| Unit title: | The role of public health in health and social care |
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| Unit number: | 7 |
| Level: | 4 |
| Credit value: | 15 |
| Guided learning hours: | 60 |
| Unit reference number: | H/601/1604 |

UNIT AIM AND PURPOSE

Since its introduction to the United Kingdom in the nineteenth century, the concept of public health has grown in stature and importance. Learners will discover that public health is characterised as a concern for the health of the whole population as well as for the prevention of illness and disease. It also recognises the many social factors which contribute to health..

Learners will investigate the roles of different agencies working within communities to reduce the incidence of disease and illness. To this end, learners will investigate both infectious and non-infectious diseases that are widespread in their own country and will explore the different approaches, strategies and statistical methods that are used to measure, monitor and control the incidence of disease.

Learners will investigate the implications of illness and disease on the provision of health and social care services. They will also consider some current lifestyle choices and their impact on health care provision.

Learners will investigate a chosen health or social care setting, assessing the health and well-being priorities for individuals using the service. They will evaluate the effectiveness of strategies, systems and policies used within the setting and discuss changes that could be made to improve the health and well-being of the service users. This unit will demonstrate the natural overlap between public health and health promotion.

LEARNING OUTCOMES AND ASSESSMENT CRITERIA

A pass grade is achieved by meeting **all** the requirements in the assessment criteria.

| Learning Outcome (LO) | Pass |
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| | The assessment criteria are the pass requirements for this unit. |
| The learner will: | The learner can: |
| LO1 Understand different approaches and strategies used to measure, monitor and control the incidence of disease in communities | explain the roles of different agencies in identifying levels of health and disease in communities |
| or disease in communities | 1.2 explain, using statistical data, the epidemiology of one infectious and one non-infectious disease that is widespread in their own country |
| | evaluate the effectiveness of different approaches and strategies to control the incidence of disease in communities |
| LO2 Be able to investigate the implications of illness and disease in communities for the provision of health and social care services | 2.1 use relevant research to determine current priorities and approaches to the provision of services for people with disease or illness |
| | 2.2 explain the relationship between the prevalence of disease and requirements of services to support individuals within the health and social care service provision |
| | 2.3 analyse the impact of current lifestyle choices on future needs for health and social care services |
| LO3 Understand the factors influencing health and well-being of individuals in health or social care settings | 3.1 assess the health and well-being priorities for individuals in a particular health or social care setting |
| | 3.2 evaluate the effectiveness of strategies, systems and policies in a health or social care setting |
| | 3.3 discuss changes that could be made to improve the health and well-being of individuals in a health or social |

| care setting |
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| 3.4 evaluate an activity that has been implemented to encourage behaviour change for maximising health for individuals in a health or social care setting |

GRADING CRITERIA

A merit grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors.

A distinction grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors **and** the distinction descriptors.

| Merit Criteria (M1, M2, M3) | Distinction Criteria (D1, D2, D3) |
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| (M1, M2, and M3 are mandatory to achieve a merit grade. Each must be achieved at least once per unit to achieve a merit grade.) | (D1, D2, and D3 are mandatory to achieve a distinction grade. Each must be achieved at least once per unit to achieve a distinction grade.) (In order to achieve a distinction grade, all merit criteria must also have been achieved.) |
| MANDATORY TO ACHIEVE A MERIT GRADE | MANDATORY TO ACHIEVE A DISTINCTION GRADE |
| M1 Analyse concepts, theories or principles to formulate own responses to situations. | D1 Evaluate approaches to develop strategies in response to actual or anticipated situations. |
| M2 Analyse own knowledge, understanding and skills to define areas for development. | D2 Evaluate and apply strategies to develop own knowledge, understanding and skills. |
| M3 Exercise autonomy and judgement when implementing established courses of action. | D3 Determine, direct and communicate new courses of action. |

TEACHING CONTENT

The Teaching Content describes what has to be taught to ensure that learners are able to access the highest grade.

Learners must be able to apply relevant examples to their work. Where examples are given in the Teaching Content these are suggestions; they do not have to be the examples that the learner uses.

| LO1 | Understand different approaches and strategies used to measure, |
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| moni | itor and control the incidence of disease in communities |

Different agencies (e.g. local authorities, commissioning groups, health

trusts, third sector, government, HPA, Public Health

England, European Union, World Health

Organization)

Roles (e.g. research into epidemiology/incidence,

distribution, rates, trends, vulnerable groups, causes,

spread and controls, emergency planning, support/advice, development of vaccines and treatments, training, provision of microbiological

laboratories)

Infectious disease (e.g. measles, influenza, E.coli or salmonella

poisoning, HIV/AIDS, TB, MRSA)

Non-infectious disease (e.g. Alzheimer's, cancer, irritable bowel syndrome,

diabetes, osteoporosis, asthma, emphysema, cardio-

vascular disorders)

Statistical data as

appropriate

(e.g. trends, probability theory, incidence rates, hypothesis testing, parametric and non-parametric

tests)

Approaches and strategies (e.g. surveillance, screening, immunisation,

education, legislation, societal change, social

welfare, environmental changes).

LO2 Be able to investigate the implications of illness and disease in communities for the provision of health and social care services

Priorities and approaches (e.g. prevention, treatment, palliative care, remedial

care)

Relationship (e.g. planning, coping with emergencies, facilities,

expertise, training, partnership working, funding, improving living conditions, local and national

services, third sector)

Lifestyle choices (e.g. diet, exercise, promiscuity, smoking, alcohol,

recreational drugs, work ethics)

LO3 Understand the factors influencing health and well-being of individuals in health or social care settings

Priorities (e.g. safety and security, mobility, diet, hygiene,

dignity, choice, respect, intellectual stimulation,

communication, socialisation)

Strategies, systems and

policies

(e.g. organisation of service provision, quality of care

and provision, training/qualifications, choice, complaints procedures, health and safety,

partnerships, involvement of friends and family, third

sector)

Activity to encourage

behaviour change

(e.g. health education, health promotion, consultation

exercises)

Health or social care setting (e.g. nursery, play group, primary school, residential

home, hospice, dental practice, health practice,

hospital, home visits).

GUIDANCE

Delivery guidance

It will be beneficial to deliver this unit in a way that uses actual events, industry forecasts or sector specific contexts which offer the learner the opportunity to explore, develop and apply the fundamental principles of the sector or subject area. Typical delivery contexts could include facilitating opportunities for primary and secondary research. Discussions with key professionals should be encouraged where possible.

Learners will benefit from being encouraged to exercise autonomy and judgement to plan an activity to encourage behaviour change for maximising health for individuals in a chosen health or social care setting. Learners will further benefit from adapting their thinking and reaching considered conclusions when evaluating both the activity implemented and the effectiveness of strategies, systems and policies used in the setting.

Learners would benefit from being presented with subject/sector-relevant problems from a variety of perspectives and from being given the opportunity to explore them using diverse approaches and schools of thought. For example, when discussing changes that could be made to improve the health and wellbeing of individuals in a specified health or social care setting.

Assessment evidence guidance

Evidence produced must demonstrate how a learner has met each of the Learning Outcomes and be submitted in the form of assignments, essays, project-portfolios, presentations or, where appropriate, reflective accounts.

Where group work/activities contribute to assessment evidence the individual contribution of each learner must be clearly identified.

All evidence must be available for the visiting moderator to review. Where learners are able to use real situations or observations from work placement, care should be taken to ensure that the record of observation accurately reflects the learner's performance. This should be signed, dated, and included in the evidence. It is best practice to record another individual's perspective of how a practical activity was carried out. Centres may wish to use a witness statement as a record of observation. This should be signed and dated and included in the evidence.

RESOURCES

Books

F.Wilson & A. Mabhali (2008) *Key Concepts in Public Health*. Sage Publications Ltd. ISBN: 978 1412948807

K.Buse, N.Mayes & G Walt (2012) *Making Public Health*. Open University Press. ISBN:978 0335246342

J.Naidoo&J.Wills.(2009) Foundations for Health Promotion. Balliere Tindall.

Journals

Public Health Nutrition BMC Public Health

Websites

www.biomedicalcentral.com www.publichealth.hscni.net

Signposting to other units within the qualification

Unit 23: Complementary therapies

Unit 24: Contemporary issues in health and social care

Unit 27: Employability skills
Unit 30: Work-based experience