

The different aspects of health and social care



In the UK, Health and Social Care is a broad term that relates to integrated services that are available from health and social care providers. As a subject discipline, Health and Social Care (H&SC) combines elements of sociology, biology, nutrition, law, and ethics. Typically, students of Health and Social Care will have a work placement alongside their academic studies; such a placement may take place in a nursery, residential home, hospital, or other caring establishment. Others may take a health and social care course as a route to further qualifications hoping that it will lead to employment within the sector.

As well as all the illnesses and health problems dealt with by people such as doctors and nurses, life often presents many people with occasions when a different type of help is needed. Examples of this include emotional problems, such as depression which can be caused by unemployment, poverty, the breakup of a close relationship or stress from illnesses and/or physical problems. This is where social care workers and social workers provide support. The phrase 'Health & Social Care' reflects the language of contemporary Government thinking about integrated health, well-being and welfare policy and service systems at local, regional, national and international levels.

As contemporary Government policy seeks to increasingly improve the health of the nation, and to shift from reactive treatment towards prevention, then opportunities are emerging for new workers in the fields of health promotion, nutrition, diet, lifestyles, exercise, alcohol and drugs use, sexual health, social care and advocacy within the context of social cohesion and social inclusion objectives. The goal of independent living with dignity

and choice for people with disabilities, learning disabilities, and mental health issues and for an ageing population requires a range of new professionals able to work across the Health and Social Care structures.

Aspects of health and Social care

Biology

The biological aspect of H&SC is vital: with many careers it will form the most important area of their knowledge. Health and social care workers need to be aware of how people grow and develop physically, and they may also be required to study a range of illnesses and treatments. This may include the study of public health, and public health campaigns; for example, the effects of smoking, poor diet, and lack of exercise, to name a few.

Nutrition

Nutrition may form an integral part of some H&SC courses, especially in situations where careers will be primarily responsible for creating and implementing diets for care service users. This area of study will usually also include specialist diets for diabetics, Muslims, vegetarians, lactose-intolerant and other unusual diets.

Law and social policy

Health and social care workers need a good grounding in the legal aspects of what is required of care practitioners, and will need to have up-to-date knowledge of developments in social policy, as well as knowledge of the various laws regarding rights, discrimination, abuse, welfare, and so on.

Ethics

Ethics as applied to the medical and social care fields is a broad and important field of the study of Health and Social Care. In the workplace, professional caregivers need to be able to support individuals who feel that they have been or are being treated unfairly, or who do not have access to appropriate care services for some reason. Questions of confidentiality, privacy, risk taking and generally the exercise of personal choice are all ethical dilemmas encountered and processed on a daily basis in the context of social care. Ethics is also the process that health services follow in order to explore, justify and effect change – for instance if a new procedure, drug or surgical technique is being developed it must at some point be used with patients. The examination of potential positive and negative effects or outcomes, and the provision of appropriate, accessible information about these to the patient to enable informed consent, is an example of applied ethics.

Social and educational activities

Ideally, care workers need to make care environments not merely tolerable, but enjoyable and fulfilling for the clients; this might involve carrying out social and educational activities with those in care. Students of H&SC will need to learn about how to run games, activities, reading groups, excursions and so on, so that the people receiving care get the most out of it as they possibly can.

Health and social care management in United Kingdom

Medical care in the nineteenth century was principally private or voluntary. However, sickness was a primary cause of pauperism, and the Poor Law authorities began to develop 'infirmaries' for sick people. The number of infirmaries grew very rapidly after the foundation of the Local Government Board, because of the influence centrally of doctors.

The demand for the infirmaries was at first resisted by a deliberate emphasis on the stigma of pauperism, of which the main legal consequence was the loss of the vote. Few people who became paupers had the vote, but after the extension of the franchise in 1867 and 1884, the numbers increased dramatically. In 1885, the law requiring people to be paupers before using the infirmaries was abolished.

Prior to 1948, health services were mainly based on three sources:

Charity and the voluntary sector.

Private health care. Hospitals were fee paying or voluntary; primary care was mainly fee-paying or insurance-based.

The Poor Law and local government. Poor Law hospitals were transferred to local government by the 1930 Poor Law Act.

These were unified when the NHS was formed in 1948.

The NHS and the hospitals in UK

Created in 1948 to provide a free healthcare service for everyone the National Health Service (NHS) is the major provider of care in the UK's

health sector. As well as the NHS the UK also has private health care employers who are mainly funded by health insurance.

Throughout its history, the NHS has been dominated by the hospital services, in particular by the high-status university hospitals. The bulk of expenditure on the NHS (over 70%) goes on hospitals. General practice, though it deals with the vast majority of reported illness – probably over 95% – accounts for less than 10% of spending.

The NHS inherited a misdistribution of resources, especially in London, where the main hospitals were concentrated in the centre of the city. London's lacks of adequate primary care coverage and over-reliance on hospitals for treatment have created recurring problems. The Labor government in the 1970s attempted to redress the balance by transferring resources from hospital care to primary care, limiting the growth of better served regions, and favoring the development of some underfunded specialties, like medicine for the elderly. This led to hospital closures. The policy was continued by the Conservatives in the 1980s.

Complaints about the NHS tend to focus on the problems of hospitals: waiting lists, lack of spare capacity, and 'shroud-waving' in response to spending controls. The severity of the problems is possibly exaggerated. Enoch Powell, a former Minister for Health, commented on "the continual, deafening chorus of complaint" which characterizes the NHS. By contrast with the private sector, where people always pretend that things are better than they are, the system of finance in the NHS "endows everyone providing as well as using it with a vested interest in denigrating it."

Weaknesses in NHS hospitals

NHS Borders have been heavily criticized after an elderly woman broke her hip when she fell out of bed in Kelso Cottage Hospital. Scottish Public Services Ombudsman (SPSO) Jim Martin said he was “extremely concerned” with the care and treatment the pensioner, named as Mrs. A, received from the health authority in February 2009. The accident resulted in the woman requiring surgery. She had to use of a Zimmer frame and take painkillers. In a damning conclusion to his 18-page report, in which he upheld three complaints from Mrs. A’s son-in-law (named Mr. C), Mr. Martin said: “I have decided there were serious failures in the care and treatment provided to Mrs. A, particularly in relation to her fall from her hospital bed.” In reaching my decision, I have taken into account that the risks of falling cannot be completely eliminated. “However, despite the fact that Mrs. A was admitted to Hospital 1 (Kelso) with a wrist fracture as a result of a fall, and there was further evidence in her clinical notes of her risk of falling, no assessment took place.” Mr. Martin said that the failure of NHS Borders to adequately assess and subsequently review Mrs. A’s risk of falling, or draw up a cohesive falls prevention plan, contributed to her accident. “This led to a significant personal injustice to Mrs. A, in that she sustained a significant and potentially life-threatening injury,” added Mr. Martin. He went on: “I am extremely concerned that, notwithstanding their shortcomings, the [NHS Borders] board had a policy and strategy in place which should have been applied to Mrs. A, but which was not followed.” It is also clear that there were significant failures in some of the rehabilitative aspects of Mrs. A’s care, relating to nutritional care and multi-disciplinary team working.” Mrs. A was admitted to Kelso Cottage Hospital in January 2009 after breaking her wrist

in a fall at home. On February 28, she fell from her hospital bed, fracturing her hip and requiring surgery at Borders General Hospital the next day. Mr. C also complained that there was little communication between healthcare professionals and the family, which adversely affected her recovery.

Upholding the complaint, Mr. Martin wrote: “ The advice which I have received, and accept, is that the communication fell far below a standard that was reasonable. “ Although Adviser 1 said this did not significantly impede Mrs. A’s recovery, it is unacceptable given that effective communication was critical in maximizing Mrs. A’s chances for a full recovery.” He also upheld a final accusation that the NHS Borders board had failed to adhere to their complaints procedure, taking more than four months to respond to Mr. C’s concerns. Mr. Martin added: “ Mr. C has complained about the time the board took to deal with his complaint and remained dissatisfied with the explanations the board has provided about Mrs. A’s recovery and the failure by the consultant to respond to one of his letters.

“ The advice which I have received, and accept, is that the board provided an accurate reflection of the complexities surrounding recovery from hip fractures by older patients with dementia. “ However, it is clear there were some failures by the board in their handling of Mr. C’s complaint.” NHS Borders has apologized for its handling of the case. Chief executive Calum Campbell said: “ NHS Borders fully accepts the recommendation of the SPSO in this case. “ We will be writing to Mrs. A’s family with our sincere apologies and an action plan has been developed to implement the recommendations. “ We have assured the ombudsman’s office that we fully recognize, and regret, the aspects of the patient’s treatment and complaint handling which

did not meet expected standards and will take what has been learned from this experience to improve our service in the future.”

In some NHS hospitals patients in some wards were kept thirsty even after they have been prescribed water. Pensioners were forced to spend all day in their nightclothes or were put to bed at 6pm, while staff ignored them to talk among themselves or played music. The damning report by the Care Quality Commission comes not long after the Health Service Ombudsman condemned the NHS for its inhumane treatment of 10 old and vulnerable patients in a high-profile investigation that accused staff of showing a “casual indifference” to people’s needs.

The new study – condemned as unacceptable by patient groups, politicians and professional bodies – raises the prospect of hospitals having wards closed down or being fined and prosecuted if they do not improve their standards. The CQC chairperson Jo Williams said that most reports on NHS are positive. But there are few reports mentioning about the failures to provide basic needs for patients such as not providing help to eat or drink, not treating patients with respect. He also said that this is a real concern as these mistakes can be easily prevented. The CQC, responsible for regulating health and social care in England, is carrying out unannounced inspections of two wards in 100 NHS hospitals to see if they are meeting legal requirements on dignity and nutrition. Its report published on Thursday contains the results of the first 12 spot checks, showing that three of the trusts were breaking the law while there were further concerns in another three. The most serious failings, described as “major” concerns regarding nutrition by the CQC, were found at the Alexandra Hospital in Worcestershire. Meals were left at the

<https://assignbuster.com/the-different-aspects-of-health-and-social-care/>

bedside of patients who were either asleep or not in the correct sitting position to eat, and plates were left for up to 15 minutes to go cold before staff had time to help people eat. Some pensioners resorted to eating with their fingers as no one helped them cut their food, and those who arrived on the ward after mealtimes or refused the food offered them were not given an alternative. No one was helped to wash their hands before or after eating. So many patients were left thirsty – for up to 10 hours in some cases – that medical staff said they ensured people their regular drinks by prescribing drinking water on medication charts. Others were prescribed nutritional drinks but staff did not check they were drunk. One person was described as “malnourished” on admission but was not assessed again until 16 days later. The CQC concluded: “People who use the service are not adequately supported and are at risk of poor nutrition and dehydration.” At Ipswich Hospital NHS Trust, “moderate” concerns were expressed after patients were found sitting in night clothes all day and being forced to use commodes even at meal times rather than being taken to the lavatory. “Non-English speaking staff” would speak over patients in their own language and music was played in one ward. One man said he had to “hit his water jug on the bedside table or shout” to attract a nurse’s attention. In the Royal Free Hospital in Hampstead, north London, moderate concerns were raised after inspectors found patients were either unable to reach call bells or their calls were ignored. Staff took uneaten food away from patients without recording it and without asking that they had enough drink while leaving nutrition charts incomplete. The Health Secretary, Andrew Lansley, led condemnation of the findings, saying: According to the inspectors some hospitals do not even reach the right basics.

Sir Keith Pearson, Chairman of the NHS Confederation which represents trusts, said: “ This first batch of inspections does highlight examples of good care, but I’m afraid that failures damage the NHS as a whole.”

The Shadow Care Services Minister, Emily Thornberry, said: “ This is further evidence of signs of strain across the health service. It is enough for hospitals to wrestle with the dual challenge of improving standards of patient care whilst implementing £20 billion worth of efficiency savings. But the Tory government is making this task almost impossible by pressing ahead with a top-down reorganization that nobody expected.

A review carried out by the Care Quality Commission of England has revealed that some hospitals in England are poor in treating the elderly people. They found that some NHS trusts have broken the law also. 100 hospitals were taken for this review. Even though there are obvious standards set by Health and Social Care Act some hospitals in the review were not able to meet even the basic standards. But the report found only half of hospitals provided the basic standard.

One case, at the Alexandra Hospital in Worcestershire inspectors found that meals were served and taken to the bedside of people who were asleep. Hot dinners and puddings were also allowed to go cold before staff found time to help patients. Inspectors said patients were “ at risk of poor nutrition and dehydration”. RosAltmann, director-general of Saga said: “ This is due to the inadequate training of the nurses about addressing needs of the elderly people.”

21 NHS trusts were unable to meet the Hygiene standards set for health and social care. All these 21 NHS trusts now have a problem in the registration of the new Care Quality Commission (CQC). These 21 include 10 acute hospital trusts, 4 mental health care trusts, 6 primary care trusts. Suggestions were made to control the infections caused by Methicillin resistant staphylococcus aureus, Clostridium difficile and legionella.

Suggestions

The NHS and social care services will “collapse” unless the Coalition’s health reforms are enacted because of growing demand from elderly people, Saga and Age UK have warned. Speaking to The Daily Telegraph, directors at both organizations backed key parts of the reforms aimed at integrating health and social care. RosAltmann, director-general of Saga, said stalling reform was “not an option” due to growing numbers of the very old and frail.

Michelle Mitchell, charity director of Age UK, added that reform was essential because there was “little or no joint planning” on how to care for the elderly. Their calls come a day after a group of 42 senior GPs wrote in this paper that the Health and Social Care Bill would lead to “enormous benefits” for “the most elderly, infirm and vulnerable in society”. This was because the formation of Health and Wellbeing Boards on local councils would “coordinate all aspects of care ... into a coherent and seamless whole”. Last night DrAltmann said: “Integrating health and social care has to be done – there’s no question. Either that or the whole system is going to collapse.” For decades elderly people had been shunted into hospital when they did not really need to be there because growing demand for social care, such as home care assistants, had been neglected. She thought the Bill offered a

vital opportunity to change the situation.” We will have to address this and integrate, so let’s get on with it,” she said.” None of this is going to be easy, but so far we have not had any serious attempts to solve it.” After pensions, it’s the next crisis coming down the tracks.

“ I’m hoping that this Government is really serious about getting it right, rather than doing the spin. I’m reasonably optimistic.” She hoped reforms would lead to GPs being able to prescribe “ domiciliary care” for elderly people while they could not cope at home, for example after a minor fall, “ just as they prescribe drugs now”. Such a move would stop large numbers being admitted to hospital and becoming “ bed blockers”. She also said a recent survey of 12, 000 members over 50 showed most were “ confident about GPs commissioning services”. Ms Mitchell said: “ At the moment, silo thinking means that health and social needs are not considered as a whole and there is little or no joint planning between the respective services.” If the Government is concerned about how best to meet the needs of older people with complex needs, joining up services is a must.” Ruth Isden, the charity’s public services programmes manager, said improving “ poor coordination” could deliver “ huge benefits” for patients and large efficiency savings. But she warned that the Health and Wellbeing Boards, as currently envisaged, “ do not have a strong enough role”. Local public health and social care directors will sit on them with GPs to formulate strategy. She said the boards needed to be given “ teeth” to ensure the GP consortia followed through. Meanwhile, Ed Miliband, the Labour leader, admitted that sticking with the status quo on the NHS was not an option. But he accused David Cameron during Prime Minister’s Questions of “ dumping on” Andrew Lansley, the

Health Secretary “ when the going gets tough”. Mr Cameron said the Conservatives were “ the only one party you can trust on the NHS”.