

Chapter 1

Health and social care provision in the UK

Care certificate outcomes

There are no care certificate outcomes for this chapter. This chapter aims to:

- Introduce the reader to health and care provision across the UK.
- Emphasise the fact that the four different countries of the UK adopt different approaches to care provision whilst still being a part of the wider National Health Service.
- Offer the reader some insight into past and present issues surrounding health and social care.





Take stock

Rate your current knowledge and skills prior to reading this chapter. Put a tick in the box that you think applies to you with regards to the standard being discussed.

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Key:

I know this

I have a good level of knowledge or skills regarding this aspect of the standard. I make use of the knowledge and skills identified on a regular basis, feeling confident in my ability and performance. I do not need a refresher.

Satisfactory

My level of knowledge and standard of skills meet the criteria associated with the standard. I use the skills and knowledge from time to time. I might not always feel confident in my capability, I would benefit from a refresher.

I require a review

I do not feel that I have the skills and/or the knowledge that would enable me to meet the standard in a confident and competent way. The knowledge and skills I used to have are no longer valid. I will require a refresher.

This is new to me

I have never worked in a caring role before or I have never covered this topic before. I will need further training and development in this area.

Standard	Self-assessment			
Understand health and social care provision in the UK	<input type="checkbox"/> I know this	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> I should review this	<input type="checkbox"/> This is new to me
Discuss the role and function of the NHS nationally and locally	<input type="checkbox"/> I know this	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> I should review this	<input type="checkbox"/> This is new to me
Describe how health and social care services are regulated and monitored	<input type="checkbox"/> I know this	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> I should review this	<input type="checkbox"/> This is new to me
Highlight aspects of health and social care offered and provided by the NHS, the private and voluntary sectors	<input type="checkbox"/> I know this	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> I should review this	<input type="checkbox"/> This is new to me
Differentiate between primary, secondary and tertiary services	<input type="checkbox"/> I know this	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> I should review this	<input type="checkbox"/> This is new to me
Develop an insight into the assessment of health and social care needs for individuals and communities	<input type="checkbox"/> I know this	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> I should review this	<input type="checkbox"/> This is new to me

Introduction

The ways in which health and social care provision are provided have changed over the years and it is very likely that they will continue to change. The four countries of the United Kingdom (UK) – Northern Ireland, Wales, England and Scotland – each have devolved responsibilities for the

provision of health and social care service within their borders. This means that each country sets its own priorities for care provision. Often, because of these transferred responsibilities (transferred from central government), discussing the issue in a general manner can become complex. The focus of this chapter will be predominantly on the provision of health and social care service in England.

An historical view

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Care, being cared for, providing care is an essential human need in order for the full development, maintenance and sustaining of human beings. The tradition of caring has often been associated with women – a female activity that focuses on the individual, the family and groups of people. Care and cure are two very different entities and it could be implied that throughout history care has not been awarded the same importance as cure. Cure it could be suggested has gained more attention because of the public recognition of a range of supposedly lifesaving and life-sustaining new technologies and, tentatively, because it is very often associated with males, whereas care is seen as a traditional female activity. However, there cannot be any curing without caring, and the notion of care has been rooted in our history through examples such as religious (or spiritual), social, political, educational and economic contexts.

Health and disease are ever-present factors of the human state, and throughout history the need for some kind of support and care of individuals and populations has varied. People have always helped other people during times of need (there is also evidence where people have failed to respond to the needs of others), paving the way for the development of systems of care and the fundamental beginnings of health and social care as we know it today. We are all likely to be recipients of care.

The National Health Service

On 5 July 1948, the National Health Service (NHS) was established with the aim of healthcare being free at the point of delivery. Figure 1.1 provides a timeline concerning the NHS since its inception in 1948.

The NHS in the four countries

There are several differences between NHS services in England and the other three home countries:

- Northern Ireland has a fully integrated health and social care service and Scotland has passed legislation to achieve this goal.
- Scotland and Wales have integrated boards (as opposed to trusts) that commission services at a local level.
- Scotland has the Scottish Intercollegiate Guidelines Network (SIGN) for their clinical guidance as opposed to the National Institute for Health and Care Excellence (NICE).

Scotland

In Scotland health and social care policy and funding are the responsibility of the Health and Social Care Directorates of the Scottish Government. There are over 160,000 staff who work across 14 regional NHS Boards, seven Special NHS Boards and one public health body. Around 12,000 of these healthcare staff are engaged under independent contractor arrangements.

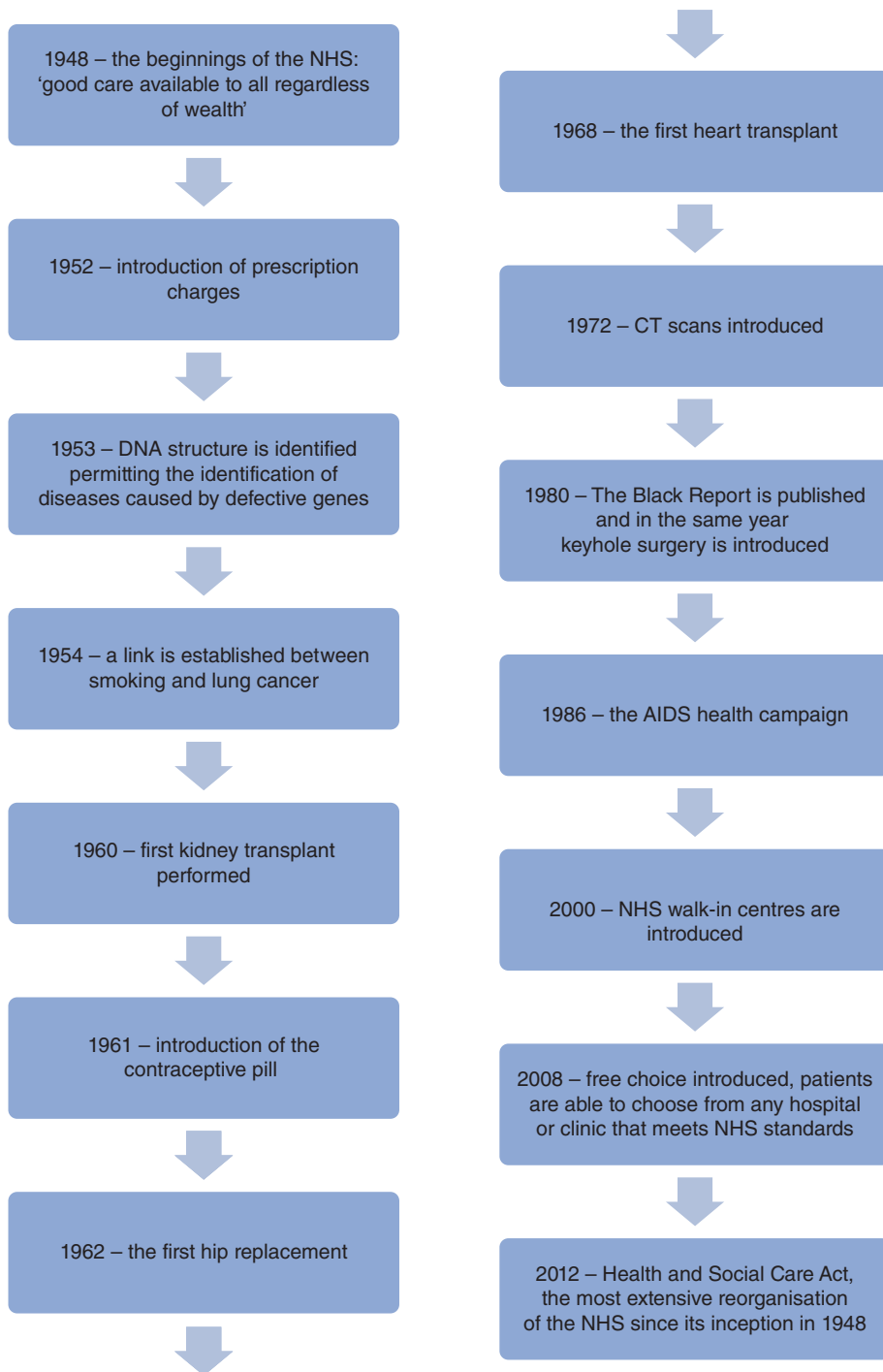


Figure 1.1 Some key dates and events since the inception of the NHS. Source: <http://www.nhs.uk/Tools/Pages/NHSTimeline.aspx>

The NHS in Scotland is completely devolved and responsibility for it lies wholly with the Scottish Government. The Cabinet Secretary for Health and Wellbeing and Scottish Government set out their national objectives and priorities for the NHS that should be delivered and monitored via NHS Boards and Special NHS Boards.

In 2004 the 14 NHS Boards were replaced by trusts, which cover all of Scotland. These are all-purpose organisations that plan, commission and deliver NHS services for their respective area. They take overall responsibility for the health of their communities and commission all services including GP, dental, community care and hospital care. These boards are also required to work together on a regional and national basis ensuring that specialist healthcare – such as neurosurgery – is commissioned in an effective manner. Locally the boards have representation or partnerships with community health and social care teams, and there is also a close involvement of local authorities, patients and the public.

The population of Scotland is estimated to be in the region of 5.3 million, with a healthcare budget of around £13 billion.

Northern Ireland

The healthcare service in Northern Ireland offers health and social care to its population and is administered by the Department of Health, Social Services and Public Safety.

The Health and Social Care Board carries overall responsibility for the commissioning of services and it does this through five Local Commissioning Groups. The five Local Commissioning Groups have a responsibility for commissioning health and social care and do this by addressing the needs of their local population.

There are five Health and Social Care Trusts that have responsibility for providing an integrated health and social care service in their regions. The Northern Ireland Ambulance Service is seen as a sixth trust.

There is a Patient and Client Council that exists to provide an independent voice for patients, carers and communities. An independent organisation, the Regulation and Quality Improvement Authority, encourages continuous improvement through a programme of inspections.

The Public Health Agency is charged with the responsibility to improve health and wellbeing, provide health protection and input directly into commissioning, and does this through the Health and Social Care Board.

The population of Northern Ireland is estimated to be in the region of 1.8 million, with a healthcare budget of around £4.3 billion.

Wales

In Wales the NHS is devolved, and the Welsh Government assumes responsibility. There are seven Local Health Boards that plan, secure and deliver healthcare services for their populations.

There are three national trusts in Wales:

1. The Welsh Ambulance Services
2. Velindre NHS Trust (providing specialist services in cancer and other national support)
3. A Public Health body for Wales

Representing the health and wellbeing interests of the public in their districts are seven Community Health Councils (CHCs). The Board of Community Health Councils in Wales is responsible for monitoring the performance of the CHCs, the conduct of members and performance of

officers as well as operating a Complaints Procedure. It is the aim of the CHC to make sure that when people across Wales speak about their NHS, those responsible for providing health services listen – and act.

The population of Wales is estimated to be in the region of 3.2 million, with a healthcare budget of around £6.5 billion.

6 England

High-quality care for all, now and for future generations, is the mission of NHS England. NHS England aims to provide everyone with greater control of their health and wellbeing, supporting them to live longer, and enjoy healthier lives by providing high-quality health and care that is compassionate, inclusive and constantly improving. People are said to be at the heart of everything that the NHS does.

The values that underpin the role and function of the NHS are enshrined in the NHS Constitution (Table 1.1).



Stop, look, respond 1.1

The NHS Constitution

In the list below (the values that underpin the NHS) make notes about how, on a daily basis, you make responses to these values as you offer care to people.

Value	Example
Respect and dignity	
Commitment to the quality of care	
Compassion	
Improving lives	
Working together for patients	

The population of England is estimated to be in the region of 50 million, with a healthcare budget of around £100 billion. The Department of Health (DH) in England provides strategic leadership for public health, the NHS and social care. It is the Secretary of State who has overall responsibility for the work of the DH.



Thinking cap 1.1

Health and social care services

Think about the health and social services in the country where you are working. Compare some of the services that are offered in the other three countries. What are the good things about health and social care services where you work and what could be improved? Do you think any ideas for improvement in services could come from one or more of the other three countries?

Table 1.1 NHS values and the NHS constitution

- Respect and dignity
- Commitment to the quality of care
- Compassion
- Improving lives
- Working together for patients

Provision of services

Various aspects of care are offered and provided by the NHS. However, it must be remembered that it is not just the NHS that provides care; the independent and voluntary sectors also provide care and services to people. The provision of care can take place anywhere where there are people, within the NHS, the private and independent care sector, or in the voluntary care sector. The Health and Social Care Act 2012 provides for fair competition for NHS funding to independent, charity and third-sector healthcare providers; this was introduced with the intention of providing greater choice and control to patients in choosing their care.

The provision of care will be influenced by a number of factors, for example, an ageing population, changing disease patterns, the issue of consumerism and technological advances. Often the provision of care is split between two areas of care:

- acute care;
- chronic care.

The provision of care also takes place within the following settings:

- primary care;
- secondary care;
- tertiary care.

Regulation and monitoring of services

Monitor

To protect the interests of patients in England, Monitor was established as the sector regulator for health services; it is the financial regulator of Foundation Trusts. Monitor issues licences to NHS-funded providers, has responsibility for national pricing (in conjunction with NHS England) and helps commissioners make sure that local services continue if a provider is unable to carry on providing services.

Care Quality Commission

The independent regulator for quality in health and social care in England (including private providers) is the Care Quality Commission (CQC). It registers and inspects:

- hospitals;
- care homes;
- GP surgeries;
- dental practices;
- other healthcare services.

If services are failing to meet fundamental standards of quality and safety, the CQC has the power to:

- issue warnings;
- restrict the service;
- issue a fixed penalty notice;
- suspend or cancel registration;
- prosecute the provider.

Healthwatch

Healthwatch was set up as an independent consumer champion for health and social care. Its function is to represent the public's view on healthcare by gathering views on health and social care locally and nationally. In England every local authority has a Healthwatch. It is anticipated that through the Healthwatch network the voices of those who use the NHS will be heard. Healthwatch gathers these views by undertaking research in local areas, identifying gaps in service provision and feeding into local health commissioning plans.

Professional regulation

The various health and social care professions are regulated by specific regulators (Table 1.2).

Table 1.2 UK professional regulators

Regulator	Profession(s)
General Medical Council (GMC)	The independent regulator of approximately 260,000 doctors in the UK; established to: <ul style="list-style-type: none"> • Set the standards required of those doctors practising in the UK • Determine which doctors are qualified to work in the UK, oversees their education and training • Ensures doctors continue to meet the standards throughout their careers through a five-yearly cycle of revalidation
Nursing and Midwifery Council (NMC)	The NMC regulates over 670,000 nurses and midwives in the UK. Key responsibilities include: <ul style="list-style-type: none"> • Setting professional standards of education, training, performance and conduct, and ensuring that these standards are upheld • Investigating nurses and midwives who are thought to fall short of its standards • The ability to take action when a nurse may be putting the safety of patients and others at risk
The General Dental Council (GDC)	The GDC regulates all dental professionals including dentists, dental nurses, technicians and hygienists
The Health and Care Professions Council (HCPC)	Regulates a number of professions including art therapists, biomedical scientists, chiropodists and podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, paramedics, social workers in England, and speech and language therapists
The General Pharmaceutical Council (GPhC)	The independent regulator for more than 70,000 pharmacists, technicians and pharmacy premises in the UK. In Northern Ireland this is the Pharmaceutical Society of Northern Ireland
The General Optical Council (GOC)	Regulates approximately 26,000 optometrists, dispensing opticians, student opticians and optical businesses

Table 1.3 Some professionals who deliver primary care

- Social workers
- Teams of nurses
- Prosthetists
- Groups of doctors
- Chiropodists
- Midwives
- Health visitors
- Dentists
- Pharmacists
- Optometrists
- Occupational therapists
- Physiotherapists
- Paramedics
- Speech and language therapists

Primary care services

Most care provision is carried out in the primary care sector; over 95 per cent of care is delivered here. Care is delivered outside hospitals by a range of practitioners (Table 1.3).



Stop, look, respond 1.2

Professional regulation

Match the professionals group listed in Table 1.3 to the regulator below

Regulator	Profession(s)
General Medical Council (GMC)	
Nursing and Midwifery Council (NMC)	
The General Dental Council (GDC)	
The Health and Care Professions Council (HCPC)	
The General Pharmaceutical Council (GPhC)	
The General Optical Council (GOC)	

For many patients, the professional healthcare they require will be provided in the community setting. In some situations, the care provided by and in the primary care sector may not be appropriate, or be unable to meet the needs of the patient. Referral to other services may therefore be required – those services are offered by the secondary care sector.

Secondary care services

This aspect of care provision occurs mainly through the acute hospital setting. The staff who work in this area have more readily available access to specialist and elaborate diagnostic aids and facilities, for example:

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- X-ray department;
- magnetic resonance imaging (MRI);
- computed axial tomography (CAT) scans;
- operating theatres;
- special care baby units (SCBU);
- microbiological laboratories;
- various mental health care facilities.

Those who provide care in the primary care setting, for example the social worker, community nurse and GP, could be seen as the 'gatekeepers' to care provision in the secondary care sector, as they may make the necessary referrals to other health and social care providers. The transition from primary care to secondary care should be a seamless move just as the integration of health and social care services should also be seen as a seamless activity. The distinction between primary care and secondary and social care and healthcare are becoming more blurred.

Tertiary care services

Tertiary care is usually available in some larger hospitals. Tertiary care is provided by those with specialist expertise, with available equipment and facilities for caring for the patient with complex healthcare needs, for example:

- intensive care units;
- burns units;
- oncology centres.

It is important to remember that most people receive their care and have their needs met in the primary care setting. Only a few will require secondary services, and even fewer will have to make use of tertiary care services. Health and social care workers and those who support them can be found working in all of these care settings.

Ambulance trusts

These trusts manage emergency care for life-threatening and non-life-threatening illnesses, including the NHS 999 service. In some areas the ambulance trusts have been commissioned to provide non-emergency hospital transport services and/or the NHS 111 service.



Thinking cap 1.2

NHS 111

What is the NHS 111 service? How does this differ from the 999 service? In what situations might you decide to use the 111 service or the 999 service?

Mental health trusts

Mental health trusts provide community, inpatient and social care services for a wide range of psychiatric and psychological illnesses. Mental health trusts are commissioned and funded by Clinical Commissioning Groups. Mental health services can also be provided by other NHS organisations, the voluntary sector and the private sector.



Stop, look, respond 1.3

Mental health service provision

Mental health services can be provided by a number of organisations other than the NHS, for example, by the voluntary sector and the private sector.

Make a list of who these organisations are and identify if they are from the voluntary sector or the private sector and what their organisation does.

Organisation	Private or voluntary	Role of the organisation

Community health services

These services are delivered by foundation and non-foundation community health trusts. Services include:

- district nurses;
- health visitors;
- school nursing;
- community specialist services;
- hospital at home;
- NHS walk-in centres;
- home-based rehabilitation.

Social care and support

Social care is provided to people who may be having difficulty in managing daily tasks at home and who may need extra support and care. The care and support system can be very complex and confusing, with a number of organisations involved in assessment, arrangement and provision of care. This complexity and confusion can aggravate a person’s ability to cope and manage.



Stop, look, respond 1.4

Community health services

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Choose one of the community health services above and discuss the role and function of the service. Complete the table.

Chosen service:	
Who works in this service?	
Where is the service located?	
How do people access the service?	
Are service users involved in the development of the service?	
Is this a statutory, private or voluntary service?	

There are several rules and regulations that govern how people pay for care and support or what their entitlements to care and support might be; this too can be difficult to understand. Help and advice is available from the government and also from those in the voluntary and independent sectors, for example the charity Age UK.

Examples of services that are available to help people with care and support needs can include:

- Help at home with shopping, laundry and cleaning.
- Intensive home care including washing, dressing and preparing a meal.
- The provision of 24-hour care in a care home or housing with a care scheme (this is also known as sheltered accommodation).

If a person is in need of care and support, instead of receiving directly funded and arranged services, they can request for cash payments for them to arrange their own care. This approach can provide greater choice and control over how their needs can be best met.

Some people may also be entitled to the provision of equipment and adaptations to help ensure that their home is more suitable in meeting their needs.

Assessment of care needs

There are a number of assessment procedures in place that will establish a person's needs; these are often set by the local authority (eligibility of need). Each local authority has its own assessment procedure.

Each local authority has a duty to assess a person who appears to need care and support. They may need care and support as a result of a serious illness, physical disability, learning disability, mental health problem or frailty because of old age.

This may mean that an assessment is offered even if the person has not specifically requested one. The person can contact their local social services department and request for them to arrange a needs assessment. Usually, an assessment is carried out prior to a service being provided by the social services department of a local authority. If care is needed urgently, then the local authority may be able to meet those needs without performing the assessment.

Table 1.4 The care plan

<p>The care plan must set out:</p> <ul style="list-style-type: none"> • The needs identified by the assessment • Whether and to what extent the needs meet the eligibility criteria • The needs that the authority is going to meet, and how it intends to do this • For a person needing care, for which of the desired outcomes care and support could be relevant • For a carer, the outcomes the carer wishes to achieve and their wishes concerning care provision, work, education and recreation where support could be relevant • The personal budget • Information and advice on what can be done to reduce the needs in question and to prevent or delay the development of needs in the future • Where needs are being met via a direct payment, the needs to be met via the direct payment and the amount and frequency of the payments • The person's care plan should be individual, and they should be allowed to have as much involvement in the development of the plan as they wish
Reviews of the care plan
The care plan should be reviewed by social services within the first 3 months and then as a minimum at least annually.

Once it has been established by a local authority that a person has needs that conform to the national eligibility criteria, that authority has to ensure that those needs are met. Initially a care and support plan has to be drawn up, or in the case of a carer with eligible needs, a support plan is needed.

A care plan (sometimes this is called a care and support plan, or support plan if the person is a carer) sets out how the person's care and support needs will be met. The person should be fully involved in the preparation of the care plan; they and anyone else they request should also be provided with a written copy (Table 1.4).

If there are eligible needs, the local authority will check that the person normally lives in its area. Social care is not free; it may be that the person will have to contribute towards the cost of meeting their needs. Local authorities will do an assessment to determine if the person will have to contribute and how much this might be.

The local authority should not refuse to meet eligible needs based on cost; however, if there is more than one option, they are allowed to choose what it believes will be the most cost-effective one.

If the person's needs do not meet the national eligibility criteria, the local authority is required to provide information and advice on what support might be available in the community to support the individual.

The person may consider or choose to fund their own care and support in response to the needs that have been identified as a result of the assessment. If the person disagrees with the needs assessment or the care and support plan that has been formulated, there are processes in place that challenge decisions.

Assessment of health needs

Assessing a person's (or population's) health needs requires a systematic approach. The term 'health' is a complex one and can be defined as a positive concept that is associated with social, personal and physical capabilities. It concerns the ability of individuals and their perceptions of their ability to function and to cope with their social and physical environment, as well as with any specific illnesses and with life in general.

Individual healthcare needs are just that, individual; a one-size fits all approach is unacceptable. Needs are identified by the person or in conjunction with healthcare professionals such as a nurse. Assessment tools are used to determine any healthcare deficit.

The needs of populations can be identified by engaging with those populations (including service user groups), and this is done in a number of ways with the aim of listening to and acting on what has been said. A range of health and social care professionals can contribute to identifying needs; these professionals may include clinical health scientists, social workers and doctors.

Chapter summary

- The NHS is there for all of us; it was created out of the ideal that good healthcare should be available to all, irrespective of wealth.
- The provision of health and social care in the UK is complex.
- The four countries of the UK have devolved responsibility for health and social care.
- There are various aspects of care offered and provided by the NHS; the independent and voluntary sectors also provide care and services to people.
- To protect the interests of those who use services, service provision is regulated and monitored.
- Professions are regulated by their professional bodies.
- Care takes place in many places and this includes the primary, secondary and tertiary sectors.
- There are a number of assessment procedures in place that will establish a person's health and social needs.



Case scenario 1.1

Anna

Anna Chosky is a 64-year-old lady who presented to the accident and emergency department accompanied by her daughter (Desirée), who is her main carer. Anna has been experiencing increasingly severe dyspnoea on exertion and progressive oedema of the lower extremities. She reported that her breathlessness and coughing episodes had become particularly severe in the preceding 3 weeks and she was now at the point where she could not stand or walk for more than 1 to 2 minutes without becoming fatigued. Anna had been sleeping on the sofa downstairs. Desirée has been assisting Anna with her personal hygiene needs, doing her shopping, cooking her food and attending to household jobs such as cleaning.

Anna is assessed in the accident and emergency department and is diagnosed with exacerbation of chronic obstructive pulmonary disease (COPD).

She is admitted to a ward and is receiving treatment. After 4 days of treatment she is ready for discharge home and plans are being made with various health and social care agencies, a care plan is being formulated with her. A home visit with the occupational therapist is planned and suitable adjustments to her home environment to provide her with as much independence as possible are being instigated.

In the scenario identify what you think Anna's needs are from a health and social care perspective. How can the health and social services assist Desirée in supporting her mother in her home?

Make notes of any words you do not understand in the scenario and write a definition of these words.



Resource file

Department of Health, Social Services and Public Safety

www.dhsspsni.gov.uk

GIG Cymru NHS Wales

www.wales.nhs.uk

NHS Scotland

www.show.scot.nhs.uk

NHS England

www.england.nhs.uk