STRUCTURE AND OVERVIEW OF THE HEALTH AND SOCIAL CARE SECTOR UNIT K/618/4167

LO1. Understand the structure of health and social care provision



Unit aims



This unit aims to develop an understanding of the health and social care sector, its aims and purpose and the organisations that provide health and social care along with an awareness of current issues impacting the sector in a chosen country.











What are the different sectors in health and social care?



- The NHS is divided into primary care, secondary care, and tertiary care.
- Primary care, is often the first point of contact for people in need of healthcare, usually provided by professionals such as GPs, dentists and pharmacists. The NHS in England provides care, free at the point of use, for almost 56.4 million people.
- Secondary care, which is sometimes referred to as 'hospital and community care', can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture.
- Tertiary care refers to highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services.











- **Healthcare provision** is described for various healthcare areas: inpatient and outpatient care, rehabilitation, nursing services, prescribed medication, remedies and medical aids as well as costs for the different healthcare areas, transportation, and costs in total.
- Social care provision; Social services provide support to people with learning disabilities, physical disabilities/illnesses and mental illnesses. This support can cover practical activities, personal care and social work, intended to help the people receiving social care to live comfortably





What is promoting health and wellbeing in health and social care?

- Promoting wellbeing involves actively seeking improvements in aspects of wellbeing when carrying out a care and support function in relation to an individual at any stage of the process;
 - From the provision of information and advice
 - To reviewing a care and support plan



Definition of Wellbeing: Wellbeing is a broad concept, and it is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life (including over care and support provided and the way it is provided);

- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal relationships;
- Suitability of living accommodation;
- The individual's contribution to society.









keep people healthy:

- Involving people in their care and treatment means supporting people to manage their own health and wellbeing on a daily basis.
- It means supporting them to become involved, as much as they want or are able to, in decisions about their care and giving them choice and control over the NHS services they receive

Ways of involving people in their own health and care

- Involving people in their own health and care requires services to shift the focus of support from 'what is the matter with you?' to 'what matters to you?'.
- Not only does this acknowledge the individual as an expert in their own care, but it also gives people greater choice and control over the care and support they receive





Involving people in their own health and care

- Personalised care and support planning is a systematic way of ensuring that individuals living with one or more long term condition are supported through proactive conversations, with their clinician or health and care professionals
- **Shared decision making** is a process in which people who experience a change in their health work together with clinicians to select tests, treatments, management or support packages.

- **Self-management** is the term given to a range of approaches that aim to enable people living with long term conditions to manage their own health effectively.
- Making health and social care accessible Everyone should have access to high quality health and care information that enables them to better understand their condition(s). Since August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. NHS England >>











Supporting those in need of medical or social care.

- The social care system is in place to provide help to those in need, such as individuals with mental health problems, learning or physical disabilities, as well as vulnerable adults and children.
- Such a broad range of services provides a safety net to those most at risk and has been built into our society for several hundred years.
- Supporting those in need can be implemented in a number of ways:

Care and Support Needs Assessment

A health and social care assessment is carried out by social services to find out what help and support you need - like healthcare, equipment, help in your home or residential care.









Developing Your Health and Social Care Plan

- This individualised care plan will lay out how your support and care needs will be met.
- Individualised care plans cover a number of areas including:
- The care needs identified in your assessment
- How your local authority intends to meet your care needs
- Your personal budget
- An assessment of the ways your needs can be reduced over time and how to prevent future needs occurring.







Individualised care plans will aim to support you in the following ways:

- Encourage and support you to live independently
- To have as much control over your own life as possible
- To participate in society as an equal
- To have access to employment and family life
- Ensure you have the best possible quality of life
- Ensure your dignity and self-respect





Current Healthcare System in UK

- The UK has a government-sponsored universal healthcare system called the National Health Service (NHS). The NHS consists of a series of publicly funded healthcare systems in the UK.
- It includes the National Health Services (England), NHS Scotland, NHS Wales and Health and Social Care in Northern Ireland. Citizens are entitled to healthcare under this system, but have the option to buy private health insurance as well.

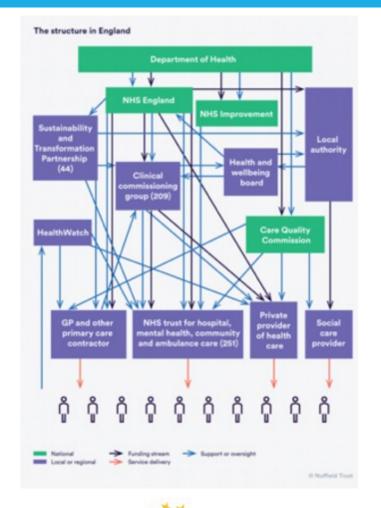








The NHS Plan promises more power and information for patients, more hospitals and beds, more doctors and nurses, significantly shorter waiting times for appointments, improved healthcare for older patients, and tougher standards for NHS organisations.











- The UK's health care system is one of the most efficient in the world, according to a study of seven industrialized countries.
- The Commonwealth Fund report looked at five areas of performance -
- Quality,
- Efficiency,
- Access to care,
- **Equity** and
- Healthy lives,

- The Netherlands ranked first overall, closely followed by the UK and Australia.
- UK performed well when it came to quality of care and access to care. The UK also ranked first in efficiency, which was measured by examining total national spending on healthcare as a percentage of GDP, as well as the amount spent on healthcare administration and insurance
- Gross domestic product or GDP is a measure of the size and health of a country's economy over a period of time







Healthcare Systems in Different Regions of UK

- Healthcare in the United Kingdom is a devolved matter, meaning England, Northern Ireland, Scotland and Wales each have their own systems of private and publicly-funded healthcare, as well as alternative, holistic and complementary treatments.
- The fact that each country has its own varied policies and priorities has resulted in a number of differences between the systems.
- Each country provides public health care to all UK permanent residents, and each also has a private healthcare sector which is significantly smaller than the public sector











- Most healthcare in England is provided by the National Health Service (NHS), England's publicly funded healthcare system.
- Social care services are a shared responsibility between the local NHS and the local government's Directors of Social Services, and falls under the guidance of the Department of Health.
- Similarly most healthcare in Scotland and Wales are provided by NHS Scotland and NHS Wales, respectively.
- The majority of healthcare in Northern Ireland is provided by Health and Social Care in Northern Ireland, which is still often referred to as "NHS" for convenience.









Government **Funded or** private

- Healthcare in the United Kingdom is publicly funded, generally paid for by taxation.
- However, the UK also has a private healthcare sector, in which healthcare is acquired by means of private health insurance.
- This is typically funded as part of an employer funded healthcare scheme or is paid directly by the customer.
- Private healthcare has continued to exist, paid for largely by private insurance.
- Most health insurance products are distributed by the National Health Service (NHS); only a very small sector is distributed by private insurance companies.







Rural vs. Urban

On average, residents of more affluent rural areas live longer and lead healthier lives than many of their urban counterparts.

Research done on UK healthcare usually tends to focus on urban environments, where higher levels of deprivation, poor health, social need and inequity may occur.

However, rural communities often find the affluent and poor living in close proximity to one another.

Urban health seems to be generally worse off than more of the rural areas, but there are exceptions to this rule.









Urban

- The Department of Health is responsible for improving the health and wellbeing of the people of England.
- NHS Primary Care Trusts have been established to improve the health of their local population, to work jointly with a wide range of partner agencies, to commission hospital and community services and to develop primary and community care services.
- **Strategic Health Authorities** The goal of these Authorities includes ensuring that national priorities for health are integrated into local plans and strategies, building the capacity of the health service, and ensuring high-quality performance is found within the NHS







Rural

The Countryside Agency's stated mission is to "make life better for people in the countryside, and improve the quality of the countryside for everyone."



- The Institute of Rural Health is a UKwide academic charity, established in 1997, which works to inform, develop and promote the health and wellbeing of rural people and their communities through its three main academic program areas:
- research and projects (contributing to the evidence base),
- education and training (developing a workforce fit for purpose), and
- policy analysis (including rural proofing)









legislation/self-regulation,

The health and social care act 2012 introduced the first legal duties about health inequalities.

It included specific duties for health bodies including the Department of Health, Public Health England, Clinical Commissioning Groups, and NHS England which require the bodies to have due regard to reducing health inequalities between the people of England.

The Act also brought in changes for local authorities on public health functions.

- The Equality Act 2010 established equality duties for all public sector bodies which aim to integrate consideration of the advancement of equality into the day-to-day business of all bodies subject to the duty
- The Social Value Act 2012 requires public sector commissioners - including local authorities and health sector bodies to consider economic, social and environmental wellbeing in procurement of services or contracts.





legislation/self-regulation,

- Health and Safety at Work1974 sets out how employers, employees and the self-employed must work in a safe way, giving every person on the work premises legal duties and responsibilities.
- Control of Substances Hazardous to Health Regulations (COSHH) 2002 – are designed to protect people from hazardous substances - that is, any substance that can cause harm or ill health

- Reporting of Injuries, Diseases and **Dangerous Occurrences Regulations** 2013 'RIDDOR'. Reporting accidents and incidents is an important part of your work in any health or social care workplace
- The Regulatory Reform (Fire Safety) Order 2005 – sets out how every workplace must prevent/protect against fire.







Size of sector in terms of finance:

Healthcare expenditure in the United Kingdom

As of Jun 28, 2021 Healthcare spending in the United Kingdom (UK) has gradually increased since 1997 when it amounted to 65 billion British pounds. By 2019, healthcare expenditure in the UK stood at to 225 billion British pounds. This was an increase of 13.1 billion British pounds on the previous year's healthcare spending.











Employment:

Number of people employed in the health & social sector UK 2020

In 2020, there were approximately 1,840 thousand people employed by businesses in the health & social work services sector in the United Kingdom, with 474 thousand people employed in businesses that employed 500 or more people.













Percentage of GDP (gross domestic product)

- Healthcare spending in the United Kingdom (UK) as a share of the gross domestic product (GDP) has increased since 1997, where it was 6.8 percent.
- By 2019, healthcare expenditure in the UK amounted to 10.2 percent of the GDP. Healthcare expenditure has in general experienced an increase over the provided time interval. UKHCA's Minimum Price for Homecare 2021-22



the total value of goods produced and services provided in a country during one year











^{*} What is GDP?

Provision compared to population.

- In 2017, the UK spent £2,989 per person on healthcare, which was around the average for members of the Organisation for Economic Cooperation and Development: OECD (£2,913 per person).
- UK healthcare spending per person was the second-lowest, with the highest spenders being France (£3,737), Germany (£4,432) and the United States (£7,736).
- UK healthcare spending fell from 9.8% in 2013 to 9.6% in 2017,
- The UK's publicly funded NHS-based health system contributes to the UK having one of the highest shares of publicly funded healthcare (79%) in the OECD.
- In 2017, the UK spent the equivalent of £560 per person on healthrelated long-term care, which was less than most other northern or western European countries, but a similar amount to France (£569) and Canada (£556).











State funding

- The NHS is funded mainly from general taxation supplemented by National Insurance contributions (NICs)
- In England, Wales and Scotland, local authorities are responsible for adult social care and this duty is set in law.
- Funding comes from central grants, which can be subject to squeezes from central government, and from council tax on properties.











Private health insurance

- Private health insurance is a type of insurance that covers the cost of private healthcare in the UK.
- Similarly to other types of insurance you pay a monthly or annual premium and your insurer will pay for some or all of the cost of private medical treatments you receive.













NHS Charities

- There are more than 250 NHS charities across the UK and most of them focus on helping our hospitals do more.
- Collectively these charities give £1 million every day to the NHS so that people can stay well for longer and get better faster.
- In recent years NHS charities have funded major capital projects, pioneering research and medical equipment at our hospitals, helping patients access the best possible care when they need it most.
- They also play a key role in mobilising volunteers to support NHS staff, brightening wards and waiting areas with colourful and engaging art and building an important link between our hospitals and our communities.
- Other NHS charities support mental health trusts, community health trusts and ambulance trusts.









Health and social care spending where the money goes.

- In 2015-16, the UK public sector spent £220.2 billion on health, social care, and benefits to support people with disabilities and health conditions.
- This is equivalent to 11.5% of UK national income and 28.7% of total public spending.
- The majority, £140.6 billion (63.9%), of this was spent on health;
- £49.7 billion (22.5%) was spent on benefits and
- £29.9 billion (13.6%) was spent on social care.
- New forecasts from the Office for Budget Responsibility (OBR), released in January 2017, indicate that rising demographic and cost pressures could result in 14.7% of national income needing to be spent on health and long-term care by 2066-67.











What is regulation in healthcare?

- Regulation plays a major role in the health care industry and health care insurance coverage.
- The various regulatory bodies protect the public from a number of health risks and provide numerous programs for public health and welfare.
- Together, these regulatory agencies protect and regulate public health at every level









Inspection Report



Which Organisation inspects and regulates the health and social care industry?

CQC (Care Quality Commission) Established in 2009, the CQC is the independent health and social care regulator for England, responsible for the registration, regulation, inspection and rating of all providers.











The CQC's objectives

- The CQC's main objective 'is to protect and promote the health, safety and welfare of people who use health and social care services'
- Its remit includes both the NHS and local authorities, as well as independent providers of health and social care.















34

- The CQC's is required to perform its functions for the general purpose of encouraging:
- the improvement of health and social care services
- the provision of health and social care services in a way that 2. focuses on the needs and experiences of people who use those services, and
- the efficient and effective use of resources in the provision of health and social care services











Other regulatory bodies:

- There are twelve health and social care regulators, including the HCPC (Health and Care professionals council), whose role is to protect the public
- The General Chiropractic Council (GCC)
- Regulates: Chiropractors
- The General Dental Council (GDC)
- Regulates: Dentists, dental therapists, dental nurses, dental technicians, clinical dental technicians, and orthodontic therapists
- The General Medical Council (GMC)
- Regulates: Doctors









36

- The General Optical Council (GOC)
- Regulates: Dispensing opticians and optometrists
- The General Osteopathic Council (GOsC)
- Regulates: Osteopaths



- The Nursing and Midwifery Council (NMC)
- Regulates: Nurses, midwives, and specialist community public health nurses.
- The Health and Care Professions Council (HCPC)
- Regulates: Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Physiotherapists, Practitioner Psychologists, Prosthetists and Orthotists, Radiographers, Social workers in England and Speech and Language Therapists









1M1 Outline how the sector is regulated in your chosen country



- General Pharmaceutical Council (GPhC)
- Regulates: pharmacists, pharmacy technicians, and pharmacy premises
- Pharmaceutical Society of Northern Ireland (PSNI)
- Regulates: Pharmacists and pharmacy premises in Northern Ireland
- Northern Ireland Social Care Council (NISCC)
- Regulates: The social care workforce (Northern Ireland only)
- Social Care Wales
- Regulates: The social care workforce (Wales only)
- Scottish Social Services Council (SSSC)
- Responsible for registering people who work in social services (Scotland only)







1M1 Outline how the sector is regulated in your chosen country



Regulation and monitoring

Revalidation is the process by which clinicians have to demonstrate to their regulatory bodies (for example, GMC and NMC) that they are up to date and fit to practise. It is a way of regulating the professions and contributing to the ongoing improvement in the quality of care delivered to patients.

Monitor is the financial regulator of foundation trusts. Monitor works to make sure that:

- NHS foundation trusts are well-led and well-run, so they provide quality care;
- Essential NHS services are maintained if a provider gets into difficulty:
- The NHS payment system promotes quality and efficiency;
- Procurement, choice and competition operate in the best interests of patients.

The National Quality Board (NQB) is a multi-stakeholder board

established to champion quality and ensure alignment of quality goals throughout the NHS. It aims to bring together multiple organisations with an interest in improving quality to agree the NHS quality goals, while respecting the independent status of participants.

How does it work? Revalidation is based on local evaluation of the clinician's performance through appraisal. All doctors already participate in an annual appraisal and maintain a portfolio of supporting information. Revalidation for nurses and midwives is expected to start in 2015.

The Trust Development Authority

(TDA) is responsible for ensuring that non-foundation trusts develop the capability to achieve independent foundation trust status. Key functions of TDA include:

- Monitoring performance;
- Assurance of clinical quality;
- Transition into foundation status;
- Appointment of chairs and non-executive members to the trust.

The Care Quality Commission (CQC) is the independent regulator for quality in health and social care in England (including private providers). It registers and inspects hospitals, care homes, GP surgeries, dental practices and other healthcare services. If services are not meeting fundamental standards of quality and safety, CQC has powers to issue warnings, restrict the service, issue a fixed penalty notice, suspend or cancel registration, or prosecute the provider.

The General Medical Council (GMC) is the independent regulator of nearly 260,000 doctors in the UK and was established in the Medical Act 1958. The GMC:

- Sets the standards that are required of doctors practising in the UK:
- Decides which doctors are qualified to work in the UK and oversees their education and training:
- Ensures that doctors continue to meet these standards throughout their careers through a five-yearly cycle of revalidation:
- Can take action when a doctor may be putting the safety of patients at risk.

Healthwatch has been set up as an independent consumer champion for health and social care. Its purpose is to represent the public's view on healthcare by gathering views on health and social care at both local and national levels. Every local authority in England has a Healthwatch. It is hoped that through the Healthwatch network the voices of people who use the NHS will be heard. Healthwatch will gather these views by conducting research in local areas, identifying gaps in services and feeding into local health commissioning plans.

The Nursing and Midwifery Council (NMC) regulates more than 670,000 nurses and midwives in the UK, Key responsibilities include:

- 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 General Dental Council (GDC) regulates all dental professionals including dentists, nurses, technicians and hygienists.

The General Pharmaceutical Council (GPhC) is the independent regulator for more than 70,000 pharmacists, technicians and pharmacy premises in the UK.

The General Optical Council (GOC) regulates around 26,000 optometrists, dispensing opticians, student opticians and optical businesses.

The Health and Care Professions Council (HCPC) regulates a wide range of professions including art therapists, biomedical scientists, chiropodists and podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, social workers in England and speech and language therapists.

Understanding The New NHS

Understanding The New NHS





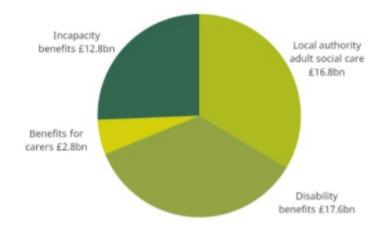






Public spending on health and social care

Public spending on adult social care in England









The Department of Health and Social Care's budget







The Kings Fund >











Current funding

- Funding for health services in England comes from the Department for Health and Social Care's budget.
- Planned spending for the Department of Health and Social Care in England was £212.1 billion in 2020/21, up from £150.4 billion in 2019/20.
- This includes more than £60 billion of extra funding for the Department of Health and Social Care 2020/21 response to the Covid-19 pandemic, which included procuring personal protective equipment for staff, developing the Test and Trace programme, extending use of the independent sector to reduce waits for care, and improving the discharge process for hospital patients.







- Most of the Department's core budget (i.e., excluding Covid-19 spending) is revenue funding for spending on day-to-day items such as staff salaries and medicines.
- The remainder is for capital spending on buildings and equipment. The majority of this budget is transferred to NHS England and NHS Improvement for spending on health services.
- The rest is allocated to other national bodies for spending on other healthrelated functions such as public health, training and development of NHS staff, and regulating the quality of care.













Recent changes to funding

During the period of austerity that followed the 2008 economic crash, the Department of Health and Social Care budget continued to grow but at a slower pace than in previous years.

Budgets rose by 1.4 per cent each year on average (adjusting for inflation) in the 10 years between 2009/10 to 2018/19, compared to the 3.7 per cent average rises since the NHS was established.









NHS five-year funding deal

- In July 2018, the Prime Minister announced a new five-year funding deal that would see NHS funding rise by £33.9 billion in cash terms by 2023/24 compared to 2018/19, a rate of increase that is closer to, but still lower than, the long-term average.
- This long-term funding deal only applies to services within the scope of NHS England's mandate, and excludes important areas of the Department of Health and Social Care budget such as capital investment, public health and the education and training of NHS staff.









Manifesto commitments and Covid-19

- There have been several increases to health spending since the five-year NHS funding deal was announced.
- In the September 2019 Spending Round, the government announced increases to budgets for capital investment, the public health grant and the education and training budgets for the NHS workforce.
- In the March 2020 spring Budget, the government provided further boosts to capital spending and £5.4 billion of revenue funding until the end of this parliament to support its manifesto commitments on more clinical staff, more GP surgery appointments, greater community-based care for people with learning disabilities or autism, and free hospital car parking for some groups.







- Over the course of 2020/21, (through fiscal events including the Spring Budget 2020, A Plan for Jobs, the Spending Review 2020 and March Budget 2021) additional funding has been provided to support the health services response and recovery from Covid-19.
- Because of these changes, the Department of Health and Social Care budget between 2020/21 and 2021/22 will be much larger than originally planned.
- Over £20 billion of extra Covid-19related funding has already been allocated to the Department for 2021/22, and more funding is likely to be needed as the costs of responding to the pandemic – including the procurement and distribution of vaccines – becomes clearer.
- A substantial share of this extra Covid-19 funding is *non-recurrent and will not be maintained in the budgets allocated to the Department after the pandemic ends.











Plenary



Today we have looked at:

- The aims of health and social care provision
- The organisation of health and social care provision within the UK
 - The size of the health and social care sector within the UK
 - How health and social care provision is funded within the UK
 - How the sector is regulated in the UK
 - And health and social care spending for the UK









References



- https://www.hullappp.co.uk/promoting-wellbeing/
- ppp-involving-people-health-care-guidance.pdf (england.nhs.uk)
- Health and Social Care Services: The Essential Guide (2019) -The Care Workers Charity
- actu-uk.pdf (columbia.edu)
- Healthcare expenditure 1997-2019 | Statista
- https://www.ons.gov.uk/peoplepopulationandcommunity/healt handsocialcare/healthcaresystem/articles/howdoesukhealthcar espendingcomparewithothercountries/2019-08-29







References



- https://www.nuffieldtrust.org.uk/news-item/who-organisesand-funds-social-care
- More about us Association of NHS Charities (nhscharitiestogether.co.uk)
- https://ifs.org.uk/research/103
- Health and social care spending 1D1: https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs**budget**







This resource was created by the UK Versity Online.

The resource where specified below, contains other 3rd party materials.

- 1. The name of the UK Versity Online and its logos are unregistered trade marks of the UK Versity.
 - 2. The UK Versity reserves all rights to these items beyond their inclusion in these resources.
 - 3. All reproductions must comply with the terms of that license.