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Certificate of Higher Education Skills for the Workplace (Health & Social
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Monday 23" June 2025, 10 am written feedback:

Upon the successful completion of this module, the student should be able to:

Explain the health and social care system in the UK, its origin, and different challenges faced by the system.

Explain the importance of partnership working, effective communication, and record keeping in health and social care.

Describe the important legislation and policies of health and social care.

Component 1: Official Letter to Local Councillor

Student: Arlette Kanga

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BIRMINGHAM WEST MIDLANDS

United Kingdom

B20 3LR

9 June 2025

Councillor Mariam Khan
Cabinet Member for Health & Social Care
Birmingham City Council
Council House
Victoria Square
Birmingham
B1 1BB

Subject: Urgent Need for Increased Domiciliary Care Provision in Birmingham

Dear Councillor Khan,

I am writing to you as a concerned resident of Handsworth, Birmingham, to highlight a critical and growing issue affecting our community: the severe shortage of accessible and reliable domiciliary care services. This deficit breaches the principles and duties outlined in the Care Act 2014, placing significant strain on vulnerable individuals, their families, and our wider health and social care system. I urge you to prioritise this issue and allocate resources to expand domiciliary care provision within Birmingham.

Section 1 of the Care Act 2014 establishes a fundamental duty for local authorities to promote individual wellbeing. This includes aspects vital to independence and dignity, such as personal dignity, physical and mental health, control over daily life, and the maintenance of domestic and family relationships. Domiciliary care is explicitly recognised under the Act (Section 8) as a core service that enables individuals with care needs to achieve these wellbeing outcomes by remaining safely in their own homes, an environment they prefer.

Currently, Birmingham faces a considerable deficit in domiciliary care. Reports from charities such as Age UK Birmingham and direct accounts from residents indicate extensive waiting lists for assessments and care packages, as outlined in the Birmingham JSNA (Birmingham City Council, 2023). Families are struggling to secure providers willing to take on new clients or ensure consistent cover, resulting in fragmented care, missed visits, and heavy reliance on family members who are often nearing breaking point. Older people and those with physical disabilities or chronic conditions are particularly affected.

Failure to provide adequate domiciliary care has several serious consequences, undermining the Care Act's wellbeing principle:

1. **Increased Risk and Hospitalisation:** Individuals unable to manage daily tasks (e.g., washing, dressing, medication) face preventable accidents, health deterioration, and hospital admissions (Care Act, Section 4), along with delayed discharges when patients are medically fit but lack support at home (Spilsbury et al., 2011).
2. **Loss of Dignity and Independence:** Many are forced prematurely into residential care against their wishes, resulting in distress and loss of autonomy, which contradicts the Act's focus on individual choice and control (Needham, 2014).
3. **Carer Breakdown:** Informal carers, who the Act mandates support for (Section 20), experience unmanageable pressure without formal care in place, jeopardising their health and capacity to continue providing care (Brimblecombe et al., 2018).
4. **Increased Long-Term Costs:** Avoidable admissions and early moves to care homes incur far greater public costs than supporting individuals at home (Fernandez & Snell, 2012).

This situation represents a failure to meet the "eligible needs" of residents as defined under the Care Act 2014 (Sections 13, 18). The Act obliges Birmingham City Council to assess needs (Section 9) and meet those that meet national eligibility criteria. However, the shortage in service capacity indicates that eligible needs are going unmet, not due to lack of eligibility, but lack of provision.

As Cabinet Member, I urge you to:

- Review commissioning strategies to ensure sustainable provider funding and fair care worker pay.
- Invest in recruitment and retention for the care workforce through better training, career paths, and working conditions.
- Explore innovative solutions such as micro-enterprises and technology-enabled care.
- Strengthen collaboration with the NHS (e.g., University Hospitals Birmingham NHS Foundation Trust) on discharge planning and prevention.

Providing adequate domiciliary care is a legal obligation under the Care Act 2014 and a moral imperative to protect Birmingham's most vulnerable. Failure to act will intensify the crisis, increase suffering, and overburden NHS services.

Please provide a written response outlining the Council's immediate and long-term plans. Thank you for your attention to this urgent matter.

Yours sincerely,



Arlette Kanga,
Concerned Resident of Salford

References:

1. Brimblecombe, N., Fernandez, J.L., Knapp, M., Rehill, A. and Wittenberg, R., 2018. Unpaid care in England: future patterns and potential support strategies.
2. Fernández, J.L. and Snell, T., 2012. Survey of fair access to care services:(FACS) assessment criteria among local authorities in England.
3. Needham, C., 2011. *Personalising public services: Understanding the personalisation narrative*. Policy Press.
4. Spilsbury, K., Hewitt, C., Stirk, L. and Bowman, C., 2011. The relationship between nurse staffing and quality of care in nursing homes: a systematic review. *International journal of nursing studies*, 48(6), pp.732-750.

Online Research references:

5. Reeves, C., Islam, A. and Gentry, T., 2023. *The state of health and care of older people in England 2023 – abridged version*. [pdf] London: Age UK. Available at: <https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age-uk-briefing-state-of-health-and-care-july-2023-abridged-version.pdf> [Accessed 08 June 2025].
6. Birmingham City Council. (2023). *Joint Strategic Needs Assessment (JSNA): Overview of Health and Wellbeing in Birmingham*. Birmingham: Birmingham City Council. Available from: https://www.birmingham.gov.uk/info/50247/about_birmingham/2215/joint_strategic_needs_assessment_jsna [Accessed 08 June 2025].
7. The Stationery Office. (2014). Care Act 2014. London: The Stationery Office. Available from: [Care Act 2014](#) [Accessed 08 June 2025]

Component 2: Challenges Facing District Nursing Services in the NHS

District nursing represents a cornerstone of the National Health Service (NHS), providing essential nursing care to patients in their own homes. This essay explores the history of district nursing and analyses two critical challenges it has faced over the past decade: severe workforce shortages and escalating pressure from an ageing population with complex comorbidities. It concludes by proposing potential solutions to these persistent issues.

History of District Nursing

The origins of district nursing in the UK predate the NHS, rooted in the philanthropic work of William Rathbone and Florence Nightingale in Liverpool during the mid-19th century. Rathbone, distressed by the inadequate care his wife received at home, funded the first trained district nurse in 1859. This model rapidly expanded, leading to the formation of the Queen's Nursing Institute (QNI) in 1887, which standardised training and oversight (Queen's Nursing Institute, n.d). Despite their adaptability in the modern era, district nurses are facing compounding and significant challenges, particularly concerning workforce supply and the complexity of demand.

Challenge 1: Critical Workforce Shortages

One of the biggest and ongoing problems in district nursing is the shortage of qualified staff. This issue has developed over time due to several reasons.

First, many experienced district nurses are now retiring, and there aren't enough younger nurses being trained to take their place (Buchan et al., 2019). Many student nurses choose hospital jobs instead, as they seem to offer more structure, learning opportunities, and peer support (Maybin et al., 2016).

Second, keeping staff is a challenge. Current district nurses are often overloaded with too many patients, more complex needs, long travel times, poor scheduling, and not enough support from management. These pressures are causing high levels of burnout (Charan et al., 2022). Some nurses leave their jobs or the profession altogether, making staff shortages worse.

Third, wider workforce issues in the NHS have made things harder. Removing the nursing bursary in 2015 led to fewer people training as nurses, especially in areas like community nursing that are less well known (Hill, 2023). On top of that, Brexit caused a drop in EU-trained nurses working in the UK, making it even harder to fill roles in the NHS, especially in community care (Health Foundation, 2023).

Reports from the QNI and NHS England show that job vacancies in community nursing are higher than in hospitals. This affects both care quality and staff morale. Although the NHS Long Term Plan (2019) recognised the need for more community nurses, progress has been slow due to funding and bureaucracy.

Finally, there hasn't been enough investment in training. Specialist Practitioner Qualification (SPQ) places are limited, which holds back leadership development. Without more training and support roles like Nursing Associates or Advanced Clinical Practitioners, district nursing services will remain under pressure (NHS England, 2019a).

Challenge 2: Rising Demand and Complexity

Even as district nurse numbers have dropped, the demand for their services has increased. This rise is mostly due to an ageing population and changes in health policy.

The number of people over 85 in the UK is expected to double in the next 20 years (Office for National Statistics, 2023). Older people often have more than one health condition, are frail, or need end-of-life care, areas that district nurses are heavily involved in. These conditions take time and require skilled care at home.

Health policies have also shifted focus to community care, trying to avoid hospital admissions and allow people to leave hospital earlier. Plans like the NHS Five Year Forward View (2014) and the NHS Long Term Plan (2019) depend on district nurses to care for patients at home who are now being discharged "quicker and sicker" (Goodman et al., 2016). These patients may need complex care such as IV treatments, catheters, advanced wound care, and palliative support treatments once given mainly in hospitals.

Unfortunately, the rise in patient needs has not been matched by increases in staff or changes in skill mix. Fewer nurses are now responsible for more complex patients. This puts quality and safety at risk and increases emotional stress and clinical pressure on staff (Charan et al., 2022).

Another problem is that care is often poorly coordinated. District nurses, GPs, social workers, and hospital teams don't always work well together. This leads to repeated assessments, delays, and care that reacts to problems rather than prevents them. Integrated Care Systems (ICSs) were created to fix this, but progress has been patchy across the UK (NHS England, 2019b).

If this rising demand and complexity aren't managed well, district nursing could be stretched too far to cope.

Recommendations and Conclusion

To address workforce shortages, NHS England should expand funded SPQ training places and develop structured recruitment campaigns to attract newly qualified nurses into community settings. These campaigns must emphasise the autonomy, impact, and career development opportunities available in district nursing. Improving retention will also require investment in supportive supervision, flexible scheduling, and safe caseload limits. Introducing blended teams with Nursing Associates and Advanced Clinical Practitioners can ease pressure and optimise workforce skill mix.

To manage growing demand, a shift toward proactive, integrated care is vital. ICSs must ensure close collaboration between district nursing, GPs, and social services to reduce duplication and enable preventative care planning. Investment in digital technologies such as electronic care plans and remote monitoring can support efficient care delivery and prioritisation of high-risk patients. Promoting self-management for stable conditions through education and tech-based tools will also reduce avoidable interventions.

In conclusion, district nursing is at a critical juncture. Without urgent and multi-dimensional action, its ability to serve vulnerable patients in the community will be compromised. Strengthening this service is not only essential for patient safety and dignity but also key to realising the NHS vision for personalised, integrated care closer to home.

References:

1. Buchan, J., Charlesworth, A., Gershlick, B. and Seccombe, I., 2019. A critical moment: NHS staffing trends, retention and attrition. *London: Health Foundation*.
2. **Hill, B., 2023.** *NHS workforce strategy: navigating challenges and charting the future*. *British Journal of Nursing*, 32(18), p.910. Available at: <https://www.britishjournalofnursing.com/content/comment/nhs-workforce-strategy-navigating-challenges-and-charting-the-future> [Accessed 07 June 2025].
3. Goodman, C., Dening, T., Gordon, A.L., Davies, S.L., Meyer, J., Martin, F.C., Gladman, J.R., Bowman, C., Victor, C., Handley, M. and Gage, H., 2016. Effective health care for older people living and dying in care homes: a realist review. *BMC health services research*, 16, pp.1-14.
4. **NHS England, 2023.** *NHS Long Term Workforce Plan*. [online] NHS England. Available at: <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/> [Accessed 09 June 2025].
5. Maybin, J., Charles, A. and Honeyman, M., 2016. Understanding quality in district nursing services. *London: Kings Fund*.
6. NHS England, 2014. *Five Year Forward View*. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
7. **NHS England, 2019b.** *NHS Long Term Plan Implementation Framework*. [online] London: NHS England. Available at: <https://www.longtermplan.nhs.uk/implementation-framework/> [Accessed 07 June 2025].
8. **Office for National Statistics (ONS), 2021.** *Overview of the UK population: January 2021*. Newport: ONS. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/january2021> [Accessed 08 June 2025].
9. **Queen's Institute for Community Nursing (QICN), n.d.** *History of the Queen's Nurse title*. Available at: <https://qicn.org.uk/nursing-in-the-community/queens-nurses/history-of-queens-nurse-title/> [Accessed 08 June 2025].
10. Charan, G.S., Kalia, R., Dular, S.K., Kumar, R. and Kaur, K., 2025. Challenges faced by doctors and nurses in the emergency department: An integrated review. *Journal of Education and Health Promotion*, 14(1), p.2.
11. Glasby, J., 2003. *Hospital discharge: integrating health and social care*. Radcliffe Publishing.
12. Lorne, C., Allen, P., Checkland, K., Osipovic, D., Sanderson, M., Hammond, J. and Peckham, S., 2019. Integrated care systems: What can current reforms learn from past research on regional co-ordination of health and care in England? A literature review.

