



PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

BMHP 5002

LECTURER: DIYA GANGULY

STUDENT'S NAME: GEORGE ONYEKA

STUDENT'S NUMBER: 1919241

TERM 1

GROUP 2

INTRODUCTION

With improved health care services, people in England are now living longer and the result has been a steep rise in the pressure being put on the National Health Service (NHS). It now must put in place strategies and programs to take care and support older people in terms of manpower and logistics. They must therefore be ready to meet the changing patients' needs. The NHS is working in collaboration with partners to help the elderly to age gracefully. The aim of the NHS is to provide support for the elderly to enable them to remain as healthy as possible and at the same time keep giving the elderly best quality care when needed (NHS England, n.d.)

In furtherance of the above, the NHS has come up with some policies with partners across health and social care, such as, healthy ageing and healthy caring guides, safe and well visits carried out by the fire and rescue service, they also have the Toolkit for General practice in supporting older people living with frailty. It has further promoted the personalised care planning which looks at the peculiar preferences and support options about major aspects of care towards end of life for people who are very frail.

From the above description of the NHS, I believe it has the right personnel and equipment to handle and provide support for Mr and Mrs T who are both over 85 years of age, while Mr T has progressive dementia and other chronic conditions, Mrs T on her path had a fall recently and had a hip operation and subsequently had mobility issues as she came back home with a mobility frame.

ANALYSIS

Personalised care and support planning: The NHS has got in place what it termed as, personalised care and support planning. The aim is to create a relationship with its patients and community which will give room for them to have a big control of their care when they have need of health services. It is envisaged that with the involvement of patients, carers and community, provision of person-centred care will be more effective and sustainable for elderly people with long-term conditions (NHS, 2019) This type of plan will benefit Mr and Mrs T a great deal. The aim of this NHS personalised care is to give total and holistic care to the elderly and as part of a plan for the long term, the six main components of this personalised care are,

1. Personalised Support and Care Planning (PSCP): This refers to the various planned conversations organised with the person or those who are close to him, they are made to take part in looking at ways managing their life and situation of his family. This will be of immense benefit for Mr and Mrs T because Mrs T is quite articulate and can still communicate as to what they feel is suitable for them.
2. Shared Decision Making (SDM): This is applied to make sure that the person is assisted to make decisions that are deemed appropriate for them. Through this process the carer teams up with the patient to arrive at a decision on their treatment. This approach will suit the situation of this elderly couple.
3. Enabling choice, including legal rights to choose: This allows the patient the choice to select a provider that meets his or her needs. The aim is to make every step clear to the patient so that he will be part of decision-making process about his health.
4. Social prescribing and community-based support: This happens when the carer or other health care professionals refer service users to some non-clinical services.

5. Supported self-management: This applies to the ways in which care givers encourage and help and position people to manage their present physical and mental condition (NHS England, n.d.)
6. Personal Health Budget and integrated personal budgets. This is done after an assessment is done and the eligible person now gets to know towards the point of discharge from the hospital.

The above points mentioned are key components of personalised care and support care and support planning, which would be of immense benefit to this elderly couple.

Though the NHS has all these laudable principles and policies that could help sort out the problems facing Mr and Mrs T, there are still some problem areas in the operation of the NHS that can hamper the services they can render to them. While they are taking care of the physical need of the couple, they are paying less attention to their emotional needs, such as loneliness. The bureaucracy in the NHS creates so much slows down the speed of services thereby leading to incidents of time wasting. The readaptation of the house of Mr and Mrs T has not been done yet, whereas this should have been done before Mrs T left the hospital.

EVALUATION

Mr T has been diagnosed as having progressive dementia. Dementia can not be looked at as one disease but rather, can be described as not being able to remember, think, or make decisions that enables one to carry out day to day activities. Dementia affects adults mainly, but it is not seen as a part of aging. Mr T has progressive dementia with other chronic conditions, this implies that his dementia will deteriorate over time. Dementia as an ailment is progressive in nature. How fast a person's dementia progresses always depends on the person and how fast the structure and chemistry of the persons becomes increasingly damaged over time (CDC, 2019)

Mr T's illness coupled with Mrs T's fall and subsequent hospitalisation and hip operation meant that she is going to have problems with mobility. It is on this premise that they both will need a reassessment to ascertain the kind of assistance they will require from the NHS. What will fit their situation will be a person-centred care which will imply that they will be fully involved in helping to do the assessment of their needs and helping in planning their care. This is exactly what Mrs T is willing to do because she is not disposed to getting total care without her making an input. Much as Mrs T knew they needed help for them to carry on living independently, she wanted to gather information on how to better their lives with such things as in personal care, mobility, and domestic chores, she would also want herself and husband to be involved in social events just to help them live independently as much as possible.

The plight of Mr and Mrs T surely presents a case of adults that are vulnerable and therefore there will be need to apply adult safeguarding as enshrined in the Care Act 2014. It points out clearly how adults at risk are to be protected from abuse by a multi-agency team led by the local council. The complete wellbeing of Mr and Mrs T and will aim to abide as much as possible with the wishes and demands of the couple with the application of their safeguarding needs. In doing this, the six principles of safeguarding will be the key focus of care for Mr and Mrs T. These principles are empowerment, prevention, proportionality, protection, prevention, and accountability. These six principles will be very important in the

care of Mr and Mrs T because they are expecting to be getting support for them to be able to live as normal life as possible in their environment rather than being taken to a care home.

The principles of support in the NHS that applies to its elderly patients are what would be applied to Mr and Mrs T. Safeguarding looks at how to protect a citizen's health, wellbeing, and human rights; and helping them to stay away from harm, abuse, and neglect. This is part of the policies put in place by the NHS in order to provide high-quality health care. Safeguarding is a collective responsibility of every stakeholder. Since Mr and Mrs T both suffer from physical sensory and mental retardation, they really need safeguarding around them always and this is what the NHS staff will provide

The plan of the NHS is to render great support to Mr and Mrs T by rendering protection to them and making sure that their safety is assured from all perspectives. Focusing on the needs of Mr and Mrs T and ensuring that their preferences, needs, and values determine the clinical decisions that respects their needs is termed person-centred care.

CARE AND SUPPORT OPTIONS IN THE NHS

There are some options of care and support available in the NHS that Mr and Mrs T. can benefit from, but this would be after the local council must have assessed their needs and if they are eligible (Care Act, 2014). The options available in the NHS include the following;

- 1) Help at home from a paid carer: they could be entitled to free care and support in their residence for up to six weeks after a stay in hospital especially after Mrs T's surgery this could be applicable to Mrs T after her surgery.
- 2) Meals on wheels: this is a scheme that takes meals to indigent people who are unable to provide food for themselves. Mr and Mrs T could benefit from this scheme if it is proven that they cannot provide such.
- 3) Having the home adapted: This type of support and help is rendered free of charge by the NHS, the person's financial situation notwithstanding. As a result of Mrs T's surgery, the house will have need for adjustment to ease her movement with her mobility frame.
- 4) Equipment and household gadgets: One may be qualified for some free equipment in their homes, so far as this equipment cost less than one thousand pounds.
- 5) Personal alarms and home security systems, to enable one to call out for help if one has a fall especially for Mrs T who has mobility issue as well as Mr T who has a case of progressive dementia
- 6) Different types of housing including sheltered housing and care homes. In future Mr and Mrs T could benefit from any of the option of care homes soon.

PRINCIPLES OF SUPPORT

There are some key principles of support in the health care sector including under the NHS, these supports will also apply in the case of Mr and Mrs T. They are, dignity and respect, compassion, responsive care, and support and well being (Government, 2017)

Dignity and Respect: The NHS carers always endeavour to respect the human rights of service users by treating them with dignity, fairness and without discrimination. This is exactly what will be extended to Mr and Mrs T.

Compassion: The NHS also makes sure that its carers give warm, compassionate, and tender care to its service users, they are very sensitive and try to understand their needs and wishes. As Mr and Mrs T have shown and expressed their desire to get care and support at home to enable them to live independently, the NHS will as much as possible strive to abide by their wish.

Responsive care and support: The carers under the NHS always endeavour to assess and review the needs of their service users with the aim of giving them the right support and care and on time. They are also expected to be responsive to complaints, that is why Mrs T was provided with a mobility frame on her return from her surgery.

Wellbeing: Proper support is given to service users to make informed choices and encouraged and helped to be independent as much as possible. The service users are also given protection from abuse and neglect. Support is given to service users to pursue their lifestyle preferences and aspirations. This explains why Mr and Mrs T were taken care of and they were allowed access to as much information as possible.

Inclusiveness: Information is given to the service user about every action in a way that he or she understands. They are supported to make informed decisions on matters concerning them. This is all in furtherance of person-centred care.

These principles mentioned above will surely suit Mr and Mrs T's situation.

CRITIQUE

From the above, one can say that the NHS is quite ideal and to handle the case of Mr and Mrs T with all the principles of support, manpower and infrastructure available to it. But so far there has not been much done for both Mr and Mrs T. Mrs T has just been discharged from the hospital following a hip surgery and was given a frame mobility for assistance. The follow up care was not mentioned, and the involvement of the multi-disciplinary team was not highlighted upon, this could have been a huge omission on the part of the NHS.

In terms of the capability of the NHS in providing adequate care for Mr and Mrs T, it can be strongly said that they are an ideal department to take care of the needs of the couple. The NHS has put in place the process of rehabilitation of their patients after discharge in furtherance of their showing compassion and care as enshrined in the six Cs principle.

Though the NHS has had great impact in providing services to patients but in recent years they have been faced with mounting issue of backlog of patients on the waiting list. This has been affecting their performances and Mr and Mrs T will be hoping for a quick intervention to their case as per all the assistance they will need soon from the visits of the occupational therapist, physiotherapist, and other professionals.

RECOMMENDATION

From all that I have stated above I will recommend the NHS as the right institution capable of taking care of Mr and Mrs T's physical, mental, social, and medical needs.

References

Andrews, J., 2020. *Dementia: The One-Stop Guide: Practical advice for families, professionals and people living with dementia and Alzheimer's disease: Updated Edition*.

CDC, 2019. *What Is Dementia?* | CDC. [online] Cdc.gov. Available at: <<https://www.cdc.gov/aging/dementia/index.html#:~:text=Dementia%20is%20not%20a%20specific,a%20part%20of%20normal%20aging.>> [Accessed 12 August 2021].

Derbyandderbyshireccg.nhs.uk. 2021. *Personalisation and the NHS Long Term Plan*. [online] Available at: <<https://www.derbyandderbyshireccg.nhs.uk/your-health-services/information-for-patients/personalisation-and-the-nhs-long-term-plan/>> [Accessed 12 August 2021].

Equality Act 2010.

Government, S., 2017. *Health and Social Care Standards: my support, my life*. [online] Gov.scot. Available at: <<https://www.gov.scot/publications/health-social-care-standards-support-life/>> [Accessed 12 August 2021].

Mental capacity Act 2005.

NHS, 2017. *New framework to promote person-centred approaches in healthcare*. [online] Health Education England. Available at: <<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>> [Accessed 14 August 2021].

NHS, 2019. *Personalisation and the NHS Long Term Plan*. [online] Derbyandderbyshireccg.nhs.uk. Available at: <<https://www.derbyandderbyshireccg.nhs.uk/your-health-services/information-for-patients/personalisation-and-the-nhs-long-term-plan/>> [Accessed 12 August 2021].

NHS England, n.d. *NHS England » Improving care for older people*. [online] England.nhs.uk. Available at: <<https://www.england.nhs.uk/ourwork/clinical-policy/older-people/improving-care-for-older-people/>> [Accessed 13 August 2021].

NHS England, n.d. *NHS England » Supported self-management*. [online] England.nhs.uk. Available at: <<https://www.england.nhs.uk/personalisedcare/supported-self-management/>> [Accessed 13 August 2021].

The Care Act 2014.