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COURSE TITLE: PROBLEM SOLVING AND DECISION MAKING

•Choose **one current issue/problem**, propose solutions to the problem and discuss how you will monitor and review your solutions to ensure its successful implementation.

Introduction

A problem is viewed as a challenging issue, situation or person that poses many difficulties to deal with. A problem in most situations is complicated and confusing (Seel, 2012).

There are so many problems confronting the health and social care system in the UK and this has become more pronounced with its departure from the European Union (EU) due to the political and economic uncertainty that surrounded this development in all spheres of life. The effect of the UK's departure from the European Union (EU) on the health and social care system cannot be overemphasized. Among these numerous problems is the idea of race in both the NHS and in adult social care. (The effects of leaving the European Union on the UK's health and social care sector, 2019)

Staffing: Employment by the NHS in England stalled in the last ten years which has led to a shortfall of over 100,000 staff presently in England. This is also replicated in the other three home countries. This is also replicated in the other three home countries. The UK has in recent years failed to embark on a policy of training and retaining staff in the health and social care sector thereby being reliant on international recruitment.

As a result of the above, the NHS is finding it difficult to employ and keep hold of its permanent staff, this has led to the UK government coming up with several incentives to lure citizens into applying for admissions into universities to read health related causes and to attract health workers from all over the world (Financial support at university, 2021)

Accessing treatment: With the UK's departure from the European Union, it is believed that many UK pensioners living in the European Union are due to return home. This is sure to increase the strain on the health and social care system. This issue is more visible when viewed from the long waiting times in A&E which is up to four hours, and up to 18 weeks for very essential but non-urgent hospital treatment in the past 11 years (Gaughan et al 2019)

Problem-solving: This is the step taken to ascertain a problem, by finding how it came about, and looking for ways of resolving it. (Stottler, 2021) In other words, it is the linking of the space between the way things are and how they should be.

In this report, I will be looking at a problem in the health and social care environment and will be coming out with solutions to the problem so chosen. In the health and social care industry the world over there are so many problems besetting it. These problems range from, Mismanagement, Lack of proper communication, staff inadequacy/ incompetence, lack of funding, mismanagement, corruption/embezzlement, lack of PPE, testing equipment, shortage of staff, lack of equipment, gender inequality, pay gap, discrimination at the

workplace etc. The problem I have chosen for this essay is the issue of paucity of funds as a problem in the health and social care industry. Where this happens, it affects all stakeholders in the sector. The stakeholders are, all the people and organisations who have an interest in the industry, these will include the public, policymakers and government, service providers, civil society organisations, researchers, suppliers etc.

Overview of problems in health and social care

The health and social care institution have been beset with myriads of problems among such problems are reduction in funding for social care thereby leading to fewer people receiving social care, as the local authorities cut their funding for social care has subsequently led to increased pressure on A&E all over the UK. There is also the problem of staffing in the industry this could also be linked to the issue of funding which reflects in the low minimum wage that is currently being paid in the sector. The ageing population is also a big challenge to the health and social care sector, also associated with the ageing population is, the case of a growing population that is also exacerbating the already overstretched system. There have been some closures of some departments because of the quest to centralise operations, this has created more pressure on the system and created a problem of long waiting time and an overflowing A&E department. (The health foundation, 2021). Advancement in technology in recent times has led to modern equipment and progress in healthcare delivery thereby increasing the cost of providing such. It is estimated that it costs the NHS close to £10bn a year presently in meeting up with the advancement in medical technology.

In the UK, there are people who cannot get access to healthcare because they are not able to register with a GP and as a result, their chances of accessing health care are limited. Most of these people are migrants who are not residing in the country legally. For such people, the barrier to proper healthcare delivery is more of administrative and legal barriers. (Access to healthcare in the UK, 2015)

Staff shortages and heavy workload: Poor funding has also led to a staff shortage of about 100,000 in the NHS and it is projected that the number could jump to about 250,000 by 2030. It will also lead to an increased pressure on the NHS, with shortages in staff leading to many people being on the waiting list and a falling standard of care being rendered in the service. (The health care workforce in England, 2018)

Analysis

In analysing this problem, I will be using the PESTLE analysis to look at the problem of funding in the health and social care sector. PESTLE is a strategic tool used for looking at how the political, economic. Social, technological, environmental, and legal factors would have an impact on an organisation. It looks at the impact of these factors from the external perspective (Tool, 2021)

Political: The government's budget and allocation towards the sector plays a great role, this reflects clearly with the reduced funding towards the sector, even the special intervention fund is not enough to handle the situation and so many problems have surfaced, amongst

these are, shortage of staff, reduced training of staff, difficulty in replacing obsolete equipment etc.

Economic: Inflation in the country has increased the cost of purchasing medical equipment, and in the take home pay of health care workers has been so much diminished in value. This in the long run will affect the services being provided to service users in the health and social care sector. Staff moral is at its lowest level especially during the period of the COVID-19 pandemic.

Social: Cultural differences, norms, population change etc are all factors with social inclination. The ageing population and the young population all play a role in this social factor. The health and social mobility of these two age groups, their lifestyle choices and attitudes affect the health and social care sector.

Technological: This factor deals with the new developments in the technological innovations that have a direct impact on the sector. With technology, new equipment is produced to advance the quality of services rendered to the people and when these equipment become obsolete, they are phased out and replaced but the cost could hamper this. Research funding and development in this area is also affected.

Legal: This factor takes into cognisance the legal features of the operations in the health and social care sector. The legal factors are the laws that guide the operations of both the health care providers and the institutions. Such laws include the Health and Social Care Act of 2012, The Care Act 2014, Equality Act 2010, Mental Capacity Act 2005 etc.

Environmental: these factors are those determined by the immediate environment, such as the COVID-19 pandemic, the weather, and climate change. There are organisational factors too and staff morale and attitude.

ADVANTAGES OF THE PESTLE ANALYSIS

- It is simple and makes for easy understanding.
- It helps in making the work environment clearer.
- It helps the organisation to look ahead and be able to avoid problems ahead.
- It helps organisations to foresee emergent opportunities and allows them to make the best of such.

DISADVANTAGES

- It requires one being on the lookout for updates frequently, to be current.
- It is too data dependent and therefore extremely time consuming and expensive.
- Much of the data used are based on assumptions.
- With the fast-paced nature of changes in the health and social care sector, it is therefore becoming difficult to anticipate developments.

ANALYSIS: Decision making is the pattern of making choices by looking at a decision, putting information together and seeking other answers. and looking out for other ways of finding a solution. Getting this solution requires a step-by-step process of making decision. Going by the seven-step approach creates room for you to pick the best alternative possible (Dartmouth, 2021).

The steps are:

Step One: Identify the decision. This first step is very important as it states out the shape of the decision one is about to take,

Step Two: At this stage, it is important to gather some vital information needed, these include the following: information needed, how best to source such information, and the best way to get it. This need both internal and external work to get the needed information. Among the internal information is a self-assessment process which means doing an appraisal or probing yourself to know where you are and finding the way forward. The external step includes information sourced from online, other people, books, and other sources.

Step Three: It is advisable to look out for alternatives: While gathering information, the likelihood of alternative options coming up could be there. Other likely options could be attained with more information. It is expected that all desirable and possible alternatives are listed.

Step Four: Weigh the evidence. Sieve through the information and conceptualise what they will look like if those alternatives are executed to the end. Carry out an evaluation to know if the alternative will resolve the need identified in step one. If done properly, one will see some of the alternatives that will closely help in resolving the need in step one. Then place the alternatives in order of priority according to how you value them.

Step Five: Select among the alternatives. After reviewing all the evidence, one now chooses the alternative that is closest to serving your purpose. One also has the choice of picking a blend of different alternatives. The result may be a semblance of the list derived at the end of step four.

Step Six: Take action. At this stage, one begins to implement the chosen alternative from step five. Follow the plan you chose in step five and try actualising it.

Step Seven: A review of the decision and its consequences. At this point, it is appropriate to do a comparison to find out if the outcome of your decision has sorted the need noticed in Step 1. Where it has not resolved the need in step 1, it may be necessary for you to repeat some steps of the process to arrive at a new decision.



(Dartmouth, 2021)

Relevant Legislation: While analysing the decision-making process to be applied in the healthcare sector, it is imperative to look at some of the legislations linked to the sector and how they impact the sector. These include the following: a) health and social care Act 2008 and 2012, b) Care Act 2014, C) Equality Act 2010, d) Mental capacity Act. e) Duty of Candour and f) Putting people first, 2007.

Health and Social Care Act 2012: This act, in summary, asserts that every Clinical Commissioning Group (CCG) should among other things carry out the following functions. a) They should make sure inequality is minimised among patients with regards to their having access to health services. b) Reduction in inequalities with regards to the result achieved for patients. C) Encourage the participation of carers and patients when decisions are being taken on health services being provided for them. d) Give patients the privilege of making choices over the aspects of health services being provided for them (The NHS after the health and social care Act, 2021)

The Care Act 2014: This act was enacted with the aim of protecting adults from abuse and help in giving them a better quality of life, The Act's main principles are geared towards the fact that every person in care has needs and wants. So, the act puts clear the importance of including the service users in making decisions on their safeguarding. It came up with six principles in this direction (Care Act 2014, 2021).

These are:

1. Empowerment: This is aimed at encouraging vulnerable adults through support to be able to make decisions and able to make decisions about the service they are getting.
2. Protection: This is done by giving the service users aware of when they are being abused and when to seek help.
3. Prevention: The caregiver must be proactive in nipping safeguarding consins in the bud before it manifests.
4. Proportionality: The carer is expected to discreetly use preventive measures in responding to safeguarding issues. This could be by taking small but significant steps to handle an issue.
5. Partnership: Carers are expected to partner with other people in their neighbourhood in preventing abuses by reporting such when noticed.
6. Accountability: Care support givers should take responsibility for all the safeguarding issues or needs of the vulnerable person. Such a vulnerable person and his or her relation must be updated on decisions being taken.

Equality Act 2010 (Equality Act 2010 - discrimination and your rights, 2021): This act protects individuals from discrimination because of the following:

- Age
- Disability
- Marriage or civil partnership
- Gender reassignment
- Religion or belief
- Race
- Sex
- Pregnancy
- Sexual orientation

The Equality Act is made up of the above nine protected characteristics. Any discrimination that occurs because of any of the above characteristics is deemed to be an unlawful act.

Mental Capacity Act 2005 (Mental Capacity Act: making decisions, 2021): This act has five principles, they are:

- Presumption of capacity
- Support to make decisions.
- Best interest
- Ability to make unwise decisions.
- Least restrictive

The Act is operational in England and Wales and covers people who are unable to make decisions for themselves. Its Code of Practice is for people working with or caring for adults who cannot make decisions for themselves.

Putting people first 2007: This looks at adult social care and support, it marshalled out plans for implementing personalisation at the grassroots. It stipulates that organisations should put people first in the future with the formal introduction of the idea of a personalised adult social care system where people have optimum choice and control over the services they receive.

Duty of candour: This implies that healthcare professionals are obliged to tell the service users or their family members when something goes wrong, they also, should apologise to the patient or where applicable, their relations. The healthcare professionals, in a nutshell, do the following:

- Let the patient or relatives know when something goes wrong.
- Apologise to patient or relatives where appropriate.
- Give the right solution or support in correcting matters.
- Explain to patient or family members immediate and future effects of what happened.

All the above mentioned could be scuttled if the care workers are made to work in very difficult situations because of reduced funding, they could claim not being culpable because tools to work with were not provided.

Impact of lack of funding on stakeholders

The effects of the reduction in funding in the health and social care system are not peculiar to the NHS. Its impact spreads to service users and their families. Reduced funding affects the quality of care being rendered to service users in the sector. With the reduction in funding and the attendant increment in cost of rendering service, people have therefore begun to seek alternative care.

Staff shortages: Staff shortages in the healthcare sector especially in the NHS has been perennial and this cuts across all disciplines. ((The health care workforce in England, 2018) As a result of lack of funding fewer doctors, nurses, midwives, GP's, mental health nurses, radiologists and carers are being employed and this heaps more pressure on the ones currently employed. Many of the current staff of the NHS are even leaving the service.

Effect on the diversity of the workforce: Lack of funding makes it difficult for the healthcare sector to attract foreign health workers thereby making it difficult to have the right mix of staff to cope with the multi-ethnic nature of the UK and this makes the ethnic minorities at times feel insecure accessing the health institutions.

Deflection: This happens when the NHS or one of its providers turns down treating a patient or pays for the patient's care but would rather divert (Deflect) them to another branch of the system. For example, a GP directing a patient to a hospital or the local authority to the NHS

Delay: As a result of low funding, people now wait longer for diagnosis and treatment because of the low number of staff members or not having enough equipment needed to treat everyone as quickly as possible. This is so much visible in the accident and emergency (A&E) departments and it has gotten worse in recent years. The waiting time for GP referral for specialist treatment is another area where delays can be clearly seen.

Denial: Low or lack of funding affects the patients when they are denied treatment because the health commissioner in their locality does not fund it, or the provider deems it not appropriate. They arrive at this decision looking at the clinical and cost-effectiveness of the case.

Deterrence: In this situation, the NHS creates some obstacles to stop patients from booking appointments with local services. This is mostly done by not disclosing information to patients as to how to book such appointments.

Less quality care: Reduced funding and its effects are not limited to the NHS alone; it also has a very pronounced effect on users of social care facilities and their families. Getting less quality care affects the quality of lives of would-be residents.

More stress on carers: Cutting public funding heaps more pressure on the informal carers who take care of most of the older population in England as they experience more mental, physical, and financial burdens.

Other sources of funding for the healthcare sector:

a) Private health insurance (PHI) This is a situation where individuals arrange for health insurance policies for themselves. They pay a certain amount of money monthly and they use the money saved to access health care services.

b) Social health insurance (SHi) In this scheme employers and employees make contributions to a fund which they access once a staff member who is a contributor requires medical attention.

C) Placing a general taxation to help raise more funds for the sector.

d) health care co-operative can be formed to help purchasing services for its members. This type of co-operative can be found in the US.

Appropriate monitoring and evaluating techniques:

In monitoring the available tools, one can use any of the following, a) GANTT Charts; This is for planning and reviewing activities.

b) SMART, the SMART technique a sure way to get a proper and objective approach.

How solutions can be implemented and communicated: a) Staff meetings, this involves the management and the entire staff of the care home to pass on information. b) Regular one on one meetings, this is done with the aim of making a good impact with every staff in situations where some of the care home staff are against change. c) Employees should get to know their managers. d) Making use of the internet through chat apps, such as WHATSAPP etc. e) Request for feedback from staff.

Conclusion: I have tried in this report to look at the problem of lack of funding and its effects on the health and social care sector. This was done with the use of the PESTLE analysis to see how lack of adequate funding has impacted the health and social care industry and its stakeholders. I also looked at the other possible means of raising funds for the running of the health sector effectively.

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