

**MODULE NAME: INTRODUCTION TO HEALTH AND
SOCIAL CARE**

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Component 1

Scenario: Residential care home

To: Councillor Jane Smith, Cabinet Member for Adult Social Care, Swansea Council

Date: 19th October 2026

From: Roya

Subject: Proposing Strategic planning to Address Residential Care Home Shortages in Swansea

1. Introduction of the Issue

Health and Social care are an integrated system of services where the target is to protect, maintain and enhance physical and mental health of people. The purpose of this task is to present a strategic plan for addressing the shortage of residential care home areas in Swansea Council. Residential care within the United Kingdom delivers housing, meals and personal assistance for older and disabled people who are unable to live independently. The problem of service capacity has reached a crisis point. Instances from secondary reports show that vulnerable residents of Swansea were forced to live in hospital beds for some months after recovery as there were very minimal quantities of community care beds (BBC, 2026). Therefore, national pressure was increased due to this shortage. In the context of Care Act 2014, Swansea Council is under a statutory obligation and responsibility for protecting individual lifestyle and involvement in market share (GOV, 2026).

2. Impact of the Issue on the Community

Delayed care offerings

A lack of local residential care home beds directly affects the Delayed Transfer of Care, evidenced from news reports (BBC, 2026). Specially, vulnerable aged people who have the maximum chances of suffering from illnesses cannot leave the clinics or hospitals of the NHS as safe and secured availability of care offerings are missing today. It is found that more than 14 thousand hospital beds have been occupied daily by people who are ready to be discharged from hospitals. This costs around £200 million every month (The Guardian, 2026).

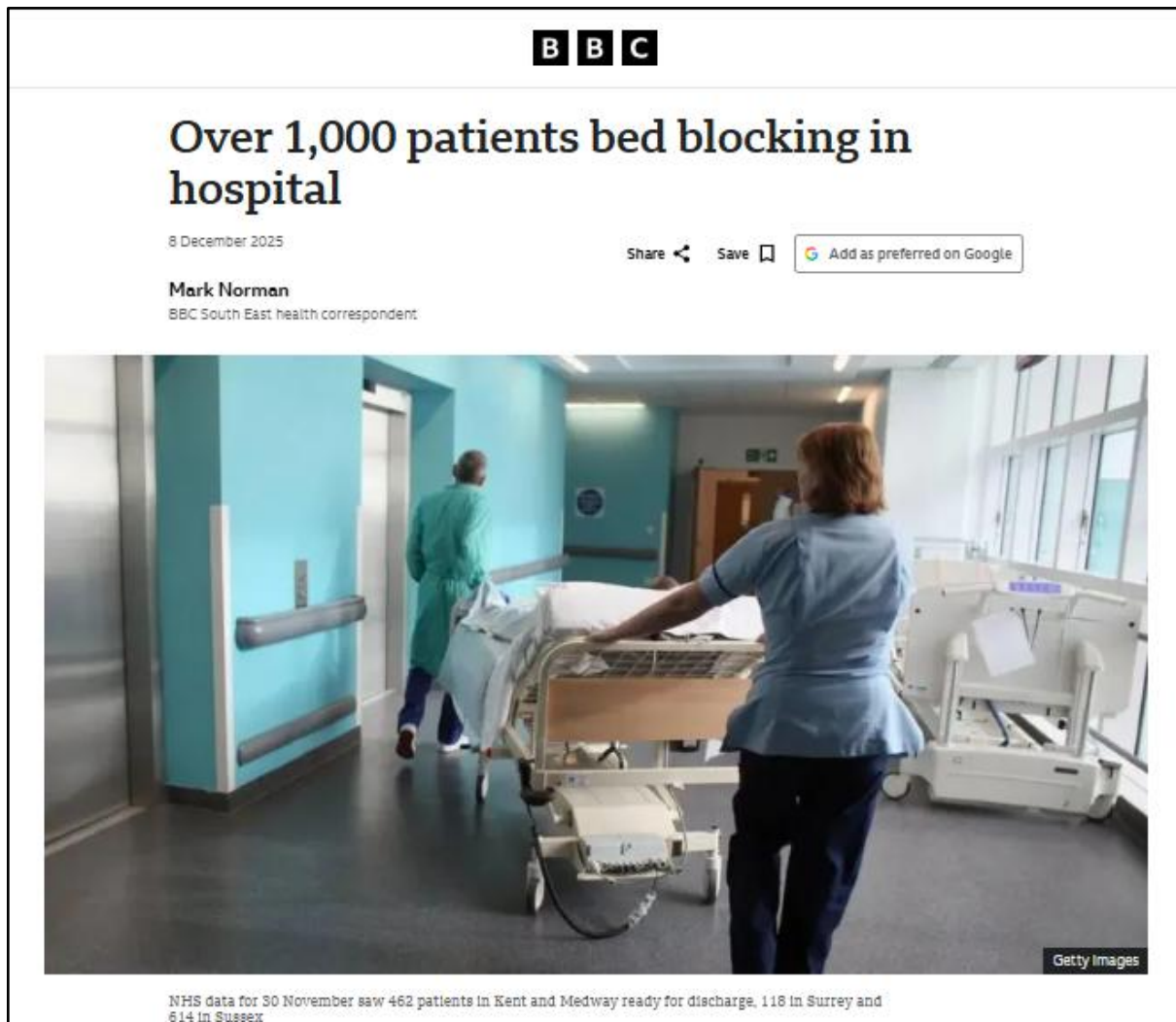


Figure 1: Bed Blocking issues in NHS hospitals
(Source: BBC, 2026)

Care provider burnout

In the healthcare context, caregiver stress has been one of the vital problems, affecting residential care home services. If care experts are unavailable, then family members take the pressure to monitor patients. Reports claim that around 77% of unpaid carers in the UK have faced signs of mental and physical burnout because of constant stress. In fact, the evidence shows that at least one in four unpaid care givers express their bad health condition, whereas around 74% face anxiety (Redican *et al.*, 2025). This viewpoint helps to understand that families constantly feel systematic pressure and they are forced to step into the roles of caregiving without structural support.

Well-being decline

Lacking a safe and secured care home ambiance, vulnerable people face rapid decline of physical and mental health. As a result, they are deprived of professional supervision, leading to the risk of medical complications, sudden falls and social isolation as well. Secondary reports provide a warning signal that just 10 days of unessential hospital beds could lead to a

significant physical mobility loss in older individuals (Nath *et al.*, 2023). Hence, it is completely against the key principle of Care Act, 2014, especially for section 1.

3. Recommended Response to Address the Issue

In order to mitigate the bed shortage issues within residential care services, Swansea council should apply several strategic initiatives.

Market shaping

Swansea Council is under a legal obligation and is suggested to promote an efficient, sustainable different market of health care providers. It would be better if the council applies market shaping power for offering financial incentives. For instance, capital grants should be one of such areas to focus on. These long-term contract guarantees should be provided to private care providers. Doing that, existing facilities would be improved or some new facilities could be added.

Integrated care partnerships

It is also recommended to closely work or make a partnership with NHS Trusts. In fact, making partnership with Swansea Bay University Health Board would not be a bad strategy as well (Holt and Ferraraccio, 2026). This direct partnership could promote medically fit patients to be discharged from hospital beds and relieved from bed blocking pressure.

Initiatives of staff recruitment

Staff shortage has been the main reason for bed closure issues. The social care sector has faced unmatched vacancy levels. Fully supported local recruitment and training initiatives should be initiated by Swansea council. This might highlight the area of workforce gap that is a critical aspect of residential care home services.

4. Conclusion

Overall, the discussion led to the understanding that councils have the major responsibilities to take in the health care context. Residential care home services being one of the important aspects of healthcare, care providers should be hired. Under the Care Act 2014, councils are recommended to promote local care infrastructural investment firstly.

Component 2: Essay

Introduction

Ambulance services are regarded to be an integral part of providing service to those having unplanned and urgent life-threatening health conditions. These modern ambulance services act as an essential bridge between the place of medical crisis and proper hospital care (Evans *et al.*, 2024). Therefore, it converts the pre-hospital response from a simple transport into active and life-saving intervention. This essay is aimed at exploring the origins of ambulance services and its historical context facilitating its development. It will further put light on the ways ambulance services function today to enhance the quality of life of people.

Main Body

The concept of ambulance service emerged in Europe with the Knights of St. John. In this context, the Knights of St. John received instruction in first-aid treatment during the Crusades in the 11th century from Arab and Greek doctors. They acted as the first emergency workers and treated soldiers from both the sides of war alongside providing care to the poor, sick, and injured pilgrims. Besides, it is identified that St. John Ambulance Association introduced Invalid Transport Corps for free to the poor which further became St. John Ambulance Brigade in 1887. These were the horse drawn ambulances which were replaced by motor vehicles by 1912. However, the ambulance services that are known today have developed since 1948. The government of that time had decided that a service should be provided to all the patients in need for free (Becker *et al.*, 2023). Thus, it became a responsibility of the County and Borough Council to provide this service. It is recognised that in 1956, the County Council started buying their own vehicle and employing staff for increasing efficiency. After this, in 1957, the Council left St. John Ambulance Brigade and transferred the service to the Fire Brigade in Upper Mounts, Northampton. Further, the 1964 Millar Report had recommended that the ambulance service should be able to offer treatment and transport people to the hospital as well. This led to the setting up of training schools for ambulance staff who were trained in basic first-aid along with some more skills regarding the use of oxygen and Entonox. It is observed that the ambulance services of today include helicopters, motorbikes, paramedic cars, and bicycles for speeding up the response times. In modern times, ambulances perform one of the most life-saving acts. The ambulance has paramedics who possess the core knowledge of providing immediate medical care (Jansson *et al.*, 2021). They ensure that the vitals of the patient is stable till the time they reach hospital and the doctors start their treatment. This explains that the modern ambulance services function as mobile medical and pre-hospital care units. In addition, they combine the emergency response, real-time technology, as well as specialised clinical support. As identified, the UK ambulance services operate through 14 regional NHS Ambulance Services for the provision of free emergency

and urgent care at the point of use (BMJ, 2026). Moreover, the paramedic professionals trained in such a way that they are able to deliver the most functional medical support. Nowadays, the ambulance system categorises calls for ensuring that life-threatening emergencies are receiving immediate and high-resource responses. Whereas, the stable patients are being transported through cost-effective and specialised services. As a result, it divides care into two segments that are 'emergency medical services', and 'non-emergency patient transport services'.

Ambulance services are found to be directly enhancing the quality of life of service users by offering immediate pre-hospital medical care. It has the potential of bridging the gap between emergency sites and proper hospital treatment which reduces the chances of long-term disability and mortality. The first 60-minutes after a trauma, stroke, event, or injury is termed as 'Golden Hour' in medical language (Maurya *et al.*, 2022). It is a critical period where timely medical intervention can offer maximum benefits and make the necessary difference between life and death. As a result, it can be said that a reliable ambulance service can possibly provide the patients with medical aid within the window of 60-minutes. Therefore, ambulance services are a crucial connection in the emergency medical care chain that provides critical care and quick transport to medical facilities.

Conclusion

The essay has concluded that ambulance service in today's time is a significant part associated with service provision for the people having unpredictable and urgent life-threatening health issues. It has highlighted that these services were introduced back in the 11th century with the Knights of St. John. Furthermore, ambulance services were consistently developing and now it has the life-saving tasks. The essay has explained that it has professionals while transporting the patient to the hospital who ensure that the vitals of the patients are stable.

References

Component 1

BBC, (2026). *Carer shortages: Swansea man stuck in Welsh hospital for four months*. Available at: <https://www.bbc.com/news/uk-wales-61798404> [Accessed: 5th October, 2026]

BBC, (2026). *Over 1,000 patients bed blocking in hospital*. Available at: <https://www.bbc.com/news/articles/cx2pvqlv1xro> [Accessed: 5th October, 2026]

GOV, (2026). *Care Act 2014*. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents> [Accessed: 5th October, 2026]

Holt, F. and Ferraraccio, L.S., (2026). Driving Assurance and Quality Improvement Using AMaT: A Case Study of the Ward and Area Module at Swansea Bay University Health Board (SBUHB). In *Opening the Personal Gate between Technology and Health Care: Proceedings of MIE 2026* (pp. 1563-1564). 1 Oliver's Yard, 55 City Road, London, EC1Y 1SP: SAGE Publications.

Nath, U., Alam, B., Das, A., Bakhiet, A. and Pillai, A., (2023). The impact of COVID-19 on the neck of femur fracture service in a tertiary care Hospital in the United Kingdom. *Cureus*, 15(10).

Redican, E., Meade, R., Harrison, C., McBride, O., Butter, S., Murphy, J. and Shevlin, M., (2025). The prevalence, characteristics, and psychological wellbeing of unpaid carers in the United Kingdom. *Social Psychiatry and Psychiatric Epidemiology*, 60(4), pp.869-879.

The Guardian, (2026). *More than 14,000 NHS beds in use by patients ready to be discharged*. Available at: <https://www.theguardian.com/society/article/2024/aug/26/more-than-14000-nhs-beds-occupied-by-people-waiting-to-be-discharged> [Accessed: 5th October, 2026]

Component 2

Becker, S., Holleran, R.S. and Edwards, K., (2023). History of patient transport. *Patient Transport: Principles and Practice-E-Book: Principles and Practice*, 1, p.1.

BMJ, (2026). Mapping same day, urgent and emergency care services across the UK: a mixed methods study protocol. *BMJ open*, 16(5), p.e111403.

Evans, B.A., Khanom, A., Edwards, A., Edwards, B., Farr, A., Foster, T., Fothergill, R., Gripper, P., Gunson, I., Porter, A. and Rees, N., (2024). Experiences and views of people who frequently call emergency ambulance services: A qualitative study of UK service users. *Health Expectations*, 27(1), p.e13856.

Jansson, J., Larsson, M. and Nilsson, J., (2021). Advanced paramedics and nurses can deliver safe and effective pre-hospital and in-hospital emergency care: An integrative review. *Nursing Open*, 8(5), pp.2385-2405.

Maurya, V.P., Mishra, R., Moscote-Salazar, L.R., Janjua, T., Cincu, R. and Agrawal, A., (2022). Neurotrauma care, “golden hour” or “golden sixty minutes”. *Journal of Neurointensive Care*, 5(2), pp.44-47.