



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Module LCHS4003 Introduction to Health and Social Care

WEEK 3

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*Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives*



www.uwtsd.ac.uk

The background of the slide is a photograph of a library or study. In the foreground, several books are open and fanned out on a wooden surface. Behind them, there are tall stacks of books on shelves, some with green spines. The lighting is warm, creating a scholarly atmosphere.

WELCOME

Record the Session

Ice Breaker



Moodle Site Familiarity

All students:-

- to log onto the Moodle site
- to find week 3 teaching session
- to open up the PPP slides for week 3
- to access the group work activity sheet
- to access the quality matters booklet

Today we will...

- Go through the medical and social models of health and social care.
- Examine the regulatory bodies that govern the health and social care sector.
- Consider the key quality assurance factors and principles within health and social care
- Look at collaborative multi-disciplinary working within the health and social care sector.
- Consider the importance of working in partnership with service user/stakeholders.
- Undertake a group work activity and presentations.
- Complete a weekly 'Infoskills Gym' activity.

Aims and Objectives of the session

Aims

- To look at the medical and social models of health and social care.
- To provide an insight to governance and quality frameworks within the H & SH sector.
- To look at the important factors when working in collaborative partnership with others included service users.
- To complete a group work activity around why quality matters.

Objectives

- By the end of the session, you should have an insight of how governance and quality frameworks influences the way services are delivered within the health and social care sector.
- Recognise the differences between the medical and social models of health and social care.
- You should be able to have an understanding about working in collaborative partnerships and meeting the needs of service users.
- You should have an insight to the contents of the adult social care quality matters booklet.

Session 1

Setting the context and brainstorming

Medical and social models of disability

The Bio-Medical Model of Health Care

The bio-medical model was established in 19th Century according to Maclean (2015). Maclean (2015) presents the following elements to represent the medical model of health care.

- The bio-medical model emphasises a normal healthy mind and body as it focuses on the biological aspects of disease.
- It focuses on the individual having an illness either physically, mentally, or they have an impairment.
- It is through bio-medical intervention that the individual can either be cured or have their medical problem reduced. This view presents that an individual's impairment, disability or mental health problem is a deviation from the 'norm' and therefore is in need of correction as the bio-medical model treats the condition and not the cause.
- As a result, these problems need to be cured or corrected under the bio-medical module of health care. This is often referred to as pathologizing the individual.

- The individual's impairment, disability or mental health problem is viewed as intrinsically undesirable in how they are viewed in wider society.
- The medical model considers that the person with the impairment, disability or mental health problem is seen as suffering a personal tragedy of disability.
- All knowledge and expertise is located within the medical profession which is a hierarchical system of medical care.
- The clinician knows what is best for the individual. As a result, their knowledge base is inaccessible to non-medical people as they use language which is often inaccessible and can be confusing.
- The individual with the impairment, disability or mental health problem has to 'fit into' society and they cannot engage or are excluded or even removed from wider society (e.g., institutionalised).

(Maclean, 2015)

The Social Model of Health and Care

The social model was initially developed as a model of disability in the 1970's. This sought to challenge the bio-medical model. Maclean (2015) presents the following elements to represent the social model of social care. Aspects of the model include some of the following.

- The social model views the problem as located within wider society or the environment rather than with the individual.
- The concept of 'normal' is a misleading and unhelpful term.
- There should be a recognition that diversity forms part of the human condition. Diversity should be embraced and not treated as the social model focuses on the community and not just the individual.
- The social model draws the difference between impairment and disability. Impairment may be as a result of some part of the body not functioning normally.
- The social model focuses on behaviour and other factors which may influence individuals and communities such as environmental, sociocultural or political.

- A person with an impairment is disabled and therefore is prevented from doing things in wider society which is not as a result of their condition.
- Society discriminates people with an impairment/disability as it is viewed negatively.
- Individuals with a disability have been made 'invisible' or ignored by wider society.
- The social model aims to ensure that wider society should make accessibility to all people as disabled people have a right to equal access.
- The social model works to counter the negative stigma associating with labelling the disabled person.
- The social model endeavours to champion the expertise of individual's as they know what their experiences are.
- Health and social care workers should promote the social model.

Social Model of Disability

YouTube Link

- https://youtu.be/24KE_OCKMw?si=Ho219w1x0Ra_844O



Quality Assurance (QA) and Governance

In pairs identify ideas for...

1. What is your understanding of governance in health and social care?
2. What are the regulatory bodies in the health and social care sector?
3. How should we treat service users and why?
4. If a service user is dissatisfied, where do they go initially to help resolve any issues?

The key outcomes from a QA model should be:

- Fit for purpose.
- Reliable and accurate.
- Transparent and accountable with an audit trail.

[Principles of quality assurance for modelling and data analysis \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



DHSC Quality Assurance Framework

- Quality assurance is an important element of all public body services, whether they are provided by governmental bodies or through third party providers within the independent, charitable or voluntary sectors.
- The QA framework sets out a standardised approach to build upon principles which provides clarity of responsibilities for identifying risks and understand the strengths and weaknesses of evidence-based decisions.

[Framework document between the Department of Health and Social Care and the UK Health Security Agency - GOV.UK](#)

Governing Bodies

Governance in the health and social care sector is not governed by one body, but a collection of bodies. This is a list of some of the leading bodies.

- The [Care Quality Commission \(CQC\)](#) is a public body of the Dept of H & SC to ensure that all health and social care services meet fundamental standards in quality and safety. They publish their findings so that the public can choose the best care provider for them. [Care Quality Commission](#)
- The [NICE](#) role is to improve outcomes for people using the NHS and other public health and social care services. They produce evidence-based guidance and advice for health, public health and social care practitioners. They develop standards and performance for the commissioning of health and social care services. [Homepage | NICE](#)

- The **DHSC** is a UK government department responsible for government policy on health and adult social care matters in England, which is also devolved to the Scottish Government, Welsh Government and Northern Ireland Executive. [Department of Health and Social Care - GOV.UK](https://www.gov.uk/government/organisations/department-of-health-and-social-care)
- **SCIE** helps to improve the lives of people of all ages by co-production, sharing and supporting the use of the best available knowledge and evidence about what works in practice delivery. It is the leading value-driven improvement agency. [Social Care Institute for Excellence \(SCIE\)](https://www.scie.org.uk/)

Care Quality Commission (CQC)

Fundamental Standards

Fundamental standards

- Person centred care
- Dignity and respect
- Consent
- Safety
- Safeguarding from abuse
- Food and drink
- Premises and equipment
- Complaints
- Good governance
- Staffing
- Fit and proper staff
- Duty of candour
- Display of ratings

<https://youtu.be/hNYXznK9tWk?si=8O0kT96hXBUMj2sT>

A video link on the role and responsibilities of the CQC.

CQC Assessment Framework

A single assessment framework

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with 'I' statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as 'We' statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

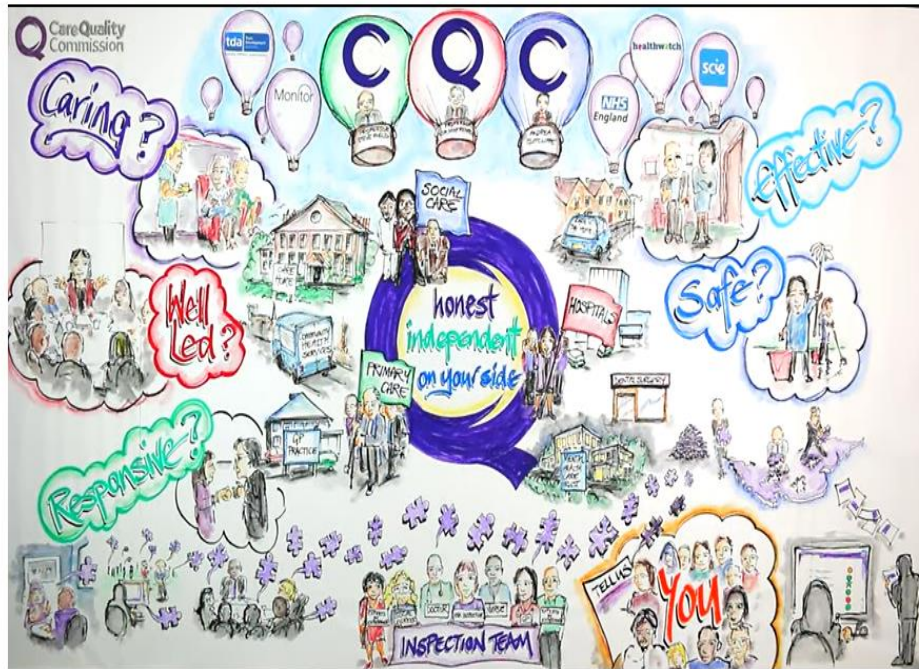
Data and information specific to the scope of assessment, delivery model or population group



CQC Video



Care Quality Commission (subtitled)



CQC
a guide to who we are
and what we do

Watch video on this link: <https://www.youtube.com/watch?v=rorrUq0vRUw>

Refreshment Break

Session 2

Presentation of wider ideas

**The context of
regulatory bodies,
governance,
collaborative multi-
disciplinary working,
the importance of
partnership working
with service users.**

- **QA systems and methods**
- **Person-centred quality care and profession conduct and practice**
- **Partnership working**
- **Read contents of pages 62 to 77 and 78 to 94 in Glasby (2012) and Haugan & Eriksson (2021, pp 71 – 84)**

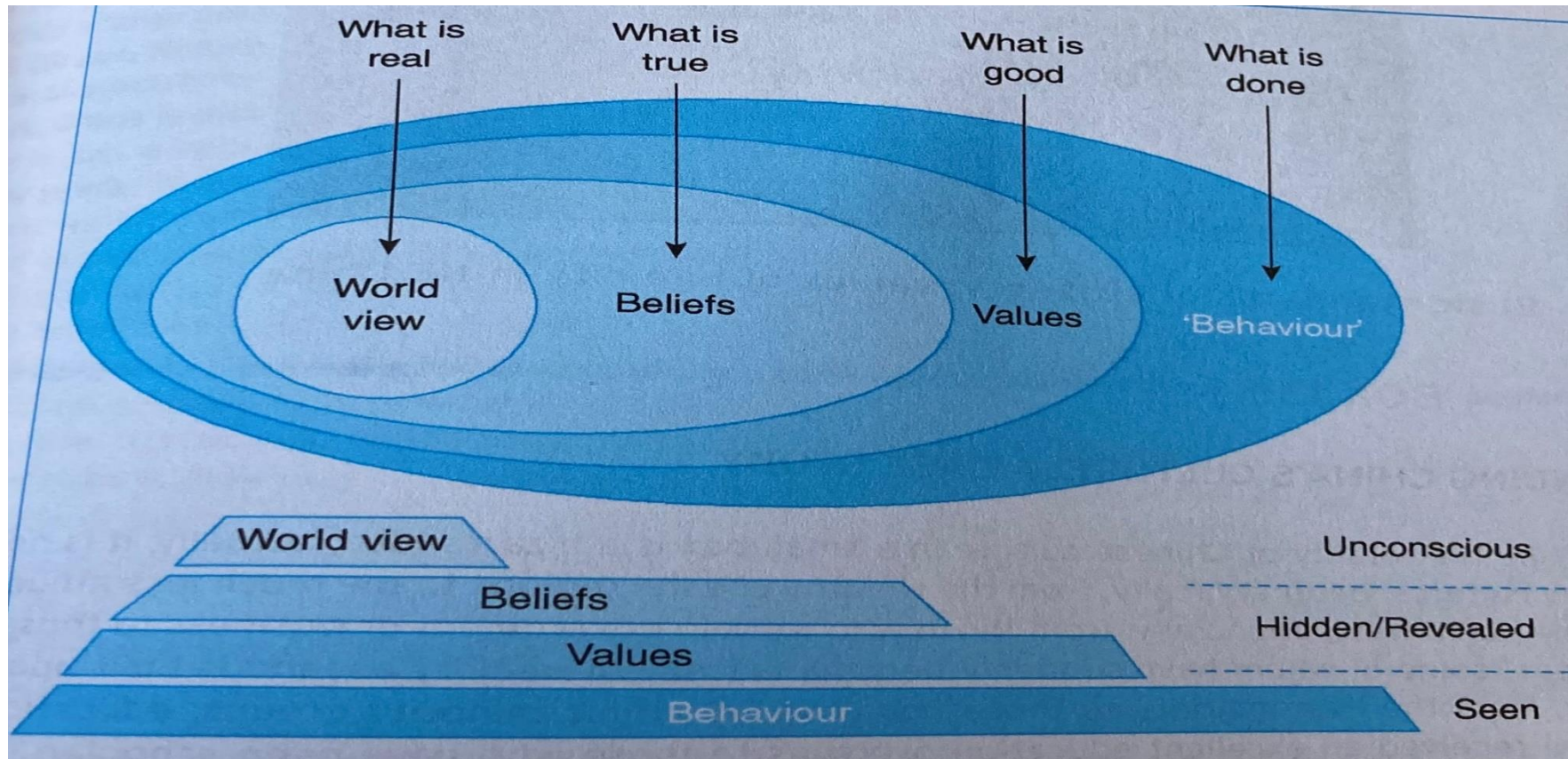
Best Practice Principles in the H & SC Sector



The Five Themes are:

1. Good quality leadership and accountability within the organisation.
2. Safe and effective all over care.
3. Accessible, flexible and responsive services.
4. Professional candour, promoting, protecting and improving health and social well-being for service users.
5. Ensuring effective communication and open transparent information.

Health and social care professional practice



(Morgan, 2017, p.275).

OUR DUTY OF CANDOUR

- [Duty of candour animation - NHS Resolution](#) Video Link (8-minute video link)
- Our duty of candour animation video offers guidance on the importance of being open and honest.
- Being open and honest with patients/service users and those close to them is always the right thing to do and is often referred to as the duty of candour.
- This duty is to help those working in health and social care to better understand the similarities and differences that exist between the professional and statutory duties of candour.
- The 8-minute animation also offers guidance on how they can be fulfilled effectively.

Statutory and professional duties of candour

- The duty of candour is a general duty to be open and transparent with people receiving care from you.
- It applies to every health and social care provider that CQC regulates.
- There are two types of duty of candour, statutory and professional. Both require you to make sure that those providing care are open and transparent with the people using their services, whether or not something has gone wrong.



Duty of candour

[Regulation 20 of the Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)

Partnership Working in Health and Social Care

Partnership Working

In pairs discuss the following questions:-

1. What are the key elements for working in partnership with members of the multi-disciplinary health and social care teams?
2. What are some of the key principles for working in the health and social care for professional practice?

Partnership working in H & SC

- Partnership working in H & SC brings together different organisations to help meet the needs of service users.
- It helps to pool expertise, skills, experiences and resources.
- It also helps to focus attention on what is required to meet the service users' needs in a planned and strategic way, therefore avoiding duplication.
- The goal of a partnership is to enhance the efficiency and quality of service delivery and offer the best options for good outcomes for the service user.
- Some of the wider benefits for working in partnership can included a one-stop shop for service users, provide increased choice, reduction of duplication, improved satisfaction for service users and their families, shared resources etc.

[Partnership Working in Health and Social Care: The Bridge Perspective - Recovery College Greenwich \(therecoveryplace.co.uk\)](http://therecoveryplace.co.uk)

Partnerships Characteristics

Partnerships usually have the following characteristics:

- All the parties involved have some sort of personal stake in the partnership;
- All the partners are working towards a common aim;
- The partners have a similar ethos or system of beliefs e.g., ensuring the best possible outcome is being delivered to meet the service user's needs;
- The partners work together over a reasonable period of time;
- There is agreement amongst the partners that a partnership is necessary to achieve the best overall goal;
- There is an understanding of the value of what each partner can contribute and bring to the table;
- There is respect and trust between the different partners.

Partnerships are successful because...

- They share creativity, risk, responsibility and pool resources;
- Participants in the partnership are able to feed off each other's energy and enthusiasm to achieve the same goals;
- They can attract more funding from a diverse range of sources, or they pool resources to get the best outcome;
- They highlight different issues, problems and solutions and problem-solve together;
- There is more potential for productivity/efficiency;
- Service delivery is often more effective and efficient;
- They offer support and diversity when working together and can cover in times of greatest need.

Other key ingredients to making a partnership work are...

- Clarity of information – always tell your partners exactly what is planned or being delivered to meet the service users needs;
- Consultation – before you start, get to the heart of the problems you are facing and invite everyone to give feedback and share ideas;
- Deciding together – after you have encouraged everyone to provide additional ideas, work through each one together and decide the best way forward so that shared goals will be achieved to meet the service users needs;
- Acting together – after you have decided on the course of action, ensure that each willing member of the partnership is involved in carrying it out.
- Always encourage the partners to share problems so that they can be dealt with as soon as possible.
- Consider the co-production model to help foster a ‘win-win’ mentality when working successfully in collaborative partnerships.

What is co-production?

Co-production is a way of working that involves people who draw on health and care services, carers and communities in equal partnership. Co-production can also be referred to as co-design or co-creation.

Effective co-production engages groups of people at the earliest stages of service design, development and evaluation. Co-production is an important element in the design, development and evaluation of services, policies, research, communications and any projects that involve people.

Co-production acknowledges that people with lived experience of a particular condition or healthcare pathway are often best placed to advise on what support and services will make a positive difference in their lives.



C4PC's widely referenced Co-production Model outlines the five values and seven steps to making co-production happen.

<https://www.coalitionforpersonalisedcare.org/co-production/>

EXTENSION ACTIVITY: VIDEO

CARE FAILURE THE EDENFIELD CENTER BURY ROAD MANCHESTER AS ON PANORAMA

(2) CARE FAILURE THE EDENFIELD CENTER BURY ROAD MANCHESTER AS ON PANORAMA – YouTube



The Edenfield centre as was highlighted by Panorama is a serious failure of care yet again in our so-called care system. What you are about to view is no way acceptable and has no place in the care support system. Viewing this information should be done with great discretion and by adults only

InfoSkills Gym

Build up your academic skill base

- Access Academic & Infoskill via Moodle
- Enrol if you have not already
- Week 3:
Finding and Using Information
Unit 2 Section 1: Introduction
to Searching

15 minutes individual activity

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Academic and InfoSkills

Mae'r modiwl hwn hefyd ar gael yn Gymraeg [Cymraeg](#)

Our Skills programme is designed to create opportunities for students to develop their transferable academic and information skills, facilitating both their academic success and employability. The curriculum covers a wide range of topics – from finding library resources to fake news to managing your online presence.

Our team of Academic Liaison Librarians have developed a series of online Units that allow you to develop your skills anywhere, anytime, to suit you. Click the tiles below to get started:

Overall progress % 0

- Finding and Using Information
Progress: 0 / 12
- Referencing
Progress: 0 / 7
- Researchers
Progress: 0 / 3
- Generative AI
Progress: 0 / 2

Refreshment Break

Session 3

Group Work Activities



Group Work Activity



ADULT SOCIAL CARE

Quality matters



https://assets.publishing.service.gov.uk/media/5cb0892be5274a76d42252e2/Adult_Social_Care_-_Quality_Matters.pdf

Group Work Task

- This is a quality assurance Adult Social Care Quality Matters booklet. The booklet is uploaded onto the Moodle site in week 3. All students should be able to access it.
- In each group you should take section of the booklet allocated to you and consider the key themes as they relate to quality principles.
- Each group is to reflect on the section and to provide your interpretation of the section as it relates to the health and social care sector today in a service user group of your choice.

Sections in each of the Groups

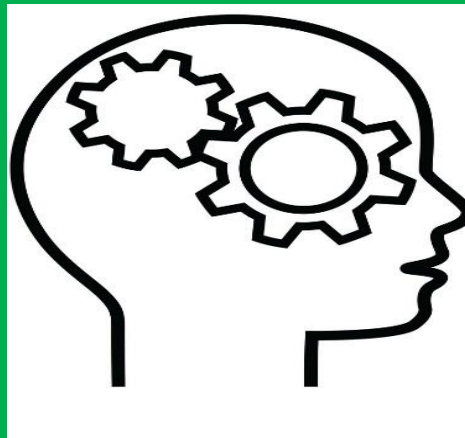
- **Red group** – Building on strong foundations
Page 5.
- **Orange group** – 7 steps to improve quality
pages 13 and 14.
- **Blue group** – Our single shared view of quality
pages 6 and 7
- **Yellow group** – Our principles page 8.
- **Green group** – Working together to improve the
quality-of-care pages 10 and 11.
- **Purple group** – Bringing our single shared view
of quality together page 18.

Session 4

Group Presentations

Session 5

Recap and Final Reflection Point



Questions?



References

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- [Duty of candour animation - NHS Resolution](#) Link.
- [Effective Partnership Working – Getting the basics right from start to finish | theknowledgebiz's blog \(wordpress.com\)](#) (10th September 2022)
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- [Regulation 20 of the Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) (18th January 2024)
- [Review of quality assurance of government analytical models: final report \(publishing.service.gov.uk\)](#) (15th September 2022)
- [\(585\) Best practices for achieving Outstanding at CQC Inspection – YouTube](#) (10th September 2022)