Health and Social Care Knowledge Organiser: Component 2

Boldon School

Knowledge Organiser

A. Services and Barriers to Access

Health and Social Care Services

Primary Care Services — Initial services an individual accesses first if they have a health issue for advice or treatment e.g. GP, dentist, optometry, community health care.

Secondary and Tertiary Care Services — Medical care provided by a specialist or facility or specialised consultative care . Patients referred by primary care services e.g. cardiologists (heart disease) and neurologists (nervous system problems).

Allied Health Professionals (AHP's) - Health care professionals who provide treatment and support for adults and children who are ill, have disabilities or additional needs. Work across a wide range of settings including the community, people's homes and hospitals e.g. dietitians, physiotherapists, occupational therapist and speech and language.

Social Care Services—includes informal support offered by friends and family

-Services for children and young people, e.g. foster care, residential care, youth work
-Services for adults or children with specific needs (learning disabilities, long-term health issues), e.g. residential care, respite care
-Services for older adults, e.g. residential care, home care services.
-Informal care e.g. relatives, friends and neighbours.

Barriers to Accessing Services

Some individuals cannot access services due to barriers which prevent (stop) them from doing so.

Physical barriers, e.g. issues getting into and around the facilities.

Sensory barriers, e.g. hearing and visual difficulties preventing access to services.

Social, Cultural and Psychological barriers, e.g. lack of awareness, differing cultural beliefs.

Language barriers, e.g. differing first language, language impairments.

Geographical barriers, e.g. distance of service provider, poor transport links.

Intellectual barriers, e.g. learning difficulties.

Resource barriers for service provider, e.g. staff shortages, and lack of local funding.

Financial barriers, e.g. charging for services, cost of transport.

Multi-disciplinary team working & Multi-agency working

Multi-disciplinary Team W orking

Professionals who work together from the same service, such as the NHS, but have different roles within the service. An example is a midwife working with a doctor to support the health of a pregnant woman.

Multi-agency W orking

Professionals who work together from different agencies to support the health of individuals. An example of this is the head of year from school and a mental health specialists.

There are often many professionals working within one service that can help and support individuals together. Some examples are:

Education Authority	Social Services	NHS
Teachers, Head teachers, Learning Mentors, Admissions, School Nurse etc.	Care worker, Domiciliary care workers, social workers, family services, care manager, advocate etc	GP's, nurses, Cardiologists, oncologists, physiotherapists, dentist, Midwife, Health visitor, radiologists etc.

B. Skills, Attributes and Values

Skills, Attributes and Values

Skills:
- o problem solving
- o observation
- o dealing with difficult situations
- o organisation.

Attributes:
- o empathy
- o patience
- o trustworthiness
- o honesty

Values:

The 6 C's are a guideline for health and social care workers to follow to ensure they are providing compassionate care.

Care
This helps to improve an individual's health and wellbeing. This care should be individualised to meet each person's needs.

Compassion
This shows the care worker understands what the individual is going through. Showing empathy also means you care and value the individual.

Competence
This shows individuals that care workers are able to safeguard and protect them.

Communication
This is important to be able to adapt to individual's circumstances and ensure important information is given and shared.

Courage
Protecting individuals by speaking up if care workers think something is wrong, and being brave enough to admit mistakes.

Commitment
This is needed to be able to carry out duties to the best of your ability, and to be trusted in the workplace.

The 6 C's are a guideline for health and social care workers to follow to ensure they are providing compassionate care.

Health Conditions

Arthritis

Arthritis is a common condition that causes pain and inflammation in a joint. There are 2 most common types of arthritis. These are osteoarthritis and Rheumatoid Arthritis.
There are a few key symptoms of arthritis. These include:
- joint pain, tenderness and stiffness
- inflammation in and around the joint
- restricted movement of the joints
- warm red skin over the affected joint
- weakness and muscle wasting

Osteoarthritis
- This develops in people from their mid-40s.
- Osteoarthritis affects the smooth cartilage lining of the joint. This makes movement difficult, leading to pain and stiffness.
- Once the cartilage lining starts to roughen and thin, the tendons and ligaments have to work harder.
- This most commonly affects the knees, hands, spine, hips

Rheumatoid arthritis
- Starts between ages 40-50, is 3x more likely in women.
- The body's immune system targets affected joints, which leads to pain and swelling.
- People with rheumatoid arthritis can also develop problems with other tissues and organs in their body.
- This starts in the joint, leading to further swelling and then may cause the bone and cartilage to break down.

Cardiovascular Conditions

This can include heart disease as well as sudden heart attacks. These happen when the arteries leading to the heart become furry and blocked due to a buildup of cholesterol and fat.

Heart disease
- Can be felt through angina – a heavy and tight feeling in the chest
- A heart attack could be the first sign of heart disease
- Heart failure can be a signal where individuals struggle to breath due to fluid building in their lungs.
- Regular stomach ache can also be a signal.

Heart attack
- Heart attacks are sudden and are caused when the build up in the arteries becomes completely blocked.
- Symptoms include pain in the left arm, sweating, breathlessness, nausea.
- A heart attack is an emergency and needs treatment urgently.

Dementia

There are many symptoms that can appear when an individual has dementia, and these will progressively get worse.

- Memory loss
- Thinking speed slows
- Mental sharpness and quickness deteriorates
- Issues with language, such as using words incorrectly, or trouble speaking
- Not understanding what others say or what they are doing
- Being judgemental about others
- Changing mood very quickly
- Not being able to move around
- Difficulties doing daily activities

Type 2 Diabetes

Type 2 diabetes is a common condition that causes the level of sugar (glucose) in the blood to become too high.

- It's a lifelong condition that can affect your everyday life: You may need to change your diet, take medicines and have regular check-ups.
- It's caused by problems with a chemical in the body (hormone) called insulin: It's often linked to being overweight or inactive or having a family history of type 2 diabetes.
- It can often be helped by improving diet, taking medication and having a healthier lifestyle.
- If this is left untreated, it can lead to problems with eyes and lead to blindness, as well as causing blood flow issues, which could lead to amputation of the limbs, such as legs.

The symptoms of diabetes include:
- peeing more than usual, particularly at night
- feeling thirsty all the time
- feeling very tired
- losing weight without trying to
- itching around your penis or vagina, or repeatedly getting thrush
- cuts or wounds taking longer to heal
- blurred vision

Some people are more at risk such as if:
- You are over 40 (or 25 for south Asian people)
- You have a close relative with diabetes
- You are overweight or obese
- You are of Asian, African-Caribbean or black African origin

Obesity

Obesity is a description of someone who is very overweight and has a lot of body fat. If someone has a BMI of 30 or over, then this is classed as being obese, over 25 is classed as overweight.

- Poor joints due to weight
- Increased risk of heart disease/heart attack
- Increased risk of stroke
- Increased risk of cancer
- Inability to work
- Inability to take care of family
- Increased risk of respiratory disorders

Respiratory Conditions

Respiratory conditions are ones which affect the respiratory system. These include:
- Breathing difficulties
- Coughing
- Chest pain
- Temperature
- Stuffiness
- Temperature
- Inability to exercise

These include:
- Asthma – This is when an individual's airways swell up due to triggers such as dust, pollen etc
- COPD – This is usually from an individual smoking and means they struggle to breathe which gets worse over time
- Cystic Fibrosis – This is an inherited condition that causes a build up of sticky mucus in the lungs and digestive system.
- Lung cancer – This includes a tumour that affects and individuals breathing and can spread rapidly.
- Pneumonia – This is swelling (inflammation) of the tissue in one or both lungs. It's usually caused by a bacterial infection or a virus.

To see which professionals help each health condition, please refer to the lesson slides on Google Classroom.

Additional Needs

Additional needs can include:
- Sensory Impairments
- Physical Impairments
- Learning Disability

- A learning disability affects the way a person learns new things throughout their life, and could be severe or not, or anywhere along a continuum of needs. A learning disability is different for everyone. No two people are the same and these can be mild, moderate or severe. Examples are dyslexia and ADHD

- Sensory impairments are when one of the senses does no work as it should, such as hearing or sight.
- This can be diagnosed at a young age if an individual is born with it or it can be diagnosed much later if it is brought on by age or an accident.

- Physical Impairments can is an injury that results in the loss of enjoyment in life. This can include being paraplegic, quadriplegic - where a part of the body doesn't work as it should. This could be due to issues from birth, or could come from an accident or illness such as cerebral palsy.

Health and Social Care Knowledge Organiser: Component 3

A1. Factors affecting Health & Wellbeing

Physical & Lifestyle factors

Knowledge Organiser

Health & wellbeing

What you need to know: - definition, factors

Not just the absence of disease but a holistic attitude/the whole person:
Physical (healthy body, regular exercise, a healthy diet, sleep, shelter & warmth, personal hygiene).
Intellectual (keeping the brain healthy, concentrate, learn new knowledge/skills, communicate & solve problems).
Emotional (feeling safe & secure, express emotions, deal with negative emotions, self-concept).
Social (friendships, relationships with friends and family).

Genetic inheritance

What you need to know:
- inherited conditions - predispositions

Genetic inheritance is a physical factor that can have positive and negative effects.
Genes are inherited from both birth parents.

Inherited characteristics
- height, eye colour, hair colour.
- This can effect self image (how you see yourself) & self esteem, (how you feel about yourself).

Inherited conditions
Different versions of genes are called alleles.
Some alleles can be faulty and pass on conditions.
Dominant condition
(one parent passes faulty allele on).
i.e. Huntington's – involuntary movements and loss of intellectual ability.
Recessive condition
(both parents pass faulty allele on).
i.e. Cystic fibrosis – sticky mucus on the lungs.

Genetic predisposition
Some people are predisposed (more likely) to develop a condition due to genetic makeup.
i.e. heart disease, cancer, diabetes.
Whether they end up developing the conditions depends on their lifestyle & environmental factors
i.e. Diet, exercise.

Ill Health

Ill health -a physical factor which can have a negative effect on health & wellbeing.

What you need to know:
- Effects on a persons PIES, difference between acute & chronic

Chronic
Comes on more slowly, lasts a long time
Usually treated, not cured
i.e. diabetes, arthritis, asthma, heart disease.

Management:
Address the negative impacts on the person and try to control the symptoms (i.e. use of medication, counselling, schooling in hospital, support groups).

Effect on PIES –
P – growth rates, restricted movements.
I – disrupted learning, difficulties in thinking./problem solving, memory problems.
E – negative self-concept, stress.
S – isolation, loss of independence, difficulties forming relationships.

Acute
Starts quickly, lasts for a short period of time. Usually cured
i.e. bacterial/viral infection, flu, broken bones, pneumonia.
Management - Usually with medication.

Diet

What you need to know: - amounts, quality, effects of poor diet

Diet - lifestyle choice. Diet = The balance of foods a person eats (diet doesn't mean weight loss!)

Foods to avoid
Salt – raises blood pressure –> heart disease.

Saturated fat – raises blood cholesterol –> heart disease.
*found in animal fats such as meat, butter.

Sugar – rots teeth, high in kcals (energy) -> tooth decay & weight gain.

Section	Nutrient	Needed for
Starchy	Carbohydrates (& fibre if wholemeal)	Carbohydrates - Provides energy Fibre – Digestive system/prevents constipation
Fruit & vegetables	Vitamins Fibre	Vitamins - Keep the body healthy Fibre – Digestive system/prevents constipation
Meat/fish, eggs, beans	Protein	Growth and repair of cells and muscles
Dairy	Calcium	Strong bones and teeth
Oils	Unsaturated fats	Reduces cholesterol, Keeps the body warm, Protects organs

Water is important to stay hydrated.
Control calorie intake to manage weight.
More energy in (food) than expended in exercise causes weight gain.
Less energy in (food) than expended in exercise causes weight loss.

Physical activity

What you need to know:
- recommendations
– benefits at each life stage

Exercise is a lifestyle choice.
- gentle – walking, housework.
- moderate – light jog, steady swim.
- vigorous – spinning, football.

How much?
Changes depending on age. Adult: approx. 150 mins moderate per week.

Lack of exercise:
Stiff joints
Poor stamina/strength
Obesity
Stroke
Heart disease
Osteoporosis
Poorly formed muscle

Why?
P – lower BMI, energy, stamina, strengthen bones & muscle.
I – links to better memory and thinking skills.
E – increases confidence, Relieve stress, concentrate, relax.
S – social interaction, communication, teamwork.

Substance misuse

Alcohol - a lifestyle choice.
Men & women should drink <14 units/week.
1 unit = 1 single spirit.
1.5 units = 1 pint, 1 small glass of wine.
Avoid saving units for 'binge'.
Can increase risk of addiction & cancers.

Effect on PIES
P – dependence (alcoholism) damage to organs (mouth, liver, breast), infertility, weight gain.
I – difficulty in decision making, depression, anxiety, stroke & brain damage.
E – poor judgement leading to risky behaviour.
S – relationship breakdown, domestic violence.

Smoking & Nicotine – a lifestyle choice.
Nicotine is an addictive drug found in tobacco products.
Cigarette smoke contains nicotine, tar, carbon dioxide & soot which are all harmful.
People smoke to relieve stress, peer pressure, or are unable to quit. Passive smoking also carries risk to others.

Effect on PIES
P – increases risk of disease (cancer, stroke, coronary heart disease and others).
I – addiction leads to irritation, distraction & stress when unable to smoke. Increase chance of anxiety and depression.
E – poor self concept. May worry about negative impacts on health and costs.
S – may feel socially excluded when smoking, people may avoid smokers due to smell.

Drugs – including legal and illegal.
Prescription misuse - when people take for non medical (recreational use), become addicted to them, take excess, or take drugs belonging to someone else.
Stimulants - alertness, excitability (i.e. Cocaine, nicotine).
Depressants –calm, relax (i.e. cannabis, alcohol, heroin).
Hallucinogens – cause hallucinations i.e. LSD, ketamine).

Effect of drug misuses
Addictive drugs are taken to change the mental state, to give an immediate feeling of wellbeing or happiness but they have long term effects. i.e. Paranoia, sleep problems, anxiety, depression, and suicidal feelings.

Personal hygiene

Good personal hygiene
Prevents spread of infection
Improves self concept
-Hand washing
- Washing
- Nails clean
-Tissue for cough/sneeze
-Brushing and washing hair
-Brushing teeth
-Clean clothes
-Flushing the toilet

The cleanliness of a persons body. Essential for health & wellbeing

Effect on PIES of poor personal hygiene
P - Catching & spreading disease
Poor body odour, bad breath & tooth decay
Illness such as food poisoning, sore throat, athletes foot.
I – may reduce chance of job.
E – poor self – concept, bullied.
S – social isolation, loss of friendship.

Key Words

Health & Wellbeing – how physically fit and mentally stable a person is (not just absence of disease).
Genetic Predisposition – more likely to inherit a condition based on genes.
Chronic illness – gradual, long term illness, treated not cured. i.e. asthma.
Acute illness – illness comes on quickly, short term & curable i.e. cold.
Balanced diet - variety of different types of food and providing adequate amounts of the nutrients necessary for good health.
Substance misuse - continued misuse of any mind-altering substance that affects a person's health & wellbeing (drugs, alcohol, smoking).
Hygiene - cleanliness of body and clothing to maintain health & wellbeing.

Health and Social Care Knowledge Organiser: Component 3

A1. Factors affecting Health & Wellbeing

Social, Emotional, Cultural, Economic & Environmental factors

Knowledge Organiser

Social interaction

Between family–friends–work colleagues–school friends.

Reacting to people through communication & relationships

Integration – when people feel they belong to a group
Isolation - when people do not have contact with others.
Due to: staying in, physical illness, reduced mobility or unemployment, mental illness, a condition such as autism

	Positive relationships	Negative relationships
P	Day to day care & practical assistance	Peer pressure/Poor lifestyle choices (drinking)
I	Shared experiences, supported learning & thinking	Less support with learning, conversation
E	Unconditional love, security, contentment , self concept, independence & confidence	Loneliness,, insecurity, anxiety, depression,
S	Companionship, social interactions	Relationship difficulties

Relationship breakdown Can lead to:
Anxiety, stress, depression insecurity, loss of confidence, poor lifestyle choices, more pressure on finances, new home etc

Topics
-Social interaction
-Stress
-Economic/financial
-Life events
-Environment & Living Conditions
- Willingness to seek help or access services

Stress

Feelings of mental & emotional tension.

Occurs when the body responds to demand
The hormone adrenaline is released
Trigger 'fight or flight' response
– *so you respond instantly in life or death situations*
BUT an overreact ion to non life threatening situation can cause negative stress.

Causes of stress
Pressures at work
Exams
Financial difficulties
Life events
(illness, relationship changes, moving home, bereavement)

Effect on health & wellbeing

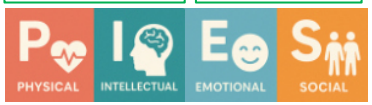
Physical
Short Term:
-Tense muscles
-Fast breathing
-Dry mouth
-Faster heartbeat
-Butterflies
-Urge to pass water (urine)
-Diarrhoea
-Sweaty hands

Physical:
Long term:
-Sleeplessness
-High blood pressure
-Irritability
-Loss of appetite
-Heart disease
-Headaches
-Poor sex life
-Anxiety
-Mood swings

Intellectual
- Forgetfulness
- Poor concentration
- Difficulty in making decisions

Emotional
- Difficulty controlling emotions
- Feeling insecure
- Negative self concept
- Feeling anxious

Social
- Difficulty making friends
- Difficulty building relationships
- Breakdown of close relationships
- Loss of confidence
- Social isolation



Willingness to seek help or access services

Asking for help
People need to seek help from health & social services at various stages. Being reluctant can lead to negative effects

Barrier 1: Gender
Men are less likely to access as they are often less open & avoid looking vulnerable

Barrier 2: Education
More educated are more likely to seek help
They are more likely to:
Research symptoms and know when help is needed
Understand importance of early diagnosis & treatment
Know how and where to access services

Barrier 3: Culture
Social behaviour, value, transition, customs and beliefs of communities. E.g.
- discriminated against when accessing services
- not speaking English well enough to discuss issues
- some cultures require women to see women
- Some cultures use 'alternative therapy'
- stigma (feel ashamed)of conditions e.g., depression

Environmental & Living conditions

Air – water – noise – light – housing - area

Environmental – Air, water and land around us.
Pollution - Contamination of the environment & living organisms by harmful chemicals.

Examples
Outdoor air – Chemicals from factories, exhausts
Indoor air – Aerosols, mould, cigarette smoke, carbon monoxide from heating
Water– Farm fertilisers/pesticides, waste, sewage
Food pollutants – chemicals in food production
Noise – Machinery and traffic music, loud neighbours
Light – Excess lighting, street lights

Impact of pollutants
• Lung problems *(Bronchitis, asthma, lung cancer)*
• Heart damage *(disease, stroke)*
• Reduction of brain function *(thinking and memory)*
• Low birth weight or premature births

Housing
Good living conditions
Less polluted areas, quiet, safe, spacious, warm, dry, safe outdoor space
Poor living conditions
- Overcrowding – anxiety & depression, sleeplessness, difficulty concentrating & studying
- Lack of open space – less exercise & physical play
- Pests - Rats carry disease, bugs carry disease
- Damp & mould - Respiratory problems (asthma)
- Poor heating – poor health (cold, flu) heart disease

City
Better transport links
Close to facilities i.e. Shops, gym, entertainment, health services
Easy assess to social events
BUT pollution problems

Rural
Sense of community
Access to outdoors & less polluted
BUT commute, difficult to access services, isolation

Economic

Relate to a persons employment situation & financial resources. Effects lifestyle, health & wellbeing

Factors

2) Occupation - Job role & status (i.e. level of responsibility, salary)

3) Employment/ unemployment
- Part time
- Self employed
- Not being able to find work (due to being disabled, made redundant, or being reliant on state benefits)

1) Wealth
-Level of income
- Amount of personal wealth, including non-essential, valuable material possessions (jewellery, cars & property)

Adequate income:
Pay for rent/mortgage – Pay bills (heating etc.)
- Afford luxuries, clothing, holidays, car, house with a garden – Eat a balanced diet – Socialise with friends - Afford travel to leisure/health services – Live in suburbs /countryside

Relative Poverty - Can only afford the essentials. (reduced financial resources) Life choices will be limited -more likely to:
- suffer ill health
- lack personal development *(i.e. school trips, warm clothes, doing well at school)*

Absolute Poverty -Not enough money to meet basic needs (food, clothing, housing) even with benefits.

	Positive	Negative
P	Good housing conditions Healthy diet Manual jobs can improve muscle tone & stamina	Poor housing conditions Poor diet Manual jobs - muscular/skeletal problems Desk jobs - less activity and weight gain
I	Opportunity to access intellectual activities Work, education & training helps to develop problem-solving & thinking skills	Long hours -less leisure time & reduced learning opportunities Being unemployed can result in poor mental health
E	A well paid job gives a feeling of security and less stress/worry over housing etc. Affording to socialise =positive self concept	Financial worries - stress & breakdown of relationships Not affording to go out and socialise =depression Unemployment of a low status job =low self concept
S	Better financial resources =opportunities to socialise Socialise with colleagues	ask of financial resources reduces opportunities for socialising Reduced opportunities for relationships = social isolation Financial worries = stress & breakdown of relationships

Life events

Events can change life circumstances in positive & negative ways

Expected
These can be predicted. They are easier to plan for & manage the effects
-Leaving school
-Starting school
-Moving house
-Starting work
-Living with a partner
-Marriage/civil partnership
-Retirement

Effects on health & wellbeing:
Positives:
New friends, learning, skills, independence, excitement, confidence
Negatives:
Anxiety, insecurity, stress, unhappiness about loss of 'old' life, change in lifestyle

Unexpected
Cannot be predicted and cannot prepare.– has a greater impact
e.g. Redundancy, imprisonment, exclusion, sudden death of someone close (bereavement) and ill health, accident or injury

Effects on health & wellbeing:
P – High blood pressure
I – Depression, difficulty thinking & decision making, memory
E – Difficulty sleeping, grief, insecurity, stress and anxiety
S – Isolation, loss of friends
Some positives – catalyst for change of behaviours, opportunities for new study or training, support for emotional, diet etc

Key Words

Health & Wellbeing – how physically fit and mentally stable a person is (not just absence of disease) Linked to PIES.
Social integration – When people feel they belong to a group
Social Isolation - When people do not have contact with others.
Social interaction Acting/reacting to people through communication & relationships
Stress - Feelings of mental & emotional tension.
Adrenaline – a hormone released when the body responds to a demand which can lead to stress.
Economic - Relate to a persons employment situation & financial resources
Income – money people receive from work, savings pensions or benefits.
Expected life events – can be predicted e.g. Leaving school
Unexpected life event – cannot be predicted i.e. Bereavement
Environmental – The air, water and land around us.
Pollution - contamination of environment & living organisms by harmful chemicals.

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Health and Social Care Knowledge Organiser: Component 3

B2. Using Published Guidelines to Interpret Health Indicators

Knowledge Organiser

Published guidelines and baseline assessment

How do we know what health test results actually mean?

What is normal?
These normal measurements, or published guidelines, are called ***baseline measurements.***

Even though a person may not be ill, a measurement can give a warning they need to improve their lifestyle in some way:

- Losing weight
- Reducing stress, alcohol or salt in their diet
- Giving up smoking

Risks to physical health of abnormal readings

Blood pressure
Having abnormally high blood pressure reading could lead to a range of diseases including: heart disease, kidney disease, strokes and blindness.

Abnormal blood pressure readings: having an abnormal reading may not always mean that you have a serious condition, blood pressure can vary depending on the time of day, situation and current activity levels.

White coat syndrome: People are often tense and anxious when visiting the GP or hospital. Blood pressure can be as mush as 30mmHg higher when taken in a medical setting.

In this case the patient will either
- *Take reading on a home blood pressure monitor at regular intervals and record these.*
- *Wear a 24 hour blood pressure monitor.*

If the reading continue to be abnormal, this will need to acted upon as quickly as possible.

Interpreting lifestyle data

On average one in ten children is obese and more than a fifth are overweight by the time they start primary school.

NHS England

Office for National Statistics

Health indicators are vital in diagnosing risks to health but they should never be used in isolation (on their own).
For example, BMI is a good way to assess a person's weight in relation to their height. But, BMI cannot tell the difference between excess fat, muscle or bone or whether you are a man or a woman, therefore a clear overall picture isn't obtained.

This means that:
A very muscular person may fall into the overweight or obese category, even though their body fat is low.
Older adults may fall into the healthy weight category even though they are carrying around excess fat round their middle, because they lose muscle at this age.
Women, who generally have more total body fat than men, are measured against the same BMI ranges as men.

Limitations to published guidelines

Starting a health and wellbeing improvement plan
A good health and wellbeing plan will start with a problem to be dealt with. There should be an overall **goal** or aim. This will be based on the assessment of a person's present health status through:
- The use of physical measures for health
- The factors that affect this

Recommended actions based on a person's physiological indicators
By looking at a person's health indicators and comparing them to what is considered the norms, you can tell if a person needs to improve one or more aspects of their health and wellbeing. The aim is to get that person's health to match the '**norms'.**

Recommended actions based on a person's lifestyle indicators
Some people need to improve their lifestyle to achieve good health and wellbeing:
- Smokers stop smoking
- Take up regular exercise

Interpreting lifestyle data on smoking

Who produces data on smoking?

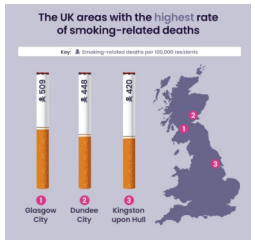
To persuade people to stop smoking

To plan care:

What health organisations like the NHS use smoking data for:

To provide information

To offer support and help to quit

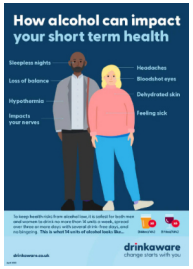


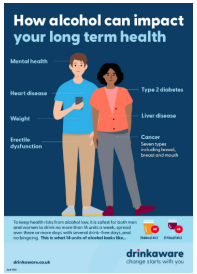
What data achieves:

Laws about smoking
- Smoking in almost all enclosed spaces and workplaces is an offence.
- Smoking in a private vehicle when a child is present is an offence.
- Smoking on public transport is an offence.

Interpreting lifestyle data on alcohol

The Drinkaware Trust is an independent UK-wide alcohol education charity. The Trust is governed independently and works in partnership with others to help reduce alcohol-related harm by helping people make better choices.

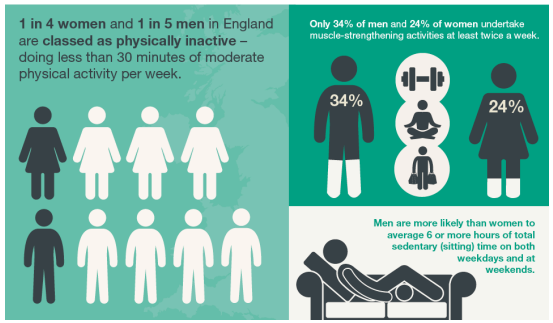




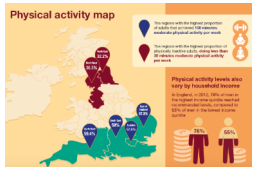
Lifestyle data on the effects of alcohol on an individual have led to the reduction of limited published by the government in 2016 and campaigns to prevent binge drinking.

Interpreting lifestyle data on inactivity

How active are we?



When you have an inactive lifestyle,:
- You burn fewer calories. This makes you more likely to gain weight.
- You may lose muscle strength and endurance.
- Your bones may get weaker and lose some mineral content.
- Your metabolism may be affected, and your body may have more trouble breaking down fats and sugars.
- Your immune system may not work as well.
- You may have poorer blood circulation.
- Your body may have more inflammation.



Data shows the cost of inactivity, leading to obesity, on the NHS will be 50 million pounds by 2050.

Health and Social Care Knowledge Organiser: Component 3

C1. Person-centred Health and Wellbeing Improvement Plans

Knowledge Organiser

A history of the person-centred approach

Until quiet recently , care was done **'to'** a person rather than **'with'** a person. Regardless of their individual needs they were expected to fit into the existing practices. American Psychologist Carl Rodgers developed a person-centred approach in the early 1960s believing that the person was capable of and should be trusted with their own decisions.

Fit for the Future: 10 Year Health Plan for England (2025)

- Care will be more personalised, with patients empowered to make informed decisions about their health.
- Services will increasingly be delivered in community settings, supported by digital technologies and a stronger focus on prevention.
- Patients and carers will play a greater role in designing, improving and evaluating NHS services.

Benefits of the approach

A person-centred approach means

- The service user is at the centre of the care and support
- They are included in planning and decision making
- Service providers work **collaboratively** with service users
- Service providers require **empathy** and willingness to see thing from the service user's perspective

Improve the quality of services available

To plan care:

What a person centred approach can do:

help people to be more active in looking after themselves

Reduce some of the pressures on health and social services

The Health Foundation

Person-centred care means people receive care that is respectful, coordinated, personalised and enables them to be active partners in managing their health.

Promotes shared decision-making, personalised care, coordinated care and self-management support. Its work has influenced NHS policy and practice on person-centred care.

Why is person-centred care important?

An ageing population and increasing long-term conditions have increased demand on health and social care. Person-centred care helps meet these complex needs by providing personalised, coordinated care.

The Health Foundation is an independent UK charity that promotes evidence-based improvements in health and care.

As the UK population grows and people live longer, there are:
- More older adults.
- More people living with long-term conditions (e.g. diabetes, dementia, COPD).
- Greater demand on health and social care services.

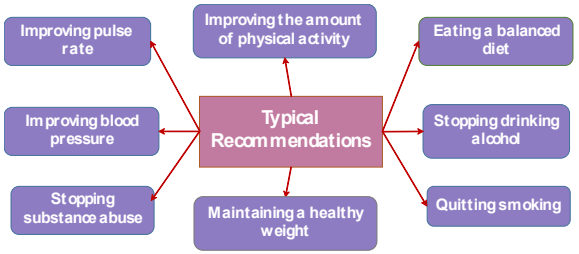
Recommended actions to improve health and wellbeing

A good health and wellbeing improvement plan will start with a statement of the problem to be dealt with. There should be an overall **GOAL** or aim. This will be based on the assessment of a person's present health status through:

- The use of physical health measures
- The factors that affect this

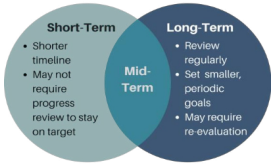
The plan should have certain features, one of which is a set of recommended actions designed to improve health and wellbeing.

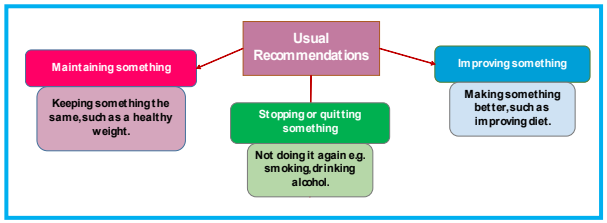
Recommended actions based on physiological indicators



Short and long-term targets

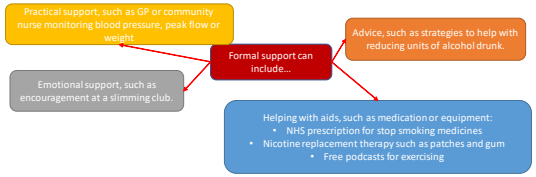
Targets can help and motivate people and are a key feature of health and wellbeing plans.
These are more effective when both short and long term targets are used together, as the individuals involved have short term gains and also have greater benefits long term.





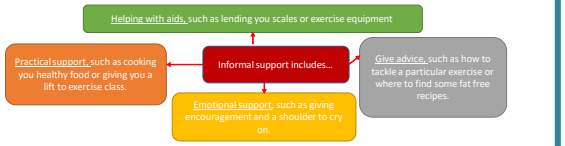
Formal Support

Formal support is provided by health and social care professionals who are trained and paid to give support when an individual needs to improve their health.



Informal Support

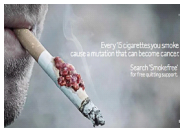
Informal support is provided by friends and family. They are not paid to help, but do as they care.



Recommended actions based on a persons lifestyle indicators

Some people may need to improve their lifestyle to achieve good health.

Indicator	Recommended action
Smoking	Nicotine replacement patches and gum
Too much alcohol	Reduce to safe levels of maximum of 14 units per week
Inactivity	Weekly targets for exercise Strength exercises



HEALTHY LIFESTYLE

The Office for National statistics (ONS) produces official statistics for the UK from many surveys it completes on smoking, diet, obesity and alcohol.