

# Managing financial resources in Health and social care

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## **Health Care**

According to WHO, "Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity."

It has been always important for the people to be generally, physically and mentally fit in order to provide and also enjoy economical and social benefits. As falling sick or getting hurt is very uncertain to the people, therefore, interpolation of health care became a necessary evil to assist people with such uncertainties in their lives. Health care as a matter of course is regarded as an essential foundation in promoting over-all well being of the people involving their mental health and physical health all around the globe (Wheeler and Grice, 2000).

## **Social Care**

There are some sections of the society, which need extra support and care, be it a practical support or an emotional support, these people who demand such assistance lack something which cause them to be dependent for extra attention and care. Such support is provided to such sections of the society to enable them to do activities happily which others who do not require extra care or support take for granted. This is generally termed as social care. Social care is provided to everyone, regardless of person's background. It is provided to old age people, ill people, children, disables or to poverty stricken people. There are established social care teams under local authority of the respective areas. The people involved in such teams are also called social carers.

### **Integration of Health and Social Care**

However, health care and social care are integrated services as both are somehow interlinked and the sufferers are also humans. As health care is given to the humans and providing services to needy humans are called social services. Most of the countries take both the matters jointly and bring about measures to look after it. These services are derivable from health and care providers. Not everyone is eligible to provide such services .in order to become eligible for providing health care and social services, the applicants have to go through various professional courses as it involves a range of academic and vocational courses. Health care and social care can

be and are studied as a subject in colleges and the discipline of this subject embrace elements of many other social subjects or biological subjects, such as sociology, biology, nutrition, anthropology, history, law and ethics. The students intending to become social and health care providers can engage themselves in part time jobs or internship which is in relation to their subjects simultaneously with their academic studies. They may seek placements in social homes, nursery, social institutions, hospitals or caring establishments. After acquiring the qualifications, the students may begin with being care assistance depending upon the level of qualification acquired by them. Later, after being the care assistants, they can choose their pathways to become a doctor, social workers, counsellors, physiotherapist, paramedics, psychologist, psychotherapist and other related varieties of occupations.

According to National Economic and Social Rights Initiative, health and social care is considered as a human right. Consequently, it is guided by human rights standards, such as universal access to everyone, health and social care should be comprehensively available to everyone and should be physically available whenever and wherever needed. The availability of health and social care services must be available in all geographical areas; availability of such services is an important component of maintaining human rights standards. Moreover, it is expedient for the health and social care providers to be sensitive towards the needs of the human based on gender, age, culture and different ways of life and abilities or disabilities.

The care provided by the providers must respect dignity and must administer culturally appurtenant care and be responsive. The quality of care must be guided by quality standards and control appliance and must be provided timely and safely. No discrimination should be made to people on the grounds of race, caste, colour, sexuality etc. There must be complete transparency in administrating information to the people. People must be free to participate actively in their role in decision making that concern their health and in conjunction with organization and incorporating the health and social care services.

In most of the democratic countries, health and social care is regarded as an important issue, as democracy is by the people, for the people and of the people. Therefore, such services become foremost in such countries. It is not a non burdensome job nor is it a child's play to provide with the services. It requires the usage of lot of resources and the procedure of applying the resources in a systematically manner needs a great deal of planning and proper management without which it does not only make the provision or implementation of the services inefficient but nearly makes it impossible to handle. Commonly, health care and social management planning is a part of national development planning in almost all the nations. As mentioned earlier, resources play a significant role in the management strategies. It involves the money, manpower, skills, knowledge, materials, techniques and time necessary or at one's disposal for carrying out any

actions which is required to attain any specified objectives decided for the purpose. (Sussex, Scour field and Herne, 2008)

Plan is the outcome of the formulation of planning result and it is a blue print for proceeding with any action. It consists of five major steps that are; elements, objectives, policies, programmes, schedules and Budget. It is very important to have a proper financial planning in implementing policies or any type of provision of such services, as one of the most important means of obtaining resources is money power, for that purpose additionally with other important aspects, it is expedient to maintain budget as money is not an unlimited resource.

## **REQUISITES FOR MANAGING FINANCIAL AND OTHER RESOURCES**

### **Planning**

In order to manage financial resources in health and social care, it involves a lot of steps and strategies. The 1st step is pre-planning which is preparation for planning which initially involves Government interest, a strong and an adamant political will is important for the health and welfare planning in the nation as it is manifested with clear directives and policies given by the government authority. The second important aspect of pre-planning is legislation as the policies regarding health and social welfare, which have been formulated have to be translated to legislation. For example, the

enactment of PCPNDT Act (Pre-Conception and Pre-natal Diagnostic techniques Act) by the Indian parliament to protect the female child from getting killed on her birth inside the womb. The third important thing is an organization for planning. It is not easy to formulate plans and make decisions regarding the same, therefore, there is required an organizational structure for the preparation of the various parts of the plan. For example, the planning commission of India act as an organization for planning. It consists of full-time planners, who are advised to by representatives and technical experts in the socio-economical fields and development as well as for political leaders. The forth most essential aspect of pre-planning is Administrative capacity. It prerequisite for the implementation of the plan and administer proper coordination to manage the plan at all levels. The Central and State Ministries are vested with administrative capacity for health and social care related plans.

There is always a planning cycle, planning cannot be a one way process, it includes many elements interrelated to each other usually forming a cycle. Planning is wide bedrock on which management is based. The first element involves analysis of the health situations. This process comprehends the collection, assessment and interpretation of information in a manner which enables the accumulation of minimum pertinent requirements for health planning. This process generally involves collection of data regarding population structure and its composition, mortality rates, medical and social care facilities in different geographical areas, training facilities, attitudes and

beliefs of the population and technical manpower of various categories. The second process in the planning cycle involves establishment of objectives and goals. These establishments of objects are made at all organizational level, from the smallest to the highest. This is generally required to avoid haphazard activities, poor maintenance and un-economical use of funds. It is not only established to guide the actions but also to establish some economical concepts which obviously help in financial management of the resources. The economical principles like "cost-benefit" analysis, and "input-output" study of health and social services. The third process is the assessment of resources. As mentioned earlier, the term resources portray money, manpower, skills, knowledge, materials and techniques. These resources are examined and the distinction is made between what is required to be used and what is available or is in stock, or is likely to be available in terms of resources in order to implement the health and social programs. The fourth important process in the planning cycle is fixing priorities. It is the next and the most important step after the determination of problems, resources and objectives. Since the resources are limited, it is likely that resources fall short of the total requirement. So, it becomes expedient to set priorities regarding the usage of resources. In order to fix the priorities, the main attention is paid to the financial constraints, morbidity and mortality compilations and measures to be taken to prevent these circumstances. This is basically a preventive process in the planning cycle as alternate plans are established for achieving goals and objectives



without any hurdles. The next process in the planning cycle, which involves a lot of detailing, is write-up of formulated plan. The plan should be properly codified in order to enable proper execution plan objectives and goals. This process was made mandatory as the planning process involves a lot of collection and assessment of data, therefore, it is not easy to keep everything in mind and include all the collected data. The data prioritized in the previous step need to be formulated in writing. The codification contains input and output of the plan, stages of implementation of the plan, working guidance for the execution purpose and also contains a 'built-in' system of evaluation. After the codification has been done it is left with the central planning authority planning for further addition or modification if required and the government can reconsider the modification from time to time depending on the circumstances relating to allocation of resources. The sixth step of the planning cycle is programming and implementation. This the process after the codification of plans and any further modification added by the central authorities. After the write of plans have been approved, the process of execution and implementing begins. The execution process demands recommendation of the proper organizational structure for the delegation of well-defined and well-structured procedures to be followed. It involves manpower. Many workers are engaged in this process with different responsibilities. As different roles and tasks are given to the manpower so it demands the selection process, training, motivation and supervision of the manpower. The measures for enhancing the efficiency of

organizations and institutions are also demanded in this process. The seventh mattering much of the planning cycle is monitoring. It is a diurnal process of observing, recording, and reporting on the activities of the organizations or projects and it is continuous. It is basically for keeping a check or a track on the activities of the organizations to avoid flaws in the future as it is a regular process and occur in the shortest duration possible. The 8th and the last process of the planning cycle is evaluation. It is expressed by modus operandi of assessment of achievements of the defined objectives and the stated elements if the programme. The organizations ensure that the objectives have been achieved and some relevant judgments are made on the assessment of the goals set for the purposes.

## **Management**

However, if we talk about management, it can be used in many senses, generally confused with other fields other than health care. Management techniques are familiar in business, industry, defence and other fields. The forthwith emphasis by WHO and many governments is on improvising and enhancing the efficiency of the health care delivery systems buttoning it up with the application of modern techniques and methods of management. Management techniques are based on principles of behavioural sciences as well as quantitative methods.

The methods based on behavioural sciences are organizational design, personal management, communication, information systems and

management by equipments. These are the important aspects in planning the health care techniques and make the implementation more efficient.

The other important management technique in health care is based on and derived from the arena of economics, operation research and budgeting. This is based on the principles of quantitative methods, which includes Cost benefit analysis, Cost-effective analysis, Cost-accounting, Input-Output analysis, a proper model to understand the how the factors in a situation affect one another, System analysis (this involves investigating and searching the problems and bringing the solutions and alternatives.), Network analysis (graphic plan of all events and activities). Another important technique in management is the Planning-Programming-Budgeting system (PPBS). This system is primarily required to help the decision makers to make decisions regarding allocation of resources in such a way that the available resources of an organization are used in the most effective way possible in order to achieve the goals mentioned in the objectives. It demands for grouping of activities into programmes in relation to the objectives. Another approach in managing the finance is called 'Zero Budget Approach', i.e., 'all budgets start at zero and no one gets any budget that he cannot specifically justify on a year to year basis.' Another important technique involving observation and recording of activities carried out in intervals of one or more individuals is called 'Work Sampling' (systematic observation and recording of activities of one or more

individuals) and decision making. Some of these techniques have a significant role in the management of health services (Bryans, 2005).

## **Health and Social Care in India**

India has been focused on eradicating social injustice and poverty since 60 years, as just after the independence, the nation was left with huge majority of poverty stricken people. One of the main and foremost issues was concerning the health and a social need of the people of the young nation and presently also, it remains important. It was not only the government's initiative but also many public oriented people established many nongovernmental organizations to work for the issues of the people. The drastic development was required in health sector as people still believed in using primitive means of solving health issues. Earlier, health issues or illness were deciphered in anthropological and cosmological frame of reference, consequently it became important for the introduction of modern and scientific techniques regarding health care. There have been many health care revolutions in India, such as health for all by 2000, concept of primary health care, Millennium development goals in 2000, National Health Policy 2003 and many more. The Indian government had been running low on financial resources and its allocation on social and health care was not a child's play as financial resources are also required for other developmental purposes. Let's take example of the year 2004. This year recorded spending of about 5.2 percent of nominal GDP or 34.9 billion of US dollars. The

health and social planning is the fundamental part of 'national socio-economic planning'. There were many committees appointed from time to time by the government of India to look after these issues. There are some committees like Bhore committee 1946 which highlighted the primary health and secondary health. Some other committees which were appointed were Chadah Committee 1963, Mukerji Committee 1965, Mukerji Committee 1966, Jungalwala committee 1967, Kartar Singh committee 1973, Shivastav committee 1975, Rural Scheme 1977 and Health for all by 2000 – Report of the working group, 1981 .

A planning Commission was set by the government of India to draw on an assessment material, capital and human resources of the country and outline the plans for the development purposes and attempt to make the best utilization of the resources. It consists of a division of planning year wise, this includes future planning and projection of plans for future needs over a period of 20 to 25 years. The planning commission consists of a chairman, Deputy Chairman and five members. There works three major divisions under the commission consisting of programme advisors, general secretariat and technical divisions which are responsible for scrutinizing and analyzing various schemes and projects to be incorporated in the five year plans.

The five year plans also include planning regarding the management of resources regarding implementation of objectives of health and social care planning. It gave considerable importance to health related programmes

and divided the health sector into the sub-sectors, such as, water supply and sanitation, control of communicable diseases, medical education, training and research, medical care including hospitals, dispensaries and primary health centres, public health services, Family planning and indigenous systems of medicine. The emphasis changes from time to time depending on the required needs of the people from time to time. The health plan is implemented at various levels that are centre level, state level, and block and village level. The five year plan based of health sector highlighted many factors which were necessary and brought about new innovations with the intention to not only bring effective innovations regarding health and social care but also to bring about proper allocation of financial resources for the purpose of imposing and creating objectives regarding the same. The plan aimed at eradicating of major communicable diseases by introducing modern techniques and cures, strengthening of the basic health services through the establishment of primary health centres and sub centres, introducing measures for population control as there are more people compare to the resources as resources are limited over the number of people demanding health services and lastly the most important is to manage the financial and manpower resources. There were two successful five year plans that are 1. Eleventh Five Year Plan (2007-2012) and 2. Twelfth Five Year plan (2012-2017), these two plans majorly focused on the health and social care issues and regarded health as an essential

component of development of the nation and also vital to social and economic growth as well as the internal stability of the nation.

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