Task 2: CASE STUDY 2- Partnership Working in Health and Social care sector

Q1. Develop approaches to advance partnership working in health and social care.

We all know that it is essential for every individual working in an organization or organizations need to ensure working partnerships to make sure that there will be sufficient communication, coordination among activities and cooperation between the concerned partners such that there is easy access to the realization and achievement of concerned targets and goals of the organization. As we know that today individuals believe that group efforts always lead to better and improved results for every type of partnership that takes place. As partnership leads to increase in the knowledge and spread of better communication network in the organization it leads to smooth working of the organization and help in improvement of overall team efforts and members too.

In the recent years, the partnership working in health and social care services has become one of the central focus for the industry players as well as government institutions. As we can see that in case of health and social care services we need individuals and professionals who belong to various services and activities involved, so being in a group helps them as working individuals as well as there are high chances of achievement of goals. (Douglas, 2009)

Organizations usually choose partnership functioning to ensure that they constantly improve their skills to bring remarkably synchronized health and social care services. Organizations also choose to work in partnerships so that they effectively can handle various issues and problems that are too complex to be undertaken by a single organization. This leads to decrease in responsibility or load on person who has to bear any kind of responsibility of the work or achievement of goals and he would have limited responsibility of his own efforts.

They have also decided to enter working partnerships so that they may easily be able to provide services across numerous traditional and old-style borders. This has become a very important part of the current working environment as now-a-days even health and social care sector has started to work in a globalized environment, that is, their activities are not limited to a specific environment or geographical location but are spread across various boundaries and that includes dealing with diverse kind of staff as well as patients which makes it necessary to work in sync with people belonging to these many diverse groups. Partnership working helps in creating relations that help in making the process of this syncing comparatively easier.

The various strategies to be used for improving partnerships are:

1. These organizations must be able enough that they can empower each other through suitable harmonization of activities and collaboration. For this they need to have proper administration and effective communication channels.
2. These organizations must rely more on interdependency of partnering organization that usually helps in making the process easier as well as easy transmit of information for making the right decisions. As we know due to this there would be less burden be it be in financial sense or any other, this always helps in betterment of both the partners as well as the result of partnership.
3. The partners must be able enough to complete the assigned task or work even if there arises a situation where they need to work alone without any kind of support from

their partner. For this they need to be capable enough both financially and operationally so that they do not lag in any circumstances.

4. Any type of partnership demands a very important aspect of mutual respect between the concerned parties so that there is smooth flow of activities so there is a creation of strong inter-organizational relations. (Baloch and Taylor,2011)
5. These organizations must divide their duties and responsibilities equally. This is a very important strategy to be used that the share of burden falls equally on both the partners and no one gets the larger share of work that makes it difficult for the individuals or organizations to work on their targets and complete and achieve their targets.
6. These organization should be able to make planned decisions that leads to benefits for both the partners. This is a very important aspect as well as benefit of partnership that there should be joint decisions made that would help to achieve better results and make proper decisions.

Q2. Highlight the type of partnership in the case study and analyse the different models of partnership that can exist in health and social care.

The three types of partnership that exist in health and social care are:

1. General Relationship
2. Limited Relationship
3. Relationship at Will

General Relationship stands for those where there is more dependence on staff. For example, in case of working of hospital there needs to be proper interdependence among the staff otherwise the whole administration might fail and this leads to chaos like that in the case. There is a miscommunication problem as the staff is not efficient enough and is not willing to listen or work in collaboration with each other. [Pelch, 2013]

Limited Relationship is when interaction between different department only takes place if there is some need otherwise there is no interaction. For example, if there is a financial decision is to be taken it is not necessary that all departments or units need to work in sync, only those concerned needs to be involved and concerned to make decisions.

Relationship at will is when there is interaction only when procurement is required. For example, if there is a need that any department requires some raw material for their individual production, only the concerned departments need to make contacts, communicate and place their respective order.

The type of partnership in the case shows the ill effects of mismanaged general relationships. Here we can see that there is problem of miscommunication, no proper administration, no sync among the various activities that should be of concern to the organization.

The types of departments involved and their concerned types of relationship are:

a) Caretaking department: General relationship
b) Medical staff: Relationship at will
c) Top Management: Limited Relationship

Here the caretaking department is not properly administered and needs to have proper communication as well as redressal system.

Even the medical staff is not as much efficient as they proclaim to be and need to make sure that they are fulfilling their responsibilities to their full capability.

The top management of the hospital is also not paying proper attention that their hospital is facing such problems as well as the issues that are created is not getting properly addressed.

Q3. Review current legislation, policies and organisations practice that is adopted when working in partnerships in health and social care.

The following is a part of list of the policies and legislations that are concerned with working in partnerships:

1990 Legislation: NHS and Community Care Act

1991 Policy: Patient's Charter (Department of Health)

1992 Policy: The Health of the Nation – A Strategy for England (Department of Health)

1994 Policy: Working in Partnership: Report of the Review of Mental Health Nursing (Department of Health)

1995 Policy: Building Bridges: A Guide to Arrangements For Inter-agency Working for the Care and Protection of Severely Mentally Ill People (Department of Health)

1998 Policy: Modernising Mental Health Services: Safe, Sound and Supportive (Department of Health)

1998 Legislation: Human Rights Act

1999 Policy: National Service Framework for Mental Health: Modern Standards and Service Models (Department of Health)

Patient and Public Involvement in the New NHS (Department of Health)

2000 Policy: NHS Plan (Department of Health)

2001 Legislation: Health and Social Care Act

2001 Policy: Involving Patients and the Public in Health Care (Department of Health)

2003 Policy: Health and Social Care (Community Health and Standards) Act

Inside Outside: Improving mental health services for Black and Minority Ethnic Communities in England (Department of Health)

2004 Policy: Mental Health and Social Exclusion Report (Office of the Deputy Prime Minister)

2005 Policy: Delivering Race Equality in Mental Health Care

2007 Policy: Mental Health Act

Local Government and Public Involvement in Health Act

Putting People First – a shared vision and commitment to the transformation of Adult Social Care

2008 Policy: Real Involvement – Working with People to Improve Health Services (Department of Health)

2010 Policy: Essential Standards for Quality and Safety (Care Quality Commission)

2010 Legislation: Equality Act

2010 Policy: Equity and Excellence – Liberating the NHS

2011 Policy: No Health Without Mental Health: a cross government mental health outcomes strategy for people of all ages (Department of Health)

2014 Legislation: The Care Act

Q4) Explain how differences in working practices and policies affect team work in health and social care using the case study above.

Teamwork in health and social care can be defined as as two or more individuals or organizations communicate interdependently with a common determination, with an aim toward quantifiable goals that profit from management that sustains steadiness while reassuring truthful argument and problem resolving. Researchers have found that integrating services among many health providers is a key component to better treat underserved populations and communities with limited access to health care. (Salas E et al. 1992).

Health care is career in which health professionals even doctors & nurses from diverse specialisms must work collected, connect often, and share possessions. Health teams consists of a diversity of professionals – called cadres in health care – each with specific knowledge and accountable for different responsibilities. These multidisciplinary teams are created to solve health problems.

Successful health teams strive to recognize the patient's condition, get proper information about the problem, make an initial valuation and provide recommendations only after proper evaluation and suggestions. Teams can also work together to develop health elevation for diverse societies and instil disease deterrence behaviours amongst patients. Teamwork became an important health intervention for many reasons.

First, clinical care is becoming more complex and forcing medical staffs to attempt complicated health services. (Manser, 2009)

Secondly, working together decreases the number of medical errors and increases patient safety. Teamwork also reduces issues that lead to burnout.

One person doesn't bear all the responsibility if a single person ruins the group performance. Health teams provides more leverage to health workers by breaking down hierarchy and centralized power of health organizations,

Third, because teamwork is centred on compact communication, patients and their families sometimes feel more at ease and report they accept treatments and feel more satisfied with their health care. [Executive Articles]

TASK 03: Potential Barriers and Outcomes of Partnership working in health and social services:

Working in Partnership is extensively encouraged to implement strategies to influence the wider determinants of health and health inequalities. The objective is to secure population health improvement.

Though it is problematic to express partnership agreement in health care, it is easier to pin down the motivation for partnership working.

Partnership working refers to a collaborative work between two or more individuals, governments, agencies or organizations with shared interests.

Despite longstanding support for joint working, it has been beset by problems across all client groups. Examples include:
• Late releases from hospital, mainly of older people. These involve cases when a patient cannot leave hospital because of the inaccessibility of health or social care services in the community or because of organizational issues within hospitals.
• NHS cuts to ongoing healthcare. This has led to disputes between NHS and social care professionals and shoved costs on to councils, who often have to fund care packages for people no longer fully funded by the NHS.
• The break-up of community mental health teams. Some countries are removing their social workers because of cost pressures or concerns over trusts' approach to issues including adult safeguarding moving and the personalisation of care.
• A lack of NHS assignation in child protection and a lack of co-ordination of health and social care services for children.
• Collective budgets have not deciphered into better outcomes.
• Sometimes due to disagreements between various partners agreements have to been scrapped
• Health and social care agencies in front of various government performance regimes.
• Health and social care agencies using diverse IT systems.
• Reduction in one kind of budget automatically leads to need for reduction in another too.
• The staff are integrated as well as segregated in various methods and ways.

Many of the complications met by this partnership were bounded by the different potentials of the groups who had formed this health partnership.
The concept of partnership was central to the development of local community health strategies. Yet some of the community groups began to question the extent to which the statutory sector was serious about this partnership approach.
Both the community groups and the practitioners had a stake in local health planning and practice, but each had their own agendas. [Natalie,2010]
Quickly it became apparent that partnership itself was a contested term. At a community level, partnership was a collective response to addressing problems of social exclusion and poverty.
At a Trust level it was seen as an opportunity to involve the community in addressing local health needs, but within the constraints of their legal obligations. The tensions surrounding this partnership also caused difficulties for the professionals involved with the partnership

There also increasing and ever prevailing tension between the theory of working in partnership and the practice of power sharing. The partnership was not something that could simply be set in motion; it required a significant amount of work and negotiation between all the parties involved. There was also issue of commitment to investing a considerable amount of time into building the relationships required for a productive consultation process. Whilst the community and voluntary groups were extremely wary of becoming involved in a token consultation process, the Trust could not delegate authority to an extent that it would encroach on their statutory responsibilities. [JIT,2010]

The four possible outcomes of partnership working in health and social care can be:

a) Service User: Partnership working always is useful to the service providers because it helps in increasing the efficiency of staff members. With more staff available for jobs, there is increased possibility of better care for the patient. As there is a belief that longer duration of working life would be there due to partnership it leads to improved quality of goods and services as well as the style of working also changes. Hence working in relationships help in increasing the efficient outcome of service users.

b) Professionals: To achieve the goals and targets, the professionals would need to work in groups and need to share their knowledge and capabilities with their respective team members. This will lead only to on most positive outcome for both the sides, as there will be benefit for the team as they would be able to gain more knowledge and increase their horizon of knowledge and improve their capabilities. They can now with the improved knowledge work in a better way.

c) Organizations: The most important outcome of partnership is towards the organization as now the whole burden doesn't fall, on a single individual or unit. The overall burden is now shared by many and this reduces the risk. As partnership includes members from different sections and background a diverse cultural and professional environment is created. This also leads to increased flow of knowledge and skill in the organization. (Minkler and Wallerstein,2010)

010References:

Salas E et al. (1992), *Toward an understanding of team performance and training.,* [Article],

Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955345/ [Accessed 29th

March 2017]

Manser T, (2009), *Teamwork and patient safety in dynamic domains of healthcare: a review of the literature.,* [Article], Available: http://www.sciepub.com/reference/76538 [Accessed 29th March,2017]

Department of health, (2010), national involvement standard, [Article], Available:

http://www.nsun.org.uk/assets/downloadableFiles/4P

SERVICEUSERINVOLVEMENTINHEALTHANDSOCIALCAREPOLICY.V62.pdf [Accessed 29th March 2017]

Canadian Health Services Research Foundation, (2017), *Teamwork in healthcare: promoting effective teamwork in healthcare in* Canada*. Policy synthesis and recommendations*, [Article]Available: http://www.hrhresourcecenter.org/HRH_Info_Teamwork (Accessed, 29th March,2017)

JIT, (2010), *barrier to partnership working,* [Article], Available:

http://www.jitscotland.org.uk/wp-content/.../Chapter-4-Barriers-to-Partnership-Working.pdf [Accessed 30 March 2016]

Pelch, A., (2013), *Partnership working and outcomes,* [Article], Available:

http://onlinelibrary.wiley.com/doi/10.1111/hsc.12050/pdf [Accessed 29th March 2017]

Natalie, V., (2011) *Expert Guide to health and social care sector* [Article], Available:

http://www.communitycare.co.uk/2011/08/17/expert-guide-to-health-and-social-care-joint-working/ [Accessed 30th March,2017]

A Government of North West territories (2017) , *Executive* publications[Article],Available:

http://www.executive.gov.nt.ca/publications/policies/ [Accessed 1st April ,2017]

University of Stirling, *Care Integration in practice* (2017)*,* [Article], Available:

https://www.stir.ac.uk/health-sciences-sport/courses/cpdopportunities-healthsciences/modules/advancedpractice/care-integration-in-practice.html [Accessed] 1st April,2017