

# Working in partnership in health and social care



## 1. Explain the philosophy of working in partnership in health and social care

Literature in health and social care is replete with synonyms referring to the demand for health and social care agencies to 'work together' more effectively in 'partnership' and in 'collaboration'. A lot of the role of terminology is policy driven, advertising terms such as 'joined-up thinking' and 'joined-up working', so that services can be delivered 'seamlessly' (NHS Executive 1998).

The conceptual analysis of partnership was framework identified by Walker and Avant (1995) requires that definitions of the terms are first sought, including dictionary definitions and those employed within the literature. Subjecting the concepts of 'partnership' and 'collaboration' to this process reveals some interesting similarities and conflicts between them.

The need for both public involvement and partnerships between service providers is reflected in recent policies, such as the New NHS, Modern Dependable (DOH 1997), Modernizing Health and Social Services: Developing the Workforce (DOH 1999a) and the Health Act (1999). The different definitions between partnership and collaboration reflects the change of emphasis in health and social care over recent decades. Hence, the need to consider the context of the concept (Rodgers 2002) is as important for understanding the concept of collaboration as it is for understanding the concept of partnership.

These attributes of partnership illustrate the shared commitment that characterizes partnership and show that it has a substantive ethical content.

All partners need to have trust in and respect for other partners. Key to the process of partnership is the involvement of partners in power sharing and negotiation (Gallant et al. 2002). Partnerships between health and social care agencies, this process might involve considerable negotiation in order to arrive at a shared understanding of roles and responsibilities across multidisciplinary boundaries, as well as the relinquishing of power relationships. Equally in partnerships between clients and professionals, this same process of negotiation and relinquishing of professional power will occupy place. Nevertheless, this can be difficult in practice, especially if professional codes of practice and legal frameworks work against it.

Equally in the concept of partnership, the participation of the public is fundamental to work collaboratively. The collaboration includes that two or more people must be implied in a joint venture, typically one of an intellectual nature in which participants will participate in planning and decision making' (Henneman et al. 1995: 104). Stewart and Reutter (2001) exemplify this, citing evidence from three studies of survivors of myocardial infarction and their spouses; parents of children with chronic conditions; and older women with disabilities. Henneman et al. Further argue that individuals consider themselves to be members of a team working towards a common goal, sharing their expertise and responsibility for the outcome. For example, collaboration would occur if a Social Services Department joined with a local NHS Trust to identify training needs of their staff and applied knowledge and expertise from both married people to produce shared training.

## 2. Evaluate partnership relationships within health and social care services

The need for health and social care agencies and their professionals to play in partnership is a cardinal component of contemporary English health and social care policy. The partnership is predicated on the notion that this way of working improves services and outcomes for service users. Health and social care partnership working is a central characteristic of the current government's approach to public policy. A scope of policy documents has brought up to the importance of health and social care

Organizations operating in partnership and the government has brought in a range of legal flexibilities such as The Health Act 1999 and mechanisms such as Care Trusts, Children's Trusts to promote public sector organizations to run with others.

In recent years, the collaboration agenda has been further extended, beyond health and social care, to education, housing and welfare. Moreover, the most recent health and social care white paper Our Health, Our Care, Our Say (Secretary of State for Health, 2006) also suggests the importance of the involvement of commercial and third sector organizations in addressing a number of the key issues which today's society faces. Partnership working is not a new concept and to some extent is a necessary mechanism in order to overwhelm the structural difficulties associated with the existence of separate health and social care authorities. To this end, partnership is an important concept which aims to bridge the complexities caused by this boundary in terms of policy, practice and services for users.

The range of definitions associated with the partnership concept is one of several evaluation challenges related to this way of performing. Partnerships

in health and social care environments may require a number of different varieties and tend to be locally implemented, rather than living in some centrally mandated form. Thus, it is rather likely that each partnership will deliver somewhat different aims and, accordingly, different understandings of what constitutes success for that partnership. Moreover, as Dowling and colleagues (2004) note, the aims of partnerships are much similar to those of other public sector policies (i. e. improved efficiency and effectiveness). Thus, showing what it is specifically that partnerships aim to reach outside of traditional manners of service delivery is hard to prove. Therefore, there is no single set of outcome indicators which can be utilized to assess whether a partnership has been successful.

Evaluation reflects some ingrained assumption within the public sector that partnerships lead to better outcomes. Thus, rather than investigating service user outcomes, evaluators analyse the process of

partnership working and, if this seems smooth, presume that positive benefits must be produced for service users. In order for the process of partnership to be effective (Wildridge et al., 2004) quite a number of initiatives such as the Health Act flexibilities in an attempt to gain greater coterminosity with Local Authority partners to mitigate the health and social care boundary. However, these have been largely at the structural and legal level as opposed to guidance to local health and social care economies about actually producing effective partnerships in practice. Such a view of government presumes that, by demolishing the structural and legal difficulties, local organizations should simply be able to create effective partnerships.

2. 1 Analyse models of partnership working across the health and social care sector

2. 2 Review current legislation and organisational practices and policies for partnership working in health and social care

2. 3 Explain how differences in working practices and policies affect collaborative working

Structural integration in healthcare involves extending the scope of an organization's activities, for instance, when hospital and primary care services become part of a single organization. In the some countries, integrated primary and secondary care are standard in many regions, with managed care organizations offering a broad scope of preventive, primary and secondary care. Medical specialists work alongside general practitioners in multidisciplinary medical groups, instead than being attached to specific hospitals. Doctors have rapid access to diagnostic services in the outpatient setting, thus many patients do not ask to remain in hospital. Integrating primary and secondary services in this way may improve health resource utilization and cut prices. Comparisons of the Kaiser Permanente model of integrated care in the US versus NHS models have found that integrated care is linked with more comprehensive and convenient primary care, more rapid access to specialist services and less usage of hospital services. In England the Early Support programme aimed to improve multiagency working for children aged up to three years with a disability.

Health and social care establishments are taking part in crime reduction partnerships in England. A review of crime reduction partnerships such as Drug and Alcohol Action Teams (DAATs),

Crime and Disorder Reduction Partnerships (CDRPs), Multi Agency Public Protection Arrangements (MAPPAs) and Youth Offending Teams (YOTs) found that differences in ethical and professional outlook were a major barrier to partnership working and were the least likely factor to be addressed in planning and policy.

Large-scale change has been attempted to input from the voluntary sector. For example, in Wales,

An innovative approach was shown to transform systems and services in deprived communities. 'Top-down' approaches have not been successful in reducing inequalities in health so the two areas in

Wales used a community development approach to confirm the change.

The NHS Local Improvement Finance Trust (LIFT) program developed partnerships between the

Public and private sectors to increase investment in English primary care facilities. Here's what the researchers establish that public and private sector organizations had different organizational cultures which impacted on joint working. Nevertheless, partners with LIFT organizations tended to work well together, with neither side dominating. It was significant to handle differences in organizational culture in order to nurture partnerships. Cross

sector partnerships have also been tested at a strategic point in the area of health insurance and research.

Cross sector work within health care takes place in a miscellany of ways, including joint working between organizations to supply a specific service and networking of systems for supporting improvement initiatives for teams drawn from multiple subjects or systems. Not only that, new staff roles that coordinate care or provide links or liaison between services and tools to support joint working such as integrated care pathways have been created.

There are many examples of different layers of the health sector working jointly to improve care. Partnerships between primary care and hospital services are getting more vulgar. Genetics services have traditionally been provided in specialist care, but there is a move to make these services more accessible through main care. But certia tough barriers such as deficiency of interest among primary care staff, national targets that focused the attention of primary care teams elsewhere and service structures are making genetics a peripheral business. I believe that joint training and direct communication between professionals helped to strengthen relationships. Practice nurses played a key liaison role between general practices and allied and community wellness services. Newspaper-based records acted as a roadblock to building relationships and sharing functions.

In order to bring in legislation and controlm Multi-Agency Risk Assessment Conferences (MARAC) were set up to support very high risk survivors of domestic violence. The MARACs aimed to provide ongoing communication between agencies and victims, risk assessments, advocacy to survivors and



help in holding perpetrators to account. More than four in 10 survivors reported no further violence one year after the MARAC. Survivors said that having cross sector support was important once they were ready to change their situations.

Networking, either remotely or in person helps build clinical networks where they are been developed where multidisciplinary teams of healthcare providers work together to provide or evaluate care, cutting across organisational and professional boundaries. But with ICT and latest technology, y professionals working together day by day or more in ‘ virtual’ teams, where care is coordinated across multiple professionals who remain in their distinct organisations.

There are many good examples of cross sector working between health and social care to deliver specific services in England. The National Service Framework for Older People requires health services and local authorities to agree on programs to promote wellbeing in older people. A valuation of one interagency health and social care team delivering health promotion in primary care found that multiagency partnerships have the potential to improve the quality of life of at-risk older people. Integrated care pilots were also set up in England to transform the way people experience wellness and social care. For illustration, one region in England sets up a multi agency team to sustain people with impaired sight. The team included staff the hospital sector, private sector, voluntary sector, teaching services and healthcare trust which generated a huge quantity of satisfaction, Health services worked with the voluntary sector to set up licensed community premises for early medical abortion. At an assessment appointment women

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were offered counselling, chlamydia testing and a contraceptive package.

Partnership with the voluntary sector worked well to reduce stigma.

## References

- Information for health: an information strategy for the modern NHS 1998-2005/ 1997/1999
- Walker and Avant (1995), EAR: 1995. PUB TYPE: Book (ISBN 0838586880 ). VOLUME/EDITION: 3rd edition. PAGES (INTRO/BODY):
- CAROL RODGERS. State University of New York ... Teachers College Record Volume 104, Number 4, June 2002, pp. 842-866
- Citation, Galant, R., Walsh, C. M., Carroll, S. B. (2002).
- Henneman et al. 1995: 104, Quality Work Environments for Nurse and Patient Safety
- <https://www.gov.uk/government/organisations/department-of-health>[ Accessed on 16/06/2014]
- The Handbook of Life-Span Development, Cognition, Biology, and Methods edited by Richard M. Lerner, Willis F. Overton
- European Federation of Nurse Educators with the RCN Education Forum International Conference 2012 National Health Service, England
- <http://www.health.org.uk/public/cms/75/76/313/3719/Cross%20sector%20working%20to%20support%20large-scale%20change.pdf?realName=fLXkhc.pdf>[ Accessed on 15/06/2014]