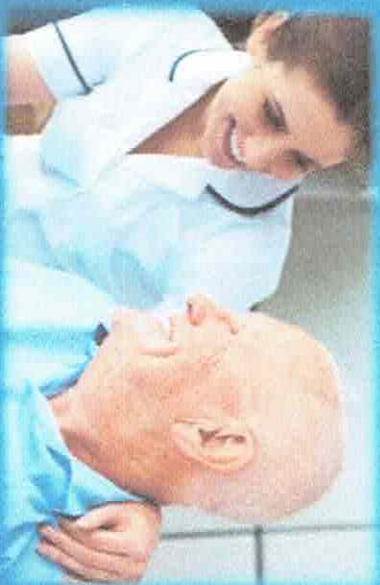


# WORKING IN PARTNERSHIP WITHIN THE HEALTH AND SOCIAL CARE SECTOR



By Julie Williams.

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a lot of work has gone into this  
before delivery V. good  
K 2.10.11

# AIM OF THE LESSON

To consider the impacts on the following: service users, informal carers, health and social care professionals, organisations, agencies, through working in partnership.

## LEARNING OBJECTIVE

Describe and discuss partnership working and its impact on all those involved.

# WHAT IS PARTNERSHIP WORKING WITHIN THE HEALTH AND SOCIAL CARE SECTOR ?

- Joint Working
- Integration
- A form of working together/ partnership

*According to Community Care (2008) 'Partnership working is a matter of life and death'*

# WHY WORK TOGETHER?

Successful joint working between Health and Social care staff is a vital component of improving the lives of vulnerable adults, (Valios 2011).

- Working together is seen to improve quality of life and independence
- Improving the efficiency of the care system as a whole
- Improving information sharing between professionals.

Integrated care is seen as significant according to NICE (2015)

- The call for care to be more integrated, so there is a more person-centred approach for the increase of older people developing long term conditions as well as their social care needs (NICE, 2015).

- According to **Drakeford, (2016)** partnership working benefits patients and communities by relieving pressure from hospitals while people can be treated at home.
- By working in partnership, it gives a greater focus on providing care and safety for people who need it most.
- Effective communication is largely improved by using the new Information Technology (IT) system. It provides important information that is linked through data collected by local authorities, the NHS and many other partnerships.

# ARE THERE ANY BARRIERS TO CARE?

There are several potential barriers to care including lack of communication that causes only a negative impact on the individuals health and well-being, also including;

- ▶ Delayed Transfers
- ▶ Care packages
- ▶ Medication
- ▶ No district nurses
- ▶ Low income
- ▶ Sharing Information is distributed in different ways (care will be fragmented and fall through the gaps).

(Pollard, Thomas, and Meirs, 2010)

# CASE STUDY

Male

Age: 73

Diagnosed with  
dementia

Widowed

Lives with son  
and daughter  
in law

Ronald

Physically disabled  
wheelchair user

Retired from work at  
63 years of age due to  
ill health

# CONTINUOUS CARE

- Due to Ron's diagnosis of Dementia he requires care assistance three times a day, at a cost of £175 a week for only 14 hours of care every week.
- Luckily, because of his previous successful work life, Ron can pay for this continuous health care.
- Unfortunately, Ron's health is deteriorating and the likely outcome for him would be to live in a care home. In the meantime, respite is on the agenda to enable the family to have a break. Respite is an opportunity for the family take a break from caring for their loved ones. It also allows the individual receiving care to have a break too.
- It is obvious that the family would need a break and have time to look after themselves too, while juggling jobs, university, running a home, and providing care for Ron; can be quite challenging.
- As Dementia has no cure, and things can only get worse the need for Ron to have 24-hour care is essential – examples of why he needs constant care include;
  - Wandering
  - Hallucinating
  - Unpredictable/aggressive behaviour
  - Short term memory loss
  - Unsteady mobility – falling over
  - Assistance required with personal care and hygiene (Care UK, 2017).

## **The impact of these side effects are putting dramatic strain on the family causing problems within their own personal lives, such as:**

- Organising constant care at home – including doctor appointments, district nursing, social workers and private home care
- Invading the family's privacy and personal space
- Consultant appointments – taking Ron to his appointments can be an inconvenience
- Ordering meals and picking up prescriptions
- Planning weekly medication packs
- Obviously to the family Ron comes first, but giving constant care can have a negative effect on university assignments, opportunities within work etc.
- Non existent social life for the family, providing constant care
- The lack of communication between all agencies regarding the continuous care for Ron also puts strain on the family – trying to make sure he receives all the care needed daily

# The Positives and Negatives of Health and Social Care when Working Together

## **Positives;**

Better health outcomes for patients, residents or clients

Improving the lives of vulnerable older adults

More cost effective

Streamlining assessments, which prevent families from having to give the same information to each professional more than once (Valios, 2011).

## **Negatives;**

Lack of communication

Different structures

Different goals/outcomes in mind

Delayed transfers of older people from hospital (Valios, 2011).

# WHY ARE WE NOT ALREADY WORKING TOGETHER?

- The access of health care is often seen differently from the access to social care:
- Health: Free at the point of delivery
- Social: Means tested

(Lloyd and Wait, 2005)



# THE FUTURE OF ACCESS AND PATIENT EXPERIENCE

- ▶ The vision of the Welsh Government (WG) in 2015 for the NHS was to create sustainable reliable and easy to access service so that the NHS, Local Government, Third Sector and other agencies work together and commit to improve the quality of life for everyone, including individuals like Ron who can enjoy many years of high quality life.

## **The aim of the vision by 2020 is have:**

- ▶ Access to primary care services to be easier.
- ▶ Provide more services through local pharmacies.
- ▶ Being available 24 hours a day, 365 days a year.
- ▶ Introducing a range of local services that need less travel.
- ▶ Education on the services provided and information on health issues are also available through telephone and online.

(Welsh Government, 2011).

# THE FUTURE OF ACCESS AND PATIENT EXPERIENCE

In order to achieve these aims, better improvements in health must be educated to the population so that future generations could improve many causes of poor health that put a greater demand on the NHS and partnerships.

(Welsh Government, 2011).

## RECOMMENDATIONS TO IMPROVE PARTNERSHIP WORKING IN THE FUTURE

- ▶ Communication between service user, carers and family members must improve due to many missed calls.
- ▶ Try to accommodate the needs at the specific times stated – to reduce anxiety levels.
- ▶ Reduce assessment time plan, so that families are aware of what is going to happen next and when, as soon as possible.
- ▶ Make family aware of the costing of all care that is needed.

# CONCLUSION

## Achieving the Aim and Objective

- The **Aim** was to consider the impacts on the following: service users, informal carers, health and social care professionals, organisations, agencies, through working in partnership.
- The **Objective** was to describe and discuss partnership working and its impact on all those involved.

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**Thank you very much for listening  
and participating, I do hope that you  
found this presentation educational.**