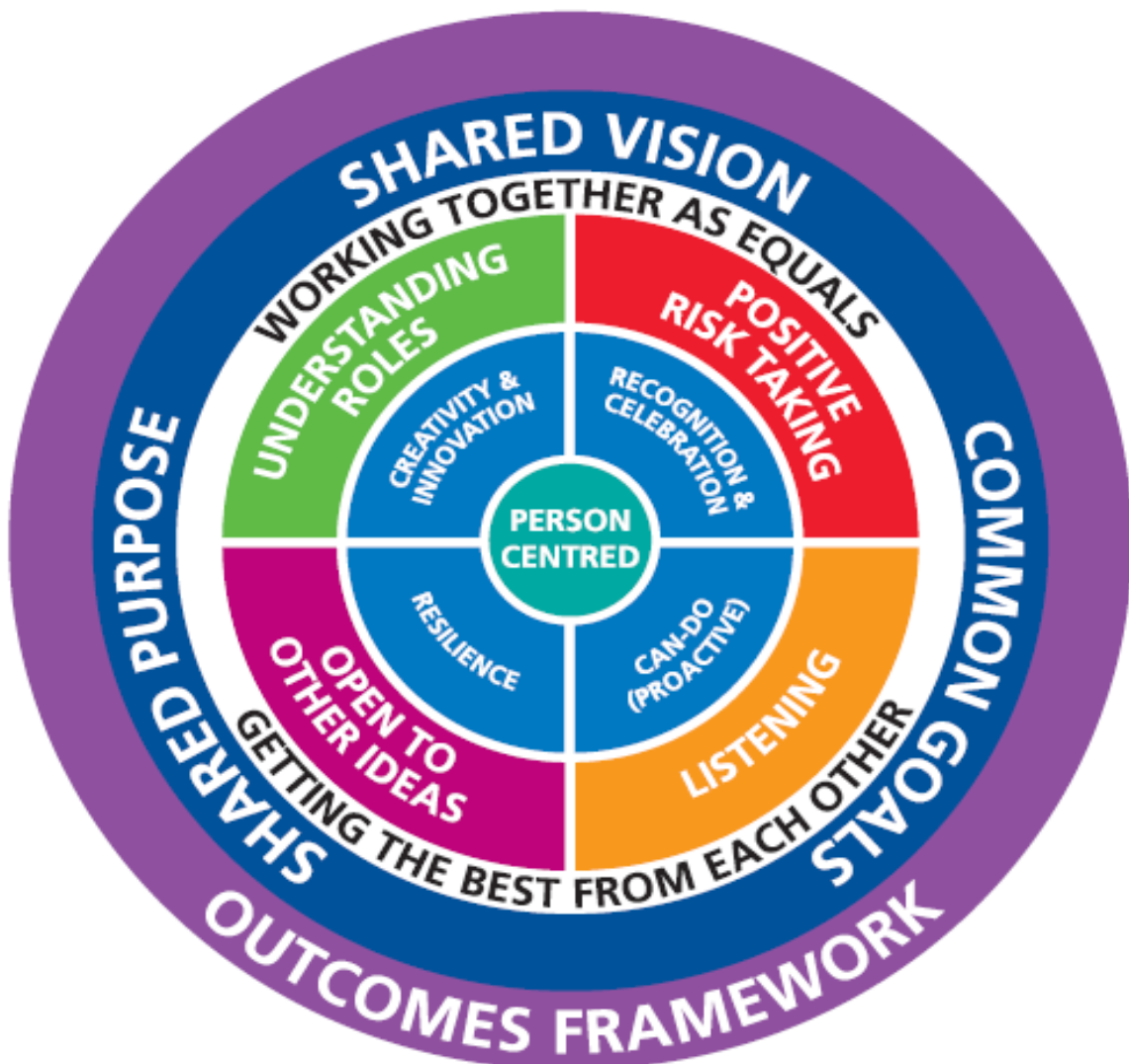# THE WHEEL OF PARTNERSHIP

Workbook for Individuals and Teams

Introduction

What is the Wheel of Partnership?

The Wheel of Partnership was developed as part of a Tower Hamlets Together NHS Vanguard project in 2017 to identify the skills, knowledge and behaviours that enable successful **integrated working and person centred care**, which is defined as follows;

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me." (National Voices, 2013).

The Wheel of Partnership was created from research carried out by Bournemouth University and an action research project with staff across all sectors as part of Tower Hamlets Together. *(See Appendix 1 for more details of how it was developed).*

The Wheel identifies important areas which form part of working in partnership to reach the health and well-being outcomes in Tower Hamlets. For each area there are evidence based competencies which underpin those attributes which can help define and develop that particular area. They have been labelled as either areas of;
   a) *Knowledge*
   b) *Skills*
   c) *Behaviour*
   d) *Attitudes*

Who is it for?

This is for all staff working together to deliver whole person, person centred care within Tower Hamlets Together. Working in partnership and collaboration, whether as frontline staff or senior leaders, is fundamental to all our work to improve the health and well-being of our population in Tower Hamlets.

How to use the Wheel of Partnership

This Wheel has been designed as a reflection tool which can be used by you and your team in a variety of ways to develop and maintain integrated person centred care. The competencies are a way of evaluating how we are doing and how we can get better. However, they do not replace the clinical or technical competencies which relate to each individual's specific professional role.

The workbook is the property of the individual or team using the tool and is not a formal supervision or appraisal document. It can be used to record notes, bullet points or more in depth reflection. As it is a tool for self-reflection and learning, it is the discretion of the owner of the workbook whether they share the contents of the workbook with others.

The Wheel has been designed to be used flexibly according to the needs of the service or individual. For example, it can provide a broad framework in which to discuss a critical incident, event, working with particular service

users or an aspect of practice. This can help to ascertain areas of strength and further development. Alternatively, one or two sections of the Wheel may be selected for a specific focus.

Under each section, there are some specific reflective questions to promote thinking, awareness and discussion around the topic . However, these are just examples to prompt discussion and alternative questions could be used.

Here are some suggestions of how the Wheel can be used, but there are no limitations (*see Appendix 2 for general reflective questions for each area highlighted below*).

a) **For independent professional reflection and development.**
You may want to look at this on your own or in discussion with a trusted colleague or line manager or use as a written refection on your professional development and for revalidation and evidence of CPD. You may think about your general development or in relationship to a particular context, incident or with a particular service user.

b) **For individual supervision and appraisal**
This may focus on one or two sections, or it could be used as a general framework in relation to learning from an incident, event or work with a particular service user.

Reflection on the areas of the Wheel could either take place in the session or the supervisee may prepare their reflection in advance of supervision. If any aspects of the discussion from the Wheel need to be formally documented in supervision or appraisal paperwork , this should be in agreement with supervisor and supervisee.

c) **For team reflection or development**
It could be used to form part of regular team meetings or be the basis of a stand-alone session. Sections of the Wheel may be used as a particular focus. Alternatively it can provide a framework for learning from an incident or working with service user or a population to identify the strengths to build on and what could be done differently next time.

d) **To inform job descriptions and support values based recruitment**
You might consider using some of the competencies in the job description for your vacancy. You may also think about using some of these attributes to advertise your vacancy. For example;
"Is partnership working important to you too?".

e) **For staff induction**
The workbook could be included in induction packs and appropriate sections could be used as part of the induction process to develop an understanding of integrated practice. Alternatively it could be presented and discussed in a training session to introduce Tower Hamlets Together core values.

Outcomes Framework		
1	Understands the impact that a range of social, economic, and environmental factors can have on outcomes for individuals, carers and their circles of support.	Knowledge
2	Has a knowledge of the health and social conditions frequently encountered in the local population.	Knowledge

Outcomes Framework: Reflection and Self-Assessment
- ➢ 'What are the key health and social care needs of my local population? '
- ➢ 'How are social and environmental issues impacting on the health of my local population?'
- ➢ What am I/ are we doing to address these needs?
- ➢ How can I /we influence or work with other partners to address health, social and environmental needs of the population
- ➢ Is there anything else I or my team can do differently to address these needs?
- ➢ What can I/we do to improve my competency in this area?

Example Activity
- ✓ Discuss or deliver a presentation about the health and social profile of the population in my area and how it reflects the needs of my patients (see towerhamlets.gov.uk for borough statistics).
- ✓ Involvement in a project or initiative that address key health and social care needs or the population
- ✓ Completing a project with a specific population or community group to promote health and social well being
- ✓ Participation in a project incorporating Triple Aims

Comments:

What can I (we) do to develop in this area ?:

Shared Purpose, Shared Vision, Common Goals		
1	Demonstrates an understanding of the principles of integrated and collaborative care.	Knowledge
2	Identifies the integrated care principles of reducing duplication of effort, co-ordinated care, reduction of hospital admission and effective engagement with individuals using the service principles of person centred care, health promotion and value for money.	Knowledge
3	Engages with the strategic aims of the integrated team.	Behaviour
4	Engages with continuing professional development including supporting the team to develop and enhance knowledge and skills incorporating student learners.	Behaviour
5	Engages with and utilises in practice team/joint training in order to develop team and personal achievement of integrated care team core competencies.	Behaviour

Shared Purpose, Shared Vision, Common Goals: Reflection and Self-Assessment
- ✓ How would I/we describe the principles of integrated care to a client or student?
- ✓ Do all members of my team share the same view of what is meant by integrated care?
- ✓ How does integrated care impact on my practice and service users?
- ✓ What have I/we done to avoid duplication of effort or prevent hospital admission?
- ✓ What more can I/ we do to build on this?

Example Activity
- ✓ Use a story-telling circle or case study in my team meeting to illustrate good integrated care or to explore the barriers to integrated care .
- ✓ Write a reflection or blog showing examples of partnership and integrated working.
- ✓ Involvement in project or intuitive to develop integrated learning and/ or integrated competencies
- ✓ Ask a colleague, organisation or service user to give me an example of a time when I/we demonstrated person centred integrated working.
- ✓ An example of project or intervention which successfully reduced duplication

Comments:

What can I (we) do to develop in this area ?:

	Listening & Communicating	
1	Consistently listens and communicates sensitively in a responsive and responsible manner, demonstrating the interpersonal communication skills necessary for integrated care.	Skills
2	Uses interpersonal skills and appropriate forms of written, verbal and non-verbal communication with service users, carers and colleagues.	Behaviour
3	Is aware of and adapts to the characteristics and consequences of verbal and non-verbal communication and how this can be affected by a range of factors, for example, age, culture, ethnicity, gender, religious beliefs, socio-economic status, learning ability and physical ability.	Skills & Knowledge
4	Demonstrates effective and appropriate skills in communicating advice, instruction, information and professional opinion to service users, carers and colleagues.	Skills
5	Chooses effective communication tools and techniques, including information systems and communication technologies to facilitate discussions and interactions that enhance team function and service user care.	Skills

Listening & Communicating: Reflection and Self-Assessment
- ✓ If I were receiving care from my service, how would I like staff to communicate and interact With me. How do I/we match these expectations?
- ✓ How often do I check the service user's understanding of my role /the team role?
- ✓ What methods and approaches do I use to communicate with service users, carers and families?
- ✓ What examples can I give if I were illustrating good communication skills with a student?

Example Activity
- ➢ Reflection on how communication skills has impacted(positively or negatively on a clinical or non-clinical interaction and what did you learn from that ?
- ➢ An example of a strategy or communication tool which you developed to enhance communication with colleagues or service users.
- ➢ Service user or colleague feedback on your communication skills and how it positively impacted on outcomes

Comments:

What can I (we) do to develop in this area ?:

Understanding Roles & Building Bridges

1	Demonstrates positive values & attitudes toward integrated professional working across multiple disciplines and agencies.	Attitude
2	Engages in collaborative working within the integrated care team and across health, social care, third sector, and other organisations/providers working to break down barriers and avoid duplication of effort.	Behaviour
3	Builds and sustains professional relationships within the inter-professional team and with external organisations avoiding discipline specific technical terminology where possible.	Skills
4	Maintains relationships with inter-professional team members demonstrating mutual trust and valuing the contribution of others and of specialist skills.	Behaviour
5	Understands the interplay between long term conditions, complex physical, mental health and social care needs and a commitment to continuing development of knowledge to meet own role and changing needs of the population.	Knowledge
6	Demonstrates effective (leadership) skills appropriate to role and responsibility within the integrated team.	Behaviour
7	Provides core integrated interventions, as agreed locally.	Skills
8	Ensures that the assessment incorporates relevant third party information, e.g. carers, GP, care homes, providers.	Behaviour

Understanding Roles and Building Bridges: Reflection and Self-Assessment
➢ What is the most important part of my/our role in relation to the needs of our service users?
➢ When was the last time I/we delivered great integrated care and what was it that enabled that?
➢ How can I/we overcome the barriers to integrated working?

Example Activity
✓ As a team, discuss how your roles work as a pathway around the service user.
✓ Write about your service or your role in a multi-agency bulletin or blog.

Comments:

What can I (we) do to develop in this area ?:

	Open to Other Ideas	
1	Demonstrates a commitment to conflict resolution.	Skills & **Behaviou**r
2	Has a knowledge of the interplay between physical and mental health and reflects this in the delivery of care.	Knowledge & Behaviour
3	Takes account of the impact of culture, equality and diversity and understands the need to adapt practice to respond appropriately to different communities and individuals.	Behaviour
4	Trusts in and acknowledges the actions of individual team members irrespective of their discipline or background.	Attitude
5	Demonstrates an enquiring approach to the delivery of person-centred care.	Behaviour
6	Incorporates behaviour change strategies, e.g. Making Every Contact Count/motivational interviewing/coaching into planned interventions and support.	Behaviour

Open To Other Ideas: Reflection and Self-Assessment
- How does my/our work with service users reflect their individual needs?
- What changes have I/we made in response to feedback from a client or a colleague?
- What changes have I/we made to improve my/our lifestyle or well-being? How has this influenced the work that I/we do with service users, carers and their families?
- How am I/my team supporting service users to make person centred behavioural changes?
- What can I or my team do differently to support our service users with making and maintaining behavioural changes?
- What is my understanding of Triple Aims and how could that impact on the way we work with our local population?

Example Activity
- Identify examples where you as an individual or part of a team have worked with service users, their families and carers to increase self-care and self-management.
- Being part of a QI project , what have you learned and what is done differently as a result
- As example of learning something from another colleague or team which lead to a change in practice

Comments:

What can I (we) do to develop in this area ?:

Positive Risk Taking		
1	Supports people to understand positive risk and shared decision making by exploring consequences of actions and not taking actions, including, when frame shifts from curative to palliative, and there is a clear negative risk.	Behaviour
2	Supports positive risk taking and shared decision making when there is significant complexity or severity relating to the situation or consequences.	Behaviour
3	Takes an individualised approach to discussing consent, risk and shared decision making taking into account the person's individual views, their preferences, values and assessment of the options together with the relevant facts, information and evidence.	Skill
4	Creates the opportunity for the person to engage, explore, and reflect on a potential decisions or way forward, sharing and checking understanding of the full range of options, including taking no action.	Behaviour

Positive Risk Taking: Reflection and Self-Assessment

➤ How confident and comfortable do I/we feel when making decisions with service users that involve risk?
➤ What are the key features of shared decision making?
➤ How do I go about promoting shared decision making with my service users and carers and colleagues in complex or risky situations?
➤ What are the main barriers for managing shared decision making and how can I /we address these ?
➤ How do I/we use supervision, reflective practice and meetings with my colleagues to explore concerns about risk within the team?
➤ What has helped me/my team manage clinical situations involving risk and how can we build on this ?

Example Activity
✓ Reflect on or present an example of a client who has made an unwise or risky decision. Consider my/our thoughts and feelings and how I/we might respond if the situation arises again.
✓ Presentation or case discussion on how promote shared decision making?
✓ Feedback from a client or carer on how empowered they felt to make decisions about managing risky situations and what helped and hindered the process.

Comments:

What can I (we) do to develop in this area ?:

	Resilience	
1	Undertakes supervision, reflection and analysis of own and others' practice.	Behaviour
2	Identifies and applies strategies to build professional resilience, understands the importance of maintaining own health and well-being and manages the physical and emotional impact of practice.	Behaviour

Resilience: Reflection and Self-Assessment
- ➢ How do I/we unwind from a stressful situation? How helpful is this to my overall well-being?
- ➢ How did I manage a stressful situation recently and what did I learn from it?
- ➢ Think of the last time I had a positive experience at work and how did it impact on my overall well-being .
- ➢ How well do I feel supported in my team to manage my own/team emotional well-being?
- ➢ What energises me/ gives me joy in work? What could energise me more?
- ➢ What can I/we do more to promote health and well-being for myself or our team?

Example Activity
- ✓ A reflection on how I manage my well-being at work or how I supported a colleague or student to manage their wellbeing?
- ✓ Supporting wellbeing at work e.g. introducing a new activity or idea to support staff well-being/ sharing information about wellbeing with colleagues

Comments:

What can I (we) do to develop in this area ?:

Creativity & Innovation		
1	Utilises resourceful, creative & innovative solutions to identified care needs thinking outside of standard professional boundaries.	Behaviour
2	Contributes to the development of new and existing practice including the delivery of training, changing and new roles and ways of delivery care.	Behaviour
3	Participates in the development of core skills for integrated practice.	Behaviour

Creativity & Innovation: Reflection and Self-Assessment
- ➢ What one thing can I/we do to improve the way that my/our integrated team works?
- ➢ Have I/we shared this idea with others? How can we share ideas with others?
- ➢ What have I/we learnt from colleagues in other professions/teams /organisations?
- ➢ What have my/our colleagues learnt from me/us?

Example Activity
- ✓ Deliver training to or share learning with another profession or service.
- ✓ Participation in a QI project or research

Comments:

What can I (we) do to develop in this area ?:

Recognition & Celebration		
1	Supports the co-creation of a climate for shared leadership and collaborative practice, respecting team members' strengths based on specialist knowledge/skills rather than professional hierarchies.	Attitude
2	Supports the identification and utilisation of strengths within the team and supports work to address any deficits.	Attitude

Recognition & Celebration: Reflection and Self-Assessment
- When did I/we last give positive feedback to a colleague or team regarding their work?
- When did I last learn something useful from a colleague from another discipline or another service? How did the learning impact on my practice?
- How did it feel when I/we last received positive feedback from a service user, colleague or team?
- What are my/our team's strengths? How often do I or my team acknowledge these?
- What can I do/we do more of to acknowledge and develop strengths in our integrated teams?

Example Activity
- Nominate a colleague for an award or provide them with an acknowledgement of their contribution.
- Supporting and encouraging a colleague or supervisee to develop a project or idea
- Highlighting strengths of the individual and teams when learning from incidents or developing professional practice
- Participation and initiation of social activities to strengthen team identity

Comments:

What can I (we) do to develop in this area ?:

	Can-do (proactive)	
1	Demonstrates flexibility and innovation in service delivery accepting changes and working as a change agent.	Behaviour
2	Works autonomously and independently demonstrating the ability to balance taking the initiative and escalating concerns appropriately.	Skills

Can-do (proactive): Reflection and Self-Assessment

➢ When was the last time I/we had to make a difficult decision? What did I/we learn from the experience?
➢ Is there something that I/we do now that I/we didn't think possible in the past?
➢ If I were to change something in my team or my practice what would it be and how would I go about implementing it?

Example Activity
✓ Take part in a quality improvement or development activity to support integrated working or person-centred care.
✓ A reflection of how I coped with making a difficult decision at work. What were the supports and challenges and what did I learn from this?

Comments:

What can I (we) do to develop in this area ?:

	Person Centred	
1	Delivers person centred care that respect privacy, dignity, is non-judgemental and is focused on supporting the individual's needs.	Knowledge
2	Understands the theory and practice principles of person-centred care and long term conditions in the context of local population need and local services/ resources available to meet these needs.	Behaviour
3	Involves the individual and their carers as partners in the decision making process, maximising choice, co-production, independence and quality of life.	Attitude
4	Identifies physical and mental health deterioration in patient and take appropriate action.	Skills
5	Co-produces plans of care with the individual at the centre and inclusive of all relevant carers/disciplines/agencies.	Skills
6	Develops care plans that promote independence, self-care and address level of engagement in treatment.	Skills
7	Collaboratively evaluates the effectiveness of planned care and redesigns interventions as needs change, putting the individual at the centre.	Skills
8	Uncovers and identifies the strengths and resilience that people, families, carers and circles of support have within themselves (strengths or asset based approaches).	Skills

Person Centred: Reflection and Self-Assessment

➢ How would I/we describe person centred care and shared decision to a student and what examples can I/we provide?
➢ Have I/we asked and documented what is important to service users and how is this reflected in the way that I/we work with them?
➢ How and where do I/we record the service user's strengths? How do I/we use these when delivering interventions?
➢ When did I learn something new from a patient or carer and how did it impact on my practice?
➢ When did I last develop circles of support for a service user (i.e. family and community networks) to support self -management of long term conditions?
➢ How can my team do more to develop partnership and circles of support to promote independence and resilience for the populations with who we work.

Example Activity
✓ Co-produce a care and well-being plan using the service user, carer and family's own words.
✓ Feedback from a patient and carer regarding the extent to they felt involved in their care
✓ An example of working in partnership with an organisation (e.g. voluntary sector /religious organisation/education) to develop networks of support for service users

Comments:

What can I (we) do to develop in this area ?: