## WHEEL OF PARTNERSHIP





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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

Sh	ared 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

Lis	tening & 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,	Skills &
	for example, age, culture, ethnicity, gender, religious beliefs, socio-economic status, learning ability and physical ability.	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

Ur	derstanding 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

	en to Other Ideas	T
1	Demonstrates a commitment to conflict resolution.	Skills &
		Behaviour
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	Behaviour
	and individuals.	
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

Ро	sitive 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
Re	silience	
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

Crea	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

Reco	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

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

Ре	rson 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