Working in Partnership with other Professionals in Health and Social Care Practice:
A comparison of multi-disciplinary working in
mental health and older person’s services
1. Introduction
The National Health Service (NHS) has seen vast change since it was first founded in 1948. However, the most significant change was seen following the 2010 election when the coalition government introduced the Health and Social Care Act 2012. The Act described an ambitious and widespread reform of the NHS in England with a vision of embedding an integrated approach to health and social care across the country (Nuffield Trust, 2010, online). Central to this vision was a move to clinically led commissioning by Clinical Commissioning Groups (CCGs), the involvement of patients and the public across health and social care via Healthwatch, and the establishment of health and wellbeing boards to encourage local authorities to take a strategic approach to the health and wellbeing of its local communities (The Kinds Fund, 2012, p.2). The changes were therefore intended to bring together the NHS, public health and local government, and the voices of individuals in order to jointly plan how best to meet health needs of the local community and commission services accordingly (The Kings Fund, 2013, p.2). In order to be successful, strong, credible and shared leadership was required in order to create frameworks of integrated care (The Kinds Fund, 2012, p.1).

In 2014 the NHS Five Year Forward View was published which described a shared vision for the future of the NHS based around new and improved models of care (NHS England, 2014, p.2). A poignant point within the Five Year Forward View was the acknowledgement of the need to take decisive steps to break down the barriers of how care is currently provided, particularly with respect to communication between General Practitioners (GPs), hospital services, physical and mental health services, and health and social care (NHS England, 2014, p.3). The publication described GPs working in partnership with nurses, community health services, hospital specialists and mental health and social care to create integrated out-of-hospital care (NHS England, 2014, p.4).

Multidisciplinary and partnership working is defined as “appropriately utilising knowledge, skills and best practice from multiple disciplines and across service provider boundaries, e.g., health, social care or voluntary and private sector providers to redefine, re-scope and re-frame health and social care delivery issues and reach solutions based on an improved collective understanding of complex patient need(s)” (NHS England, 2015, p.12). The main objectives of multidisciplinary and partnership working is to streamline the assessment of patients, negating the need to provide health information to multiple professionals, and thereby improving information sharing amongst professionals. In turn, this can improve the overall efficiency of the care system as a whole in co-ordinating the provision of care, resulting in improved planning and commissioning of care so that health and social care services complement each other, as opposed to disrupt one another (Valios,

This assignment will discuss and compare multidisciplinary and partnership working in mental health and older person’s services and the implications this has on the delivery of these services, particularly in the context of changing government policy.

2. Multidisciplinary working in mental health services

2.1. History of change and the impact on health and social care workers

Historically, health and social care organisations have operated independently, with their own management structures, policies, procedures and codes of conduct which lacked standardisation and coordination of both performance and care (Compton et al., 2005, p.22). The concept of multidisciplinary and partnership working has evolved over the past 40 years in response to national policies introduced by changes in central government (NHS England, 2016, p.4). Mental health was among the first services to embrace the concept of multidisciplinary and partnership working to support people with mental health illnesses (Drinkwater, 2008, online). Mental health policy has evolved over the years too (see figure 1), presenting positive changes towards improving care for people who access mental health services, but also creating challenges for those who manage and provide support in this field.

Figure 1 - The changing face of mental health services in relation to evolving policies
Repeated reforms and reconfigurations can enhance tensions between health and social care providers such as financial disagreements, issues around power and authority in multi-disciplinary teams, available support, blurred professional boundaries, and employment diversity (British Association of Social Workers, 2010, p.5). Such reforms often require adaptive changes, requiring new ways of learning and thinking, the formation of new working relationships and the redesign of complex systems (Edwards, 2016, online). Adaptive changes require time, negotiation, and personal change from frontline staff (Edwards, 2016, online).

2.2. Community health model for the treatment of mental health

Community Mental Health Teams (CMHTs) support people living in the community who have mental health problems (Drinkwater, 2008, online; Rethink Mental Illness, 2015, online). CMHTs utilise multidisciplinary and partnership working and include psychiatrists, social workers, nurses, psychologists, occupational therapists, managers, psychotherapists and administrators to manage care (Rethink Mental Illness, 2015, online). The majority of depressive and anxiety disorders are diagnosed and treated in primary care and initial assessment is usually made by a GP who will refer the individual for a mental health assessment utilising appropriate tools (i.e., Hospital Anxiety and Depression Scale, Generalised Anxiety Disorder scale) to support the evaluation of any intervention required (British Psychological Society, 2011, p.220). A stepped-care model is then used to organise the provision of services and to help individuals, their families, carers and healthcare professionals choose the most effective interventions based on the severity of the mental health issues (British Psychological Society, 2011, p.169).

Psychiatrists may be involved in the diagnosis, prescribing of medication and recommendation of treatment. Social workers may be involved if an individual requires help with housing or financial support and advice. Community psychiatric nurses (CPNs) may support an individual in taking medication and managing their own health, whilst psychologists can offer support on how thoughts and feelings are affecting an individual’s behaviour (Rethink Mental Illness, 2015, online).

2.3. How multidisciplinary working is achieved in mental health services

In order for these services to work effectively for the benefit of the patient, partnership working is achieved through regular meetings called multidisciplinary team meetings (MDTs) which are held to discuss the progress of the individual patients and manage an appropriate care plan. Guidance such as National Institute for Health and Care Excellence (NICE), General Medical Council (GMC), Department of Health and NHS England are available to MDTs alongside local Standard Operating
Procedures (SOPs) to assist in ensuring the appropriate care pathway is followed. Furthermore, the individual receiving care is involved in decisions about their treatment to enable “patient choice” as outlined in the Health and Social Care Act 2012 (Department of Health, 2012, p.2).

3. Multidisciplinary working in older person’s services

3.1. History of change and the impact on health and social care workers

Joining up the complexity of co-ordinated person-centred care for the ageing population has been an ongoing battle for health and social care services since the 1960’s, particularly in the context of changing government structures, which has resulted in services that are “increasingly unfit for purpose” (Age UK, 2014, p.14) and a care system that is “struggling to meet the needs of older people” (The Kings Fund, 2016, p.3).

The Single Assessment Process (SAP) was introduced in 2003 as a way of introducing multidisciplinary and partnership working in providing assessments for older people with health or social care needs (Social Care Institute for Excellence, 2006, online). The SAP aimed to encourage health and social care professionals to work together to share information and reduce duplication to ensure the range and complexity of the needs of the older population were properly identified and addressed, taking into account their wishes and preferences (Social Care Institute for Excellence, 2006, online). The introduction of the Health and Social Care Act 2012, Five Year Forward View and Sustainability and Transformation Plans (STPs) have described further transformational change to drive a much needed integrated approach in the management of older people. However, changing government policies often result in change in practice and it is not always transparent how this translates into local action plans (Edwards, 2016, online). Cognitive dissonance can occur when the solutions being proposed are inadequate for the size of the problem, particularly when NHS frontline staff are trying to care for an ageing population without spending any more money due to budget deficits in the billions (Edwards, 2016, online). Furthermore, managing the expectations of older people and the role of the doctor in the patient-physician relationship is challenging when the older generation are more familiar with a paternalistic approach to care, and yet government policy is requiring patients to make choices about their health and social care preferences (Murgic et al., 2015, p.1).

3.2. Multiple models of care for older people

Older person’s services are usually initiated by a GP or when an elderly patient is admitted to hospital. NHS England, British Geriatrics Society, NICE and local guidance is available to aid health professionals in appropriately supporting older people in areas such as mobility, nutrition, falls,
mental health and mental capacity (NHS England, 2010, p.10). The care of older people is, however, especially complex and involves the coordination of a range of specialists and services. GPs, Carers, Clinical Nurse Specialists, Consultant Nurses, Elderly Care Physicians, Health Care Assistants, Occupational therapists, Older People’s Assessment Nurses, Social workers, Speech and Language Therapists are just some of the people who may be involved at any one time in the health and social care management of an older person (Mid Essex Hospital, 2017, online). Long-term, complex conditions, such as diabetes, heart disease and dementia are common in the older population (Cornwell, 2012, p.2) and multiple models of care exist to support these health and social care needs (Wild et al., 2012, p.12). The new care model vanguards are a key element within the NHS Five Year Forward View, designed to supporting older people and those with long term conditions to have better, joined up health and care services (NHS England, 2017, online).

3.3. How multidisciplinary working is achieved in older person’s services

Whilst multidisciplinary and partnership working has been long established in mental health services and the evolving government policies appears to have been well-managed by mental health teams to avoid significant disruption to services for patients, it is recognised in older person’s care that there remains a need for an integrated approach in health and social care for the ageing population (Age UK, 2014, p.14). Age UK (2014) have reported that it is not uncommon in the treatment of older people “for one agency to say that the person is the responsibility of another organisation (and vice versa), so that our effort goes into handling boundary disputes rather than providing high-quality care to people in need” (p.15).

4. Comparison of the challenges of multidisciplinary working in health and social care

In Mental Health Services, although an integrated care model appears to work successfully as discrete specialised teams, any such partnership is not without its challenges. For example, hierarchies within MDTs can result in communication or conflict between health professionals, for example, between psychiatrics and psychologists in decision making around use of medication or psychological therapies in the treatment of an individual patient. Furthermore, barriers such as staff or skills shortages to meet rising demand on health services and the time required for decision making between multiple professionals also present challenges in multidisciplinary models (Ndoro, 2014, p.727). If it is effectively implemented, however, a more patient-centred and holistic manner of multidisciplinary working improves service provision, leads to better standards of care and overall job satisfaction for staff (Doyle, 2008, p.26).
Multidisciplinary and partnership working in older person’s services does not appear to be as streamlined, resulting in a fragmented model of care. The management of older person’s care needs is, however, very complex involving multidisciplinary and multi-organisational working across both health and social care; two services which are not currently joined up. Care needs therefore represent both physical health components and social care components, which present challenges particularly in light of steep budget cuts in social care, rising demand for services as the population ages, and shortages of staff (The Kings Fund, 2016, online). Furthermore, although there is a move away from the inherent paternalistic nature of the NHS, older patients are often talked to rather than being involved and engaged in their own care plans, resulting in a task-orientated culture, rather than a holistic one (Cambell, 2012, online).

**Conclusion**

Government reforms and reconfigurations often result in changing policies within government services, such as the NHS. Successful treatment of patients relies on effective multidisciplinary and partnership working which is intended to streamline the assessment of patients, improve information sharing amongst professionals, and result in better standards of care. In line with the NHS Constitution, patients themselves are an integral part of this partnership in the management of their care. Multidisciplinary models have been long established in the mental health service, whilst older person’s care services have struggled to implement an integrated approach, largely due to the complexity of older person’s care needs which include physical health and social care components. Despite the challenges posed, policymakers affirm different models of multidisciplinary working are the way forward in order to dissolve the traditional boundaries that occur between primary care, community services and hospitals, recognising that this divide prevents the personalised and coordinated health care that the population need.
References


