Supporting Multidisciplinary Teams in delivering integrated care for Older Persons

NICP OP

IFIC All Ireland Conference -10.3.22

Clinical Design & Innovation

Person-centred, co-ordinated care

Controversial beginnings

Team experience a 'mixed bag' (Onyett *et al,* 1995)

Making Community Mental Health Teams Work

CMHTs and the people who work in them

1995

Steve Onyett, Tracey Pillinger & Matt Muijen

© The Sainsbury Centre for Mental Health, 1995

Table 4 - Principal sources of reward

Source	Number of references	% of respondents
Team/multidisciplinary work	233	52
Being effective clinically	194	44
Clinical work generally	166	37
Aspects of the job itself	127	29
Power	110	25
Being effective as a service	76	17
Being valued	62	14
Rewards	58	13
Personal effectiveness	50	11

Journal of Mental Health (1999) 8, 3, 231–242

Working together in adult community mental health services: Exploring inter-professional role relations

EDWARD PECK[1] & IAN J. NORMAN[2]

[1]Centre for Mental Health Services Development & [2]Division of Nursing and Midwifery, King's College London, UK

Abstract

This is the second of two papers in this issue of *JMH* that draws upon an initiative by the Centre for Mental Health Services Development (CMHSD) to examine problems of inter-professional working in adult community mental health services. These problems were examined within a series of facilitated group meetings that focused on the community mental health team (CMHT), so establishing an inter-disciplinary dialogue between mental health professionals. This paper reports professionals' perceptions of their own and other mental health disciplines which help to explain why professionals working within multi-professional teams often experience problems in establishing and sustaining inter-professional collaboration. These problems were related mainly to differences in culture between professional groups and to the different values held by group members. These differences originate in professional training and are maintained subsequently by socialisation. The procedure through which inter-professional perceptions were explored emerged as a potentially valuable approach to identifying inter-professional conflict and promoting understanding of professional roles.

Findings

- Psychiatrists- highest burnout/dissatisfaction
- Threats to power
- Ambivalence of belonging by 'high status' professionals
- Role ambiguity
- Reduced autonomy

Recommendation

- Need for team development

What makes Multi-Disciplinary Teams Effective?

Early research

Borrill et al (2000) –Muti-site research on teamwork.

Effectiveness was determined by;

- Clear objectives
- High participation levels
- Commitment to quality and innovation

Team participation resulted in;

- Better mental health among members
- Better retention

Steps towards effective teamworking in Community Mental Health Teams

Published online by Cambridge University Press: **05 December 2013**

C. Twomey, M. Byrne and T. Leahy

Health and Social Care in the community

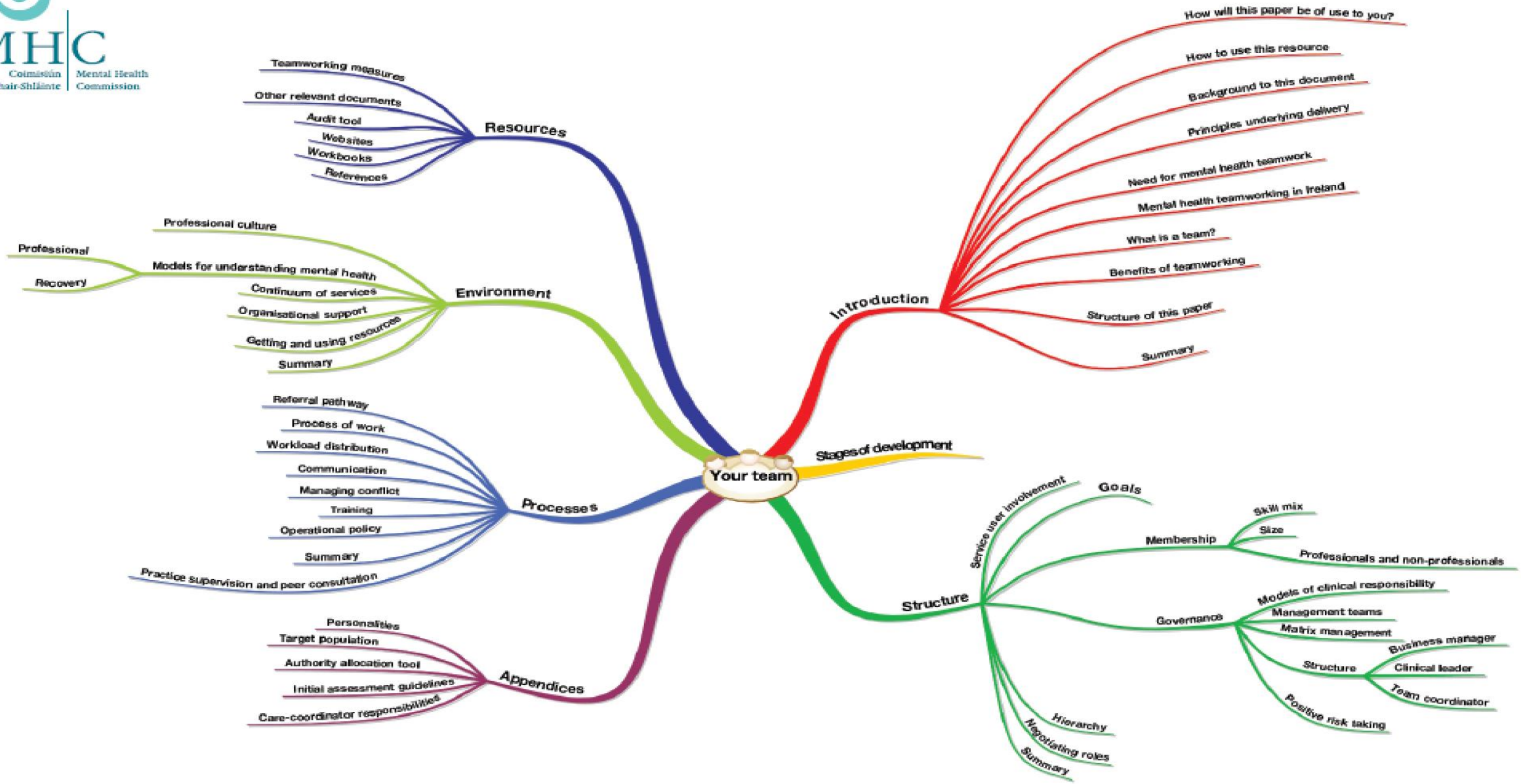
Health and Social Care in the Community (2016) **24**(3), 309–320 doi: 10.1111/hsc.12203

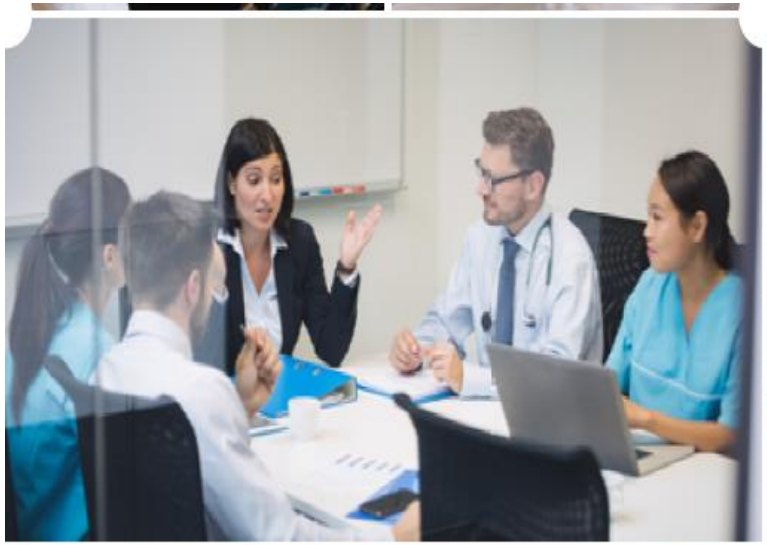
Development and psychometric evaluation of a new team effectiveness scale for all types of community adult mental health teams: a mixed-methods approach

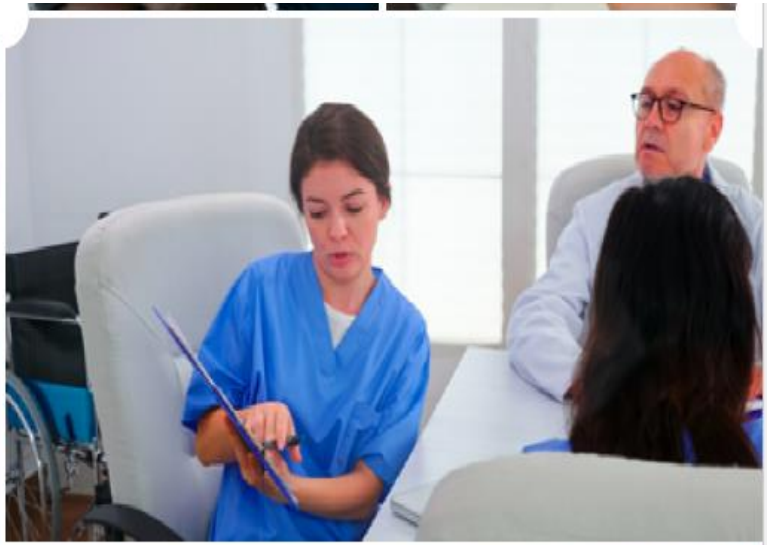
Walid El Ansari[1], Joanne Lyubovnikova[2], Hugh Middleton[3], Jeremy F. Dawson[4], Paul B. Naylor[5] and Michael A. West[6]

[1]Faculty of Applied Sciences, University of Gloucestershire, Gloucester, UK, [2]Work and Organisational Psychology Group, Aston Business School, Aston University, Birmingham, UK, [3]School of Sociology and Social Policy, University of Nottingham, Nottingham, UK, [4]Sheffield University Management School, University of Sheffield, Sheffield, UK, [5]Open University, Milton Keynes, UK and [6]Lancaster University Management School, Lancaster University, Lancaster, UK

TEAMWORK WITHIN MENTAL HEALTH SERVICES IN IRELAND





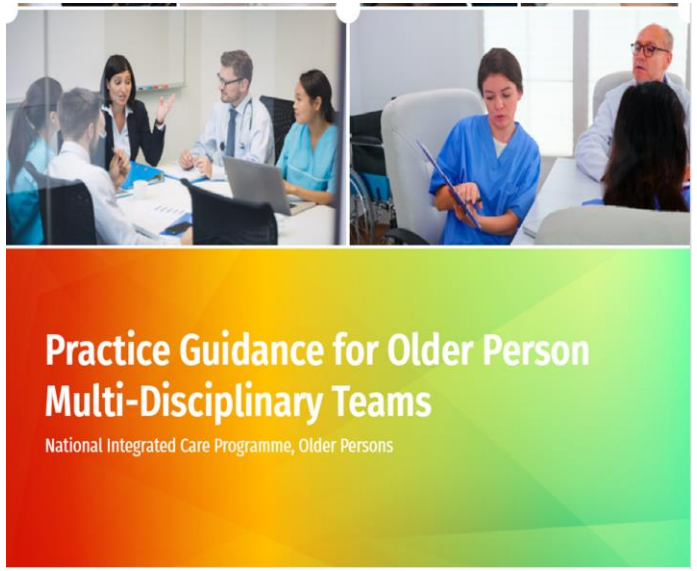


Practice Guidance for Older Person Multi-Disciplinary Teams

National Integrated Care Programme, Older Persons

Key components

- Principles of MDT working
  - Models of MDT working
  - Behaviours
  - Culture and Leadership
- Internal Processes
  - Shared roles and functions
  - Accountability and Governance
- Team Development and Education



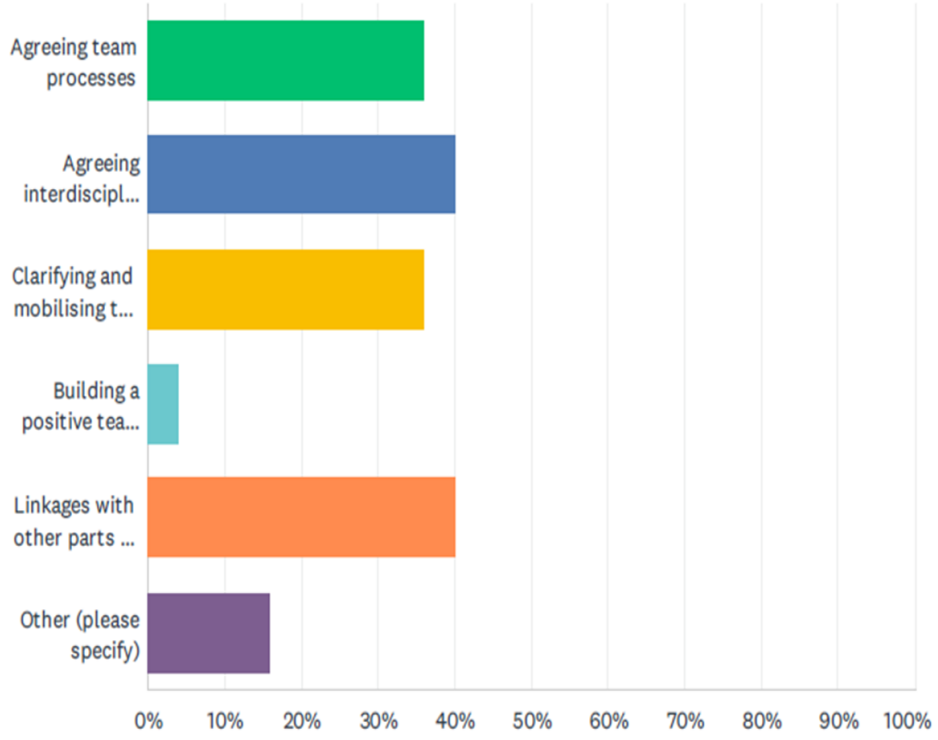
High Performing Team characteristics

- Commitment to a common cause
- Distributed leadership
- Commitment to improvement
- Accountability to one another
- Personal meaning (connected to a higher purpose/common cause)
- Authentic/honest and open team environment

Survey results-Operational Leads

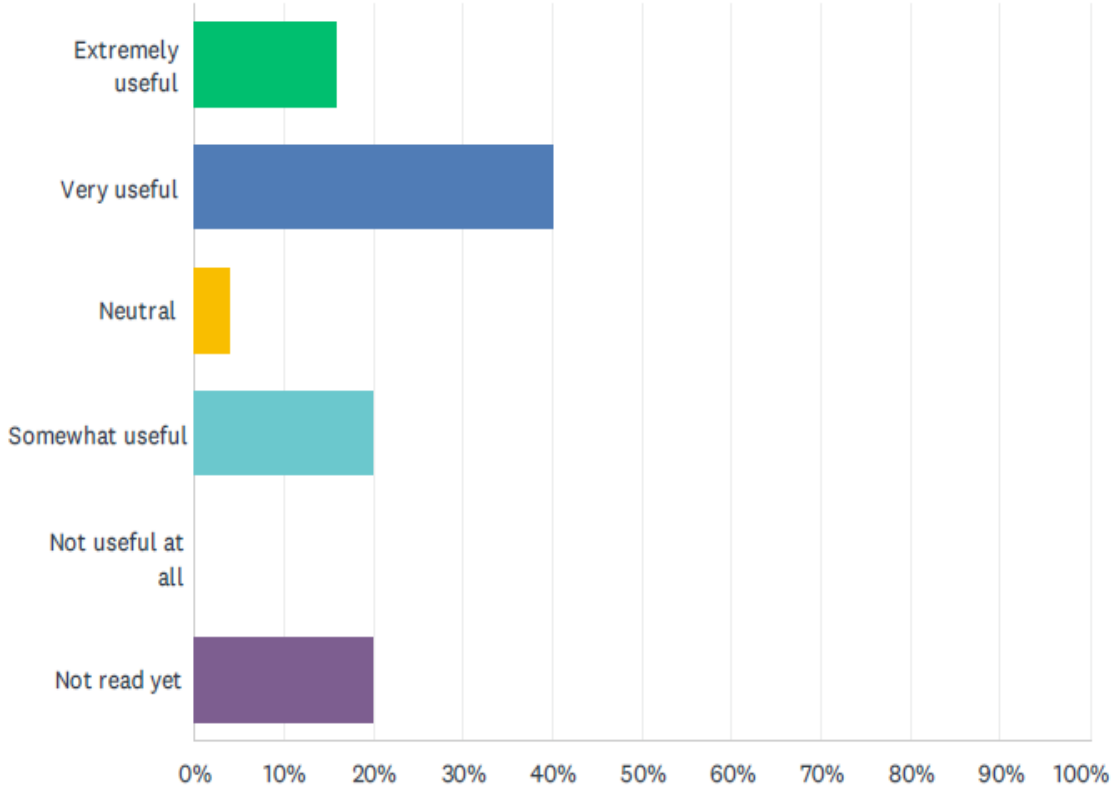
Q10 What do you perceive to be the biggest challenge in MDT development?

Answered: 25 Skipped: 0



Q12 How useful do you find the MDT guidance document?

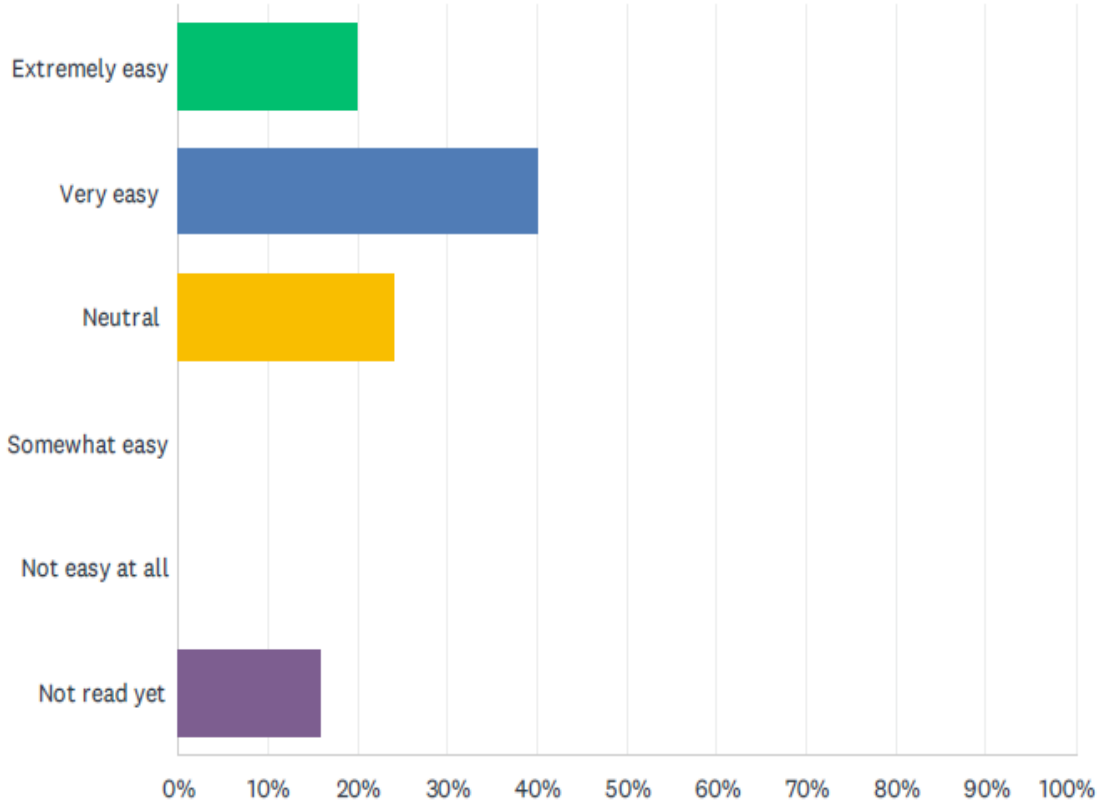
Answered: 25 Skipped: 0



Con’t

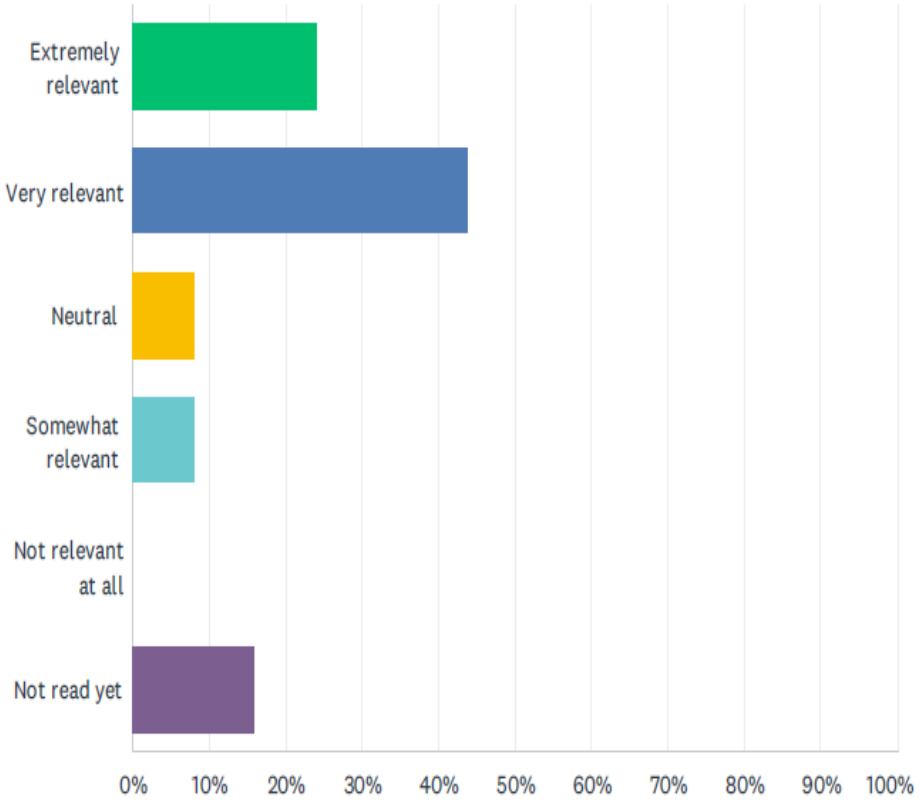
Q13 Is the content easy to understand?

Answered: 25 Skipped: 0



Q14 How relevant is the content of the MDT guidance to your work?

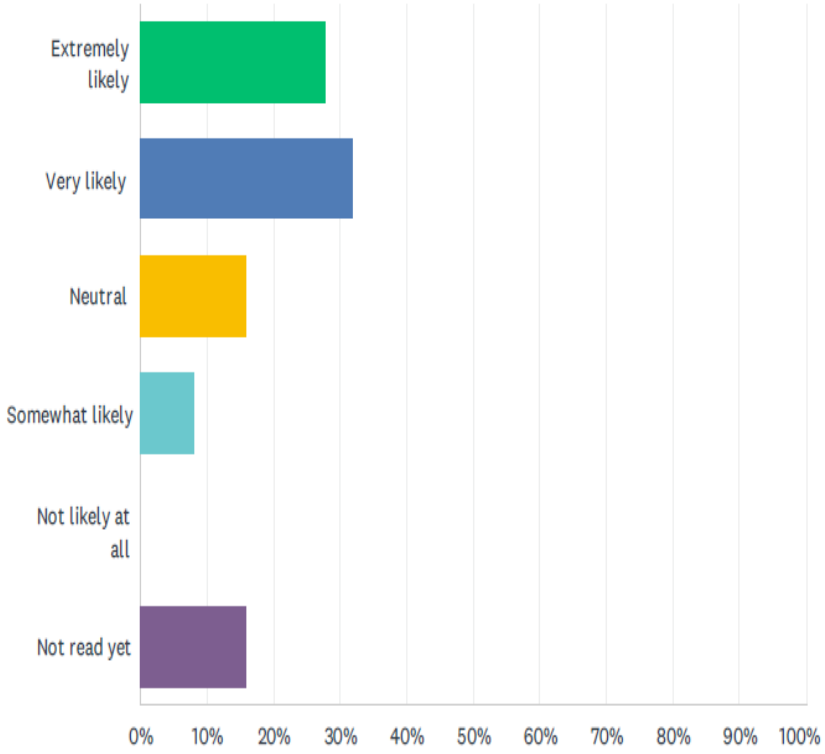
Answered: 25 Skipped: 0



Con’t

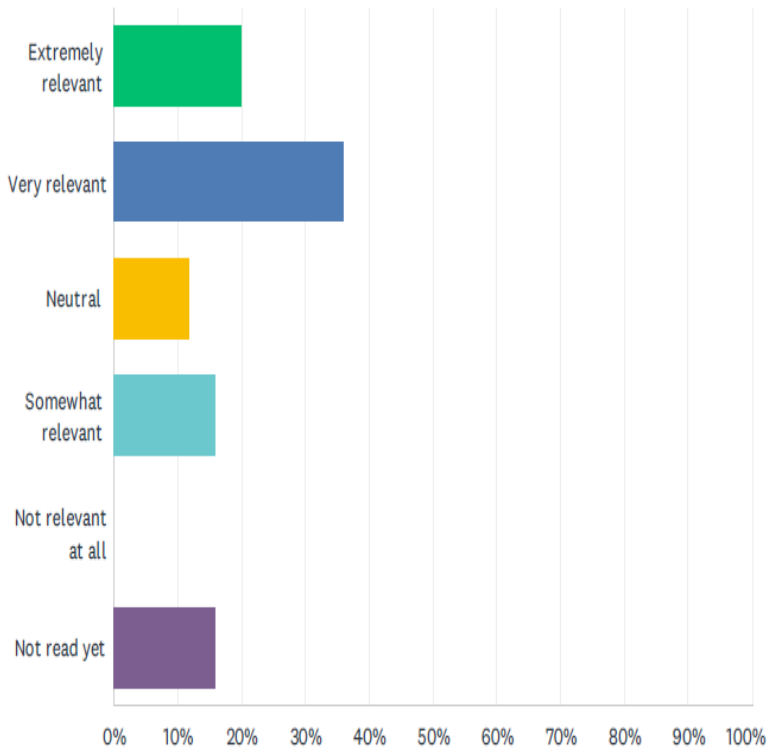
Q15 To what extent are you likely to use the guidance in developing team processes?

Answered: 25 Skipped: 0



Q16 How useful/relevant is the content in appendix on team operational policy?

Answered: 25 Skipped: 0



What's missing?

- **Accountability & Governance-**could provide further guidance in terms of shared accountability & governance for ICPOP leads & Heads of Discipline and the reporting structures for each team member.

- More detail around **Operational Policy and Care Pathways.**

- **Appendix 6 is not comprehensive enough**. We recently had to prepare and addendum for this guidance doc for the heads of discipline, guided via QPS department (and its a very different requirement).

- **Role of team in social prescribing.**

Q & A

NATIONAL INTEGRATED CARE PROGRAMME FOR OLDER PERSONS

OLDER PEOPLE