

# **WEST DUNBARTONSHIRE COUNCIL**

## **Report by the Executive Director of Social Work and Health**

**Council: 28 November 2007**

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### **Subject: Acquired Brain Injury Service**

#### **1. Purpose**

- 1.1** To advise Council of progress towards securing the provision of Clinical Psychology Services for service users and families affected by Acquired Brain Injury (ABI) or Alcohol Related Brain Damage (ARBD).
- 1.2** To inform Council of the work of the Joint Acquired Brain Injury Service.

#### **2. Background**

- 2.1** On 19 September 2007 the members of the Social Work and Health Improvement Committee considered a report outlining the results of consultation with service users, carers and partners involved in ABI (Acquired Brain Injury) services. The report highlighted achievements and identified the need to develop better pathways into NHS services.
- 2.2** The Committee also invited a carer to address the meeting and elected members heard first hand about the family's distress at not being able to access specialist psychological services. The Council's Assistant Psychologist had recently left her post to pursue clinical training and the NHS Consultant Psychologist's post had not been filled since October 2006. Despite successive recruitment efforts no appointment was made and the NHS pay review of grades confounded the problem.
- 2.3** Elected Members expressed their concerns in the strongest possible terms and subsequent Council meetings have reviewed the position. The Leader of the Council has also written to the Chief Executive of NHS Greater Glasgow and Clyde Health Board.

#### **3. Progress towards providing Clinical Psychology Services**

- 3.1** Early efforts to attract even temporary cover were unsuccessful. Continued discussions across the network of clinical psychology have, however, been more successful.
- 3.2** The following arrangements have now been secured:
  - An experienced Clinical Psychologist working within NHS Greater Glasgow and Clyde has been contracted to provide cover from 30

November till February 2008. From 17 December 2007 this will provide 4 sessions per week for assessment and treatment.

- From February 2008 an experienced clinical psychologist will provide 4 sessions per week for assessment, treatment and supervision of staff.
- Recruitment for an Assistant Psychologist post will be planned to coincide with the appointment of the Clinical Psychologist.
- The retired Consultant Psychologist has agreed, after further approaches, to continue working with the family who raised the issues at the September Committee.

Funding for these services is available within jointly held budgets. The total costs will be in the region of £60,000.

## **4. The Development of ABI**

### **4.1 Need**

- 4.1.1** Prevalence data suggests that the number of people in West Dunbartonshire requiring brain injury services is between 100-300 people. Thornhill et al (2000) suggest that for every 1,000 people, one will have a moderate to severe brain injury. This equates with 93 people in West Dunbartonshire. SNAP (2000) data estimates that the wider group of acquired brain injury could be as great as 300 per 100 000 in Scotland suggesting a possible 270 people in West Dunbartonshire. Our own experience reflects need at this higher level.
- 4.1.2** In the West of Scotland assault and falls, often associated with alcohol and drugs are the most common causes of ABI. In the UK as a whole Road Traffic Accidents are the major cause. The average person with an acquired brain injury is a young male around 25 years old, with issues of health, addictions, criminal justice, social inclusion and worklessness prominent.

### **4.2 Service delivered**

- 4.2.1** During 2006/07 the ABI Service worked directly with 60 service users on a long-term care management basis and also provided information, advice and short term support individuals, families and staff in the areas of Addictions, Criminal Justice, Mental Health, Community Care, and Children & Families.
- 4.2.2** The ABI Service has developed individual goal planning techniques that facilitate individuals' social rehabilitation. The service provides direct housing support, help with daily living skills, memory aids and arranging appointments. The service also provides leisure and life-long learning resource packs, support to access Momentum Scotland's specialist ABI Pathways to Work course and support into various college and job seeker programmes.
- 4.2.3** The ABI Service and Community Addictions Team commission the Richmond Fellowship Scotland to provide a housing support service to people with

Alcohol Related Brain Damage (ARBD). In 2007 this service has worked with 66 individuals providing essential daily living support to enable them to continue to live in the community and to promote healthier and safer lifestyles. Many of these individuals do not have a formal diagnosis of ARBD and find it difficult to access other services, including emotional and psychological assessment and support services.

- 4.2.4** A West Dunbartonshire Partnership Strategy document for Acquired Brain Injury has been agreed for 2007-2010.
- 4.2.5** A basic ABI awareness training session has been developed and delivered by the ABI Team to more than 200 carers and frontline staff across West Dunbartonshire. Additional training focusing on meeting the specific needs of individuals living in the community has also been developed and delivered to over 100 people. All of these training sessions are co-delivered with service users.
- 4.2.6** A service users' support group, Brain Injury Experiences Network (BIEN), has been established to provide a forum for people who have an ABI.
- 4.2.7** An ABI information pack has been developed and distributed throughout West Dunbartonshire and to each individual service-user.
- 4.2.8** An e-mail enquiry line has been established for staff in Argyll and Bute Council to access advice and resources from the ABI Team.
- 4.2.9** A joint agencies specialist acquired brain injury single shared assessment tool has been developed and piloted within West Dunbartonshire. This will be the first specialist SSA for ABI services in Scotland.
- 4.2.10** The ABI Team influences national policy and directions through membership of the Scottish Head Injury Forum.

#### **4.3 Services planned**

- 4.3.1** A West Dunbartonshire ABI Partnership Strategy has been agreed for 2007-2010.
- 4.3.2** An ABI resource directory will be published by 31 March 2007.
- 4.3.3** A unique proposal to record individuals' 'ABI Journeys' has been commissioned. Service users and carers will be involved in the project's design, implementation and publication. It is anticipated that this consumer perspective on their real world experience will benefit local and national understanding and will influence service design and development.
- 4.3.4** The ABI Team is involved in rolling out an innovative NeuroVision technology project, managed by Visibility Scotland and funded through the War Blinded. This project will provide ex-service personnel with an ABI in West Dunbartonshire with visual assessment and rehabilitation. It is envisaged that this service will then become available to all service-users.

## **5. Personnel Issues**

- 5.1** The recruitment of an Assistant Psychologist within the Social Work ABI Team will be undertaken early in 2008.

## **6. Financial Implications**

- 6.1** The resource implications outlined in 3.2 will be met through available social work budgets and joint funding.

## **7. Risk Analysis**

- 7.1** It is evident that over 60 of the service users (across ABI and ARBD) would benefit from Clinical Psychological Services. The treatment offered and the guidance provided to other staff greatly enhances outcomes for service users and carers.

## **8. Recommendations**

- 8.1** Council is asked to:
- i) note progress towards the provision of Clinical Psychology Services for service users affected by Acquired Brain Injury (ABI) or Alcohol Related Brain Damage (ARBD) and their families,
  - ii) note the unique and extensive service delivery work undertaken by the Joint ABI Team,
  - and
  - iii) note the range of innovative projects planned over the next 12 months.

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**Background Papers:** Report to Social Work and Health Improvement Committee  
19 September 2007

**Wards Affected:** All Wards