Appendix 1

West Dunbartonshire
Community Health Partnership

ACQUIRED BRAIN INJURY STRATEGY

2007 - 2010

Contents

Introduction

Section 1
Underlying principles of the strategy

Section 2
People with Acquired Brain Injury in West Dunbartonshire

Section 3
Planning Overview
Context of planning
Planning process in West Dunbartonshire
Existing service provision

Section 4
Financial framework

Section 5
Issues affecting West Dunbartonshire
Partnership responses

Section 6
Monitoring, Evaluation and Reporting: An Action Plan
User involvement and partnership working
Service developments
Training
Monitoring and evaluation

Appendix 1 Partners
Appendix 2 Numbers of people with acquired brain injuries

Foreword

The West Dunbartonshire Joint Future Partnership is pleased to present its first Local Partnership Acquired Brain Injury Strategy 2007 - 2010.

This Strategy sets out our plans for Acquired Brain Injury Services across the West Dunbartonshire area.

Introduction

This strategy is bedded in the principles of a wide range of social care legislation; National Health Service and Community Care Act 1990, Carers (Recognition and Services) Act 1995, Local Government (Scotland) Act 1994, Community Care & Health (Scotland) Act 2002 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

Section 1

Underlying principles of the Strategy

This strategy is founded on the belief that people who have an acquired brain injury have a right to opportunities and services. Therefore this strategy is based on the following principles:

- Service users should have a voice to articulate their needs at all levels of the decision making process and to be enabled to lead full lives as citizens and members of the community.

- Service providers must be sensitive to the personal, emotional and material consequences of having a brain injury.

With changes in legislation and national policy we have been helped to develop our services in a more co-ordinated way. Involvement from stakeholders from statutory and voluntary organisations has helped us to build on these principles.

The continued development of this partnership approach will be key to the development and implementation of this strategy across all services. Service users have a strong representation within the strategic planning process; as equal partners this means that they are involved in current service delivery, service planning, redesigning and commissioning of services and are able to highlight gaps in service provision.

Section 2

People with Acquired Brain Injury

People with acquired brain injury have very specific needs that should be addressed to adequately support them and allow them to develop their full potential in the community.

Within West Dunbartonshire, acquired brain injury is considered to reflect one client group within the Social Work Service Plan and the Joint Health Improvement Plan. In terms of service delivery from social work and health services, this is provided by one Brain Injury Service consisting of specialist social work and health staff. Therefore for the purpose of this report acquired brain injury services are considered as one homogenous group.

"Defining acquired brain injury which is acquired since birth and can apply to any age. It is non-progressive and caused by various traumas to the brain. Primary damage is largely as a result of mechanical factors and is seldom affected by medical treatment. Typically, this could be due to damage to brain tissue during a road traffic accident, assault, falls, industrial or sporting accident, poisoning, anoxia, viral infection, neurological surgery or aneurysms. It commonly presents special problems owing to the combination of physical, cognitive, behavioural, emotional and social difficulties arising from damage to the brain, and consequently demands intensive health care in the short-term and collaborative input form health, social work and voluntary organisations over the medium to long term*."(Community Care and Health Improvement Programme 2001-05)*

Within West Dunbartonshire

The demographic breakdown of services means that there is a continuing trend that over 90% of referrals are men in the 16-47 age group of the population. The most common injury types continue to be assaults and falls with a high existing level of unemployment prior to injury. The return to work is statistically poor. However the pre-morbid mental disorder and substance misuse has seen an increasing referral rate.

There has in the past been an inappropriate service provision with poor co-ordination of services and no single point of contact. The referral process has been disjointed with unclear pathways for patients coming into services. Many people tend to be falling between stools.

There are a number of reasons for this, professionals have no ownership of the problem and this is combined with a lack of knowledge within both professions and families. Libby Irvine described services as “The Rudderless Ship” (Irvine 2002) with no identified financial resource.

The Acquired Brain Injury service in West Dunbartonshire and Lomond has addressed a number of these gaps including the development of a clear single point of contact with dedicated Brain Injury service staff. By using the social work database system, information has been gathered and good use has been made of performance indicators.

The service’s re-design in 2002 led to the development of a specialist assessment, with home and community based intervention. To ensure people do not fall between two stools there are full multidisciplinary referral networks with client and carer involvement.

The Brain Injury Service in West Dunbartonshire has been developed through joint partnership working between NHS Greater Glasgow and Clyde, Argyll and Bute Council and West Dunbartonshire Council.

This locally based service has developed a number of specific referral pathways from community, private agencies, voluntary organisations, health services, carers and families which will continue to develop and strengthen partnership working. In addition the service continues to work with colleges, housing associations, carers’ services, welfare rights and specialist rehabilitation centres both in the public and private sector.

The West Dunbartonshire Joint Future Partnership Carers Strategy 2004, acknowledges the vital role of carers and recognises the role of carers in the planning and delivery of all services to people affected by a brain injury.

Section 3

Planning Overview

Context of Planning

"The overall strategy of the rehabilitation process for people with regard to brain injury is to recognise that a continuum of care, rehabilitation and integration is necessary………Services should be flexible and provide the opportunity for individuals to access appropriate support, as needs change over the long term" (SNAP 2000)

In recent years, there have been a number of workforce planning groups developing needs assessment guidance across Brain Injury Services, with recommendations for improving service delivery. For example, the Scottish Needs Assessment Programme (SNAP) (2000); Huntington's Disease Acquired Brain Injury and Early Onset Dementia pointed to the need for *"better health and social work strategic planning and funding services, improve systems to help bridge the boundaries between differing phases of rehabilitation, and to co-ordinate and care-manage at a local level".*

In 2005, West Dunbartonshire's Disability Equality Strategy was adopted by the Council, this will formalise the Councils' arrangements across all departments for the use of accessible formats.

Planning Process

Our key partners ensure local joint plans and strategies are agreed, progressed and monitored through the Community Care Planning and Implementation Partnership, the Community Health Partnership and through the Acquired Brain Injury Strategy Group.

Their main focus is to:

- Review and develop local services
- Ensure national strategies and plans are incorporated into local planning
- Commission specialist services for people who have complex needs

User involvement has always been seen as a priority for the team who will help initiate and support a user group and existing networks.

Research has been undertaken in partnership with West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

- Acquired Brain Injury in Lomond and West Dunbartonshire: Clients views on personal needs and provision (Fergusson 2004)
- NHS Greater Glasgow Service Evaluation 2004 – 2005
- Role Change and adaptability in relationships following Acquired Brain Injury (Hunter 2005)

Existing Service Provision

West Dunbartonshire Council

The Brain Injury Team is a partnership between NHS Greater Glasgow and Clyde, Argyll and Bute Council and West Dunbartonshire Council.

For those affected by Acquired Brain Injury, the changes and adjustments which occur at a physical, psychological and social level can be colossal. And more importantly, the issues and difficulties experienced are individual to the person affecting areas deep within persona and personal life. It is this very fact that calls for a service with a range of flexibility, skills and experience in this specific area.

A housing support service is funded through the Supporting People budget, this was reviewed in February 2006 by the Care Commission and the report of the service was extremely positive.

To ensure income maximisation there is a dedicated welfare rights officer. The team have taken on an increased educational role both in-house and externally within the statutory and voluntary services. This has increased communication and has allowed service input to be proactive rather than reactive.

Health Services

Acute services are dependent on the area of residence of the individual therefore service users may be referred from the Royal Alexandria Hospital in Paisley, Southern General Hospital and the Royal Infirmary in Glasgow or from Inverclyde Royal Hospital in Greenock. On April 1st 2006, with the dissolution of NHS Argyll and Clyde, the above acute services became the responsibility of one health board, the newly formed NHS Greater Glasgow and Clyde.

By using the gold standard of neuro-psychological assessment for all referrals and the ongoing research with NHS Greater Glasgow and Clyde the service will be able to develop in a responsive way.

Using research from Teasdale(1998) and Pentland (1999), both of whom promote the concept that for the person with an acquired brain injury, it is vital for the assessment to be right at the very beginning of their diagnosis. In other words, if there is no cognitive and neuro-psychological services at the beginning with the initial assessment then the scarce resources that we

have for acquired brain injury will be used ineffectively and will not be properly targeted to meet assessed needs.

In terms of diagnosis this needs to be done within the hospital, looking at both the condition and the person's care needs at home. The provision of care will include care needs but also employment, education, income, family and personal relationships. Within the West Dunbartonshire and Lomond area this assessment is second to none for people with an acquired brain injury because of the strong links between social work and health services.

Partnership services

The service works in partnership with a variety of mainstream and voluntary sector services. These include Momentum Glasgow, who offer pre-employment courses and work placements specifically designed for individuals with brain injuries. The West End Project in Alexandria and Stepping Stones in Clydebank; voluntary organisations which offer courses, self-help groups, peer advocacy and training opportunities for people who are also experiencing emotional difficulties and social isolation. The Richmond Fellowship Scotland, who provide one to one support for individuals experiencing alcohol related brain damage and associated cognitive, social and emotional issues.

The Acquired Brain Injury service maintains and continues to develop strong links with other Brain Injury services, such as the Head Injury Projects based in Glasgow, Paisley and Renfrewshire, and with national groups , such as the Scottish Head Injury Forum (SHIF), the Brain Injury Social Workers' Group (BISWG), Headway.

Links to related services, such as Victim Support, DACA, Options for Independence, are continually developed using partnership models.

There will be further development of carer and user groups including the development of peer support groups as well as access to general advice, support and information.

Training

The Brain Injury Service is currently developing an awareness training pack for all frontline staff. A pilot of the training pack is being undertaken with health and social care staff beginning in early 2006. Over the next two years a programme of training will be developed and delivered to staff from a variety of agencies, service users and carers.

Section 4

Financial Framework

West Dunbartonshire Council and partners (as noted in Appendix One) are moving towards models of joint commissioning that will take account of the total financial resources available for services.

The complex nature of Acquired Brain Injury services determines that funding comes from a number of different sources and this is important to consider within the draft financial framework being prepared.

Financial commitment has been provided from all of the partners although changes arising from the dissolution of NHS Argyll & Clyde will result in a reassessment (and potential realignment) of these.

As a direct consequence of this services provided to Argyll & Bute Council (which now fall under NHS Highland) will be subject to the development of a Service Level Agreement which is currently under review.

An integral part of this process is the evaluation of current costs with the required service development and this is currently in progress. There is an agreed recognition across all of the partners that service development does require increased financial commitment in order that the services can be provided both effectively and efficiently.

For the 2006 / 2007 financial year it has been agreed that West Dunbartonshire Council will continue to be the lead partner and this will include the hosting and management of all staff involved.

The draft financial framework for 2006 / 2007 indicates a total recurrent budget of some £159,000, including recurrent costs for rehabilitation and community based support.

As noted in other sections (and specifically within Section 6 of the Action Plan) within the document the development of a clear financial framework (including the preparation of a detailed Medium term Financial Plan) is essential and this will be progressed through 2007.

Section 5

Issues affecting West Dunbartonshire

Through the jointly resourced local mapping of services, referred to earlier, within both specialist and generic and voluntary and statutory agencies, the key findings from this research have been used to improve service delivery and inform local planning process.

With the advent of the Brain Injury Strategy Group, it is to be expected that carers and service users have a forum to develop individual voices and bring different viewpoints into future service design. The opportunity of this forum to network and make the commitment to the project and become an integral part of current service and future developments. It is also hoped that the development of a Strategy Group will also endeavour to prevent and guard against duplication of service design and delivery and where possible, give greater clarity for individuals working with acquired brain injury when working across agencies.

In order to address these issues, services were developed locally to bridge the gaps between agencies and to begin to address the gaps as identified above. The services listed below have now become part of mainstream services as a direct result of user consultation with people locally.

Following the discussion at the launch of the West Dunbartonshire Joint Future Strategy Group for Acquired Brain Injury a number of issues were raised for future action.

The following list represents these issues:-

- Development of a clear financial framework
- Good access to services
- Well informed staff within services to ensure clear patient pathways
- Ensure influence in other services – e.g. mental health, physical disability, addiction
- Improved early formulation of assessment of need through SSA Specialist Assessment and Carers Assessments
- Evaluation and research
- Development of support and accommodation through housing providers
- Develop the welfare rights service with Independent Living Fund, Direct Payments and Advocacy services
- Engage with services in innovative ways

- Development of an ABI strategy with targets, action plan and patient/client expectations
- Increased staff within the service
- Inform patients and carers of the pathway through services
- Develop innovative services
- Influence and raise awareness within Accident and Emergency services
- Review unmet need and link to prevalence and incidence rates
- Ensure effective recording of ABI within agencies

Partnership Responses

With the development of a specific Brain Injury Service, the notion of responsibility becomes a shared process. Critically, acquired brain injury has found itself placed between stools of larger service delivery. The establishment of a Planning and Implementation Group means that rather than falling between stools, the project can straddle other services making it everyone's responsibility to acknowledge and support service development for those who have sustained an brain injury.

The recognition that acquired brain injury requires specialist input has seen a rapid expansion of service delivery tackling issues such as:-

- Specialist Acquired Brain Injury assessment
- Creative joint funding / pooling of resources
- Developed networks for service provision – Health, Social Work and Voluntary and Private Sectors
- Specialist identified Welfare Rights Officer – unclaimed benefits – income maximisation
- Individualised community based input re: lifeskills, memory and communication
- Ongoing research and service evaluation
- Use of technologies i.e. Datalink Watches used to reduce memory difficulties
- Client / carer and GP education
- Care co-ordination / care management
- Single point of contact
- Data collection / Research- Glasgow University 2004, new research proposed for 2004/05 with GGNHS
- Service development with other Acquired Brain Injury Services: e.g. Momentum
- Carer / service user input

These developments are not only part of the current service delivery, but also provide an opportunity to take the service forward at a planning and strategic level.

There is a commitment to build on this good practice and the following action plan outlines our actions for the next three years to continue to work with our partners to review, monitor and develop services locally.

Section 6

Monitoring, Evaluation and Reporting: Action Plan 2007 – 2010

The action plan outlines the tasks identified to meet the local gaps in service as identified by people living in West Dunbartonshire. These actions will be reviewed annually through local planning structure as well as using our own West Dunbartonshire News. The Action Plan will be the focus of the work of the Brain Injury Strategy Group.

User Involvement and Partnership working:-

1 Develop an overarching Brain Injury Strategy for West Dunbartonshire

2 Inform Partnership Planning Structures of developments and changes within the service delivery and planning of specialist acquired brain injury services

3 Development of clear financial framework for the service

4 In partnership with stakeholders continue to review the membership of the strategy group to reflect changes within structures, for example the Rehabilitation and Assessment Directorate

5 Continuing commitment to service user involvement throughout the planning process, with sensitivity to the communication, language and cultural needs of people with a brain injury.

6 Continuing commitment to identifying people with an acquired brain injury who are unknown to health and social care services through work with communities and partner organisations

7 Continuing commitment to adapting and developing mainstream services to meet the changing needs of people with an acquired brain injury

8 Sharing good practice with other service developers and commissioners

Service Developments:-

9 Build links with local generic community service providers by developing networks and participating in joint training and skills

development events such as Richmond Fellowship and the West End Project

10 Build links with specialist acquired brain injury services by developing networks and participating in joint training events such as The Hub

11 Build links with specialist acquired brain injury services within acute services to further develop the patient pathway and the proposed acute management unit

12 Develop referral protocols across partners including specified timescales

13 Further develop the opportunities for support and accommodation for people with acquired brain injury through housing providers

14 Agree with partners the piloted Specialist SSA Add-on for Acquired Brain Injury Services

15 Ensure availability of Specialist SSA Add-on for Acquired Brain Injury Services on CareAssess

16 Review Advocacy services in line with needs of acquired brain injury service users and the future scope for users and the future demands on the service in line with the new Mental Health Act

Training:-

17 Deliver locally developed acquired brain injury awareness training session to local providers and services working across the Partnership

18 Increase the number of trainers to deliver the acquired brain injury awareness training session

19 Further develop basic awareness Acquired Brain Injury awareness session targeted for carers

20 Evaluate training delivered April 2006 – March 2007 and report to the Partnership

21 Produce a Training Plan to link in with Primary Care Mental Health Training Plan

Consultation:-

22 Complete reporting on social work specialist acquired brain injury service 2006 – 2007

23 Complete reporting on consultation carried out with service providers 2006 – 2007

24 Complete reporting on consultation carried out with service users and carers carried out in 2006 –2007

25 Develop proposal for consultation with acute services on acquired brain injury services

26 Report on phased consultation carried out 2006 – 2007 to the wider Partnership

27 Develop acquired brain injury service users/carers community group with West Dunbartonshire

Information:-

28 Development of Resource Directory describing wider community services such as leisure services aimed at service users and carers

29 Establishment of ABI Helpline for Argyll and Bute Council area in line with service level agreement

30 Develop an acquired brain injury Information Guide for service users and carers describing the pathway through services

31 Develop acquired brain injury social work service flyer for users, carers and service providers

32 Development of Resource library for acquired brain injury for West Dunbartonshire area

Monitoring and evaluation:-

33 Report on the service through the existing corporate Performance Indicator structure

34 Work with partners to develop Local Improvement Targets (LITs) in line with Scottish Executive JPIAF requirements, including outcome

based targets which will be measured and evaluated through the Acquired Brain Injury Strategy Group and the wider planning structure

35 Report on the service through the newly developing Local Improvement Targets

36 Ensure all new developments are monitored in line with partners' and corporate performance indicators

37 Use existing external review mechanisms e.g. Care Commission Inspections and Supporting people reviews, COSLA awards and APSE awards

38 Use the Community Care Planning and Implementation Partnership to monitor progress of the action points within the PIP template

39 Work with corporate policy to ensure implementation of the Disability Equality Duty

Appendix one

Partner Agencies

- West Dunbartonshire Council
- West Dunbartonshire Community Health Partnership
- NHS Greater Glasgow and Clyde
- Lomond and Argyll Care and Repair Service
- Momentum
- Lomond and Argyll Advocacy Service
- Richmond Fellowship

Management Structure

Within West Dunbartonshire Council, the lead agency for the ABI service, the Acquired Brain Injury Team sits within the auspices of Mental Health. The Team Leader for Mental Health has overall responsibility for the management, development and monitoring of the service on behalf of the partners agencies.

There is a draft Information Guide which lays out the service available and how users, carers and workers can refer into and access appropriate assistance.

Appendix two

Numbers of Acquired Brain Injured People

Thornhill et al[1], 2000 note that over 150 000 brain injured patients are admitted to UK hospitals per year for traumatic brain injury, from these figures McMillan did a follow up study and found a high incidence of depression, anxiety, lower self-esteem and stress.

Thornhill et al suggest that for every 1,000 people, one will have a moderate to severe brain injury. Taking those figures West Dunbartonshire estimate 93 people will require brain injury services each year in the Council area, with an estimate of 27 in the Lomond sector of Argyll and Bute Council.

West Dunbartonshire note another estimate for the wider group of acquired brain injury could be as great as 300 per 100 000 in Scotland (SNAP 2000[2]). Thus giving 270 people across the West Dunbartonshire Council area and 71 across Argyll and Bute.

The establishment of a baseline of the number of people receiving service provision for Acquired Brain Injury will be part of the developments within the Local Improvement Targets (LITs) specifically for acquired brain injury services.

When developing the LITs attention needs to be paid to the demographics of risk factors in the UK[3]:-

- 70-88% of all people that sustain a head injury are male.
- 10-19% are aged greater than or equal to 65 years.
- 40-50% are children.
- Falls (22-43%) and assaults (30-50%) are the most common cause of a minor head injury, followed by road traffic accidents (25%). Road traffic accidents account for a far greater proportion of moderate to severe head injuries[4].
- Alcohol may be involved in up to 65% of adult head injuries.

---

[1] Thornhill S, Teadsdale GM, Murray GD, et al. Disability in young people and adults one year after head injury: prospective cohort study. *BMJ* 2000;320 (7250):1631-1635.

[2] Huntingdon's Disease, Acquired Brain Injury and Early Onset Dementia SNAP Feb 2000

[3] NICE Clinical Guidelines; Head Injury June 2003

[4] Wasserberg J; Treating Head Injuries *BMJ*;2002;325:454-455 (31 August)