



COMMUNITY CARE STAFFING DEVELOPMENTS

1 REASON FOR REPORT

- 1.1 To inform Members about the workload pressures in the Learning Disability Service's Community Teams and the effects this is having on services to adults with a learning disability and on members of the teams.
- 1.2 To inform Members about the effects the increasing specialisation of services has had on the assessment available to adults who misuse substances (drugs and/or alcohol) and the importance of providing dedicated social work input into the Substance Misuse Team, managed by NHS D&G.
- 1.3 To propose that additional posts are established in order to address these issues. The funding for these posts was identified in the report to Social Services Committee of 11th February 2003, "Revenue Budget Development 2003/4 – Savings and Realignment Options".

2 BACKGROUND

- 2.1 Services to adults and older people with a wide variety of needs, which require assessment under legislation such as the NHS and Community Care Act 1990 and the Mental Health (Scotland) Act 1984, are increasingly provided by specialist teams, jointly managed by Education and Community Services and NHS D&G. This is consistent with the Scottish Executive's 'Joint Futures' agenda. Members have received previous reports on the establishment of the :-

- Mental Health Service (Adults)
- Learning Disability Service for adults
- Mental Health Service (Older People)

The current discussions on the Joint Partnership Agreement further develops joint working relationships with respect to services for older people and adults with physical disability.

- 2.2 The joint teams for adults with a learning disability were established in April 2002 and both Team Managers for the Community Teams have been in post since June 2002. Over the last nine months, community team staff have worked together to rationalise their workload and begin to develop joint working practices. However, the combination of a number of factors has resulted in increasing workloads within the team which, on analysis, can no longer be sustained within existing policies of the Council or the NHS Board. Team Managers have been working closely with their teams to identify the pressure points and these are outlined in Section 3 of this report.

2.3 The specialism of services has resulted in a number of different social work staff contributing to the assessment and care management of people who misuse substances, particularly for people requesting a programme of residential rehabilitation. For example, this task is undertaken by members of the Learning Disability Service in Annandale and Eskdale; by a Social Worker in the Community Mental Health Team in Nithsdale; and by Physical Disability staff in Stewartry and Wigtownshire. Members will be aware that other services play a major part in this area of work, including:-

- Substance Misuse Service (NHS D&G)
- Criminal Justice Teams
- Turning Point Services
- Alcohol and Drug Support, South West Scotland.

In the discussion at February Committee, Members asked 'to receive a report on substance misuse and profiles of need and investment on services, particularly rehabilitation, support and education in Health, Council and Voluntary sectors'. This report will be provided to the Adult Services Committee in June 2003. However, there is an immediate gap in the existing service as there is no dedicated Social Worker in the Substance Misuse Team. This gap is currently being filled by workers in other teams, to the detriment of work in their specialist area.

3 LEARNING DISABILITY SERVICE – COMMUNITY TEAMS

3.1 **Appendix 1**, shows an organisational chart for the service currently provided by the Council and NHS D&G to adults with a learning disability. There are four community teams based in:-

- Annandale and Eskdale (3 staff)
- Nithsdale (4 staff)
- Stewartry (2 staff)
- Wigtownshire (3.5 staff)

There are also two occupational therapists and one physiotherapist for the region.

3.2 Each Community Team member in Stewartry and Wigtownshire has a caseload of between 58 – 65 people at any one time. In Nithsdale and Annandale and Eskdale, a social worker's caseload averages 65 – 70 people. Of these, for every member of staff in the teams, about 40 people on their caseload need active work at any one time. In addition, the average weekly new referral rate is 12 for Wigtownshire and Stewartry and 9 for Nithsdale and Annandale and Eskdale.

3.3 This increased workload is a result of a variety of factors, including:-

- Young people with complex needs, moving from children's services to adult services.

- The strategic change to supporting people in their own tenancies, which started with the resettlement process moving people from long stay hospitals, has resulted in increased work for community teams in monitoring and reviewing the quality and effectiveness of the care packages; supporting people in the community in crisis; and providing specific interventions.
- The effects of the strategy described in Dumfries and Galloway's 'Partnership in Practice' agreement to reduce the number of health beds currently used within and outwith Dumfries and Galloway. This requires community team members to be involved in assessing needs and planning services for people in health beds.
- The introduction of Transitional Housing Benefit (the Supporting People Grant from 2003/4) has enabled people in their own tenancies to receive support through this new income stream. However, this has resulted in a lot of work for staff in the Learning Disability Service, together with support providers, to make the initial applications for the benefit in 2002/3. These claims will have to be regularly reviewed and new applications for support in the future will require input from community teams.
- Increased expectations of people with learning disability, and those of their families, about the level and quality of services available to support them in a 'person – centred' way in the community. This requires more time to be spent by members of teams in assessing, planning services with providers and monitoring and reviewing their effectiveness.

3.4 The planned developments in the Learning Disability Service mean that Team Managers are required to both contribute to these in their locality and across the region. This is in addition to their responsibility for the local purchasing budgets, day to day management of the service and supervision/support of their team members. Committee have already recognised the need for Senior Practitioners posts in Children's Services and Older People's Teams to support the Team Manager in the day to day running of Community Teams. It is recommended that two Senior Practitioners posts are now established in the Learning Disability Service; one based in the East and the other post in the West.

3.5 To enhance the capacity for the community teams to respond effectively to the overall increased workload, it is proposed that Care Co-ordinator Posts are established in the Learning Disability Service, with a similar job description to that already agreed for Older People's Services. It is proposed that 4 new posts are established, 1 post in each team (i.e. Wigtownshire, Stewartry, Nithsdale and Annandale and Eskdale), together with the administrative support for the new postholders.

4 SUBSTANCE MISUSE SERVICE

4.1 As previously mentioned, assessment and care management services for people who misuse substances are undertaken by a number of social work staff whose primary focus is within another specialism.

- 4.2 As a consequence, it is difficult to ensure a consistency of approach to the service; more difficult for Managers to offer appropriate supervision to staff and difficult to offer a comprehensive social work service to the Substance Misuse Services of NHS D&G.
- 4.3 To address the difficulties outlined above, it is proposed that a dedicated Social Work post be created to enhance the work of the Substance Misuse Team managed by NHS D&G and enhance the aims of the 'Joint Future' report with respect to single shared assessments and joint management.
- 4.4 The new post will become part of the Team based at Cameron House and offer a social work assessment as part of the overall assessment of a person's needs and, where appropriate, case management as indicated. The postholder will also provide a specialist assessment when out-of-region resources may be required.
- 4.5 The location of the postholder and the locus for professional supervision will be agreed prior to appointment.
- 4.6 A further consequence of this development will be that specialist social workers in other teams will be freed up to concentrate fully on their area of specialism.

5 FINANCIAL CONSIDERATIONS

- 5.1 The Social Services Committee of 11th February agreed, in principle, to the funding for increases in the establishment of the Community Learning Disability Teams and for one specialist social worker post for the Substance Misuse Service.
- 5.2 The funding set aside for these posts for 2003/4 is £92,372 for the additional funding to the Learning Disability Community Teams and £28,078 for the social worker (substance misuse) post. The proposals described in this report will keep within this budget.

6 RECRUITMENT TO POSTS

- 6.1 Discussions will be arranged with the relevant Trade Unions, to discuss and agree the recruitment protocol to these new posts prior to their being advertised. The posts in the Learning Disability Service will be available to appropriately experienced staff currently employed by NHS D&G, as well as the Council, and discussions will therefore include Trade Union representatives from both the Council and NHS D&G.

7 CONSULTATION

Community Planning Links - Inclusion Safety & Health Life Long Learning	The development of specialist services will not directly impact on community planning links
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Financial Implications -	Immediate Long Term	£120,410 (2003/4)
Staffing -	Immediate Long Term	Increased staff to deliver services; relieves workload pressures on existing staff As above.
Consultation -	Service Users Finance Corporate Services Chief Executive Other Council Departments Key Partners	N/A Yes Yes N/A Through the Joint Learning Disability Board

8 RECOMMENDATION

- 8.1 Members are asked to note the workload pressures in the Learning Disability Service and agree to the establishment of two Senior Practitioner Posts (one in the East, and one in the West) and 4 Care Co-ordinator Posts in each of the Community Teams across the Region.**
- 8.2 Members are asked to agree the establishment of one FTE social worker post (Substance Misuse), to be based in the Substance Misuse Team and managed as part of the joint service (NHS D&G and Education and Community Service).**

Maggie Read
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Background Papers:
(as required under the Access to Information Act)

APPENDIX /-

Appendix 1 – Organisational Structure for the Learning Disability Service (Adults)

Ref: P&S-Cr-ComCare-Apr03
Date: 24 March 2003
Committee Date: 8 April 2003

**Learning Disability Service
Maggie Read - General Manager**

**Sandra Turner
Manager**
(Community Team, East)

Based in Annan

Patrick Burton, CLDN
David Paterson, SW
Debbie Wearn, Snr.
Practitioner

Based in Dumfries

Vacancy OT
Rosie Black, SW
Derek Goodwin, SW
Steve McCann, CLDN
Pauline Warner, SW

Local Area Coordinators

Jill Banks Mid & Upper
Nithsdale
Ally Wilson, Stranraer

**Philip McCann
Manager**
(Residential and Home
Support Services)

Billy Jones,
Ntn. Stewart Community
Support Service.

Glynis McCall,
Kerrera

Heather McKie,
Dunmuir Park

Yvonne McLean,
Darataigh

Linda Callendar,
Glendarroch

Carol Dempsey,
Marchmount
Josie Herries, Linfern
Susan Parker, Rosemount

**Dave Whittingham
Manager**
(Day Services/Day
Activities)

ARC/Day Service Mgrs.
Beth Bleasdale,
(Newton Stewart)

Bob Burns,
(Dumfries)

Carmel Jones/Sandra
Wright
(Stranraer)

Carmel Jones/Lynn
McConnell
(Castle Douglas)

Jim Murdoch
(Kirkconnel)

Alistair Thomson
(Annan)

**Colin Lewis
Manager**
(Community Team, West)

Based in Castle Douglas
Bill Howat, CLDN
Ian Crook, Care Manager

Based in Stranraer

Ailsa Green, OT
Alan McCamon, OTA
Camay Kelly, SW
Tracy McAdam, CLDN
John Montgomery,
Support Worker

Based in Dumfries

Jenny Hooper-Roe,
Physiotherapist for the
Region

**Morag Scoular
Nurse Manager**
(2 year fixed
term contract)
Nithbank L D U
Trevor Owen.
Charge Nurse

Key: CLDN: Community Learning Disability Nurse; SW: Social Worker; OT: Occupational Therapist; OTA: Occupational Therapy Assistant.