Northumberland Head Injuries Service: Combined Health and Social Care

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Community Rehabilitation in Neurology Training Programme

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Presented educational materials were developed in 2008-2010 with support from European Union funds as a part of the Leonardo da Vinci project titled: Community Rehabilitation in Neurology Training Programme

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Aim of presentation

- Explain why there is a need for Community Brain Injury Services
- Describe The Northumberland Head Injuries Service
- Describe how Health and Social Services have come together to help form the service
- Use case study to outline the benefits of this joined up approach

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Northumberland: Where we are

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Northumberland: Information

- 6th largest county in England
- Northumberland has more castles than any other county in England (probably due to wars with Scotland)
- The most northerly town is Berwick upon Tweed has changed hands between Scotland and England 14 times.

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Northumberland: information

- Population of 300,000
- Large rural area has the lowest population density in England (62 people per square kilometre)
- 25% of the county is protected from development as it is part the Northumberland National Park – area of outstanding landscape
- The Northumberland Coast is designated an Area of Outstanding Beauty

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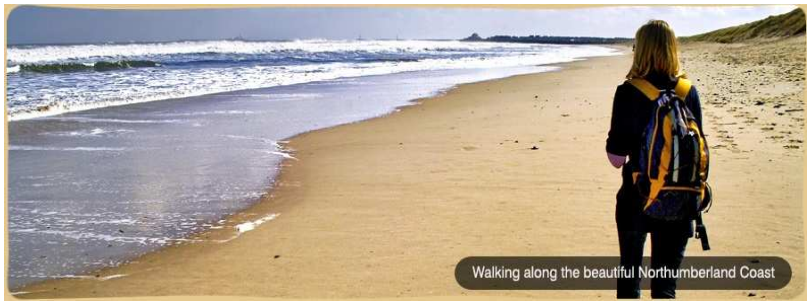
Northumberland: Photos



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What is Northumberland Head Injuries Service?

- NHIS provides a community based neuro-rehabilitation service
- NHIS set up and co-ordinate care packages for those clients who need formal care
- Multi-disciplinary team approach
- Goal directed rehabilitation
- Co-ordinated health and social care
- Partnership with private, voluntary sector, education & employment service

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Why is there a need for Community Brain Injury Services?

- National Services Framework Quality Requirement 5 Community Rehab and Support recommends: ongoing access to comprehensive rehab/advice/support
- Rehabilitation is a slow process – rehab gains can be made many years post injury long after hospital discharge
- Survivors do not view successful rehab in terms of how well they did in hospital
- Survivors view successful rehab as
  - Getting back to work
  - Assimilating back into family life
  - Partaking in previous social roles and activities

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Who do we serve?

- People who have sustained a traumatic brain injury
- Northumberland residents
- Aged between 18 to 65
- Referrals who are under 18 are care managed by Social Services Children's Services
- Referrals who are over 65 have access to assessment

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What is the scope of the service?

Between April 1st 2009 & March 31st 2010:

- 129 active cases
- 45 new referrals during that period
- 16 discharged

We serve:

- People with mild injuries who need support and reassurance
- People with severe injuries who need 24 hr care

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Who can refer clients?

- Direct by Hospitals
- GPs
- Social Work Teams
- Other care agencies/providers
- Self referrals

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The Team: Part Time and Full Time Staff

- Care Managers (fulfil the role of social workers)
- Clinical Psychologist
- Consultant in Rehab Medicine (2 sessions)
- Speech Therapist (2 sessions)
- Occupational Therapist
- Neuro-Physiotherapist
- Rehab Assistants
- Medical Sec/Administrator

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What are benefits of a joined up health and social care team?

- Holistic Multi Disciplinary approach (Social Model)
- Clients are seen by health and social care professionals that are specialist
- Reduced waiting times
- Efficient use of resources (by providing specialist knowledge we can often reduce the need for paid formal care)
- NHIS has access to Health and Social care budgets to provide or purchase care and rehabilitation for the client

Case study: C

- Road traffic accident while living in Germany age 40
- Hospital based rehab in Germany
- Returned to Northumberland for ongoing care from her mother
- C had rented out her house in the South of England while she was in Germany and planned to move south when she was well enough to live on her own.

C: Care manager/Social Work support

- Referred to NHIS by GP
- Risk assessment by care manager to decide priority of referral/ ensure she met the criteria (within 2 working days of referral)
- Initial Assessment took place within 2 weeks of the referral
- Post injury needs identified: fatigue, balance, psychological adjustment, emotional labile, double vision, social isolation, word finding, anxiety, low confidence, left side weakness, short term memory, financial, shoulder and back pain

C: Care manager/Social Work support

The care manager organised:

- Internal referrals to OT, Physio, SLT, Consultant in rehab medicine & Psychologist
- External referrals: Vocational Rehabilitation service, Welfare benefits assessment & Driving Assessment service
- Small package of care 2 hours per week to help her re-learn how to use public transport
- Regular reviews involving C and the professionals involved in her care/rehab

C: Clinical Neuropsychology intervention

- Low mood
- Low confidence and some social anxiety, especially regarding word finding difficulties
- Cognitive problems (memory and concentration)
- Adjustment issues, e.g. living at home with mother, loss of valued social roles (e.g. job, friendships etc).

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C: Clinical Neuropsychology intervention

- Psycho-education re nature of clinical depression, advice on self care, medication.
- Cognitive behavioural interventions to improve mood and confidence
- Normalising psychological symptoms associated with anxiety
- Neuropsychological assessment showed mild verbal learning deficits and slowed information processing
- Supportive counselling

Occupational Therapy intervention

Home and community visits to:

- Assess of C's present level of functioning
- Risk assess the home environment
- Risk assess when in the community
- Discuss and establish C's goals and expectations

Occupational Therapy intervention

Strategies identified

- Safe transfers established within home, bathroom and stairs
- Dressing programme developed to increase independence
- Pain and Fatigue management in relation to home and community activities
- Support to access community facilities
- Build confidence and self esteem

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Outcomes achieved by joint health and social care approach

18 months post injury C was discharged

- C moved to her old home in the south of England
- She had already achieved full time employment in Northumberland and arranged a transfer to an office in the south of England

36 months post injury - referred herself back to the service

- C was struggling with anxiety, isolation, fatigue and she was not using her compensatory strategies.
- She returned to Northumberland

Present time

- C has her own house
- she manages her work hours accordingly to manage fatigue issues
- and she calls NHIS for help and support as required

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Thank You