



Falkirk Council

## **Falkirk Council Social Work Services**

### **Review of Community Care Locality & Integrated Teams**

#### **MODEL A**

##### **1. SUMMARY**

This model is similar to the current arrangements and proposes some minor boundary changes to be co-terminous with health services. It builds on the development of focused team working in care groups including duty systems in each team.

##### **2. DESCRIPTION OF MODEL**

In this model the proposal is that there will be 7 locality Adult Community Support & Care Teams, 1 hospital Adult Support & Care Team, 1 Integrated Learning Disability Team, 1 Sensory Impairment Team and 3 Integrated Mental Health Teams, all providing an Assessment & Care Management Service. All teams would have devolved budget responsibility.

The locality teams would cover geographical areas which are coterminous with Health services. However, in order to allow for greater equity in population spread consideration should be given to a reorganisation of boundaries. In broad terms the following boundary shifts would initially help to achieve this.

Stenhousemuir Team - Carron residents will receive service from Grahamston Office rather than Stenhousemuir

Meadowbank/Braes Team - Whitecross residents will receive service from the Bo'ness Team rather than the Braes Team

Grahamston Team, now with the addition of Carron.

Camelon Team retains existing boundaries.

Denny Team retains its existing boundaries.

Grangemouth Team retains its existing boundaries.

Bo'ness Team now with the addition of Whitecross.

Hospital Team, to include adult inpatients within Falkirk Council area not allocated to another team.

Integrated LD Team – Falkirk Council-wide.

Sensory Team

Mental Health Team – Falkirk Council wide in 2 sectors, 3 teams.

##### **3. DUTY / INTAKE – in this model terms are interchangeable**

“Intake” is the term used to describe the first point of contact for new service users and carers, and the point of contact for service users and carers with no allocated worker.

The “intake” service is provided by the team duty worker who also provides a service on behalf of colleagues who are unavailable due to sickness, training or holidays.

The intake process involves the initial prioritisation of work and the identification of risk.

Intake will include short term intervention, however will not include long term work or care management.

Intake would be a service provided by all the teams in this model and would have a robust standardised duty procedure which would be implemented and adhered to by all duty personnel.

Mental Health Officer duty rota would remain in place.

#### **4. SERVICE USER GROUPS FOR ADULTS OVER 18**

Learning Disability	all Social Work clients with a learning disability will be dealt with by the Integrated Learning Disability Team. Incremental approach to transfer of cases.
Mental Health	all Social Work clients (18-65) with mental health problem will be dealt with by the 3 x Integrated Mental Health Teams. Incremental approach to transfer of cases.
Hearing/Visual Impairment	all Social Work clients with a hearing, visual or dual impairment will be dealt with by the Sensory Centre. Incremental approach to transfer of cases.
Older People/ Physical Disability/ People with Dementia / Aids / HIV / older people 65+ with MH problems	all Social Work clients including older people, those with physical disability, people with dementia and people will be dealt with by one of 7x Adult Community Teams.
Alcohol/ Substance Abuse	all Social Work clients with alcohol or substance abuse will be dealt with by social work support linked to the Community Addiction Service and the substance Misuse Team.
“Inpatients”	all clients who require inpatient services who live in the Falkirk Council area with the exception of Wards 18 & 19. Will be dealt with by the FDRI Team.

It is however recognised that numbers of clients may have a range of social and health problems across the care groups and it will be the identified primary presenting problem which will determine which team will initially deal with the person.

#### **5. BENEFITS**

- Standardises Intake/Duty Service.

- One team involved with clients and carers from point of referral to closure with the exception of the Hospital team.
- Allows for the development of local initiatives which are responsive to the community they serve.
- All teams will hold a devolved budget allowing for more responsive decision making and facilitating quicker delivery of same provision.
- Reorganisation of staffing with the teams as part of the overall redesign will lead to a sharing of knowledge and experience.
- Easier access for service users and referring agencies across all client groups.
- Retaining locality based services will be cost effective and in line with the Government's green approach. Teams with a council wide remit would also benefit from the use of locality based resources on a needs led basis eg. Booking of rooms locally etc.
- Continue to build on local and national philosophies which underpinned the establishment and development of the current Integrated Learning Disability, Mental Health Teams and the Sensory Impairment Service.
- The option outlined in this proposal would result in the smooth transition of cases between teams. As it builds on current structures it would mean minimum disruption for service users and their families and carers.

## **6. CHALLENGES**

- There will be a change of role and tasks in some areas, changes to management structure, duty, supervision etc.
- Reorganisation of staff and resources across teams to sustain new remit of teams.
- Demographic changes to existing boundaries and care groups will require informed consultation and consideration.
- Robust and standardised procedures will be required across the same to ensure equity and consistency of approach in assessment and the provision of same.
- The need to identify appropriately sited and easily accessible offices for all teams.
- Change needs to be delivered in line with the positive feedback delivered by both the MAISOP & SWIA Inspections whilst taking on board any recommendations made by the Inspectors.

## **7. AGE GROUPS**

The age group for the Community Care Service is 18+ with the exception of the Mental Health Teams which is 18-65.

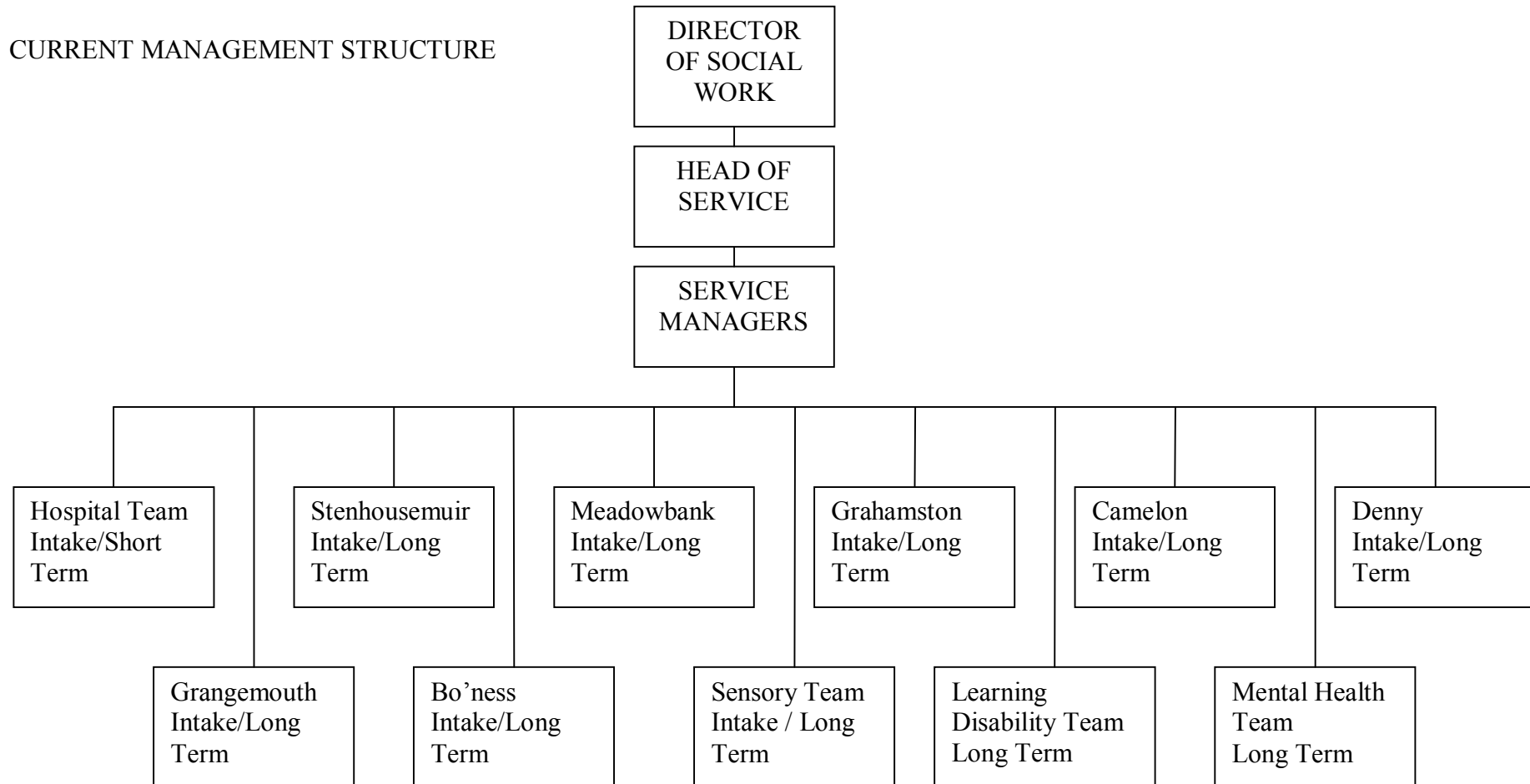
A clear and robust protocol requires to be established and adhered to in respect of transition cases between Children & Families, Criminal Justice Service, and Community Care Services.

## **8. GEOGRAPHICAL RESPONSIBILITY**

- Falkirk wide responsibility
  - Hospital Adult Support & Care Team
  - Sensory Team
  - Integrated Learning Disability Team
- Sector
  - 2 x Integrated Mental Health Sectors (East & West) = 3 x Teams (East West Central)
- Teams
  - 7 x Community Adult Support & Care Teams as defined in No. 1 at Description of Model

# COMMUNITY CARE MANAGEMENT

## CURRENT MANAGEMENT STRUCTURE



# COMMUNITY CARE MANAGEMENT

PROPOSED MODEL A

