

REVIEW OF MENTAL HEALTH AND LEARNING DISABILITY
ALCOHOL & SUBSTANCE MISUSE WORKING COMMITTEE
WORKFORCE PLANNING

ANALYSIS OF CURRENT WORKFORCE

Substance misuse services are commissioned at a Board level by a Drug and Alcohol Commissioning Team, made up of different professionals including representation from the criminal justice system. They commission services from both the statutory addiction services and voluntary community agencies. In addition, statutory services may sub-commission to voluntary agencies, and work in a partnership model.

It is important to recognise that Substance Misuse Services are organised in a tiered fashion, with the majority of people being assessed and appropriately treated by their General Practitioner or voluntary agencies. Three levels of service provision have been identified:

1. Shared care with primary care
2. Community treatment for more complex patients.
 - Liaison with general hospitals
 - Liaison with and response to criminal justice system
 - Liaison with mental health and learning disability services
3. High intensity treatment services (in-patient, out-patient, day-patient)
Advice to Commissioners and Purchasers of Modern Substance Misuse Services. RCPsych CR100 March 2002

An Audit Report was commissioned by the four Health and Social Services Boards as part of the Priorities for Action Recommendations. This report addresses the period up to 1/04/2003 when considering the area of workforce planning. The report was completed June 2003.

Some key findings:

Statutory Addiction Services (N Ireland)

- Have an annual core funded budget of £4,199,070 (2001/2)
- Had an overall total funded budget of £5,853,420 (2002/3) with a non core funded and time limited budget of £1,654,350 which is primarily from Drug and Alcohol Strategy money

In the year 2001/2002

- 920 people underwent in-patient treatment programmes, either in the five statutory in-patient facilities or within Northlands Residential Unit or Carlisle House
- Community Addiction Teams received 7,749 referrals

- There were 22,612 “face to face” contacts between community based practitioners and patients
- 2,969 people attended out-patient appointments with medical staff

Structurally

- There are 70 in-patient beds available for Addiction Services in N Ireland. This equates to 1bed per 17,612 adult population.
- The six Community Addiction teams run fifty nine clinics across N Ireland
- An integral part of statutory based provision is the close and increasingly important working relationship between Statutory Addiction Services and Primary Care Services, especially GPs, who are a major source of referrals to the Community Addiction Teams and/or Addiction Treatment Units.
- Statutory Addiction Services also have an important and vital working relationship with voluntary organisations and services

Workforce

- Addiction Services are provided by a multidisciplinary workforce totalling 127.5 WTE
- 47.35 WTE (37%) work exclusively in in-patient based services
- 65.9 WTE (52%) work exclusively in community based services
- 14.25 (11%) work in both areas
- The above staffing figures do not include Senior House Officers or Administrative staff
- Nurses form the largest staff group with 73.25 WTE (57%).
- Counsellors 11%
- Social workers 10%
- The workforce is predominantly female 87.15 WTE (68%)
- Male workforce 40.35 WTE (32%)

Interface with the Voluntary Sector

- The Statutory Addiction Services interface with 58 voluntary groups. *(see Appendix 1)*
- The Statutory Addiction Services invest 14% of its overall budget in voluntary groups

This Audit highlighted gross short falls in workforce and subsequently treatments which could be not be provided. These are the most important conclusions with regard to staff groupings:

Consultant Medical Staff

The Royal College of Psychiatrists recommends for a population of 100,000 there should be 0.9 WTE, increasing to 1.5 WTE for a more urbanised catchment area.

Managers

Only three of the six addiction services have a dedicated full time manager, with a total 3.75 WTE dedicated managers across six addiction services. It would seem vital that each service should have a dedicated manager in order that the administrative infrastructure could be developed.

In-patient Nursing Levels

These levels are all well below those recommended by Telford Workforce Analysis. This is evidenced by the following examples: Belfast 12 WTE (recommended 20 WTE), Holywell 14 WTE (recommended 19 WTE).

Community Staff

Telford Workforce Analysis indicates a serious under provision of community based staff. Whilst there is no addiction specific benchmarking ratios available at present, if one applies the mental health benchmark of one mental health worker to a population of 10,000 to Addiction Services, there should be 123 community based practitioners across the six addiction services. Currently there are 66 exclusively community based practitioners, which if one removes the Counsellors employed through non-recurring money, the figure drops to 54.

Other Staffing groups

Unfortunately, no specific addiction benchmark ratios exist for other professional groups such as social workers, occupational therapists, psychologists, non-career grade medical staff, but it should be noted that the National Treatment Agency has recommended an increase in staffing levels which can meet a doubling of service provision from the year 2000 to 2010. It should also be noted that social workers are the members of the multidisciplinary team best placed to deal with housing, benefits, and most importantly family and childcare issues, including child protection. Only one service employs an occupational therapist. The role of the occupational therapist is vital in relapse prevention, meaningful day programmes and ensuring gainful employment, through education and supported placement. The numbers of occupational therapists should be increased.

CURRENT WORKFORCE RELATED ISSUES IMPACTING ON ABILITY TO DELIVER SERVICES

Lack of Staff in all Disciplines

This is evidenced by

- Increasing caseloads
- Increased waiting times for assessment, treatment or admission
- 15% increase in referral rates to community addiction teams over a three year period

Workforce profile:

- It is important to acknowledge that 68% of the workforce is female which has implications for flexible patterns of working
- The age profile analysis showed that 49% of the workforce is over the age of 41. In Down & Lisburn Trust, 28% of the workforce was over the age of 51 which has specific implications for that Addiction Service.

Posts funded by Non Recurring Money

- 32% of posts are funded by non recurring funds which are time bound or time limited, e.g. six dual diagnosis practitioner
- Although these posts can be of importance it leads to uncertainty for staff who therefore tend to be seconded which causes additional problems

Development of New Services

- Substitute prescribing was launched on 1st April 2004
- This requires healthcare professionals to undertake training
- Without additional staff, including nurse practitioners and non career grade medical staff, this takes staff away from their already large caseloads

CURRENT AND FUTURE TRENDS IN PLANNING AND DELIVERY OF SERVICES AND THEIR POTENTIAL IMPACT ON WORKFORCE

Illicit Drugs

- Increasing seizures by HM Customs and the PSNI, supported by the Drug Prevalence Survey (DHSSPS NI) suggests that as a community there is more substance misuse which will increase referral rates to addiction services at all tiers of provision
- The use of stimulants is increasing and this again is likely to impact in numbers of referrals to both addiction and mental health services.
- If injecting behaviours increase, this will impact on needle exchange provision and harm reduction workers, trained in blood borne viral illness transmission counselling.

National Service Framework

- In England and Wales, the DoH established a special authority called the National Treatment agency
- This health authority developed a national service framework which could be adopted and implemented in N Ireland
- With this would come specific standards, including waiting times to access services, which could not be met with current level of workforce.
- This framework also highlights skills and competencies for healthcare professionals working in addiction services.

Sub specialisation into Drug and Alcohol Teams

- This may allow people to develop particular skills and competencies and therefore more effective ways of working
- However with separation of services, this brings with it the need for increasing managerial and administrative support

Younger Persons Addiction Services

- This is an area where there is no statutory provision
- There should be a consultant psychiatrist to educate and be involved in strategic planning
- There may be no further implication on workforce planning as services would be developed in partnership with primary care, paediatrics, adolescent psychiatry, family and child social services, education system, juvenile justice system and voluntary agencies

Older Persons Addiction Services

- This is an area where there is no separate statutory provision, as people are assessed and treated within mainstream statutory and voluntary services

Dual Diagnosis Services

- This service was established with non recurrent funding
- It will end in 2006
- This service requires senior RMNs with training in addictions who would be best placed within community mental health teams

Other Deficits in Statutory Provision

- Liaison to general hospitals
- Services for people with learning disability
- Liaison to antenatal services
- Liaison with criminal justice system, including three prison establishments
- Regional long stay rehabilitation facility/ Therapeutic community
- Occupational health services to companies (private/public) as many have development drug testing policies

A significant priority for Alcohol and Substance Misuse is to establish the required workforce to deliver our plans over 3 years. We have quantified the additional staffing required for Substance Misuse within the Adult Mental Health programme. The estimates are as follows:

Staff Group	Additional Numbers Required
Consultant Psychiatrists in Addiction	5
Staff Grade Doctors in Addiction	5
Nursing Staff	54
Social Workers	10
Psychologists	10
Occupational Therapists in Addiction	15
Counsellors / Generic Workers	10

An additional 5 Nurses should be established within the Maternity Services as link staff to addiction. Estimates include 7 link workers within Learning Disability Services to facilitate the delivery of mainstream services to those with Learning Disability and an additional 38 staff across Nursing, Social Work, Education and Counselling to facilitate the development of an Adolescent Service for Addiction. Equal expansion must take place within the non-statutory sector to meet the current level of need.