

**SELECT COMMITTEE HEALTH AND ADULT SOCIAL CARE**  
**27<sup>TH</sup> MARCH 2008.**

**REPORT OF THE DIRECTOR OF ADULT COMMUNITY AND HOUSING SERVICES**

**RESETTLEMENT OF RIDGE HILL HOSPITAL**

**PURPOSE OF REPORT**

1. To report to Health and Adult Care Select Committee on the welfare of residents resettled from Ridge Hill Hospital.
2. Select Committee has previously received regular updates on the resettlement project; the most recent report was received in March 2007, when the last residents left the hospital.

**BACKGROUND**

3. From 2003 to 2007, Dudley MBC worked with the PCT in Dudley on the resettlement of 34 residents with a learning disability from the Ridge Hill hospital. The re-settlement flowed from the White Paper 'Valuing People' in 2001, which announced the closure of all long-stay hospitals for people with a learning disability.
4. Most of the residents had lived at the hospital for many years. Most have a severe learning disability and in some cases profound physical disability or challenging behaviour. Most have relatives who take a keen interest in their welfare.
5. Most of the residents were resettled in groups to accommodation in seven different locations in the Dudley Borough, where they share houses as tenants. The Council contracted with a number of Housing Associations as Registered Social Landlords (RSLs) for the provision of accommodation for the residents, some of which were new builds. In addition, two individual placements were made
6. The residents receive care from one of two independent sector providers – Lifeways and Trident - who were selected through a tendering process. Lifeways provide domiciliary care for 21 people spread over four schemes, and Trident look after the other three groups comprising 11 people.
7. The following table gives details of the accommodation and the housing and support providers:

<b>No. of Clients</b>	<b>Accommodation</b>	<b>Housing Provider</b>	<b>Care Provider</b>
3	Bungalow	Dudley MBC	Trident
4 + 1	House with flat	West Mercia Housing	Lifeways
4	Purpose built semi detached bungalow	CHADD	Trident
1	Residential Care home	CHADD	Langstone
2	Purpose built 2 semi detached bungalows	CHADD	Lifeways
4	Purpose built bungalow	Stonham	Lifeways
3	Purpose built bungalow	Stonham	Lifeways
4	Adapted bungalow	Accord Housing	Trident
6	Purpose built individual bungalows in two groups of three.	Bromford	Lifeways
1	Residential care home		Inshore Support.
1	Ground floor flat	Dudley Council accommodation.	Lifeways

8. By the very nature of their position in NHS provision long-stay hospitals were institutions which were unable to maximise peoples' quality of life, choices, preferred lifestyles and social inclusion - despite the considerable efforts to overcome these prior to the resettlement, within the confines of congregate living and the hospital system.
9. The outcomes for clients have been very positive and the changes in their lives have far exceeded the expectations of the project. Nine service users live totally independently with an individual package of support. People are being supported to try out new experiences and to take more risks and responsibility for their lives to enable them to develop their independence and to be valued

members of society. They have been able to make more choices about how they spend their money, how they furnish their home, how they plan their day and get involved in the management of their home and crucial to this has been the choice they have had in how they are supported and who supports them. These choices have given them more control over their daily lives.

10. For others the impact on their lives has been a dramatic reduction in medication, and behaviours that would have previously been described as challenging are no longer exhibited.
11. One person has been supported by his appointee to purchase a car that can be used by his support service to take him shopping, visit friends and family and to take him on activities he enjoys in the community. Recently his mother became unwell and was admitted to a nursing home. This caused him some distress as he was missing her visits. With his car however he was able to visit on a regular basis and his anxiety levels were reduced.
12. For another person the experience of travelling on a bus for the first time has opened up opportunities to explore the community and to identify other places to visit. A train journey for another two people was an exciting new opportunity. A trip was organised for three people to go to Weston for the day and in preference to their own transport they went on an organised coach trip along with another 30 plus day-trippers. Their inclusion in such activities has proven to be highly successful and has enabled people to engage with ordinary members of the public more so than they have ever done before.
13. For another tenant the freedom to access her kitchen whenever she pleases has enabled her to prepare her own breakfast and make a cup of tea.
14. Three tenants who share their home have for the first time in their lives been able to answer their own front door, answer their own telephone and receive correspondence addressed to them. They have taken responsibility for paying bills, have their own personal bank account and make decisions about how their personal finances are managed.
15. Tenants have been consulted on who they would prefer to occupy a vacant tenancy. This has involved a tenants meeting and tenants being asked what qualities they would be looking for in a person being referred to the service. Previously the tenants would not have had an opportunity to voice their views on the other people they lived with.
16. It has become apparent that long-standing relationships that had been assumed were friendships were merely being tolerated because there was no choice. Genuine friendships are now being supported as part of people's circles of support. People are more visible within their local communities, regularly making use of public transport, local shops and recreational amenities.
17. Long-standing and positive relationships were in place with families prior to people moving from Ridge Hill. These relationships played a crucial role in the smooth transition of people to their new homes. This has continued as a natural progression now that the residents have moved into their own homes. Family members are playing a more active role in the support of their relative, acting as an advocate and ensuring that services are responsive to the care and support

needs that have been identified. Relatives are beginning to grow in confidence and to question and challenge the quality of services.

18. There is much yet to be achieved and it is still early days for people to feel comfortable about making decisions and choices in their lives. There have also been some difficulties with the new arrangements:
19. The new services have been staffed by a combination of former NHS staff transferred under TUPE, and new staff recruited by the two new provider organisations. The proportion of TUPE staff transferred is higher in Trident than in Lifeways. The contracts are based on a supported living model, but this is very different from working in a long-stay hospital. Staff have had to make a great change in their thinking and approach to supporting people they had worked with in the hospital but who are now tenants in their own home. Some staff have struggled with this. Several investigations relating to ex-Ridge Hill residents have been carried out under Safeguard and Protect Procedures, and some of these involved out-dated care practices. Providers were aware that staff would need a great deal of support and training to successfully embrace their new role. The Providers must strengthen their management and supervision arrangements to uphold and improve Tenants rights and independence, whilst supporting staff to adapt to the significant changes in working practices.
20. There needs to be an even greater emphasis on developing local community contacts and tapping into informal community support. There is some evidence that at least one of the providers is now starting to train staff in this respect, but it is clear that it will require a significant and sustained input to develop this approach.
21. The management of the two contracts has proved to be a difficult and time-consuming process owing to constant changes in the care and support needs of some individuals. In some cases, the care provider wanted to put in more support whenever it was perceived that there was a need for additional hours. We have had to make them aware that there is a finite resource in the funding for the contract and that the hours for additional support for one person have to be found from savings in other areas of the contract.
22. A number of the people who have been discharged from Ridge Hill are physically frail either because of age or profound physical disability. So far four people have died since being resettled. In all cases it is believed that their deaths would have taken place regardless of the move away from the hospital site. In one particular case the person concerned had not been expected to live long enough to be part of the move on from the hospital site. In the end she was able to spend the last months of her life in her own purpose built bungalow with a dedicated staff team, who had already been working with her in the hospital, moving to support and care for her until she died.
23. One tenant with a history of mental illness and one profoundly disabled client have required in patient treatment since moving out of Ridge Hill.
24. There has been one case where an Independent Mental Capacity Advocate (IMCA) has been involved with a person who had been resettled from Ridge Hill where doctors were deciding on whether clinical interventions were appropriate .

## **FINANCE**

25. The contract for the care of the residents is funded by the PCT and the money transferred to Dudley MBC by an agreement under S31 of the Health Act 1999. The total value of the contract in 2007-08 is £3.595M to which DMBC will make an agreed contribution of £233K.
26. The current annual average cost of the 31 people supported by the two care and support contractors is £115,008 per person. This figure reflects the very high care and support needs of the clients, who were the last people to move on from Ridge Hill.
27. This sum will reduce on the death of each individual until it reaches £2.96M and this sum will then continue to fund learning disability placements on an ongoing basis with annual uplifts for inflation.
28. Based on information available to date and assuming there are no changes to the provider contracts, there is a projected underspend for the financial year to 31<sup>st</sup> March 08 of £223,377.
29. The care contracts with Lifeways and Trident were signed on 1<sup>st</sup> November 2005, together with the S31 Partnership Agreement between the Council and the PCT effective from 1<sup>st</sup> April 2006.
30. A Joint Co-ordinating Group (JCG) including the Assistant Director from DACHS and the Director of Finance in the PCT oversees the operation of these Agreements. The JCG is also responsible for monitoring the progress of the resettlement, the impact on people's lives, significant client welfare issues, and care provider and RSL issues.

## **LAW**

31. The main legislation governing this project is contained in sections 21, 26 and 29 of the National Assistance Act 1948; S28A of the National Health Service Act 1977; and Section 9 of the Housing Act 1985 and Section 22 of the Housing Act 1996
32. Contract Standing Orders are made under section 135 of the Local Government Act 1972.

## **EQUALITY**

33. The resettlement of people with a learning disability into the community is consistent with the Equal Opportunities policy of the Council.

## **RECOMMENDATION**

34. Health and Adult Care Social Care Select Committee is asked to consider and comment on this report.



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