

**HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE – 22nd
MARCH 2007.**

**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 completion of the resettlement project at Ridge Hill Hospital.
2. Select Committee has previously received regular updates on the resettlement project; the last report was received in September 2006.

BACKGROUND

3. Dudley MBC has been working with the PCT in Dudley on the resettlement of 34 residents with a learning disability from the Ridge Hill hospital. The re-settlement flows 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 have 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 and in the plans for the resettlement.
5. The residents have been resettled in groups to accommodation in seven different locations in the Dudley Borough, where they share houses as tenants. The Council has contracted with a number of Housing Associations as Registered Social Landlords (RSLs) for the provision of accommodation for the residents, some of which are new builds. In addition, a small number of individual placements have been made
6. The residents receive individual 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 report to Select Committee in September 2006 confirmed that three groups of residents had already left the hospital to move to accommodation at Cot Lane (Kingswinford), Eaves Lodge (Wall Heath) and Kempton Way (Stourbridge)

8. Since September 2006 the remaining residents have moved out of the hospital as follows:

Vicarage Road, Amblecote

9. A private bungalow was purchased by Accord Housing for four women residents, who are in their fifties and have moderate challenging behaviour. The bungalow required a garage conversion to create an additional room. The residents moved in October 2006.

Attwood Street, Halesowen

10. Two bungalows were constructed by CHADD close to a residential home for people with a learning disability in Halesowen owned by CHADD. The building work was completed in December 2006 and the residents moved in January.

High Support

11. A High Support unit for people with challenging behaviour has been built on the Ridge Hill site in partnership with Bromford Housing Association. It comprises six individual flats with gardens. Work began on 3rd July 2006 and the units were ready for occupation by January 2007. The residents moved in during February 2007.

Profound and Multiple Learning Disabilities

12. These seven people all have profound and multiple disabilities and are confined to a wheel-chair. Two bungalows have been constructed for them on the Ridge Hill site by Stonham Housing Association.
13. This development was completed in early March and the residents moved in on 15th/16th March.
14. The final resident moved out into a single placement in a specially adapted flat during March.
15. The Department of Health and the Strategic Health Authority are content that the hospital has now closed in line with the revised timescale agreed with them last year.
16. All the groups which have left the hospital are doing very well and the residents are happily settled in their new homes. Some examples are given in Appendix A. As tenants in their own homes, they are now engaging in domestic activities, and getting involved in the local community in a way which was not possible before. For a number of people this has also led to them having closer friendships with their fellow tenants. There has also been a reduction in the difficult behaviour that some people displayed whilst at Ridge Hill. Families are happy with the new arrangements and pleased to see their relatives having greater opportunities to lead ordinary lives in the community.

FINANCE

17. 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 2006-07 is £3.5M to which DMBC will make an agreed contribution of £225K.
18. 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.
19. The care contracts with Lifeways and Trident were signed on 1st November 2005, together with the S31 Partnership Agreement between the Council and the PCT effective from 1st April 2006.
20. A Joint Co-ordinating Group including the Assistant Director from Social Services and the Director of Finance in the PCT oversees the operation of these Agreements.
21. Approximately £1.4M will transfer from the PCT to Housing Associations via DMBC for the accommodation schemes.
22. Each of these schemes requires two legal agreements – an agreement between the PCT and the Council under S28A of the 1977 NHS Act for the transfer of capital funds, and a contract between DMBC and the Housing Association for the grant funding of the development of the housing scheme. Legal agreements have now been concluded for all schemes.

LAW

23. 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
24. Contract Standing Orders are made under section 135 of the Local Government Act 1972.

EQUALITY

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

RECOMMENDATION

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

A handwritten signature in black ink that reads "And Sanders". The signature is written in a cursive style with a large, looping initial 'A'.

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APPENDIX A

PY is a 61 year old gentleman who lived in residential school and hospital for most of his life being admitted to Ridge Hill around 20 years ago. In the past he has been restrained or confined to his room for up to 14 hours a day with little more than a mattress due to his self injurious behaviour and damage to his belongings. Although his behaviours have diminished somewhat with age he was still having difficulties up until his discharge 15 months ago. About six months after his move staff noticed PY's hair appeared to be thicker. At his second review his elderly mother commented that his hair had grown back when he had returned home from the 'naughty boys school'. It appears his alopecia is stress induced as is his psoriasis which has all but disappeared. Although he has had some 'down' times especially around Christmas when his father died, he no longer has extended periods of deep depression or displays self injurious behaviour.

DR's gnomes, his pride and joy collected over many years, are lined up in the garden outside the window where he can watch them from his easy chair, whereas at Ridge Hill they were often damaged or stolen by local children.

HP received and opened his first letter in 58 years after living in his new home for just 2 weeks. No one had thought that everywhere else he had lived staff had opened his mail. The letter is framed on the wall in his bedroom and he proudly shows this to everyone who will go with him to look at it.

JT is 62 years old and has lived in hospital since the age of 22. She moved to Ridge Hill in 1987 when her family moved to the area. She was 'resettled' in the '90s but this placement went very wrong with her suffering a nervous breakdown and being re admitted to hospital. This time JT's move was planned meticulously, with contingency plans in place in case of difficulties in accepting the change. It was agreed that she would move two days after the other three ladies with whom she would be living so as to cause as little distress as possible. On the day of the move for the three other ladies JT walked to the mini bus pushed the member of staff away got into the vehicle and refused to leave. She had chosen to move on the same day as the other ladies. She stayed that night at the bungalow and has not looked back. She now has full access to her kitchen, making snacks and drinks and being supported to make meals in her own home, something that was not possible when she lived in hospital. She has been administered no medication since her move five months ago, whereas prior to this it was administered on a regular basis.