

**Department of  
Finance and Personnel  
Memorandum on the Fourteenth  
Report from the  
Public Accounts Committee  
Session 2009-2010**

**Resettlement of Long Stay Patients from Learning  
Disability Hospitals**

**Presented to the Northern Ireland Assembly  
by the Minister of Finance and Personnel**

**9 July 2010**

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# Glossary of Abbreviations

<b>CEs</b>	Chief Executives
<b>DHSSPS</b>	Department of Health, Social Services and Public Safety
<b>DSD</b>	Department for Social Development
<b>HSC</b>	Health and Social Care
<b>NI</b>	Northern Ireland
<b>PfG</b>	Programme for Government
<b>PHA</b>	Public Health Authority
<b>RQIA</b>	Regulation and Quality Improvement Authority

## Fourteenth Report

### Department of Health, Social Services and Public Safety

#### Resettlement of Long Stay Patients from Learning Disability Hospitals

##### *PAC Recommendation 1*

**The Committee recommends that the Department publishes, as a matter of urgency, the specific details, including capital and running costs, of each of the resettlement projects it will undertake to meet the 2013 resettlement target. In the absence of detailed costing information and funding commitments from relevant departments, the Committee has grave reservations as to whether the 2013 target date for full resettlement is realistic.**

The Department of Health, Social Services and Public Safety (DHSSPS) accepts this recommendation and has worked closely with the Department for Social Development (DSD), the Northern Ireland Housing Executive and the Health and Social Care (HSC) Board to identify and cost the facilities required over the next 2-3 years to meet supported housing needs across all programmes of care. A Comprehensive Needs Assessment was prepared in November 2009, identifying each of the schemes necessary to meet supported living needs across all programmes of care including the additional provision required to meet the target for learning disability resettlement.

DHSSPS will commission the HSC Board to provide the detail relevant to learning disability resettlement and will forward a copy to the Committee by 31 July 2010. In doing so, it has to be recognised that the resettlement programme relates to delivering an appropriate solution to meet individual needs; hence “no one size fits all” and costs associated with schemes will be indicative costs.

In addition, it is important to note that the completion of such facilities is dependent on significant capital and revenue investment by DSD and additional revenue secured by DHSSPS. Work is currently ongoing to prepare a mutually supported bid for additional funding for the next Comprehensive Spending Review.

DHSSPS notes the Committee’s reservations in relation to the achievement of the 2013 resettlement target. While DHSSPS has achieved its annual resettlement targets in recent years, the anticipated financial constraints facing the public sector now and in the foreseeable future, and the increasing demand being experienced by both health service and social housing are likely to have a significant impact on the achievement of the Northern Ireland (NI) Executive’s Programme for Government (PfG) target.

##### *PAC Recommendation 2*

**The Committee recommends the development of closer working relationships with private and voluntary-sector developers as a means of designing and funding more innovative resettlement options, given the pressures on public sector funding.**

DHSSPS accepts this recommendation. The resettlement programme is currently being taken forward through a Regional Resettlement Team with representation from client groups and the voluntary and statutory sectors. The independent sector has also been involved in the ongoing development of the Comprehensive Needs Assessment.

DHSSPS has commenced a process of engagement with interested parties to identify further innovative ways to progress and identify resettlement options, including closer working with the private and voluntary sectors. The identification of alternatives to delivering independent living with appropriate support outside of traditional models is ongoing in order to maximise available resources and deliver the 2013 PfG target.

It is worth noting, that within the context of funding, where private or voluntary sector capital is used to provide accommodation, the associated revenue costs will remain to be met from public funds.

*PAC Recommendation 3*

**The Committee recommends that, in dealing with the inherent difficulties in determining the resettlement order of patients, the Department must ensure that its selection procedures are clearly stated, fair and consistently applied to all patients throughout the resettlement programme.**

DHSSPS accepts this recommendation and can confirm that each HSC Trust has in place a comprehensive set of criteria used to determine the priority for resettlement. DHSSPS will prepare a composite set of criteria and issue these to all Trusts by 30 September 2010. Trust Chief Executives (CEs) will be asked to confirm annually, in writing, to the Board and the Department that these criteria are being implemented consistently and fairly.

In addition, this issue will be included in the Trust Accountability Review process and addressed on a regular basis. This will ensure that the issue retains high priority throughout the year and it will complement the CE's written assurance.

Whilst recognising that individual complaints need to be handled at local Trust level through the organisation's complaints procedures, any learning emerging from such complaints will be referred for consideration to the Regional Resettlement Team to inform a consistent regional approach. This issue will be logged as a standing agenda item commencing with the next Regional Resettlement Team meeting on 24 September 2010.

*PAC Recommendation 4*

**The Committee recommends that the Department conducts a survey of carers so that their respite needs can be fully determined. Clear identification of carers needs should help the Department to ensure that the respite services it makes available reflect the needs of carers and offer sufficient flexibility so as to avoid causing disruption to the patient or their family.**

DHSSPS notes the Committee's recommendation. There is a "Regional Carers Support and Needs Assessment Tool" developed as part of the NI Single Assessment Tool Project. This assessment tool was issued to the HSC sector on 15th December 2009 and CEs were asked to implement the assessment tool across all Programmes of Care. Since provision of support and respite care to carers is seen as a key means of supporting people to live independently, the intention in introducing this tool was to bring a regional approach to the assessment of carers and help HSC staff to identify the support needs of carers and to determine how those needs can best be met. This includes the identification of any respite needs.

In addition, DHSSPS issued *Standards for Adult Social Care Support Services for Carers* in June 2008 as part of a structure for developing quality services; to help to improve and regulate practice; and to harness the expertise of carers more effectively both in the formulation of individual care plans and in the planning and review of services at a strategic level. DHSSPS's expectation is that respite, or "short break", provision will be person-centred; properly reflect the needs of modern living for both the carer and the cared-for person; flexible; and offer choice.

DHSSPS is keen to continue to work with the HSC Board/Public Health Authority (PHA) and Trusts, to provide socially inclusive models of respite that benefits the individual and enhances the caring relationship. At this juncture, DHSSPS does not wish to divert resource from front line services in to surveys. Therefore, it will seek to build on the outcome of the Needs Assessment Tools to inform future change, and will provide a report on current respite service provision by November 2010.

In addition, DHSSPS will, through the HSC Board/PHA and Trusts, work with stakeholders to empower families to plan for the future, recognising that respite provision is just one component of supported living, social inclusion, crisis intervention and succession planning.

*PAC Recommendation 5*

**The Committee recommends that the Department develops firm costed proposals to provide for the potential resettlement needs of people with learning disabilities currently living at home. Failure to take proper account of those being cared for by older relatives could result in the future growth of a new long-stay hospital population.**

DHSSPS accepts this recommendation and agrees that the potential resettlement needs of those people with learning disability currently living at home must be taken into account. This will include empowerment of families, through

the availability of information and support, to facilitate informed and proactive decision making regarding the future needs of their loved ones. In addition, further work is required to enhance regional approaches to prevent acute admissions where appropriate. This, for example, might include a regional approach for access to assessment and treatment units, and to crisis intervention arrangements for those with a learning disability.

Some early work has been carried out on succession planning by the South Eastern HSC Trust to identify the type of support required to maintain current care arrangements and plan where elderly carers are in place. Using the learning from that project, DHSSPS will commission the HSC Board to establish the population of learning disabled people who have older carers in place and use that information to determine how best to empower individuals/families to make decisions for themselves and to estimate the potential costs to the HSC sector. It is expected that this work will be completed by 31 March 2011. Where appropriate, further discussion will be undertaken with other relevant government departments, including DSD.

The Committee may also wish to note that a number of Trusts and voluntary organisations have developed Adult Placement or “Shared Lives” Schemes which provide an ordinary home environment for people with a learning disability so as to support independent living and social inclusion, thereby avoiding hospital admissions and the growth of a new long-stay population.

#### *PAC Recommendation 6*

**The Committee recommends that, where future resettlements are proposed to a residential or nursing home environment, the Department clearly demonstrates how the placement will enhance the life of the patient and offer integration into the community.**

DHSSPS fully accepts this recommendation. Betterment is the cornerstone of the current assessment process in relation to resettlement. The location for resettlement is only taken after full and due consideration of the betterment principle.

Resettlements are followed up on as part of the care management process with formal and ongoing monitoring with the individual, family and carers. In addition, the Regulation and Quality Improvement Authority (RQIA) monitors the standards of care within the residential and nursing home sector to safeguard those placed in such environments. It should also be noted that Section 145 of the Health and Social Care Act 2008 extended the coverage of the Human Rights Act 1998 to residents in residential care and nursing homes where their care has been contracted for by HSC Trusts.

A person-centred planning process is used for all individuals who are being resettled from long-stay hospitals, including those going to a residential or nursing home. This takes account of the views of the person leaving the hospital, family members and staff from the new setting as well as those who know the individual well. Such a plan clearly identifies what is needed to enhance life experiences and improve opportunities for integration into the local community. Trusts, through their own staff training programme, ensure that those involved in the resettlement process are skilled in the development of person-centred plans.

DHSSPS will formally remind Trusts of the requirement to ensure that resettlement meets the betterment principle and the aims to deliver social inclusion, equality and a more purposeful life by the end of September 2010.

#### *PAC Recommendation 7*

**The Committee recommends that the Department ensures that appropriate systems are in place to confirm, on an on-going basis, that the community care package developed for an individual continues to provide for all their needs and that, in line with the Department’s policy, delivers “betterment” for the individual.**

DHSSPS fully accepts this recommendation. Care managers in Trusts have a responsibility to monitor on an ongoing basis that a placement continues to meet the needs of an individual who has been resettled. The care planning process includes a process of review to ensure that this happens.

In addition, many of those who leave the hospital will be in receipt of day services or support from local community learning disability teams. This is likely to include regular contact with a social worker and if required other members of a multidisciplinary team. This contact ensures an additional mechanism for regular review. Further, some of those individuals who leave the hospital will have an advocate who can assist them in raising any concerns that they may have about their placement.

For those services that are required to be legally registered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its supporting regulations, RQIA has a role in ensuring that the individual's needs continue to be met by a particular service. Inspectors are able to raise concerns with the service provider and / or with the Trust that is commissioning the service and enforce compliance.

The resettlement process in place ensures that resettlement only takes place with the consent of the patient and family or carers, where it is clear that the patient's life will be better and robust support arrangements are in place. Success of this process is evidenced in the negligible number of resettlement breakdowns.











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