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February 1990

**DEPARTMENT OF HEALTH
DISABLED PERSONS (SERVICES, CONSULTATION AND REPRESENTATION)
ACT 1986, DEVELOPMENT OF SERVICES FOR PEOPLE WITH A MENTAL
HANDICAP OR MENTAL ILLNESS IN ENGLAND
FIRST REPORT PREPARED PURSUANT TO SECTION 11**

The report was laid before Parliament, as statutorily required under Section 11 of the Disabled Persons (Services, Consultation and Representation) Act 1986, on 21 December 1989. I attach a copy of the report for information.

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London SE1 6BY

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DISABLED PERSONS (SERVICES, CONSULTATION AND
REPRESENTATION) ACT 1986

Development of Services for People with a Mental Handicap or Mental Illness in England

First Report prepared pursuant to
Section 11 of the Disabled Persons
(Services, Consultation and Representation)
Act 1986

Pursuant to c.33 1986 Section 11

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DISABLED PERSONS (SERVICES, CONSULTATION AND
REPRESENTATION) ACT 1986

FIRST REPORT ON THE DEVELOPMENT OF SERVICES FOR PEOPLE
WITH A MENTAL HANDICAP OR MENTAL ILLNESS IN ENGLAND
pursuant to Section 11 of the Disabled Persons (Services, Consultation and
Representation) Act 1986

DISABLED PERSONS (SERVICES, CONSULTATION AND REPRESENTATION) ACT 1986

FIRST REPORT ON THE DEVELOPMENT OF SERVICES FOR PEOPLE WITH A MENTAL HANDICAP OR MENTAL ILLNESS IN ENGLAND pursuant to Section 11 of the Disabled Persons (Services, Consultation and Representation) Act 1986.

1. This is the first report to be laid pursuant to Section 11 of the Disabled Persons (Services, Consultation and Representation) Act 1986, which requires the Secretary of State for Health to provide:

- such information as he considers appropriate with respect to the development of health and social services in the community for persons suffering from mental illness or mental handicap who are not resident in hospital;
- information with respect to persons receiving hospital in-patient treatment for mental illness or mental handicap;
- such other information as he considers appropriate.

2. As this is the first report, it includes summaries of the Government's policies on services for people with a mental illness or mental handicap, in order to set the context for the specific developments to which reference is made, and for those to be included in subsequent reports. The report is organised in three sections:

Section A: services for people with a mental illness;

Section B: services for people with a mental handicap;

Section C: the statistical data required under Section 11(b) of the Act.

SECTION A: SERVICES FOR PEOPLE WITH A MENTAL ILLNESS

3. The Government's policy is to continue to encourage the development of locally-based health and social services, working with the voluntary and private sectors, to meet the needs of people of all ages suffering from mental illness, including those with dementia. The main components of a proper locally-based service are:

- provision for children and adolescents with psychological problems. This should be primarily community-based, with easy access to a range of professional support and to hospital services (including in-patient treatment if necessary);
- adequate services for the assessment and treatment of adults whose conditions require short term admission to hospital, and for the longer term treatment, including asylum, of those for whom there is no realistic alternative;
- sufficient places in hospital and local authority hostels, sheltered housing, supported lodgings or other similar forms of provision for adults with a mental illness needing residential care outside hospital, together with an adequate range of day and respite services;
- effective coordinated arrangements between health and social services authorities, primary health care teams and voluntary agencies for the continuing health and social care of people with a mental illness living in their own homes or in residential facilities. These should include suitable provision for domiciliary services, support to carers, and the training and education of staff working in the community.

4. Much has been achieved over the last ten years for which information is available (1977-87). The number of places for people with a mental illness in local authority, voluntary and private residential homes almost doubled (to 9,000) and there was a 50 per cent increase in day centre places (to 6,000). On the health service side there has been a 44 per cent growth in day hospital places (to 19,000) over the same period; the number of community psychiatric nurses has more than doubled since 1981, and it is estimated that the number of districts with a community mental health centre has doubled every two years throughout the 1980s.

5. It has, however, become clear that progress towards locally-based and increasingly community orientated services has not been uniformly satisfactory and there are legitimate concerns that in some places hospital beds have been closed before better, alternative facilities were fully in place. Some reports also suggest that, at times, patients have been discharged without adequate planning to meet their needs in the community.

6. Over the last year or so therefore, the Government has announced a series of initiatives to improve the implementation of policy.

Continuing health care

7. From 1 April 1991 all district health authorities will be required to have instituted, in collaboration with social services authorities, a care programme approach for people being treated in the community. The essence of this is that the needs of each patient both for continuing health care and social care are assessed before discharge; that effective arrangements are made as to how in principle those needs are to be met, including the maintenance of appropriate registers; and that a named individual is appointed to ensure that they are met in practice.

8. The Royal College of Psychiatrists has issued a preliminary statement of good practice and is developing a more substantive one. As recommended in the Spokes Report (Cm 440), the latter will be prepared in collaboration with the other professions involved.

9. The Department has consulted on guidance to health authorities on care programmes and is currently considering the responses. A circular will be issued early in 1990.

Capital for building new facilities

10. Finance from the sale of mental illness and mental handicap hospitals can provide valuable capital for replacement facilities, such as hospital hostels or community units for the elderly mentally ill, but these facilities are needed before hospitals can be vacated. They have to be planned in collaboration with other providing agencies and to compete with other priorities in regional authorities' capital programmes. Thus the whole process may be impeded.

11. Existing arrangements for the allocation of capital between and within regions offer one way of addressing this problem. Another possible solution may be for authorities to enter into agreement with developers to build community facilities for those with a mental illness, in return for which the developers would receive all or part of the vacated sites.

12. As a further means of assisting with capital provision the Government has announced the establishment of a capital loans fund which will be operated for the NHS from April 1990. The fund will provide health authorities with a route whereby they can undertake worthwhile projects which have so far not found a place within their capital programmes. The fund will build up to £50 million over three years, with £10 million being available in 1990-91. It is intended for projects where the capital resources used will be recovered quickly, so that any "loan" from the fund can be repaid within a few years. In assessing which projects should receive funding, priority will be given to those to provide community facilities for the mentally ill and handicapped, where there is an early prospect of receipts from land sales or savings in recurrent expenditure. Allocations will be made to individual projects, rather than a fixed allocation for each region. Health authorities will be invited to submit bids in early 1990.

Social care

13. Consistent with its general approach set out in the White Paper "Caring for People" (Cm 849), social services authorities will continue to be responsible for providing social care to those with a mental illness who require it.

14. In the face of other calls on resources, local authorities generally have not been able to give as much priority to providing services to those with a mental illness as other vulnerable groups. It is not possible to give an exact figure but the Department judges that possibly only about three per cent of social services authorities' expenditure is currently spent on services specifically for those with a mental illness. The level of service provision available varies considerably between authorities.

15. To increase the social care available for people with a mental illness the Government has announced that it proposes to make a specific grant to social services authorities from 1991/92. The Government will be issuing in 1990 separate guidance on the size, distribution and monitoring of this grant.

16. In order to encourage the joint planning of services, and proper collaboration in relation to care programmes, the Government will make this grant payable through regional health authorities as the agents of the Secretary of State for Health, on the basis of plans for the development of social care agreed between social services authorities and the matching district health authorities.

Other developments

17. During the last twelve months the Government has:

- (i) laid before Parliament the draft Code of Practice required under the Mental Health Act 1983. This deals with the arrangements for people

with a mental disorder whose condition requires compulsory admission to hospital;

- (ii) started a review of the way the Department allocates money to voluntary bodies in both the mental health and mental handicap sectors to ensure that the £2.4 million pa available is spent in a way that best supports sufferers, their carers and relations;
- (iii) initiated work to identify what practical steps can be taken to assist those among the homeless population who suffer from a mental illness to obtain the help they need.

SECTION B: SERVICES FOR PEOPLE WITH A MENTAL HANDICAP

18. The majority of people with a mental handicap have always lived in the community, although only twenty five years ago almost 60,000 lived in specialist mental handicap hospitals, sometimes of a thousand or more beds. Over the eighteen years since the White Paper "Better Services for the Mentally Handicapped" it has become recognised that the needs of the most handicapped people, even those whose handicap is severe, are largely for social, rather than health, care. Increasingly, therefore, services are taking the form of packages of social care for people living independently, or supported in small group homes or residential communities.

19. The growth in such services has been considerable. For example, between 1978 and 1988 (the last year for which information is available), the number of places in residential homes provided by or registered with local authorities has doubled from 14,000 to 28,500. Over the same period the number of places in adult training centres and day centres increased by 30 per cent.

20. The Government's policy is to continue to promote further progress within available resources. With this in view two reports were published in 1989:

- "Individuals, Programmes and Plans," a report by the Social Service Inspectorate of its first national inspection of day services, principally those of adult training centres and special care units;
- "Needs and Responses", a report on considerations for planning services for adults with a mental handicap who are also mentally ill, have a behaviour problem, or who offend.

Copies of both reports have been placed in the Library.

21. In addition, work has begun on two further initiatives:

- exploring with the professions, the local authority associations and other interests how nurses' skills and experience can continue to be made available as new forms of service for people with a mental handicap become increasingly the responsibility of local authorities;
- reviewing policy on residential services. Joint visits have been made by Department of Health officials, the Director of the National Development Team for People with a Mental Handicap and the President of RESCARE to residential facilities in England and Holland, and their findings will be explored in seminars to be held during 1990.

Services for children

22. The Government's objective since 1981 has been that no child with a mental handicap requiring longer-term residential care should grow up in a large mental handicap hospital. This has now been very largely achieved through the development of new community provision, including fostering, in both the statutory and non-statutory sectors. In 1980 there were 2,421 children living in mental handicap hospitals and units in England. By 1986 the number had fallen below 400. In July 1989 eleven of the fourteen regional health authorities reported that no such children under sixteen remained permanently in hospital. Alternative arrangements are being developed for the very small number of children in the remaining three regions who are still accommodated in large hospitals.

23. Between 1983 and 1989 the Department made available over £10 million towards the capital or short-term revenue funding of over forty local schemes designed to bring (and keep) children out of hospital. These were only a part of the national effort to provide better alternative care, but, between them, they have

enabled some 340 children and young people to be cared for in more suitable surroundings. More children will benefit over the time as the schemes continue with local funding.

24. The centrally funded schemes were evaluated by the University of York, a summary of whose findings will be available to all health and local authorities in England in the near future. In this way, the valuable lessons learned from the pilot projects should help to influence the development of other new services.

25. The Department has also part-funded the Croxteth Park Intensive Support Unit in Liverpool. This scheme has pioneered a new model of care for children with profound handicaps. Its aim has been to demonstrate how such children, who had previously lived in hospital and had been considered only for placements in a "health" facility, could be cared for by residential social workers in domestic housing, using community support and facilities. The project is run by the North West Division of Barnardo's, which received central capital and revenue funding from 1983 to 1989. Croxteth Park has been evaluated by a team from the University of Hull, also sponsored by the Department.

26. Although the large majority of children and adolescents with a mental handicap have always lived in the community, the movement away from hospital and other institutional care has placed greater emphasis on the need for an effective and well coordinated range of local social, health and education services. It has long been the policy of this and previous Governments that such services should be developed and maintained. The Harvie, Court and the Warnock Reports in particular, and the Education Act 1981, emphasised the scope for bringing handicapped children more into mainstream services provision. This process has been given further impetus by the Children Act 1989 which received Royal Assent on 16 November and will reform local authority provision of children's services.

SECTION C: STATISTICS REQUIRED UNDER SECTION 11(b) OF THE ACT

Table 1 Number of residents (ie unfinished episodes) at 31 March 1989 where the patient is under one of the mental illness specialities.

By age group and duration of spell

England

Length of District Spell at 31 March	Age at 31 March					
	All ages	0-14	15-44	45-64	65-74	75+
All durations	56,200	400	12,800	12,400	10,400	20,100
Under 6 months	21,800	200	7,100	4,700	3,500	6,300
6 months —	5,300	100	1,600	1,000	900	1,800
1 year —	7,200	—	1,900	1,400	1,100	2,700
2 years —	3,500	—	600	500	600	1,800
3 years —	3,900	—	500	700	700	2,000
5 years and over	14,500	—	1,200	4,100	3,700	5,500

Notes:

(1) These figures are estimates. Figures on residents from the Hospital Episode Statistics (HES) system and the Psychiatric Census taken at 31 March were not available due to problems with the timeliness, coverage and quality of the data submitted by the NHS. The Department wrote to all Regional Health Authorities (RHAs) asking them to provide this information. Responses were received from eight out of the 14 RHAs which were used to produce England estimates. The ratio of the numbers of residents at 31 March 1989 for these eight RHAs to the number of residents at 30 December 1986 for these eight RHAs was calculated for each age group. These ratios give an indication of the changes between 1986 and 1989. On the assumption that these eight regions formed a representative sample, these ratios were then applied to the 1986 England figures to produce England estimates for 1989.

(2) Figures may not add to totals due to rounding.

(3) — Less than 50.

Table 2 Number of residents (ie unfinished episodes) at 31 March 1989 where the patient is under the mental handicap speciality.

By age group and duration of spell

England

Length of District Spell at 31 March	Age at 31 March					
	All ages	0-14	15-44	45-64	65-74	75+
All durations	27,700	300	14,500	8,100	2,800	1,900
Under 6 months	3,300	200	1,800	900	300	200
6 months —	800	—	500	200	100	100
1 year —	1,400	100	800	300	100	100
2 years —	800	—	500	200	—	—
3 years —	1,100	—	800	200	100	—
5 years and over	20,300	—	10,200	6,300	2,300	1,500

Notes:

(1) These figures are estimates. Figures on residents from the Hospital Episode Statistics (HES) system and the Psychiatric Census taken at 31 March were not available due to problems with the timeliness, coverage and quality of the data submitted by the NHS. The Department wrote to all Regional Health Authorities (RHAs) asking them to provide this information. Responses were received from eight out of the 14 RHAs which were used to produce England estimates. The ratio of the numbers of residents at 31 March 1989 for these eight RHAs to the number of residents at 30 December 1986 for these eight RHA's was calculated for each age group. These ratios give an indication of the changes between 1986 and 1989. On the assumption that these eight regions formed a representative sample, these ratios were then applied to the 1986 England figures to produce England estimates for 1989.

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