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PRIME MINISTER

P03476

## COMMUNITY CARE: MENTAL ILLNESS

[Minutes of 16 June from the Secretary of State for Health  
and 13 June from the Secretary of State for Wales]

Mr Clarke's minute puts forward proposals on the development of services for the mentally ill in England. Mr Walker's minute sets out the policy he has been pursuing in Wales. They raise a number of common issues, but diverge on some aspects of policy. You may wish to concentrate on the following points, dealt with below:

i. whether Mr Clarke's package would remedy present inadequacies in the treatment of the mentally ill.

Earlier discussion has focussed on the premature release of people from mental hospitals without adequate support in the community.

ii. whether responsibility for social services for the most acutely mentally ill should rest with health authorities or local authorities. Mr Clarke proposes that district health authorities should be responsible in England; Mr Walker argues for local authorities in Wales.

iii. whether the financial implications are acceptable.

You may wish to ask whether the Treasury are content with the package of measures subject to detailed clearance of the terms of the announcement.

General policy on the care of the mentally ill in the community

2. Both Mr Clarke and Mr Walker implicitly endorse the existing policy that mentally ill people should be cared for in the community as far as possible. But they accept that there have



been shortcomings in the implementation of this policy, in particular in the provision of community care services outside hospitals.

3. Mr Walker says that these shortcomings are now being tackled effectively in Wales, by giving clear priority to the most serious cases of mental illness; by ring-fencing resources for the mentally ill; and by providing bridging finance to ensure that acceptable alternative services are in place before existing services are run down.

4. Mr Clarke proposes a two-pronged approach in England, to be announced in the July statement:

i. a new assurance that severely mentally ill people will be discharged from hospital only when medical and social care is available for them in the community;

ii. a package of measures to improve the implementation of the policy (Annex 1 to his minute). These would cover medical assessment and care, a Code of Practice on compulsory admissions and treatment, action to unlock finance from mental hospital sites, support for families and friends of the mentally ill and action to improve monitoring of the quality of services.

5. You will want to consider whether this package would meet present inadequacies in the treatment of the mentally ill, in particular the discharge of people from mental hospitals without adequate outside support. One aspect of Mr Walker's policy which is missing from Mr Clarke's proposals is an explicit priority for the most acute case. You may wish to explore whether a similar priority should be part of the policy for England to be announced in July.



Responsibility for the provision of social services for the mentally ill

6. There is a major difference between Mr Walker and Mr Clarke on the provision of social community care services (eg residential care, home helps, meals on wheels) for the mentally ill:

i. Mr Walker argues that the local authorities should be responsible for providing these services to the mentally ill, as they are for other groups who need the same type of help. The risk with this approach is that the local authorities will not make the necessary services available. To overcome this, Mr Walker has introduced a targeted specific grant in Wales;

ii. Mr Clarke proposes that social services for the most severely mentally ill patients (those discharged after 3 months or more in hospital and still under the care of a consultant) should be the responsibility of the district health authorities. This would place decisions on discharging patients and on providing social services for them in the hands of one authority. But it would mean split responsibility for social services at local level, with scope for disputes between health and local authorities, for instance when patients cease to be under the care of a consultant.

Sir Roy Griffiths' Report recommended that local authorities should provide social support for the mentally ill (option i above) in the same way as for other clients.

7. You will wish to consider whether health authorities or local authorities should be responsible for social services for the most acutely mentally ill people; and whether one policy needs to be adopted for England and Wales, or whether different approaches would be acceptable.



### Financial issues

8. Mr Clarke says that the Treasury are content with his package of measures on mental illness (paragraph 4 (ii) above), subject to detailed clearance of the terms of his announcement. A form of words on his proposal to unlock finance from mental hospital sites has already been agreed (Annex 2 to his minute). He has also put forward a proposal for a new specific grant of £30m per annum (supporting £60m of expenditure) for five years to encourage local authorities to provide services for the mentally ill (other than the most acute cases for whom he proposes that the health authorities should be responsible). This is included in Annex C to the Cabinet Office Note, and covered in my brief on that paper.

9. Mr Clarke's proposal to make health authorities responsible for social services for the most acutely mentally ill people would also have resource implications, which have not been cleared with the Treasury. He proposes to bid for these in next year's PES. But the Chief Secretary is likely to resist any announcement of this proposal until the financial implications have been resolved. If you agree to Mr Clarke's proposal, you might ask him to agree the handling of the resource implications with the Chief Secretary as soon as possible.

### Conclusion

10. If you can reach agreement on these issues, you might invite Mr Clarke to put his proposals on the mentally ill to E(A) alongside proposals on community care generally; and to cover them in his draft of the proposed July statement.

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