



Prime Minister

COMMUNITY CARE: MENTAL ILLNESS

In preparation for our meeting on 20 June when we will be discussing, among other things, the development of services for those suffering from mental illnesses, it may be convenient if I set out briefly the position as I see it in Scotland.

There has been no declared programme of mental hospital closures in Scotland and no such hospitals have been closed. The move to community care is being taken forward cautiously with, in practice as well as in theory, people only being discharged from hospital when proper support facilities are available in the community. In general this policy is meeting with success. The number of long-stay residents in mental illness hospitals has fallen by some 2,000 since 1979 to its present level of around 9,000 and good progress is being made in building up services in the community.

On finance, the move to community care in Scotland is being achieved without allocating funds specifically for mental illness services. On the other hand, resources available in Scotland to the NHS and local authority social work departments have been increased substantially in real terms. At the same time the priority which the Government wishes to see attached to community care services for groups such as the mentally ill has been made very clear to the service providers, most recently in my endorsement of the SHARPEN (Scottish Health Authorities Review of Priorities for the Eighties and Nineties) report which gave a high priority to community care services for the mentally ill.

A successful transition to community care in Scotland will continue to require close cooperation between health and social service bodies in the

planning and delivery of services with each sector maintaining responsibility for its own established area of expertise. Given the existing major role of social work departments in the provision of community care services, there would be a risk in shifting the lead responsibility to the Health Service of losing at least some of this commitment. I consider that it is important to maintain a clear distinction between clinical care services provided through the Health Service and social work support through the local authorities. I therefore propose to maintain the current arrangements for sharing responsibility for services to the mentally ill between health and social work authorities while sharpening further their arrangements for cooperation and coordination.

I am copying this minute to Peter Walker, Nicholas Ridley, Kenneth Clarke, John Moore, John Major, David Mellor, Sir Robin Butler, Sir Roy Griffiths, Mr Wilson and Mr Monger (Cabinet Office) and Mr Whitehead (Policy Unit).

MR

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