NATIONAL MENTAL HEALTH SERVICES ASSESSMENT

LOCALITY REPORT

FIFE

December 2003
Introduction

The remit for the National Assessment means that the focus in the locality reports is on what needs to be done locally to deliver the new provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003. With that in mind the many examples of good care seen across Scotland are not covered in the individual reports. This should not be taken as a negative.

Every effort has been made to achieve consistency in each report. There are however variations in those cases where the local arrangements vary sufficiently to warrant some variety in the presentation of findings. For example not all information was available for or from each area in the same format or with the same coverage and where this is the case it is stated.

The wide-ranging nature of the responsibilities that the Act places on local authorities means that it was virtually impossible to assess the services provided by them or the voluntary sector in a short timescale, although there are examples of services across Scotland in the Final Report. In no way should this be seen as devaluing the local authority contribution or minimising the additional demands placed on the Councils.

The findings arising from the visits and review of existing information can only represent a snapshot in time and in many cases the local situation will now be different. However, the purpose is to provide a shared, validated information base to start from and to plan for the successful and timely implementation of the new legislation. The reports should not be used in the form of league tables or as negative criticism.

These reports will now inform the local planning process and will be useful reference documents in the preparation of the joint local implementation plans announced in the Department’s letter of 19 November 2003 (see Annex A).

Some general principles:

• The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to all age groups, although the greatest number will be adults of working age.

• Where the reports refer to Adult Mental Health Services this covers services and support for those aged 16/18 to 64. Where possible we have been more accurate, but this is the standard definition used by the Information and Statistics Division of the Common Services Agency and the local authorities.

• The year of the data source is stated in each case and represents the latest available.

• Regard was given to the wide range of archive, published and other material throughout the entire Assessment process for ongoing context, progress and other relevant considerations.

• References to the organisation of local authority Mental Health Officer (MHO) services or Responsible Medical Officer services should not be taken as implying or suggesting any preferred structure.
Fife

Locality

1. Fife has a population of approximately 350,700\(^1\), (229,000 adults) with levels of ill health and deprivation above the Scottish average. Planning is based on the estimate that over 100,000 people (2 in 7 of the population) in Fife will ask for help from mental health services at some time in their lives.

2. Mental health services are organised into 3 sectors; Central Fife, North and East Fife, and West Fife. The amalgamation of what were separate NHS Trusts enables better planning although there remains some local tension about how hospital services will be reconfigured. Fife Council has the same geographical boundaries as NHS Fife and the social work mental health services are based at 3 local offices in Cupar, Dunfermline and Kirkcaldy.

3. In 2002 the Clinical Standards Board for Scotland (CSBS) undertook an assessment of compliance with some of its standards for the treatment and support of the 600 people in Fife with a diagnosis of schizophrenia. Better information for patients and improved documentation and audit were required as was training about substance misuse by people who have schizophrenia. These are all being taken forward.

4. ‘Right for Fife’ – the overall health strategy for Fife - describes the work being taken to focus on projects that emphasise multi-agency working and user and carer involvement. There is a range of targets:

- expansion of supported accommodation
- improved support to carers
- seven-day services from community mental health teams
- better access to psychological services

5. The development of community services is going hand-in-hand with the hospital reconfiguration and 3 sites are under consideration. While this has the potential for the health side of the agenda to dominate, social work health and the voluntary sector are working jointly with health colleagues to ensure that this does not happen. At a service delivery level there are strong cohesive working relationships and a commitment to taking forward redesign projects jointly and finding local solutions to gaps in services. Joint working has been demonstrated by the pioneering and successful adoption of the Care Programme Approach in Fife.

Use of the Mental Health (Scotland) Act 1984

6. The use of emergency detentions is the fourth lowest of the mainland NHS Board areas and the number of short and long term detentions in Fife is close to the average for Scotland.

\(^1\) ISD Scotland
Table A - Detentions in Fife under the Mental Health Act (Scotland) 1984 in 2001-02/2002-03

<table>
<thead>
<tr>
<th></th>
<th>No. of detentions in Fife</th>
<th>No. per 100,000 people in Fife</th>
<th>Average number per 100,000 people in Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sections 24 and 25&lt;sup&gt;3&lt;/sup&gt;</td>
<td>270/276</td>
<td>77/79</td>
<td>85/90</td>
</tr>
<tr>
<td>Section 26&lt;sup&gt;4&lt;/sup&gt;</td>
<td>189/161</td>
<td>54/46</td>
<td>51/56</td>
</tr>
<tr>
<td>Section 18&lt;sup&gt;5&lt;/sup&gt;</td>
<td>88/80</td>
<td>25/23</td>
<td>21/23</td>
</tr>
</tbody>
</table>

7. In July 2003 there were 13 Fife patients resident in The State Hospital, including 5 women. This is proportionally higher than for other areas. Three non-restricted patients have been waiting for transfer back to Fife for more than 3 months. Another individual is waiting for pre-transfer assessment by Fife psychiatric services. From 2006 patients will have the right to appeal against the level of security and this will be especially important for people delayed in The State Hospital.

Table B - Average number of detentions 1994-02, related to population size and used to estimate the potential number of hearings.<sup>6</sup>

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Population size</th>
<th>% of Scottish detentions</th>
<th>Estimated Tribunal hearings under the 2003 act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife</td>
<td>357,000</td>
<td>7.12%</td>
<td>214</td>
</tr>
</tbody>
</table>

8. The new Act will put pressure on many services, but in terms of individual professionals the main additional demands will fall on Mental Health Officers and consultant psychiatrists (the pressures on administration and advocacy services will be discussed in the final report).

9. There are 34 doctors in Fife who are approved under Section 20<sup>7</sup> of the 1984 Act and 24 WTE consultant psychiatrists (no vacancies), 13 are general psychiatrists. The service does not have separate forensic psychiatrists and general psychiatrists take on this work, meaning they will have a higher number of Tribunal hearings than general psychiatry colleagues elsewhere.

10. There are 43 approved Mental Health Officers in Fife with around three quarters ‘active’ in carrying out MHO duties in the last year. This works out at about 10 per 100,000, (the Scottish average is 11.5). Only 37% of social workers with the MHO qualification actually work in the mental health field in Fife. No arrangement has been made about

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<sup>2</sup> Mental Welfare Commission Annual Reports 2001-02/2002-03
<sup>3</sup> Sections 24 and 25 are emergency Sections lasting 72 hours
<sup>4</sup> Section 26 is a 28 day order that can be used when an emergency Section has expired
<sup>5</sup> Section 18 is a long term order, 6 months in the first instance with the agreement of the Sheriff Court
<sup>6</sup> Scottish Executive, based on the scoping exercise by the Royal College of Psychiatrists
<sup>7</sup> Medical practitioners approved by a health board as having ‘special experience in the diagnosis or treatment of mental disorder’.
additional payments for MHOs called out during the day, although payments are being made for out-of-hours services at the rate of £60 per night.

**Table C – Mental Health Officers in Fife**

<table>
<thead>
<tr>
<th>Local authority</th>
<th>No of MHOs</th>
<th>Practising mhos</th>
<th>MHOs working in mental health</th>
<th>Additional payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife</td>
<td>43</td>
<td>35</td>
<td>16</td>
<td>No (except for out-of-hours)</td>
</tr>
</tbody>
</table>

11. MHOs locally considered that they could not take on any extra burden and felt they were already stretched with the additional work for the Adults With Incapacity (Scotland) Act 2000.

**Hospital Services**

12. Hospital services are provided from four sites:

**Four acute admission wards**
- One at Strathedden Hospital, Cupar (30 Beds)
- Two at Whyteman’s Brae Hospital, Kirkcaldy (53 beds)
- One at Queen Margaret Hospital, Dunfermline (30 Beds)

**One intensive psychiatric care unit**
- Strathedden Hospital (10 beds)

**Two rehabilitation wards**
- Strathedden Hospital (50 beds)

**Two adult long stay wards**
- Strathedden (50)

**One occupational therapy rehabilitation service**
- Ceres Centre at Strathedden Hospital

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8 Mental Health Officer Services: Structures and Support. Scottish Executive 2003
Table D – Hospital bed numbers in Fife and Scotland

<table>
<thead>
<tr>
<th>Hospital Beds</th>
<th>Fife Actual beds</th>
<th>Fife Number per 100,000</th>
<th>Scotland Number per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>All psychiatric specialties</td>
<td>589</td>
<td>547</td>
<td>522</td>
</tr>
<tr>
<td>All adults under 65 years</td>
<td>276</td>
<td>271</td>
<td>266</td>
</tr>
<tr>
<td>Older people</td>
<td>302</td>
<td>266</td>
<td>246</td>
</tr>
<tr>
<td>Adolescents</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

* Adult beds include acute admission, rehabilitation and continuing care. Slight discrepancies are due to the rounding up of figures. Information for 2003 is provisional.
* Rate per 100,000 is too small to provide meaningful data

13. There has been a continuing reduction in hospital beds for both adults and older people over the last 3 years. Although adult beds are about the Scottish average, the number of beds for older people is significantly below the average.

14. For this population size, it is suggested that adult admission bed numbers range from 57 to 114, depending on other services being available. There are 113 admission beds in Fife with an occupancy rate of around 75% at Stratheden Hospital, which does indicate some spare capacity and an opportunity to redistribute resources towards community care. In practice it means that when beds are full elsewhere people can be admitted to Fife. Out of 1,601 discharges from Fife psychiatric services in 2001-02, 53 came from elsewhere in Scotland, behind only Argyll and Clyde and Greater Glasgow in the numbers of people admitted from outside the area.

15. Despite this, 44 Fife residents were in turn discharged from hospitals elsewhere in Scotland. This is most likely to be due to out of area admissions for older people, given that the data was not able to be separated into age categories and there are a relatively low number of beds for this age group.

16. One important factor in understanding bed usage is the average length of stay. For the acute adult admission wards it is averaging at 25 days over the last 2 years, which is relatively small in comparison to other places. A national average is not available because information about length of stay in acute adult wards is not collected centrally. The Intensive Psychiatric Care Unit at Stratheden averages a longer stay of 42 days, perhaps reflecting its forensic usage. In June 2003 there were 12 delayed discharges in mental health services in Fife; 11 of them were older people.

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9 ISD
10 Royal College of Psychiatrists
17. The emergency readmission rate (within 28 days) fell to 6.07% in 2001, compared to a Scottish average of 7.27% over this period. In 1999 the Accounts Commission\textsuperscript{11} used this as an indicator of the adequacy of discharge planning and how well people are being supported in the community.

**Table E - Hospital admissions in Fife for people aged 16-65 years\textsuperscript{12}**

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>First admission</td>
<td>329</td>
<td>324</td>
<td>261</td>
<td>250</td>
<td>315</td>
</tr>
<tr>
<td>Readmission within one year</td>
<td>935</td>
<td>848</td>
<td>796</td>
<td>725</td>
<td>793</td>
</tr>
<tr>
<td>Readmission rate within 28 days</td>
<td>8.15%</td>
<td>8.23%</td>
<td>6.81%</td>
<td>6.07%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*Readmission rate = (emergency readmissions/discharges) \times 100*

18. Fife has no dedicated forensic beds although Stratheden’s Intensive Psychiatric Care Unit admits people from courts and operates as a step-down facility for patients from The State Hospital. The fabric of the IPCU needs upgrading and does not currently meet mixed sex accommodation standards. Across Scotland the function of an IPCU and the classification of forensic beds differs. The definition currently is based on the specialty of the Responsible Medical Officer.

19. There are no children’s beds and the 6 adolescent beds have been temporarily closed. They had previously made up 14.6% of the Scottish provision for this age-group. Fife is unable to provide age-appropriate inpatient services for children and adolescents locally. There are no separate inpatient facilities for mothers and babies, another requirement of the Act. People with a wide-range of problems and multiple needs may be admitted together in a general ward.

**Community Services**

20. In some places community teams are well established, in others they are under developed. Fife lacks 24 hour response services, a strategic issue for both health and social services and something needs to be resolved urgently in order to make community-based Compulsory Treatment Orders a viable option. Within East Fife a proposal to introduce community psychiatric nurses to NHS 24 is being explored as well as expanding the community mental health teams across Fife to provide a 7-day out-of-hours service.

21. There are 3 adult psychiatric day hospitals, in the West, North, and East sectors. Nine community psychiatric nursing teams provide sector services with 5 teams in the North-East, 3 in Central and one in West Fife. There are a further 5 intensive out-reach teams, and a dual diagnosis service that caters for enduring mental illness and substance misuse across the whole region.

22. Sections 25 - 27 of the new Act give local authorities a clear duty to provide a full range of care and support services to ensure leisure, recreation, employment, training and housing options for people who have or have had significant mental health problems. This

\textsuperscript{11} A shared approach, Accounts Commission for Scotland, 1999
\textsuperscript{12} ISD provisional data from SMR04 returns
will complement the core treatment services, although increasingly care and treatment services are becoming aligned.

23. The voluntary sector in Fife has begun to widen the scope of services provided to adult mental users, although services to carers in Fife remain patchy and underdeveloped. Fife Council has invested in projects that promote access to employment and social inclusion. A far from comprehensive list of community services and their providers includes a focused education service; horticultural therapy project; Better Futures Project; Hearing Voices Network; Fife Association for Mental Health; Scottish Association for Mental Health; Barony Housing Association’s ‘Contact Point’; and the National Schizophrenia Fellowship (Scotland). Fife Families Support Group provides help to carers, although there are no advocacy projects specific to carers.

24. Patients’ Councils are in operation in each of the 3 psychiatric hospitals, and independent advocacy for users is available from a number of sources, co-ordinated by the Fife Advocacy Strategy Group. NHS Fife and Fife Council have shown a clear commitment to developing advocacy services, although there is often a waiting list for service users and more needs to be available for carers.

Priorities of Service Users and Carers in Fife

25. The expressed views of the users and carers are as follows:

• Mental health awareness training for the public.
• Change the system – the attitudes of psychiatric and medical staff.
• A centre of excellence for mental health as part of a wider health centre.
• More access to respite care.
• Access to alternative therapies.
• Better access to psychology services.

Comments

26. Key issues that will challenge Fife when implementing the new legislation are:

➢ The hospital reconfiguration may take up considerable managerial and staff time and involve a number of relevant issues, such as the function of the IPCU and siting of forensic beds. The IPCU needs upgrading.

➢ The balance between hospital and community care is too focused on the hospital side and reducing some adult beds may allow for increased community developments.

➢ The out-of-hours services in particular are underdeveloped and this needs to be addressed to allow the opportunity for community-based Compulsory Treatment Orders.

➢ Unless the adolescent beds are re-opened young people will need to go out of area for inpatient care, which would not be ideal.

➢ Inpatient services for mothers and babies need to be agreed with other parts of a managed clinical/ care network unless reconfiguration includes a dedicated facility.
Fife

**Visiting Team**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
</tr>
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<tbody>
<tr>
<td>Dr Sandra Grant OBE</td>
<td>Project Director</td>
</tr>
<tr>
<td></td>
<td>Consultant Psychotherapist/Psychiatrist, NHS Greater Glasgow</td>
</tr>
<tr>
<td>Gill Urquhart</td>
<td>Deputy Project Director</td>
</tr>
<tr>
<td></td>
<td>Head Occupational Therapist, The State Hospital</td>
</tr>
<tr>
<td>Tom Keenan</td>
<td>Mental Welfare Commission for Scotland</td>
</tr>
<tr>
<td>Stephen McLellan</td>
<td>Chief Executive, Renfrewshire Association for Mental Health</td>
</tr>
<tr>
<td>Dr Alastair Philp</td>
<td>ISD Scotland, Improving Mental Health information</td>
</tr>
<tr>
<td>Jack Stuart</td>
<td>General Manager, Mental Heath Services, Grampian Primary Care NHS Trust</td>
</tr>
<tr>
<td>Dr Linda Treliving</td>
<td>Consultant Psychiatrist in Psychotherapy, Grampian Primary Care NHS Trust</td>
</tr>
</tbody>
</table>
Dear Colleague

MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003

We are writing jointly to invite the co-operation of NHS Boards and Local Authorities in planning for implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Ministers have now confirmed that the majority of the Act’s provisions will come into effect in April 2005. A copy of the Press Release of 19 November is enclosed. This means that we have just under 18 months to ensure that the necessary processes are in place, that staff have been trained and that the appropriate range and quality of mental health services are in place. The Department has also published an Introduction to the Act, together with the second of a planned series of newsletters on implementation. This Guide is intended to contribute to plans to put in place the processes necessary to deliver the Act’s provisions. This letter deals specifically with planning for mental health services.

Dr Sandra Grant’s Assessment

As you will recall, Ministers commissioned Dr Sandra Grant to carry out a comprehensive assessment of existing mental health provision. Dr Grant is completing an Interim Report which sets out key themes from her work together with individual locality reports for each NHS Board area. The Interim Report will be published shortly. However, we thought it would be helpful to set out next steps on implementation now.

Joint Implementation Plans

We would be grateful if you could draw on evidence about the services in your area, including Dr Grant’s assessment when it is available, to prepare a joint implementation plan. This plan should set out how NHS Boards and Local Authorities, with other partners, intend jointly to ensure that services will be ready to meet the requirements of the new Act, without detriment to the generality of mental health services. The plans should build upon and adopt the principles set out under the Joint Future initiative not least to reflect joint management and joint delivery approaches. The structure in place already for joint agency working will be of benefit in the preparation and planning of these plans.
Resources

Significant resources have already been allocated to Local Authorities to support developments necessary to implement the new Act. The Department’s letter of 16 January 2003 referred to £2m capital in each of the next two financial years and included the following table:

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<thead>
<tr>
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<tbody>
<tr>
<td>Improvements in packages of care</td>
<td>0</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Improved day &amp; after care</td>
<td>0</td>
<td>7.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Additional MHOs</td>
<td>0</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>LA training for MHOs</td>
<td>0.7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New duties to support advocacy</td>
<td>0.5</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£m</strong></td>
<td><strong>1.2</strong></td>
<td><strong>12.5</strong></td>
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</tbody>
</table>

Ministers expect that NHS Boards will need to invest additional monies in mental health services in order to ensure effective implementation of the new Act. This investment will need to be drawn primarily from planned increases in overall allocations to NHS Boards.

However, Ministers have also decided to allocate new money to NHS Boards to assist with service planning and development. This fulfils commitments in Partnership for a Better Scotland. The additional resources are:

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<tr>
<td></td>
<td>£m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
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In the current year, the Executive will retain some £250,000 to support national initiatives. The remaining £750,000 will be distributed to NHS Boards on an agreed formula basis to support preparation of joint implementation plans.

Resources in future years are likely to be allocated in a similar way, but this will be informed by the joint implementation plans.

Process, Timetable and Monitoring Arrangements

We would like joint implementation plans to be developed by NHS Boards in partnership with local authorities, voluntary organisations and local user and carer representatives. The process and outcomes should reflect and build upon joint management and joint delivery approaches and follow the principles set out under the Joint Future initiative. The plans should identify priorities for developments in services and set out in clear terms the individual actions proposed which should be costed, timetabled and show agreement on agency responsibilities for delivery.

As a first step, can you please let David Bolger or Phil Harley in the Mental Health Division (0131 244 3749) know as soon as possible the name and details of the lead officer for development of the plan. The target for completion of the plans, which are also to be submitted to the Mental Health Division, is 31 March 2004.
Please also contact David or Phil if you have any queries about this letter.

Progress on the plans, and in particular additional investment in services, will be closely monitored.

Yours sincerely

TREVOR JONES
Head of Scottish Executive Health Department

DR ANDREW GOUDIE
(Acting) Head of Scottish Executive Finance
and Central Services Department
MINISTER OUTLINES WAY FORWARD FOR IMPLEMENTATION OF MENTAL HEALTH ACT

- Chisholm announces further £15 million funding for mental health services -

Health Minister Malcolm Chisholm today confirmed the implementation dates for provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 and announced new funding of £15 million for mental health services in Scotland.

He confirmed that, following a consultation exercise earlier this year, the Act’s main provisions will become effective in April 2005. In addition, he confirmed that:

• provisions to allow service users to appoint Named Persons and to draw up Advance Statements will be introduced in October 2004;
• the right of appeal for patients detained in excessive security will be implemented in May 2006.

The Minister also announced that the additional £15 million will be made available to partner agencies, through NHS Boards, to work together to meet Partnership Agreement commitments for developing mental health services, including crisis services. This means a total of £45 million funding - £30 million has already been allocated to local authorities - to support planning and implementation of the new Act.

Mr Chisholm said:

“The Royal Assent of this groundbreaking Act represented the conclusion of one stage for renewing mental health law in Scotland and the beginning of another. The implementation of the new Act is about ensuring the benefits offered by the Act are achieved in reality. A great deal of progress has already been made both nationally and by local agencies, and we are supporting all the agencies involved to work together to achieve the goals of the Act.”
“At the heart of the success in achieving the aims of the new legislation will be the development of services and support which meet the needs of those with mental health problems in communities in Scotland in the 21st century. I am pleased to announce that £15 million of Partnership Agreement funds will be allocated to meeting the commitments for planning and delivering mental health services set out in Partnership for a Better Scotland.

“Joint Local Implementation Plans are to be prepared by April 2004 and this new, additional money will also help NHS Boards, local authorities and their partners in voluntary organisations - and of course users and carers - in the development of these. The plans will identify those priorities for the provision of services and set out the actions to be taken to ensure these are delivered. It is important these joint plans reflect and build upon the joint management and delivery approaches which follow the principles of the Joint Future initiative.”

The Executive’s guide to the Act - Introduction to the Act - and the second edition of the Reforming Mental Health Law newsletter are also published today. These provide further information on provisions of the new legislation and are intended to help all those involved in the implementation of the Act and in the planning and use of services.

The Minister added:

“The measures I have announced today run alongside other developments for mental health services already underway. For example, work is in progress to support users and carers to ensure independent advocacy is available as envisaged by the Act. Furthermore, the new National Mental Health Workforce Group is working to address issues of recruitment, retention and training for those involved in providing care and support to those with mental health problems.

“I am also pleased to say that the Mental Health and Well Being Support Group will now have an enhanced role. The Group will co-ordinate the Executive’s work on service development at national level and will provide support to NHS Boards and their partners for their local planning.”

Notes to Editors


2. Introduction to the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Newsletter ‘Reforming Mental Health Law’ can be accessed at www.scotland.gov.uk/health/mentalhealthlaw. Paper copies can be obtained from Ryan Stewart on 0131 244 2591 or e-mail ryan.stewart@scotland.gsi.gov.uk
3. The £15 million Partnership Agreement funds will support commitments made in Partnership for a Better Scotland and will be allocated for a three year period. Partnership Agreement funds were announced on 11 September 2003.

Internet: www.scotland.gov.uk