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PRIME MINISTER

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THE GRIFFITHS' REPORT ON COMMUNITY CARE

A quick reading of Roy Griffiths' Report shows that it has a number of attractive features. It would introduce budgetary constraints for residential care which has grown rapidly from £23 million in 1981 to £459 million in 1986. It is based on a sensible mix of public and private provision. And it would establish clear lines of responsibility for help to the mentally ill, the elderly and those needing long-term care.

But it also has serious drawbacks. It seems an overly bureaucratic approach, reminiscent of the Seebohm Report. It might, as John Moore warns, discourage the further growth of private sector care. And it concentrates too much power in the hands of local authorities which have notably failed to handle their housing, education or, indeed, their social service functions at all satisfactorily.

But we might well graft some of Sir Roy's ideas onto our internal review of the NHS. For instance, if we want DHAs to become health funding and procurement bodies, they might fulfil the same role in relation to community care.

Paragraph 4.16 is interesting here, pointing out that family doctors could have an enhanced role as the point of first contact for community care services.

So we strongly support John Moore's conclusion that the Report should be published and welcomed as an important contribution to the debate, but then shelved until we are ready to come up with our own proposals. These will draw heavily upon Roy Griffiths's ideas but are also likely to differ substantially from them.

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