


 CONFIDENTIAL

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PRIME MINISTER

We are meeting to discuss community care on 21 March.

I am circulating with this minute two papers that are intended to help our discussion. The first sets out the background and the issues we currently face, while rehearsing the main solutions advanced to date. It relates to England only - there are significantly different arrangements in other parts of the United Kingdom.

Our meeting provides the first opportunity to discuss these matters collectively. It will be important - I suggest - to decide which of the problems we wish to tackle, and with what priority, before considering possible solutions.

The remit to Sir Roy Griffiths over two years ago presupposed that the main issues are primarily financial and managerial. We cannot sensibly decide on ways forward, however, with re-assessing the underlying policies which he, understandably, took as given. The key issues as I see them are the following - in each case the question is in which direction we wish the balance to lie:

Community or residential care. How far do we want to go in helping families to support dependent relatives in their own homes in preference to elsewhere?

Public or private care. Having greatly encouraged the private supply of residential and nursing home care, should we seek to do something similar for the supply of care in people's own homes?

Cash or care. For what sort of people is it better to give support in cash with which to buy their own services, as opposed to services in kind?

Health or social care. Is the main need now to improve the management and delivery of practical support to families that does not require medical or nursing skills?

Central or local accountability. How far do we want to increase central responsibility and accountability for what is mainly responsibility of local government at present?

Partial or comprehensive solutions. Do the problems require a comprehensive approach, or are they soluble in more limited ways?

Support for carers. How far, and in what ways, do we need to provide separate support for family and other carers?



The subject is of great political, as well as intrinsic importance. The growing numbers of elderly people, in particular, are likely to put existing arrangements under intolerable strain. The Griffiths Report has aroused widespread expectations and exposed a clear gap in social policy so that I believe it would be quite untenable to decide to do nothing.

In programme terms the subject straddles health, personal social services and social security. In expenditure terms the largest programme is personal social services, although social security support for residential and nursing home care is gaining rapidly in size.

Most of the debate has centred on switching money between these programmes, and clarifying managerial responsibility for decision making.

Roy Griffiths' proposals have achieved widespread public support. I have strong doubts, however, about the capacity of local authorities to perform effectively the tasks envisaged for them. I disagree with the proposal to transfer finance and associated responsibilities to local government on the scale that Roy proposes or anything like that scale.

I believe we need a specific initiative to deal with people's fears that mentally ill people in the community are not being properly cared for. The second paper suggests ways in which such an initiative might be developed. I would strongly advise that we should approach this as a quite separate subject from the general issues posed by the Griffiths Report.

For the mentally ill as well as the much larger group of elderly and mentally handicapped people, we need to decide what part social security should play and this of course is John Moore's responsibility.

My principal concern is with the effect of income support on health and personal social services. The present flow of income support into residential and nursing home care is helpful, in relieving pressures on hospital and personal social services and meeting real personal needs - frequently very well. The open-ended nature of that expenditure does tend to encourage the choice of private residential care at public expense rather than domiciliary care which might sometimes be more suitable and cheaper.

The aim of our policy, I suggest, should be to provide a better range of choice and provision for those vulnerable people, whose needs can best be met in their own homes and for their friends and families who care for them. In seeking to achieve this we should,



in my view, keep administrative upheaval and transfers of powers, budgets and responsibilities to the minimum necessary. That is why the attached paper includes options (D and E) that search for less than comprehensive solutions. I know that colleagues have wide-ranging views and preferences. All the identified options have drawbacks as well as advantages. It is imperative, in my judgement, that our response must embrace much more than the control of income support for residential and nursing home care.

I hope that on 21 March we shall be able to agree on the broad lines of a response to the issues summarised in the papers. We will probably then need to commission further work by officials in the interested departments on whatever options attract widest support.

I am copying this minute to John Moore, Nicholas Ridley, Malcolm Rifkind, Peter Walker, John Major, David Mellor, Sir Robin Butler and Professor Brian Griffiths.

17 March 1989

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