



*ccjh*

*no*

*RA*

6th April, 1989

Mr. Paul Gray  
Private Secretary to the Prime Minister  
10 Downing Street

*Dear Paul,*

I attach a memorandum for Monday's meeting with the Prime Minister on community care. I thought it might be helpful and hopefully is not too tediously repetitious of points already made.

Very best wishes,

Yours sincerely,

ROY GRIFFITHS



A

CONFIDENTIAL

PRIME MINISTER

We are meeting on Monday next, 10th April at 3.30 p.m. on community care.

In order to make best use of your time may I venture brief comments with a view to removing any possible misconceptions on the content of my report or about my stance on community care.

1. Local Authorities

I cannot over-emphasise that it is quite wrong to suggest that my report gives local authorities major new responsibilities. The local authorities themselves know that and indeed acknowledge that their existing powers are in fact, under the proposals, to be brought under more central control to ensure that national policy in community care is carried out. (I attach as an appendix an extract from a letter from Herbert Laming, who was one of my advisers, which emphasises this point).

← One of the problems is that local authorities currently have powers to provide particular services but are not held accountable, and indeed can avoid the expense of exercising even those powers by pushing anyone, who requires help, towards residential accommodation and supplementary benefit. The effect of my report is that they will be brought into a more disciplined control by being held accountable for ensuring the provision of care within a precise budget. They would in return for this control, be given a responsibility for allocation of the care component of supplementary benefit presently dispensed by social security offices in respect of residential accommodation. The result would be that all social care would be brought within one budget. This in turn would mean that in any consideration of the requirements of an individual in the community for social care, the decision would be financially neutral, i.e the money would be spent where it was most needed on care in residential accommodation or in the home. No other suggested solution (gatekeeping etc.) will achieve this.

At the moment we have neither control of local authorities in their provision of care nor control of the ever burgeoning social security costs of residential accommodation. The report gives Government a variety of levers to be applied lightly or heavily to control.

2. Mentally Ill

- a) Closure of the large mental hospitals, which has been Government policy for the past 30 years, looms large in any discussion of care of the mentally ill. Any alteration of policy will cause massive debate. We do not need to alter

Cont.....



the policy but simply to state that no hospital will be closed unless the Government is satisfied that proper and detailed provision is being made for each person released and that sufficient residuary institutional care is retained for those individuals who still need that form of care. The machinery for this is again clearly set out in my report and these principles should be rigorously enforced. Many of the problems in both the Health Service and community care are not inherent in the policies but arise as in the case of mental hospitals, from defective implementation.

- b) Closure of the institutions is however only a small part of the problem. Most people who are mentally ill never see an institution, but are already in the community. The Audit Commission quotes a figure that each year there are some 5 million consultations by people with their general practitioners about a mental health problem, with 600,000 referrals to specialist psychiatric services. Against these figures I do not believe we can possibly treat the mentally ill as a special class for all purposes. This suggested categorisation for purposes of both health care and social care is deficient and I know is strongly resented by patients. Individuals who are mentally ill, disabled or elderly like to be treated as individuals who require differing levels of medical care and possibly social care. We should reflect this by organisation, as at present, by providing health care through the Health Service and social care through the local authorities.

### 3. Basic Approach

I was given a simple remit to review the way in which public funds are used to support community care policy and to advise on the options for action that would improve the use of these funds. As in the Health Service Review of 1983 I was in other words asked, "If you were responsible for community care what action within present policies would you take".

I wrote (after several discussions with the then Ministers as to the role and acceptability of local authorities) a report which provides a solution which:-

- a) consistently with the problems being tackled at all, is the least turbulent. It requires little reorganisation, simply putting in controls designed to ensure that local authorities operate in a disciplined way and are accountable. The controls suggested in the report would be quite effective. Any other approach would involve major reorganisation.

Cont.....



- b) Would ensure that people in the community have a simple reference point if they require social care (just as they have if they require medical care). This would stop the intrusion into their privacy which the present number of unco-ordinated agencies involves.
- c) Leaves undisturbed the reality that the main burden of care is borne by relatives.
- d) Makes for better use of existing resources allocated to community care and does not build in any lobby for more money.
- e) Rolls back the frontiers of the 'nanny state' by ensuring that social security is realistically controlled and by emphasising that the provision of social care is not a right of the individual but a matter of provision by local authority to meet urgent and priority requirements only. It also eschews the concept of making some authority a "lead authority" for both health and social care for defined groups which is the ultimate in cotton wool cocoonery of the welfare state.
- f) Distances the Government from any danger of being seen to be immediately responsible for social care by leaving the responsibility at local level with the local authorities subject to minimum central control.
- g) Rests on the belief that where there are problems the first course of action should be to make existing institutions work rather than invent new ones.
- h) Was drafted after the most detailed consultation throughout 1987 to give a very pragmatic approach which is broadly and increasingly acceptable to the main audiences involved in community care - the individuals themselves, their relatives, the voluntary organisations, Local Government and the Health Authorities and, indeed, the Audit Commission, who highlighted the problem. As such I am confident that one can implement the whole proposals comparatively easily and could earn considerable goodwill.

*R. C. ...*



APPENDIX

Extract of a letter dated 29th March, 1989 from Herbert Laming, Director of Social Services, Hertfordshire County Council and an Adviser on the Community Care Report.

I remain surprised that media comment gives the impression that your report adds to the responsibilities to be carried by local authorities. When your report was first published I attended a number of meetings with the local authority associations and with the professional bodies such as the Association of Directors of Social Services. These groups were very quick to point out that the framework which you had suggested gave to a Minister for Community Care not only the powers to determine policy and establish priorities, but also to allocate money which could not be used for other purposes, i.e. a specific grant; and that that money would be linked with the minister's approval of local plans. There was understandable concern at this greater centralisation of power and of the marked reduction in the freedom to act by the local authorities. It is for that reason that the local authority associations have not vigorously campaigned to have the report implemented. Nevertheless they have come a very long way in their thinking since their initial reaction.