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PRIME MINISTER

24 October 1989

COMMUNITY CARE WHITE PAPER

I have two main concerns about the draft White Paper on Community Care.

- Presentation

Chapter 1 is too flowery. The White Paper as a whole is understandably addressed to the community care professionals. Yet surely we need to highlight the benefits of our reforms to the vulnerable groups and their families in a more straightforward way.

- Policy Change

There is a change in the treatment of preserved entitlements for income support, compared to our original announcement in the summer.

Other detailed comments on the draft are highlighted in the Appendix.

PRESENTATION

Chapter 1 needs a radical overhaul. There are three main problems with the draft.

First, some of the language is too woolly and bureaucratic. For example, the statement that 'the Government is seeking to establish a framework which helps to secure the delivery of acceptable local services in line with national policy objectives' (para 1.3, last sentence) is not positive enough and will be meaningless to many.

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And the objective 'to ensure that service providers make practical support for carers a high priority' (para 1.13) is too impersonal.

Second, there is no reference to the Government's track record in this chapter. For example, the 68% rise in real terms on expenditure for community care services since 1979 (Chapter 8) is an impressive statistic and shows that the Government is already committed to community care.

Other facts such as the 50% rise in residential places should also be mentioned in Chapter 1. These facts would help to set the scene.

Third, none of the headings in Chapter 1 refer to benefits for people.

Recommendation

Chapter 1 should be rewritten to take into account the following points:

- the language needs to be more personal, more upbeat and more specific;
- a section is needed on the Government's achievements so far;
- we need to be more positive about the benefits.

POLICY CHANGE

To ensure that vulnerable people living in residential homes in March 1991 are not disturbed by any risk of an interruption in their continuing entitlement for residential care, Kenneth Clarke made the following statement in his July announcement:

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"Residents of homes who are in receipt of income support when the new system is introduced will therefore retain their entitlement to help through the existing system. People who are self-financing residents of registered homes when the new system is introduced will also be able to apply for Income Support under the existing arrangements if their funds become exhausted subsequently."

It is now proposed that this policy announcement will be changed, after pressure from Tony Newton.

There appear to be two problems:

First, it is extremely unclear as to the precise nature of the change. In the last paragraph of the attachment to Kenneth Clarke's letter, it states:

"DSS propose to limit access to preserved rights to Income Support to five years for those residents of homes who are supporting themselves on 1 April 1991 but who may have recourse subsequently to public financial support."

This statement appears to conflict with the transitional arrangements proposed in 9.2 to 9.4 of the White Paper where a minimum transitional period of five years is mentioned. Apparently, paras 9.5 and 9.6 should have been removed.

Clarification is clearly needed.

Second, there is little point in taking a political risk on this change unless there is an extremely good reason. I have yet to hear one.

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On the surface, Tony Newton is convinced that an indefinite entitlement will pose an administrative burden of storing more files for an extended period in social security offices. This probably hides a deeper concern that DSS would continue to be financially responsible for this group rather than local authorities.

Recommendation

Seek clarification on the precise nature of the proposed change to the treatment of preserved entitlement for income support, commenting that change should not be necessary.

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APPENDIX

DETAILED COMMENTS ON THE DRAFT WHITE PAPER

Contents page

There is no clear delineation between some of the chapter headings. For example, 'Better Community Care Services' (Chapter 1) seems very similar to 'Community Care in Practice' (Chapter 2). And the heading 'Quality Control: Partnership between the Centre and Local Agencies' (Chapter 5) could be changed to 'Achieving High Standards of Care'.

para 1.4.

Background to the White Paper.

Sir Roy Griffiths was not asked to 'undertake an overview of community care policy' (line 4). The precise remit ~~by Norman Fowler~~ was:

"To review the way in which public funds are used to support community care policy and to advise me on the options for action that would improve the use of these funds as a contribution to more effective community care."

Para 2.1.

Responsibilities of health authorities.

~~DH will need to~~ rephrase the fourth sentence which starts 'The responsibilities of the Health Service are unaltered ...' Otherwise, this sentence does not reconcile with the increased responsibility given to health authorities for making specific grants to social services authorities for mental illness services (Chapter 8).

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Para 3.7.6/7 Paying for places.

These two paragraphs appear more concerned about the 'extra work for social services authorities' than the increased burden on vulnerable people. Under the changes, residential costs will be funded from three sources:

Housing Benefit - Local Authority Housing Department.

Income Support - Social Security.

Care Element - County Council Social Services.

~~DH will need to stress~~ the Government's intention to provide a straightforward system for consumers ^{should be checked.}

Para 3.7.12 Care for people with terminal illnesses.

This paragraph is misleading. It gives the distinct impression that hospices are always funded by health authorities.

Para 5.20/ Inspection of Homes.

5.21

~~These paragraphs are a recipe for no change.~~
In the July statement, Kenneth Clarke stated:

'Local Authorities will be ordered to establish inspection and registration units, at arms length from the management of their own services, which should be responsible for checking on standards in their own Homes, and to involve independent outsiders in these arrangements.'

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We intended this to mean that local authorities would buy in services from outside experts. Not that local authorities would recruit 'from outside the social services department: for example, former owners or managers in the independent sector'.

Para 5.20 should be redrafted to clarify ~~this~~ *the point* along the lines of the Scottish Chapter 10 para 11.

para 7.22

Mental Illness among the homeless population.

On Monday THE INDEPENDENT ^{has} highlighted the need to tackle the problem of homeless people who are mentally ill, by stating 'One in four psychiatric patients sent from Central London hospitals to be cared for in the community is homeless, a survey of the mentally ill has found.'

~~In view of the significance of this issue, DH should be asked to expand the last sentence of~~ ^{could be expanded.} Paragraph 7.22 to explain the Department of Health's new initiative with St Mungo Housing.

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