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From the Private Secretary

26 July 1990

NHS Reforms

My letter of 4 July recorded the outcome of the further discussions between the Prime Minister and your Secretary of State about the introduction of the NHS Reforms as from 1 April 1991.

You indicated that, following discussions with your Secretary of State, Sir Robin Ibbs had decided not to join the NHS Management Board.

There is one further outstanding issue. As you know, the Prime Minister is content for your Secretary of State to proceed with the introduction of the reforms in the ways described in my letter. But the Prime Minister continues to be concerned about the difficulties of implementing the reforms in London.

The Prime Minister would therefore be grateful if, at an appropriate time in the Autumn, your Secretary of State could bring forward proposals, in the light of his latest appreciation of the position in London, for ensuring that the reforms can be successfully introduced in the capital.

I am copying this to Jeremy Heywood in the Chief Secretary's Office.

BARRY H POTTER

Andy McKeon, Esq.,
Department of Health.

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[*Mr. Kenneth Clarke*]

Thirdly, we would expect general practitioners to ensure that social services departments are aware of their patients' needs for social care as recommended by Sir Roy Griffiths in his report.

I have outlined our conclusions on the main issues. I am grateful to the House for its patience in sitting through a long and complicated statement. My right hon. and learned Friend the Secretary of State for Scotland and my right hon. Friend the Secretary of State for Wales are today announcing separately our conclusions of particular relevance to them. My right hon. Friend the Secretary of State for Northern Ireland will be doing the same early next week. We propose to spell out our proposals in more detail in a White Paper that we aim to publish in the autumn. It will be necessary to ensure that the necessary legislative framework is in place before implementation, which we propose should be in 1991.

Our proposals bring the policy of community care up to date, and will improve the way in which it is put into practice on the ground. Community care is no longer primarily about providing the alternative to long-stay hospital care. The vast majority of people needing care now have never been, nor expect to be, in such institutions. The policy aim now is to strike the right balance between home and day care on the one hand, and residential and nursing home care on the other, while reserving hospital care for those whose needs truly cannot be met elsewhere. The changes we propose will for the first time ensure that all public moneys are devoted to the primary objective of supporting people at home wherever possible. They provide a solid basis for the future, and are founded upon the principles of preserving individual independence and freedom of choice and of providing services in a sensitive and personal way.

I believe that they deserve whole-hearted support, and commend them to the House.

Mr. Robin Cook (Livingston): I begin with the two points in his statement on which we can unreservedly congratulate the Secretary of State. First, we welcome the fact that he has finally got round to saying anything about the Griffiths report. Will he confirm that Ministers have taken longer to think about their response to this report than Sir Roy took to write it? Even after all that time, the Secretary of State still has to ask the House to wait another four months for a White Paper to explain the meaning of today's statement.

Secondly, I congratulate the Secretary of State on persuading the Prime Minister that providing community care means swallowing her distaste for local government. This is a major achievement, which deserves full recognition. We welcome the Secretary of State's acceptance of Griffiths's central conclusion that the lead agency in community care must be the local authority, which belongs and is accountable to the community.

Why, then, has the right hon. and learned Gentleman rejected Griffiths's recommendation that residents of local authority homes should be entitled to the same financial support from central Government as residents in private homes? If he really believes that elderly people should be given the widest possible choice, why has he decided to deny them income support and housing benefit only if they chose a council home? Surely even the Secretary of State

will admit that, rather than widening choice, that narrows it, and does so simply to fit the Government's prejudice against local authorities.

Since the statement calls for greater co-ordination and collaboration between health authorities and local authorities, could the Secretary of State enlighten the House as to how that co-ordination and collaboration will be helped by his intention to boot council representatives off every health authority?

The Secretary of State was good enough to recognise that most care in the community will continue to be provided by family and friends. Does he not mean by that the nearest available female relative, often exhausted by providing constant nursing, with no training, with no break and usually with no help? The Secretary of State informed the House that he admires them. If he really admires them, why does the statement contain no mention of respite care to give them a break, or a single mention of care attendants to give them a night off?

If he really admires them, why have the Government proposed to slap on an extra poll tax charge for taking in granny? If he really admires them, why does he not bring back national guidelines for home helps? What has he to say to the half-dozen councils—all Conservative—whose provision of home helps is half the national average? Is that the standard of community care that is acceptable to the Conservative party?

The Secretary of State said that services should be sensitive to the needs and wishes of users. What will he do to encourage that? Will he begin by telling his colleagues on Bradford council not to proceed next Wednesday with the sale of a dozen old folks' homes without consulting the residents? Is that the sensitivity to the wishes of users that is acceptable to the Conservative party?

Now that we have persuaded the right hon. and learned Gentleman to use the words "community care", could I tempt him to use the words "disabled persons Act"? Why did he not take this opportunity to implement section 7 of the Disabled Persons (Services, Consultation and Representation) Act 1986, which would have given patients discharged from mental health hospitals the right to an assessment of their needs? Is he aware that last week was the third anniversary of Royal Assent to that Act? How can he expect the House to believe in the Government's commitment to community care when they have yet to implement half that Act?

The biggest omission from the right hon. and learned Gentleman's statement was money. He knows that Sir Roy Griffiths recommended an annual grant for each local authority to fund its community care programme. Would the right hon. and learned Gentleman like to rummage through his notes in case he left out the passage announcing such a grant? Does he not appreciate that, without resources, the plans and the reports that he has announced today are mere window-dressing? Why does he not at least accept that local authorities should have the property fortunes that health authorities are making from the sale of mental hospitals? Should not the first charge on that money be the capital costs of new homes to house the patients put out so that the hospitals could be closed?

The right hon. and learned Gentleman began with a description of the Government's record on community care that oozed complacency from every sentence. It ignored the fact that the number of places at day centres for the elderly has fallen per thousand of the elderly population. It ignored the fact that the numbers

discharged from mental health hospitals are three times the growth in the numbers of day centre places. Those outside this place will ask how that description could be made by anyone who has noticed the dramatic growth in the numbers of mental health patients now living in hostels for the homeless, or the steady rise in the numbers of them in remand centres, or even the increase in the numbers sleeping rough behind the right hon. and learned Gentleman's ministerial office.

The right hon. and learned Gentleman ended his statement by informing the House that his proposals will not be in place for another two years. Our pledge to those in need of community care is that, by then, no longer will he and his Government be in power.

Mr. Clarke: The hon. Member for Livingston (Mr. Cook) began by talking about the time that it has taken to produce our response. I cannot win on timing. For anything of which he disapproves, he accuses me of being too fast and a bull at a gate; for anything of which he approves—despite his attempts to find disagreement—he accuses me of taking too long. It is easy for him; he has only to see the words “local government” in a White Paper to ring NALGO—when it is not on strike—and ask what to say—[AN HON. MEMBER: “That is a poor joke.”] It is a very good joke. The hon. Gentleman obviously takes footnotes from NUPE, as was shown by his questions.

The truth is that the hon. Gentleman agrees with my proposals. We have taken considerable care, first in deciding exactly how to sharpen the responsibilities of local authorities; secondly, how to transfer resources to them to enable them to do so; and thirdly, how to ensure that we have some assurances that they will live up to those responsibilities and properly discharge their role. The hon. Gentleman knows that he approves of that policy.

The hon. Gentleman apparently dislikes the fact that we are not allowing a large increase in local authority provision of council homes. Indeed, we are not proposing any change to the existing arrangements for residents of local authority homes, and there is no case to do so. If the hon. Gentleman thinks that there is a need to change the arrangements artificially to stimulate a sudden upsurge in local authority provision, my answer is that my statement is a challenge to local government and gives it important new responsibilities. It probably would not be right for most councils to combine with that a growth in the management role of the day-to-day running of more and more homes. We have struck the right pattern, because more and more local authorities think of themselves as enablers, looking to other people to deliver the care.

The hon. Gentleman made some curious remarks about my reference to relatives and friends. He rightly said that many of them are female members of the family looking after their relatives. The whole point of my statement is that we are enabling local authorities to give more support to those people.

The hon. Gentleman gave a list of provisions that they are likely to need, including respite care and care attendants. The whole point of transferring resources and of clarifying responsibilities is to make available the very kind of support that local authorities should be enabled to provide in the light of our policy. The hon. Gentleman's snide remarks were unintelligible to me. I shall not get into bashing Bradford council, which the hon. Gentleman also irrelevantly introduced into his arguments. New control in

Bradford is bringing great improvements to that authority and to its capacity to deliver enhanced care to the city's residents.

Section 7 of the Disabled Persons (Services, Consultation and Representation) Act 1986 is overtaken by my remarks today. Section 7 divides responsibility for mentally ill people between those who have been in hospital for six months or more and those who have not—and there is no logical basis for that arrangement. Of course I agree that care in the community policy for the mentally ill needs to be improved, and our proposal will ensure that pump-priming resources will be available to local authorities.

The key to those resources will be held by health authorities, which, as my agents, will release money when they are satisfied that the right local provisions are in place. That should reduce the number of patients who are rightly released from hospital into better provision, but who then leave that accommodation or become lost, are not followed up, and wind up in the unfortunate circumstances that the hon. Gentleman described.

As to money and resources, we are following Sir Roy Griffiths's recommendation to transfer resources and the care element of social security to local authority budgets—making allowance, as we will have to do, for anticipated growth and the new duties of local authorities. We have not followed Sir Roy's recommendation for a specific grant. The transfer of resources will take place, but the specific grant was a control mechanism suggested by Sir Roy. For my central Government Department to seek to use a specific grant to control directly the community care policies of all local authorities throughout the country would not be the right way of enabling those authorities to discharge their responsibilities.

That is why I prefer the route of community care programmes drawn up together with health authorities and voluntary bodies, of giving powers to my social services inspectorate, and of having the power to call for reports and to intervene when an individual authority poses a problem. The transfer of resources is in line with Sir Roy's recommendation. That transfer and the new responsibilities begin a new era in community care. It has always been right to pursue the policy of keeping people in their own homes for as long as they wish to remain there, and the implementation of that policy will now be greatly improved.

Sir David Price (Eastleigh): Is my right hon. and learned Friend aware that the House is grateful to him for acknowledging the role of private carers in looking after the elderly and disabled in our midst? Is he aware also that if those carers decided to take industrial action, the statutory services could not cope? As my right hon. and learned Friend acknowledges the important role of the private carer, will he explain how he intends to “strengthen support” for the private carer? The hon. Member for Livingston (Mr. Cook) made a number of points that pertained directly to that aspect. Do the Government intend to increase the invalid care allowance, which would be of enormous help to those people who give up work to look after a person who is insufficiently handicapped to be eligible for a disabled attendance allowance? Is my right hon. and learned Friend aware that there are more people out there needing help than have been acknowledged until now?