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P 03414

PRIME MINISTER

COMMUNITY CARE

[Minute and papers from Mr Clarke, not yet received]

DECISIONS

1. As he explained to you on Thursday, Mr Clarke is concerned to agree a Government response to the Griffiths Report fairly quickly, so that he can make an announcement before the Summer Recess, rather than embark on a lengthy exercise like the NHS Review. You may wish to use this meeting to complete the Second Reading debate begun last time and to commission the further detailed work which will be needed to develop the agreed approach.

2. You may wish to focus the discussion on two basic options.

i. Local authorities. One would be to implement the Griffiths report, making local authorities responsible for assessing all the non-health needs of individuals in their area. At the last meeting Mr Ridley argued for a variant in which local authorities would take on this task but not themselves provide community care except as a last resort. Mr Clarke and Mr Major were opposed to the Griffiths report, not least because they doubted the ability of local authorities to do the job well. You may wish to conclude by ruling out a solution based on local authorities.

ii. District Health Authorities. Mr Clarke's preferred alternative is to give District Health Authorities responsibility for a new care test for



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residential care, and for purchasing home care services for those able to live at home. Perhaps the main question which this raises is whether District Health Authorities would be able to cope with this, on top of the NHS reforms years. You may wish to endorse this approach as a basis for further work but focus on the timescale for implementing it and the scope for adapting the Griffiths recommendations to accommodate it.

3. In further discussion of Mr Clarke's proposals, you may wish to test out the possibility of a phased approach in which the role of District Health Authorities in community care was only built up gradually as the NHS reforms were implemented. This might begin with a package directed at immediate problems and those parts of the Griffiths report which were acceptable. It could then take in the outcome of the review of disability benefits, expected next year, which the Department of Social Security are carrying out. And it could in due course lead to more substantial budgetary responsibilities for District Health Authorities on the lines envisaged in the Griffiths Report, in say five years' time, when their viability may anyway need to be reviewed following the NHS reforms. Preliminary soundings suggest that the Treasury and the Chief Secretary might support this approach.

4. In conclusion you may wish to invite Mr Clarke to prepare further papers which work up specific aspects of the agreed approach in the light of discussions. These might, for instance, include a list of all the Griffiths recommendations showing which can be accepted/adapted; how the care test might work in practice; and the timescale for a phased approach. You may also wish to emphasise that Sir Roy Griffiths should be involved in this further work within the broad political approach agreed by





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Ministers, and perhaps be invited to future meetings of the Group.

MAIN ISSUES

Griffiths Report

5. On paper the Griffiths proposals have a tidy logic and coherence. But they are about management, not politics. In practice there are some major concerns about:

i. philosophy. Some passages in the report have a strong flavour of the State taking over responsibility for elderly people (for instance, paragraph 3.8 which talks about "taking account of the views" of individuals, when deciding what should happen to them).

ii. competence. Both Mr Clarke and Mr Major doubt the competence of some local authorities to carry out the role envisaged for them by Griffiths. There must be a risk that it would lead to more bureaucracy and greater politicisation of community care, rather than better services for those in need;

iii. pressure for more money. There must also be a risk that local authorities would become a lobbying point for extra public expenditure.

You may wish to conclude against a solution centred on local authorities, while wishing to preserve as much as possible of the Griffiths approach subject to this broad political decision.

District Health Authorities

6. Mr Clarke believes that the best option is for district health authorities to take on a new role in relation to community