

Reviews

Implementing Community Care: Population Needs Assessment. Good Practice Guidance. London: Department of Health. 1993

Implementing Community Care: Community Care Plans. A Preliminary Analysis of a Sample of English Community Care Plans. Social Services Inspectorate, London: Department of Health. 1993

One of the more positive aspects of the community care reforms set in motion by the White Paper *Caring for People* in 1989 was the requirement on the local authority to produce a community care plan. The 1990 Policy Guidance set out in broad terms how these plans should be produced (emphasising a collaborative approach with statutory and voluntary agencies) and their expected scope and content. One important plank of the planning process was to be an analysis by local agencies of the needs of their local population, a task for which most social services departments were utterly unprepared.

The Department of Health, rather late in the day for the first two rounds of community care planning, commissioned Price Waterhouse “to provide good practice starting points and examples . . . to assist authorities in implementing the needs-led principles underlying the NHS and Community Care Act”. The resulting document was pulled together over a two month period during late 1992. Simplification is the order of the day. A bald and possibly tautological definition of need as “the ability of an individual or collection of individuals to benefit from care” is offered (surely concepts of impairment and disability would have been helpful here?). An idealised planning cycle (assess population needs; develop and implement strategic plans; undertake individual assessment and case management; review strategic plans) is then presented. Imaginary “worked examples” involving elderly care in “Greenshire” illustrate the argument.

The overlap between the responsibilities of health and social services authorities in the planning and provision of community care is obvious. This is confirmed by the very useful analysis of a sample of community care plans carried out by Gerald Wistow and colleagues on behalf of the Social Services Inspectorate. A key finding was that the majority of the plans could be defined as “jointly owned” by the local health and social services authorities. The lack of uniformity in approach to the planning process was striking, as was the relative weakness of the local assessment of need in most plans. Perhaps more surprisingly there was a general lack of financial

sophistication within the plans, which may in part have been due to the appalling uncertainty facing local government finances. Although the processes of individual and population needs assessment were scrutinised the proforma used in the comparison between plans did not seek to identify eligibility criteria for the receipt of services. This will be of crucial practical importance.

Neither document discusses in any detail the implications of the purchaser/provider distinction for the planning process, although Wistow does review the extent to which authorities have addressed the requirement to develop a “mixed economy of care”.

The distinction between community care planning and health care planning is obscure. There is clearly a potential role for Public Health Medicine specialists both in providing basic epidemiological advice and in supervising local surveys of need on behalf of local authorities. Joint planning will become the norm. The next step, joint commissioning, has already received official encouragement. The final link in the chain, combined local health and personal social services agencies, cannot now be far away.

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Mentally Incapacitated Adults and Decision-Making: A New Jurisdiction. The Law Commission Consultation Paper No. 128, London: HMSO. 1993. Pp 118. £8.50

This paper follows from the Law Commission’s earlier “overview” of the law in this area. The introduction identifies the most obvious deficiencies in current law. These are the lack of effective provision to protect incapacitated people from abuse and neglect, to resolve disputes between individuals about their care and to legitimise and regulate substitute decision-making. The proposals in the present document expressly exclude consent to medical interventions (to be considered separately) and concentrate on “private law” relating to finances and personal care.

The proposals would authorise anyone who has care of an incapacitated person to do what is reasonable in caring for that person and promoting his or her welfare. Carers would be expected to act in the best interests of the incapacitated persons,