



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

PROVISION OF SOCIAL CARE BY NHS TRUSTS

Summary

1. The question of whether NHS Trusts can contract to provide social care has been examined in detail since it was raised at the January meeting of the Community Healthcare Purchasing Network.

2. It is our view that, exceptionally and perhaps through joint commissioning, NHS Trusts may secure contracts for social care from local authorities.

3. This letter attaches a copy of the response that has issued to Mr Bruce Anderson on this matter. Each of the pre-requisites set out is significant in its own part and taken together underline why it is considered that contracting to provide for social care should be an exceptional circumstances.

4. In the event of an NHS Trust setting up establishments for the provision of social care, such establishments must be registered under the terms of Section 61 of the Social Work (Scotland) Act 1968. The criteria for registration will be the same as those which local authorities apply to independent sector residential care homes or day care facilities.

Action

5. General Managers and Chief Executives of NHS Trusts should draw this guidance to the attention of all staff.

Yours sincerely,
William Moyes

WILLIAM MOYES

12 April 1994

Addressees

For action:
General Managers,
Health Boards

Chief Executives,
NHS Trusts

Unit General Managers

For information:
General Manager,
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Directors of Social
Work Departments

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Further copies of this
letter and attachment
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National Health Service in Scotland
Management Executive

St Andrew's House
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24 March 1994

Dear Bruce,

PROVISION OF SOCIAL CARE BY AN NHS TRUST

I am now able to write to you formally about your letter of 23 November 1993 to Stanley Bonthron concerning the above. As you will recall this matter was also discussed at the meeting of the Community Health Care Purchasing Network with the Chief Executive on 31 January 1994.

NHS Trusts exist to provide health services as defined in the NHS acts and the monies they receive from the Secretary of State (via Health Boards and GP fundholders) are for the provision of hospital and community health services. However having considered the position our view is that, exceptionally and perhaps through joint commissioning, NHS Trusts may secure contracts for social care from local authorities.

If social care were provided exceptionally by a Trust a number of important pre-requisites would need to apply.

- (a) Trusts should not act speculatively, they would need to be sure that they have a firm contract with a purchasing Local Authority before proceeding.
- (b) Contracts may be let by Local Authorities using their own resources or after an appropriate resource transfer has taken place where programmes of permanent hospital discharge and closure apply.
- (c) NHS capital or capital investment by Trusts from revenue saving would be inappropriate. NHS funds are voted down by parliament for NHS expenditure and would therefore be ineligible to use for social care projects. However care partnerships with Housing providers or others where they raised the capital would be acceptable.
- (d) We cannot offer definitive guidance on whether clients cared for in such settings would attract the full range of appropriate care allowances from the Local Authority. It would be the responsibility of the Trust to confirm this with their Local

Authority purchaser at the time of contract negotiation. If this were not the case the viability of a scheme might be questionable.

- (e) Great care would need to be given as to the philosophy of care applying in such social care provision and that clients and their carers were offered real choice regarding their preferences for social care.

Since this letter is likely to be of general interest, I am copying it to all existing and designated Trusts and to Board General Managers.

*Yours
Wm*

WILLIAM MOYES