BODY POLITIC Nigel Hawkes

The community care chest is running out of cards

Will the end of many of the current contracts provide a chance to reinvigorate the sector?

Most people blame the present problems of the NHS in England on its bungled reorganisation by Andrew Lansley. But while the Health and Social Care Act 2012 may deserve its place as top bungle, it's a close run thing with Transforming Community Services, one of Labour's last acts in office before it was voted out in 2010. Community services were certainly transformed but not in a good way: the result is sad, if you believe in the vital necessity of these services.

And while it's often claimed that Lansley was driven by ideology, Transforming Community Services really was. Service commissioners couldn't be providers, so they were instructed to rid themselves of their provider arms: health visitors, district nurses, physiotherapists, chiropodists, providers of contraception and sexual health, and sundry others. GPs think the right place for many of these services is in primary care. Acute care trusts think they ought to be integrated with hospitals. Both can make a case, but rather than doing one or the other, Transforming Community Services generated no consistent pattern at all. Some went hither, others yon.

These services consume around £10bn a year of the NHS budget, but it's impossible to judge whether they are value for money. A Martian might find it puzzling that when everybody is talking about integrated services and care in the community, the very organisations that might help make that possible are so incoherently scattered between social enterprises, acute trusts, would be community foundation trusts, mental health trusts, and the private sector. A Martian might, but not alas anybody familiar with NHS reform. Community care lacks champions, even in a climate that champions care in the community. Figure that out if you can.

The sector also has an ageing and declining workforce, with the number of district nurses having fallen from 12 620 in 2003 to 6656 in 2013, according to the Royal College of Nursing. GPs complain that the diminished numbers do not respond quickly enough to hospital discharges, while hospitals argue that if only they had the money instead they could organise post-discharge care much better. A herbivore in a land of carnivores, community care is at constant risk of providing one or other of these predators with a juicy meal.

The King's Fund, in an interesting report on the plight of community services,[1] suggested that they lack control of any of the key points in the patient pathway (referral, admission, discharge) and, crucially, that they don't employ any of the NHS's key influencers: consultant medical staff. It cites failures of policy and process, such as a lack of good metrics and effective commissioning; underinvestment in management; ineffective implementation of policy; and general neglect. Apart from that, everything's great.

Is there any way back? The transfer of community services to the current providers was complete by April 2011, and most were given three year contracts. Clinical commissioning groups (CCGs) have a chance, in theory, to commission these services anew as contracts reach their conclusion. It's not clear how many actually will and how many will simply allow existing contracts to roll over.

In a recent speech Labour's Andy Burnham called for a moratorium on new NHS contracts to private companies.[2] This mostly means community care, and he referred to a five year contract worth £800m planned by Cambridgeshire and Peterborough CCG for older people's services, where several private companies remain in the running.

"This is not acceptable" he said. "Contracts like this will tie the hands of the next government in a crucial area of public policy. But, even worse, they are being signed without a mandate from the public." Cue a hollow laugh from anybody who can remember recent history. Burnham doesn't like private provision of NHS services, though the government he served did plenty of it, including independent sector treatment centres, Hinchingbrooke Hospital (signed off by Burnham himself), and several walk-in centres with private sector involvement.

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He's entitled to change his mind, though I might respect him more if he acknowledged it. But his remarks were most likely calculated to discourage CCGs who were thinking of tendering community services, and any private companies planning to bid for them. Burnham's stance will win votes from the 1.3 million NHS staff and others who think there is some special virtue in keeping the NHS public. As one not of that persuasion, I have to admit that this has been a successful campaign that has somehow linked difficulties experienced across a broad swath of the NHS with the very limited inroads the private sector has actually made—around 6% of all NHS work, up by 1.3 percentage points since 2010, the health department says.

A second leg in Labour's policy is to hand the local health and wellbeing boards the power to commission services for people with long term conditions, disability, and frailty: the traditional customers of community care. CCGs and local authorities would be obliged to abide by the commissioning plan, according to the story that emerged from Labour's policy forum last month, which broadly followed the recommendations of the Labour Party commission headed by John Oldham.[3] Whether this will make it to the manifesto for next year's election remains to be seen, but it's an odd counterpoint to the "no privatisation" message. Local authorities are among the most enthusiastic in tendering services out rather than keeping them in house.

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