Ring of confidence

Community groups and local health services working together can be a powerful force for joined-up care, says Tracy Taylor

MUCH OF the core strength of complex systems often lies in parts that are unseen. Sleek bodywork and a powerful engine may be important selling points for a top-of-the-range car, but these count for little if the bearings are worn and the tappets need tweaking.

The modern healthcare system sometimes feels as complicated as any feat of mechanical engineering and, just as a car’s main function is clear enough, every component of the NHS machine serves one overriding aim: to give each patient safe, effective and compassionate care determined by his or her personal needs and wishes.

However, there are elements of the NHS machine that are rarely visible to, or understood by, the public and even people working in the system.

Low profile
Community health services represent a core strength of modern health care but have had a lower profile for years than other parts of the machine that delivers health care. This is perhaps understandable given that acute hospitals and GP practices remain the most obvious physical embodiment of the NHS, coupled with a tendency for community services to have sat within larger entities for management purposes.

Whatever the reason, community services, although never overlooked completely, have never been the starting point for debate or the real focus of system transformation.

However, this is changing. Public perception is shifting steadily as the number of very ill people being cared for in their own homes increases so that the acuity of patients cared for in our community bed base is on a par with that previously seen in medical wards.

People are beginning to wake up to the significant contribution made by community health care across the country.

In Birmingham, community-based nursing and therapeutic support are integral to the care we provide, with more than 200 adults a week receiving urgent care at home through our rapid response service as a direct alternative to acute hospital admission.

This is in addition to the 14,000 visits made each week by our district nursing teams, delivering intravenous therapy, supporting the management of long-term conditions and maintaining individuals’ independence as far as possible.

We also offer a flexible combination of services in which, for example, specialist children’s nurses work alongside health visitors, school nurses and other health and social care professionals to ensure that children with a range of life-limiting conditions can be cared for at home.

This is being replicated across the country so that care once available only in inpatient settings is now delivered in people’s homes by dedicated, mobile teams working to meet the needs of each individual and his or her family.

However, caring for a population with increasingly complex needs has created huge challenges for the system as a whole. A bigger tilt towards community services is needed to manage the pressure points in the system. A spirit of collaboration and innovation is needed.

The NHS Confederation’s community health services forum provides an invaluable space for all those interested in community health care to share experiences, and that encourages new ideas to be spread.

By sharing a platform, community providers’ voices can be heard more loudly and clearly as they put the case for community health care in the media, to politicians and across the care landscape.

Rallying cry
‘Community’ is all about people living and working together but the term also suggests a shared set of values and needs. Last year, the vision outlined in NHS England’s Five Year Forward View put ‘community’ at its heart both with its focus on care closer to people’s homes and its core values of compassion and respect for personal needs and wishes.

It was a welcome rallying cry, concentrating minds on the need to break through barriers so that acute sector specialists can work flexibly with community or mental health practitioners, and ever more closely with social care providers. Above all, it confirms that keeping things as they are is not an option.

Getting it right on a large scale is the challenge we face now. This is why we need to involve and empower communities in the neighbourhoods in which they live to create the networks and space to co-produce support and intervention, creating a ring of confidence around individuals instead of simply a ring of care.

Community services are well placed to facilitate this change. Birmingham’s Complete Care model, part of the Healthy Villages programme, brings together care providers, community organisations, charities and local residents to build comprehensive support networks with the flexibility to adapt to each individual’s health and social requirements.

I am confident that asserting the case for community services will deliver transformation on the scale we need.

Tracy Taylor is a steering group member of the NHS Confederation’s community health services forum and chief executive of Birmingham Community Healthcare NHS Trust.