

**Anne Drinkell (retired community matron)**

Local councils have had their budgets cut by 40% since 2010. By the end of this parliament, spending on social services is likely to halve as a per cent of GDP. Last year, for the first time, as the population of over eighties doubled, the number of nursing care places fell.

With devolution, I have had said be careful: the only thing that is likely to get devolved with inadequate budgets is the blame when things go wrong.

I believe in community care passionately but community care is not an alternative for everything – and it's certainly not cheap.

The drive to push out-of-hospital care is an attempt to reduce hospital admissions. Even if all the out-of-hospital services that are in place work well, they are likely to be swamped with much bigger socioeconomic change. So for example our rising population, our rising elderly population, our rising population with complex medical conditions.

The rise in homelessness, the rise in poverty, the rise in malnutrition: there are bigger factors at work and they need to be taken into account.

It is no good to say that A&E attendances are rising and they are not inappropriate: they are mainly more people with more complex health needs who are coming. We need to dispense with the idea that community care can be provided only if acute care is closed: it is not either/or.

Out-of-hospital care is patchy: in some places it has not delivered as much as many managers had hoped. We have a situation where community services are run down, and social services cannot be a substitute because the budget has been so cut – to £2 per hour per head on average for a care home, according to Alan Milburn. Look at the way care homes are closed if they become unprofitable. This is why models for community care will not work unless they are adequately funded.

On 'integrated care': if this means acute, community and social services working together for a patient, that would be fine. But if it means just lumping community, social and health budgets together, the outcome will be poor.

By integrated care I mean doctors and nurses and the public working together for social, community and health care. The junior doctors have led the way. We can follow.