It is a pleasure to serve under your chairmanship, Mr Owen.

I, too, congratulate my hon. Friend Charlie Elphicke. I cannot remember a more encouraging debate in this House about community hospitals. The success stories we have heard—not just from Dover, but the extraordinary success in Andover outlined by my right hon. Friend Sir George Young, and those in Vale, Congleton, Maldon and other places—show what community hospitals can achieve.

I was encouraged by what Simon Stevens had to say. He talked about how we should learn from other countries in providing care closer to home, but we do not need to go to other countries. The Health Committee has visited Scandinavia, and in Denmark and Sweden I was shown slides from Brixham community hospital. There we go: we actually have wonderful examples in this country. I pay tribute to the four community hospitals in my constituency: Brixham community hospital, Totnes community hospital, South Hams hospital in Kingsbridge, and finally Dartmouth hospital. They are wonderful services.

I do not want to reiterate the excellent points that have been made by my hon. Friend the Member for Dover, but community hospitals do not exist in isolation. The debate should consider not just community hospitals, but all the volunteers and services that surround them and enable them to fulfil their role. I talk not just about the wonderful leagues of friends, which work so hard for our communities and in community hospitals, but about the wider networks that help community hospitals to prevent hospital admissions, to facilitate early discharge and to prevent readmission. I will focus on why that is so important.

Simon Stevens has said that the greatest challenge facing the NHS is the rising elderly population and how we care for them. It is good news that we are living longer. That is sometimes presented as if it is gloomy news when it is great news. However, with that comes an increased number of people living with long-term conditions. From our recent Health Committee inquiry, we know that long-term conditions now account for 70% of our entire NHS and social care spending. The number of people aged over 85 will double in the next 20 years. Again, I stress that that is a good thing, but it needs some forward planning.

I ask the Minister how we will ensure that the resources from the better care fund support our community hospitals and the wider webs around them. Last month, Simon Stevens heard an important message when he visited Dartmouth hospital and met with representatives from staff, community volunteers and patients. The message was how frustrating the complications of tendering rounds can be for these volunteer groups. Sometimes those groups spend their time trapped in endless cycles competing for small pots of money. Those funds tend to go to new projects and often do not provide the ongoing funding that well-established, excellent community services provide. Will the Minister look at the mechanisms that sometimes lead to national organisations receiving funding because they can put forward flashier bids, at the expense of excellent local services? Those national bodies might have no local-facing presence.
We need to look at how we can ensure that the arrangements get money to the local services and the right people, and at how to make the processes simpler and less bureaucratic. There is nothing that drives out volunteers quicker than being trapped in endless contracting rounds, rather than doing what they really want to do: provide services to people. I hope the Minister will look at what is happening on the ground in local communities and try to sweep away some of that bureaucracy. That will help our community hospitals to deliver better services.

As my right hon. Friend the Member for North West Hampshire said, we need to demonstrate value for money, not just excellent care. I have worked in community hospitals and I know, from patients and colleagues, how important they are to local communities. We know that, but we also have to be able to demonstrate that they are financially viable. That viability often comes from adjusting the way financial drivers in the NHS work. If the Minister wants to help community hospitals, my message to him is to look at what is happening on the ground and make those adjustments happen.

I have concerns about the way consultations about changes to services take place. We need honesty about changes to community hubs. If that means losing beds in community hospitals, we need to be clear about that with communities. Where other arrangements are going to be put in place, such as using nursing home beds rather than community hospital beds, we need to be clear that there is an evidence base that that provides the services people want. We sometimes lose the heart of our community hospitals if we lose their beds. Community hospitals work better if we can retain those step-down, step-up intermediate care beds. That is crucial for communities. If there are to be changes, we need to have honesty during consultations.

Adequate notice also has to be given. This morning I was very concerned to see in an e-mail that Northern, Eastern and Western Devon clinical commissioning group proposes to close some community hospital beds.

The detailed consultation will be given to the health and well-being scrutiny panel only the day before. That is not adequate time to scrutinise the plans. Will the Minister ensure that a clear message comes down that, if we want to have local democratic accountability, people must be given adequate time to scrutinise proposals? We must try to avoid terms such as "the direction of travel" in consultations with local communities. People do not know what that means. They want to be clear on what the proposals are and to be given an opportunity to feed back.

Finally, on community ownership, putting the "community" back into community hospitals is important. We need flexibility so that communities that want to take that on can take over from NHS PropCo. That issue, which I would like the Minister to comment on, was raised in a previous debate. I also have a word of caution on social enterprise. I fully support social enterprises but, in some rural communities, a change from NHS terms and conditions of service can place community hospitals under threat if NHS staff do not wish to work there. If people have the choice to work at a hospital where they will have NHS terms and conditions of service or at a hospital where they will not, I can tell the Minister where they will choose to work. That can pose a threat. No one can campaign to keep open a hospital with no nurses. Can the Minister touch on that? If we are going to shift to a social enterprise, we have to be mindful of the impact on future recruitment.

I pay tribute to all the community hospitals in my constituency, their staff and volunteers. They are valued beyond belief by their local communities. I wish them well for the future.