11 October 2018

on the day BRIEFING NHS Providers

The state of health care and adult social care in England 2017/18

Care Quality Commission

This briefing summarises today's publication of the Care Quality Commission's (CQC) State of Health and Adult Social Care in England 2017/18, its annual assessment of quality performance, trends, and themes from the year's regulatory activity in social care; acute hospitals; community health and ambulance services; mental health; and primary medical services. Our briefing follows State of Care's structure, highlighting the points most relevant to our members and our media statement is included at the end of the briefing. Part 1 of the document presents the state of care in England, and part 2 offers sector-specific reviews as well as reviews of equalities outcomes and use of the Deprivation of Liberty Safeguards. We have summarised the main points but encourage you to read the full report for a thorough overview. Unless specified, the term 'providers' encompasses all sectors. We would welcome feedback on this briefing - please contact Cassandra.Cameron@nhsproviders.org.

Summary

Overall, the quality of health and social care has been maintained or improved. The CQC emphasises the fact that NHS staff, carers and leaders should be commended for achieving this despite the continuing pressures around demand, funding and workforce vacancies. However, variation in quality and access persists and this is increasingly determined by how well different parts of local health and care systems are working together. Ineffective collaboration is undermining early intervention and care provision in the community, with struggling local hospitals and the inaccessibility of mental health services the symptoms of a struggling local system. The CQC has identified five factors that affect the sustainability of good care for people: access to care and support; the quality of care services; the workforce available to deliver that care; the capacity of providers to meet demand; and the funding and commissioning of services. CQC recommends that government reforms funding to incentivise stronger local collaboration and partnership working.

Key messages

- This year's State of Care builds on the CQC's July 2018 report about care in 20 local areas based on reviews of older people's experience of moving between the different health and care services they need. Overall, the CQC found that the quality of health and social care has been largely maintained and in some cases improved, despite continued demand and funding pressures and significant workforce shortages. However, there is a growing 'integration lottery', with quality and timely access increasingly dependent on how well local systems work together.

- The continued fragility of the adult social care market is impeding effective collaboration between community-based health and social care services in many local areas. With rising unmet need for older people's care, the government's longer-term funding settlement for the NHS risks being undermined by the lack of a long-term funding solution for social care. The CQC recommends that government explore funding-based solutions to incentivise stronger collaboration, such as pooled resources to fund improvements in technology for more joined-up care and to help prevent people from needing hospital admission.
- The proportion of acute hospitals and mental heath services rated good or outstanding has improved slightly compared with 2016-17; the proportion rated requires improvement has declined and the proportion rated inadequate remains unchanged. NHS community services remain good, and the quality of care delivered by NHS ambulance services, which is heavily shaped by the system pressures, remains unchanged. However, not all providers are responding to the demand pressures in a way that effectively protects care quality, and safety remains a significant concern in most services.
- A complex commissioning environment makes coordinating local care systems difficult. Sustainable funding reform that addresses social care and the NHS together is needed, to remove the barriers that prevent social care and NHS commissioners from pooling their resources and using their budgets flexibly to best meet the needs of their local populations.

Part 1: The State of Care in England

1. How people experience care today

- Most people receive good quality care from health and social care services, and there has been more improvement than deterioration in quality despite the pressures on services.
- Inconsistency and variation in quality are persistent challenges and access is a growing problem, which is related to the effectiveness of partnership working across a local system. People get good care from services; problems occur when people move between services along the care pathway.
- Quotes from 'Experts by Experience' interviewed by CQC about their involvement with the NHS and social care services are mostly very complimentary about the quality of people and services, despite the challenges. However they recognised that funding, poor communication and lack of consultation with patients and carers about people's needs was undermining quality and accessibility.
- Recent NHS surveys showed that, among adults who receive NHS mental health services, 75% felt that they had seen services often enough for their needs, and 72% said that in the previous 12 months they had met with someone from NHS mental health services to discuss the effectiveness of their care.
- The latest GP patient survey found that 79% of people with long-term conditions said that they received enough support from local services to manage their conditions. But 21% do not get the right support and 10% had an unexpected stay in hospital in the last 12 months due to their condition.

2. The challenges for local areas in ensuring high quality care

There is wide variation in the access to and availability of services, depending on where people lived and was a result of disjointed organisation, funding and delivery of health and care services. The CQC has

considered outcomes across the following five factors that affect the sustainability of good care: access; quality; workforce capacity; the capacity to meet demand; and funding and commissioning for services.

Access to care and support:

- Age UK estimates that the number of older people living with an unmet care need has risen by almost 20% since 2016 to 1.4 million and about 150,000 - one in seven - older people without access to needed care and support for essential daily tasks.
- Financial thresholds for accessing publicly funded adult social care have declined by 12% in real terms since 2010/11 and fewer people are eligible to access it.
- There is wide variation in uptake of personal budgets and direct payments for social care and health. In 2016/17, 17.6% of older people received direct payments for long-term social care and 9,127 adults received a personal health budget (of which 4,784 received direct payments) for their care.
- Local authority spending rose by 1% on short-term support and 4% on long-term support, and the ONS Family Resources Survey 2016/17 found that 8% of people provide some type of informal care.
- The GP workforce is stretched, with a larger workload and the number of GP full-time equivalents falling. These pressures may be affecting people's access to their GP practice, as despite longer opening hours, public satisfaction with GP services has fallen to its lowest level for 35 years.
- In community health services, from 2009 to 2017 there was a 40% fall in the number of full-time equivalent community matrons and a 44% drop in the number of district nurses. At the same time, the number of nurses caring for adults in hospitals increased by 8%.
- From 2010/11 to 2016/17, the rate of emergency hospital admissions for older people (numbers of people with the condition per 100,000 older people in the population) has steadily increased for conditions (for example kidney and urinary tract infections, flu, pneumonia, upper respiratory tract infections and angina) that would not usually require hospital admission. Each age group over 65 years showed at least a 24% increase over this period, and the number of patients waiting 18 weeks to start treatment rose by 55% from 2011 to 2018.
- Inappropriately high eligibility thresholds are sometimes preventing access to mental health services for children and young people– particularly if alternative sources of help are not available. Because eligibility criteria are often applied after a child or young person has been referred, long delays may pass before they are told their needs cannot be met by the service they have been referred to.
- Mental health crisis resolution home treatment teams (CRHTTs) maintained gate-keeping of emergency admissions to hospital at above 98% overall, but with significant geographic variation on performance and consequent out of area placements.
- The percentage of beds occupied in acute hospitals is higher than it has ever been. In April 2018, only 16 of 152 local authority areas had bed occupancy rates below the 85% level.
- Performance against the four-hour target in emergency departments has continued a long-term trend of deterioration and a year-on-year decrease in performance.
- Effective local strategies to reduce avoidable admissions included community-based rapid response services such as hospital-at-home, streaming ED services, links for hospital admission staff with local

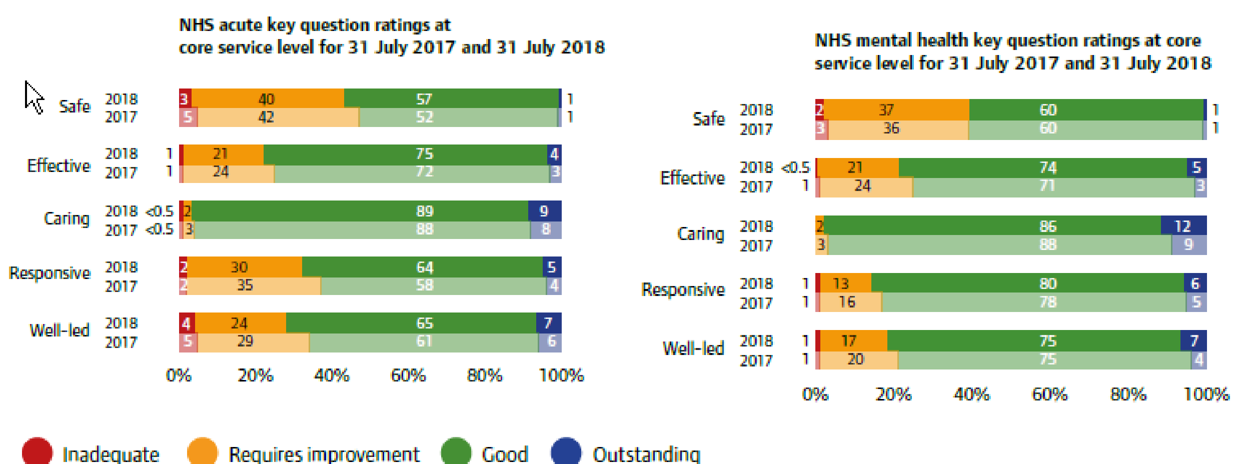
voluntary and community services; 'care navigators' in EDs to help links with social services for non-medical presentations at hospital.

- Though performance on delayed transfers of care had improved, pressure on local systems to reduce delays in hospital discharge has almost overwhelmed other health and social care priorities and in some areas responses had compromised safety to meet pressures. Effective strategies to improve timely discharge included better information sharing and communication with patients about their ongoing care needs, trialling a trusted assessment model, reablement and rehabilitation services, and more proactive medical and social support for unpaid carers

Quality of care services

- The overall quality of care in the major health and care sectors has improved slightly though the most common result of re-inspection was an unchanged rating (figure 1).
- At 31 July 2018:
  - 60% of NHS hospital core services and 70% of NHS mental health core services were rated as good
  - 25% of NHS mental health core services were rated as RI and 1% was rated inadequate.
  - Almost a third of NHS acute core services were rated as RI and 3% rated as inadequate.
- Safety remains the CQC's biggest concern. Despite small safety improvements, at 31 July 2018:
  - 40% of NHS acute hospitals core services were rated as RI and 3% rated as inadequate.
  - 37% of core NHS mental health services were rated as RI and 2% as inadequate.
- The hallmark of high-quality care is good leadership and governance, a strong organisational culture that embraces learning, and good partnership working. The CQC found that leaders who demonstrate a willingness to learn from and engage with others are more likely to improve the quality of services.
- There is an association between good and outstanding services, and a focus on person-centred care, and equality and inclusion for both people using services and for staff. Equality and inclusion is often embedded into the culture of organisations where good practice is found.

Figure 1: Acute and mental health services key question 2017-18



Source: CQC ratings data, 31 July 2017 and 2018.

Workforce planning

In 2017/18 there were about 1.47 million people working in adult social care and about 1.2 million working in the NHS in England. All sectors are struggling to recruit, retain and develop enough staff:

- Adult social care: the vacancy rate was 8%; for domiciliary care staff it was 10%. Skills for Care estimates that there are 110,000 job vacancies at any one time, mostly for the regulated professions that include registered nurses, allied health professionals and social workers.
- Acute medical care: Shortages across staffing groups and particularly urgent and emergency care.
- General practice: An ageing workforce along with recruitment and retention challenges is creating service instability and access gaps in many local areas.
- Community health: nursing shortages are affecting the responsive seven-day care, and shortages of allied health professionals are impacting on timely discharge from hospital and step-down care.
- Mental Health: low staffing levels were the most common reason for delays in the access and responsiveness of NHS children and young people's mental health services.
- Social services: a lack of social workers means more are carrying high caseloads of people with complex needs, and having an impact on the timeliness of support for older people.
- Ambulance services: a shortage of paramedics is impacting on timely responses to emergencies.
- The Brexit vote has appeared to impact on EEA staffing:
  - the number of first registrations with the Nursery and Midwifery Council from nurses and midwives from EEA countries (9,389 in the year to March 2016 compared with 805 in the year to March 2018).
  - the number of EEA nurses and midwives leaving the register (1,981 in the year to March 2016, compared with 3,962 in the year to March 2018).
  - There was a small rise in the total number of nurses and midwives from outside the EEA.
- Staff shortages are driving continued high use of bank and agency staff in ED and mental health inpatient escalation areas, although often still not ensuring enough suitably qualified and skilled staff.
- Many hospital emergency departments were failing to meet 16 hours a day consultant cover, and the skills of permanent staff are starting to stagnate as they cannot be released from duties to undertake training. Many staff are increasingly absent with sickness, experiencing burnout and morale is low.
- Safe high quality staffing is a key driver of quality and also of a provider's ratings. Modelling tools such as the 'safer nursing care tool' had been used to improve safety in EDs and led to more recruitment, but this is in the face of overall declines in nurses.

Capacity of providers to meet demand

- Demand continues to rise from an ageing population and an increasing number of people living with complex, chronic or multiple conditions, such as diabetes, cancer, heart disease and dementia.
- NHS had the highest attendances on record at emergency departments in January 2018.
- The number of adult social care beds dropped slightly, with wide differences from April 2016 to 2018 relating to proportion of self-payers; a 44% rise in one local authority to a 58% reduction in another.

- A third (32%) of adult social care directors had seen home care providers close or cease trading in the previous six months; the number of nursing homes decreased by 1.4% and the number of residential homes by 2.4% in the year to April 2018. The number of domiciliary care agencies rose by 4.3%.
- CQC recognised that a number of external factors outside a provider's control, such as geography, socioeconomics, other services performing poorly and escalating demand combined with more complex and changing care needs is placing pressures on capacity and performance.

Funding and commissioning of services

- From 2009/10 to 2016/17, the average social care spend per adult fell 14%, from £439 to £379, and since 2008/09 tightened eligibility criteria has reduced accessibility to support for 400,000 older people. The amount of LA-provided home care fell by more than three million hours since 2015.
- The area of greatest concern to councils is the increasing cost of care packages for growing numbers of people, both older and younger adults with complex needs, and their families.
- Services across adult social care, primary care, acute health care and mental health care operate within a complex commissioning environment and in some specialist areas, uneven distribution of budgets.
- Sustainable funding reform that addresses social care and the NHS together is needed, to remove the barriers that prevent social care and NHS commissioners from pooling their resources and using their budgets flexibly to best meet the needs of their local populations.

3. Working together to meet people's needs

Challenges for different groups

People with a learning disability: continued inequalities from services, reflected in:

- premature and avoidable mortality (23 years younger for men and 29 years younger for women compared with the general population);
- on average four times more symptoms that are unexplained compared with others;
- lack of understanding about how to communicate with people with a learning disability;
- poor application of the Mental Capacity Act;
- secondary acute care services lacking reasonable adjustments for people with learning disabilities.

People with mental health conditions: mental health care is highly fragmented, which results in:

- navigating and accessing services becoming particularly challenging;
- variation in quality of local system prioritisation and planning for mental health services;
- capacity issues related to a lack of specialist staff and services, leading to out of area placements;
- children's mental health services being particularly problematic;
- mental and physical illnesses not being treated together or in a coordinated way.

People with long term conditions: relationships and partnership working are particularly important in creating effective pathways to prevent health problems from escalating to avoid admission to hospital. This needs to be underpinned by adequate support for unpaid carers.

Challenges in accessing high-quality care

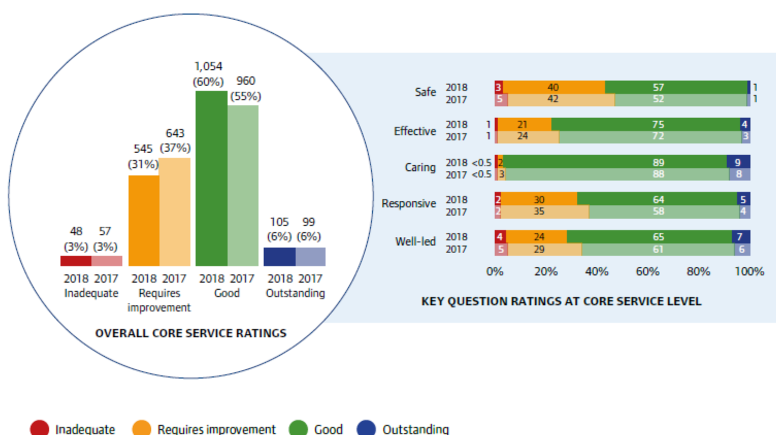
Good care is not evenly spread across the country. Local health and care systems need to look at how they meet the needs of all their local people, and ensure that people are able to access the services they need. Some local areas are starting to do this. Some services are using technology well to resolve geographic issues and help patients with access to care, and to improve availability of real time information.

2. Overview of regulated sectors

The following sections have been summarised for brevity to headline points only; more detail is available in the report, with specific reference also made to relevant CQC thematic reviews published in 2017-18.

Hospitals, community health services and ambulance services

Figure 2.5 NHS acute hospitals, overall core service and key question ratings, 2017 and 2018

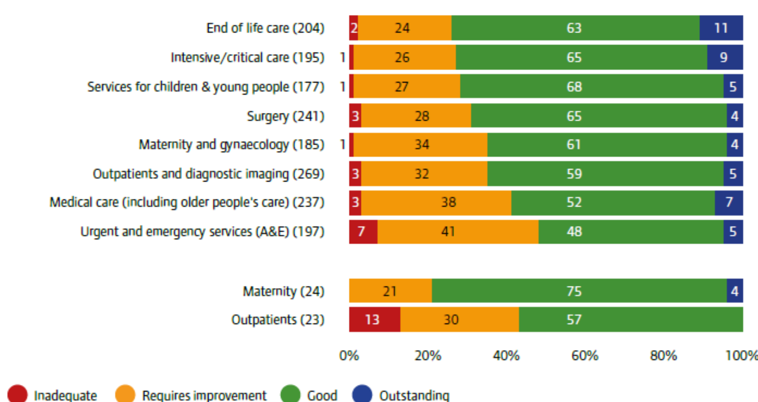


Inadequate · Requires improvement · Good · Outstanding

Source: CQC ratings data, 31 July 2017 and 2018.

- **NHS acute hospitals:** during 2017/18, there was improvement in the quality of care, with 60% of core services rated as good, compared with 55% in 2016-17 (figures 2.5 and 2.6), particularly in medical care services, surgery and end of life care and small improvements in maternity services.
- The quality of leadership is a key factor. In 68% of NHS hospitals, the ratings are the same for both the well-led and the safe key questions.
- CQC has found some improvement in the leadership of acute hospital core services, with 24% rated for well-led as RI (29% in 2016-17) and 4% rated inadequate (5% in 2016-17).

Figure 2.6 NHS acute hospitals, core service ratings, 2018

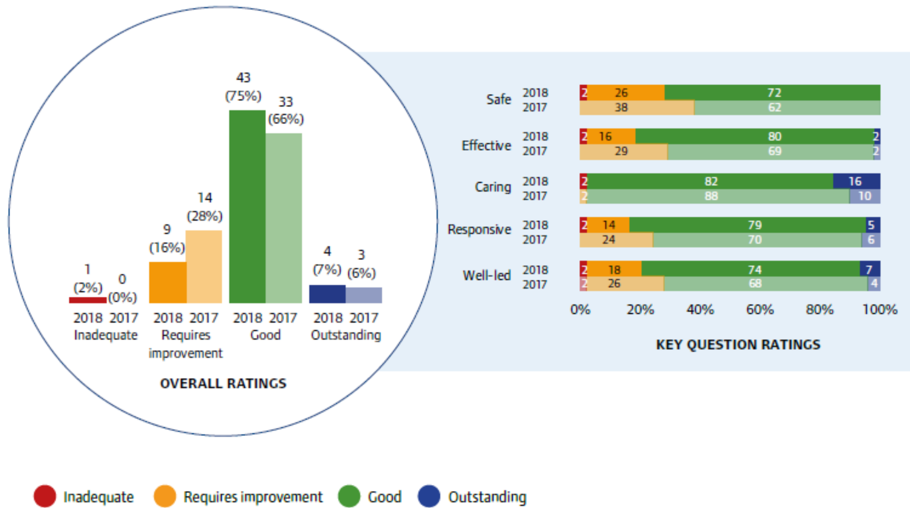


Inadequate · Requires improvement · Good · Outstanding

Source: CQC ratings data, 31 July 2018. Since June 2017, the core services of maternity and outpatients do not include gynaecology and diagnostic imaging respectively, which are now inspected as additional services. We show ratings for both the previous and the new core services separately as they are not comparable.

- **Independent acute hospitals:** 63% of were rated as good and 8% were rated as outstanding. However, 28% were rated as RI and one (0.5%) was rated as inadequate. The overall profile of ratings for core services in independent acute locations is broadly similar to small NHS acute sites that do not provide emergency care, despite not facing the pressures of NHS services. Acute services for children and young people needed most improvement, with 50% rated as good.

Figure 2.9 NHS and independent community health organisations, overall and key question ratings, 2017 and 2018

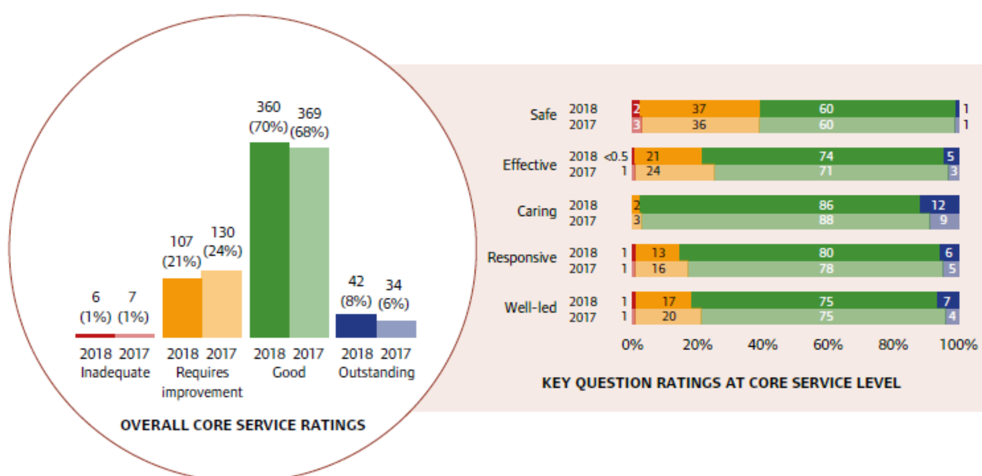


Source: CQC ratings data, 31 July 2017 and 2018.

- **NHS community health trusts:** 75% rated as providing good care, and 7% outstanding care and more than a quarter of hospices are rated as outstanding.
- **NHS Ambulance services:** challenges in the wider system set the context for quality, which has not changed since last year and remains variable. Four of the ten trusts were rated as RI and one rated as inadequate. Four are good and one is outstanding. As with NHS acute trusts, the ratings for leadership and safety of ambulance services is closely linked.
- **Independent ambulances:** quality remains a significant concern, with the most common regulations breached include those relating to governance, safe care, and treatment and safeguarding.

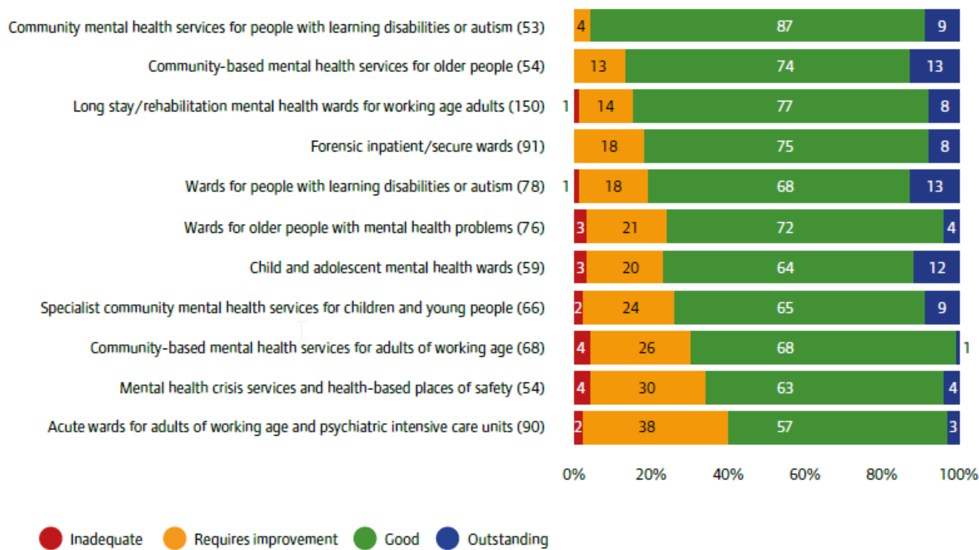
Mental health services

Figure 2.11 NHS mental health trusts, overall core service and key question ratings, 2017 and 2018



- The majority of NHS mental health trusts are continuing to provide good care in their core services, with 70% rated as good and 8% rated outstanding (figure 2.11).
- Safety remains a concern, particularly on adult mental health wards: 37% of NHS core mental health services were rated as RI and 2% were rated as inadequate for safety (figure 2.13).
- 25% of people felt they couldn't access NHS mental health services often enough or have choice about what they received. Providers need to ensure access to a full range of interventions.

Figure 2.13 NHS mental health trusts and independent providers, core service ratings, 2018



Source: CQC ratings data, 31 July 2018.

- Overall, there is a general trend of improvement, with 58% of 55 NHS mental health trusts that were re-inspected improving from RI on their first inspection to good following re-inspection. Figure 2.15 shows the great contrast between first and last ratings in the 10 most improved trusts.
- The decisions that commissioners make have a direct impact on quality, with feedback from inspection staff suggesting that a lack of investment impacts both the availability and quality of mental health services and the capacity of the system to respond effectively to care needs.
- The report also provides updates on policies to accelerate progress with respect to particular challenges for quality in mental health services, including out of area placements in locked rehabilitation wards, inappropriate use of physical restraint, risks to sexual safety, dormitory accommodation, staffing in high secure and children's and young people's services, and residential substance misuse services.

Adult social care

- More than four-fifths of adult social care services were rated as outstanding (3%) or good (79%), 17% of services were rated as requires improvement and 1% as inadequate.
- Of services that were originally rated as inadequate and have been re-inspected since 1 August 2017, 89% improved their rating. The 42% rated RI failed to improve and 7% dropped to inadequate.
- Community social care services were generally rated safer and better than nursing homes.
- There were 869 services of varying types and quality that by 31 March 2018 were no longer active.
- Staff are rated highly for caring, with 91% of services rated as good and 4% rated as outstanding.
- Problems with management and leadership support can exacerbate pressures and impact on quality.

Primary medical services

- In general practice, 91% of surgeries were rated as good, 5% as outstanding, 4% as RI and 1% rated as inadequate. The quality of most urgent primary care services is good including walk-in and urgent care centres, NHS 111, and GP out-of-hour services. Greater public awareness is needed about them.

- Military personnel generally receive good quality primary health care, with issues mirroring the challenges for NHS services.
- In criminal justice settings, regulations were breached in almost half of the 41 prisons inspected, mainly because of a lack of appropriate policies and processes to run services safely and effectively, and poor physical environments.
- For children in the care of a local authority, the complex arrangements of health services make it difficult to share information, and agencies fail to agree ways to deal with it to improve children's health outcomes. Mental health and substance misuse services did not always consider the whole family and the impact of adults' behaviour on children.
- For primary health care in all settings, collaborative working as part of a local system can enable people to have a better experience of care. This needs commissioners to look at the needs of people in an area and resource them appropriately.

Equality in health and social care

- There is evidence that some inequalities in experience are slowly reducing for some people. Improvements in person-centred care and values-led cultures in services play a big part in advancing equality and inclusion but overall progress is very slow and more leadership engagement is needed.
- People in some equality groups still have a poorer experience, particularly people with a learning disability, mental health condition or dementia who need to use acute hospital services, and people from Black and minority ethnic (BME) groups using acute mental health inpatient services.
- More work is needed to implement the Accessible Information Standard to improve communication with disabled people using health and social care services.
- Progress is slow to improve equality for NHS BME staff, with the NHS staff survey showing 87% of white NHS staff respondents agreed that their trust acts fairly about career progression and promotion, compared with 72% of BME staff. Discrimination related to race affected 15% of BME staff.
- New gender pay gap reporting shows 215 trusts have a pay gap that favours men, 10 trusts where the gap favours women and seven with no pay gap. There are more, larger pay gaps in acute trusts.
- Some gaps in access to services and in health outcomes are widening that can only be addressed by better local partnership working specifically based around needs of specific population groups.

The Deprivation of Liberty Safeguards

- Good practice in applying the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) closely aligns with putting the person at the centre of care and focusing on human rights.Ÿ
- Variation in how providers implement DoLS and the MCA continues to be an issue, as are delays in local authorities assessing and authorising DoLS applications. Over four years, applications for DoLS authorisations have risen from 13,715 in 2013/14 to 227,400 in 2017/18. The average length of time it took to complete an application in 2017/18 was 138 days, ranging from 68 days in London to 188 days in the South East. This increases the risk of people being unlawfully deprived of their liberty.
- Services that use overly restrictive practices often lack understanding of the MCA and DoLS legislation, and find it challenging to balance safety and freedom with limited staff time and resources.

- Strong leadership and governance with a positive organisational culture are key factors underlying good DoLS and MCA practice. Together with partnership working, adequate staffing levels and embedded staff training, they foster positive risk-taking, and encourage greater autonomy for people.
- A dedicated MCA (including DoLS) lead and team in hospitals can be an important way to drive change and improvement in practice.
- It is important that system partners and providers continue to work together to improve and develop the delivery of the DoLS scheme in its current form, to protect people when they are deprived of their liberty, and to support their families and carers.

NHS Providers media statement

Health and care systems need support to deliver for their local populations

Responding to the Care Quality Commission *State of Care 2017/18*, the head of policy at NHS Providers, Amber Jabbal, said:

"It is a testament to hard working frontline NHS staff that, despite the financial and staffing challenges that providers face, patients and the public can still expect good care when they need it.

"As State of care makes clear this pressure across the health and care system is leading to record breaking demand for NHS emergency care. These pressures, once reserved for winter, are now a year round phenomenon.

"To meet growing demand and support the move to integrated care, we need to see investment in other parts of the health and care system. In particular we have to be able to attract and keep the staff we need in social care, mental health, ambulance and community services. This will allow people to access the care they need closer to home and should help to ease pressure on A&E services.

"CQC has highlighted that joined up health and care services are already bringing benefits to patients in some areas, but this should not depend on where people live. Our recent report *Making the most of the money: efficiency and the long term plan* also showed how trust leaders regarded better system working as the most promising route to improving long term efficiency. We must therefore ensure that all local health and care systems are receiving the support they need to improve care for their local populations.

"A key task for the NHS long-term plan is to address these challenges, alongside commitments to improve health outcomes and recover performance. This plan must be realistic. Alongside this, we need the Green Paper for social care to set out proposals to put the sector on a sustainable footing. Missing these opportunities risks storing up problems for the future."

ENDS

NHS Providers
11 October 2018