Care Quality Commission

The state of health care and adult social care in England

2016/17 Summary

STATE OF CARE

Foreword

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This year's *State of Care* shows that the quality of health and social care has been maintained despite very real challenges. The majority of people are getting good, safe care, and many individual providers have been able to improve. However, future quality is precarious as the system struggles with increasingly complex demand, access and cost. The efforts of staff have largely ensured that quality of care has been maintained – but staff resilience is not inexhaustible, and some services have begun to deteriorate in quality.

With the complexity of demand increasing across all sectors, the entire health and social care system is at full stretch. The impact on people is particularly noticeable where sectors come together – or fail to come together, as the complex patchwork of health and social care strains at the seams: the teenager detained under the Mental Health Act because she's been unable to access the support she needs in the community; the elderly man unable to leave hospital because there's no home care package in place for him; the stroke victim waiting for an ambulance that's delayed because the crew are still waiting to get their previous patient into A&E.

Last year, we said that social care was approaching a 'tipping point' – a point where deterioration in quality would outpace improvement and there would be a substantial increase in people whose needs were not being met. We said this based on five pieces of evidence – on quality, bed numbers, market fragility, unmet need and local authority funding. What this year's report suggests is that while, in some areas of the country, care has moved further away from a tipping point, in other areas it has moved closer to that point.

The additional £2 billion made available by the Chancellor in the Spring budget was a welcome acknowledgement of the pressure the adult social care sector is under. What is now required is a long-term sustainable solution for the future funding and quality of adult social care. The future of care for older people and the adult care system is one of the greatest unresolved public policy issues of our time; the anticipated government green paper on adult social care will provide the opportunities

for Parliament, the public and professionals to consider how we should collectively develop an appropriately funded social care system that can meet people's needs now and in the future.

There are other opportunities to address this fragmentation. In children and young people's mental health services, CQC's review is finding that a complex system, where care is planned, funded, commissioned, provided and overseen by many different organisations who do not always work together in a joined-up way, can result in situations where a child's mental health reaches crisis point before they get the help they need. And our report on the state of mental health services highlighted the high number of people isolated in locked mental health rehabilitation wards away from their friends and family. But the Five Year Forward View for Mental Health sets out a compelling vision for the future, and the forthcoming government green paper on child and adolescent mental health services and the review of the Mental Health Act provide a chance for genuinely transformational change to these important services.

The NHS is 70 years old next year. In its first year of existence, Aneurin Bevan voiced concerns about "the increasing demand made on our hospitals by the aged sick". Today, the system faces similar challenges – as it tries to meet the needs not only of older people, but people with increasingly complex conditions: diabetes, obesity, cancer and long-term degenerative conditions. The response to these challenges must be through personalisation of care, achieved through better coordination. We have seen excellent examples of services working together around the needs of people – often harnessing new innovations and technology – with positive results on outcomes, access and people's experience of care.

To deliver good, safe, sustainable care, more providers need to think beyond traditional boundaries to reflect the experience of the people they support. Leadership and support at all levels – system, organisation, service and practice – will be crucial. To truly coordinate care, local system leaders must ensure there is a golden thread linking vision to delivery, so that everyone involved can not only share the vision but see themselves as part of the team that delivers it. And collaboration must happen not just between sectors but between local agencies and professionals, and be supported and incentivised by the national health and care organisations.

CQC will encourage the move towards coordinated care by increasingly reporting not just on the quality of care of individual providers, but on the quality of care across areas and coordination between these areas, reflecting how people access and experience this care.

Our findings will highlight what is working well and where there are opportunities for improving how the system works, enabling the sharing of good practice and identifying where additional support is needed to secure better outcomes for people using services. And we will continue to celebrate good care, support improvement, and take action to protect people where we need to.

This year's assessment of the quality of health and social care contains much that is encouraging – the fact that quality has been maintained in the toughest climate most can remember is testament to the hard work and dedication of staff and leaders. Many services that were previously rated as inadequate have recognised our inspection findings, made the necessary changes and improved. Safety continues to be a focus of our work, but we have also seen improvements where providers have clear systems and governance in place that enable learning and improvement from safety incidents, and where staff are encouraged to raise concerns.

A great deal has been achieved in exceptionally challenging circumstances. We must now build on this in order to realise a future where people receive a consistently good quality of care and are able to access that care when they need it – whether that's delivered in an acute hospital, a nursing home, a community mental health hospital, a GP surgery or a person's own home. We know that staff and leaders can't work any harder. Everybody's focus must now be on working more collaboratively – looking out, not just in – to create a sustainable and effective health and care system for the third decade of the 21st century.

Summary

Health and care services are at full stretch

The complexity of demand for health care and adult social care services in England continues to rise. The number of people with complex, chronic or multiple conditions is increasing, including conditions such as diabetes, cancer, heart disease and dementia. We have an ageing population and we are living longer, and the total number of years people can expect to live in poorer health continues to rise.

These and other factors present different pressures in different parts of the system. Hospitals, for example, have seen substantial rises in the last five years in total attendance at accident and emergency (A&E) departments, in the overall number of emergency admissions to hospital via A&E, and in elective admissions to hospitals.

Within acute hospitals, bed occupancy has remained above the recommended maximum of 85% since at least the start of 2012/13; from January to March 2017, it was the highest ever recorded at an average of 91.4%. Ambulance calls have increased by 20% from 2011/12 to 2016/17.

At least half of adult mental ill-health starts in childhood and at least 10% of children aged five to 16 years have a diagnosable condition. Children and young people today face new emotional demands due to, for example, social media. Some of the experiences and behaviours that are treated as a mental health problem today may not have been considered in the same way two decades ago.

Bed occupancy levels for acute mental health wards remain high, and the total number of detentions under the Mental Health Act has risen by 20% in the last two years.

Delivering adult social care has become more challenging as more and more people need care. The number of people aged 85 or over in England is set to more than double over the next two decades. And there is growing unmet care need – estimates show that 1.2 million people are not receiving the help they need, an increase of 18% on last year.

Primary care workload is growing as a result of people's increasingly complex healthcare needs and the sector is responding by collaborating both across primary care and with other sectors, to ensure that people have the right access to services.

The burden on friends and family carers continues to increase too. Forty per cent of unpaid carers have not had a break in more than a year, while 25% have not received a single day away from caring in five years.

Care providers are under pressure and staff resilience is not inexhaustible

All health and care staff, and the services they work for, are under huge pressure. The combination of greater demand and unfilled vacancies means that staff are working ever harder to deliver the quality of care that people have a right to expect. However, there is a limit to their resilience.

There are fewer available beds in hospitals and people are waiting longer for treatment. Deterioration in the achievement of the four-hour emergency access target is a reflection of the severe pressures that acute hospitals face; it is no longer just a winter problem.

More people are talking openly about their mental health now, and seeking treatment – there has been a steady rise in the number of people in contact with mental health services over the last few years. At the same time, the number of psychiatric nurses has fallen by 12% in seven years.

More GPs are needed, but recruitment is a problem – in a sample of practices, 60% of their vacancies were reported vacant for more than three months from April to September 2016.

While the need for adult social care continues to rise, the number of beds in nursing homes has fallen by 4,000 in two years. There is wide variation in the regional distribution of these numbers, as adult social care providers respond to local pressures.

NHS trust finances remain under severe pressure. Trusts reported a reduced deficit at the end of 2016/17 compared with the previous year, but a recent report into NHS finances suggested that the underlying deficit remains substantial. In adult social care, long-term funding continues to be an obstacle to meeting demand, despite a much needed one-off extra £2 billion from government.

The quality of care across England is mostly good

Through our comprehensive inspection and ratings programme, we now have a baseline picture of the quality of health and adult social care in England. We have inspected and rated all registered health and adult social care services over a three-year period. The majority of the care that people receive is good, and there are providers and services that deliver outstanding care. Among the outstanding providers are 2% of adult social care services, 6% of NHS acute hospital and mental health core services, and 4% of GP practices.

But far too much care needs to improve. We rated 3% of NHS acute hospital core services, 2% of GP practices and 1% of adult social care and NHS mental health core services as inadequate at 31 July 2017. In addition, 37% of NHS acute core services were rated as requires improvement, as were 24% of NHS mental health core services, 19% of adult social care services and 6% of GP practices.

Quality has improved overall, but there is too much variation and some services have deteriorated

Hard work and determination from many providers and their staff has meant people are receiving safer, more effective, and compassionate and high-quality care – services have recognised our inspection findings and made the necessary changes to get better.

When re-inspected, services that were originally rated as inadequate have improved strongly: 82% of adult social care services originally rated as inadequate and re-inspected improved their rating, as did 80% of GP practices. Among NHS acute hospitals, 12 out of the 15 hospitals originally rated as inadequate and re-inspected improved. All of the nine NHS and independent mental health services originally rated as inadequate and re-inspected improved their rating. There was also positive movement, though not as strong, from requires improvement to good.

Throughout the year, CQC has shared examples of improvement in different parts of the system, identifying common factors among those that have succeeded. We often see patient-centred care at its best where there is strong leadership and a positive culture, but we have also pointed to where a shared vision and outward looking approach have been central to improvement. There were improvements for people when providers reached out to local communities and partners, involving patients and the public in shaping services, and collaborating with local groups.

While there has been much improvement, some services have deteriorated in quality. Where we have re-inspected providers originally rated as good overall, the majority have remained good. But 26% of mental health services and 23% of adult social care services dropped at least one rating, as did 18% of acute hospitals. Only 2% of GP practices deteriorated.

There are also substantial variations in the quality of care that people are receiving – within and between services in the same sector, between different sectors, and geographically. The impact on people is particularly felt where sectors should come together – we have seen how disconnections in parts of the system are creating real problems for people.

To put people first, there must be more local collaboration and joined-up care

Better care is often where providers are working together to provide a more seamless service, one that is built around the often multiple, or complex, needs of individuals. We have found this where there is joined-up care – local health and care

leaders collaborating to engage staff, people who use services and local partners to respond to the challenges they face.

There is wide variation in how health and social care systems join up. Some local systems are working together effectively to ensure people get the right care, while others struggle. Too many people receive fragmented care – care that is built around the priorities or targets of the services, rather than people's needs. To deliver good, safe, well-coordinated care that is sustainable into the future, providers will have to think beyond their traditional boundaries and reflect the experience of the people they support.

Technological innovation offers an opportunity to drive improvement in healthcare services, and to offer more convenient access for patients to advice, treatment and medicines. We actively support new ways of delivering care that are designed to improve the quality of care for people, provided they are implemented safely and responsibly. The challenge and opportunity for innovators is to embed safety in new ways of working and collaborating. Underpinning a culture of safety are good leadership at all levels, strong governance within the service and a culture of openness and transparency.

We found that services that did well had leaders who were enthusiastic and committed to equality, a culture of equality and human rights, and applied 'equality and human rights thinking' to quality improvement. These services worked with people and organisations from outside their own service, to develop both their thinking and their practice.

Working together leaders are finding new ways to deliver care. We can see from our inspections, as well as our work looking at quality of care in a place, that there are challenges for systems. But there are examples of high-quality care where patients are at the centre of care plans involving multiple local services. Innovative care providers are making a real difference for people, reaching out and working in a joined-up way with their local communities.

Health and social care services need to work well together so that people have a better experience.

I am 78 years old.

I have hip and knee problems.

Sometimes I have difficulty remembering things.

I live alone and I want to stay independent as long as possible.

What happens if I have a fall?

Urgent care centre? → A&E?

GP practice? → Care home?

NHS 111? → Re-ablement?

Keeping healthy at home

UNMET NEED
1.2m
older people with unmet care needs – up from 1m last year

FALL

Alternatives to A&E
- GP or urgent care centre
- Rapid response team
- Care at home

- GP practices
- Community health care
- Care at home
- Unpaid carers

Emergency care

Ambulance

PRESSURE
680k
ambulance hours lost due to delayed turnaround times at A&E in 16/17

A&E

DEMAND
2.5m
people spent longer than four hours in A&E in 16/17 – up from 1.8m last year

Ward

NHS DELAYS
1.3m
days delayed in hospital attributed to NHS in 16/17

When care is not joined up between hospitals and care services, the journey can take longer.

Medication and transport delays

ADULT SOCIAL CARE DELAYS
780k
days delayed attributed to adult social care in 16/17

ADULT SOCIAL CARE DELAYS
4k
fewer nursing home beds than in April 2015

Care home

ADULT SOCIAL CARE STAFFING
90k
staff vacancies across adult social care

Returning home

Re-ablement

Helping people get back on their feet

ACUTE HOSPITAL BED OCCUPANCY
91.4 AV. %
Highest ever occupancy rates in NHS from Jan to Mar 2017

Hospital care

THE SECTORS WE REGULATE

Adult social care

Key points

- Over three-quarters (78%) of adult social care services were rated as good. However, 19% were rated as requires improvement and 1% (303 locations) were rated as inadequate.
- Of the five key questions that we asked all services, caring was the best rated – more than nine out of 10 services were rated as good (92%) or outstanding (3%). Safe and well-led had the poorest ratings, both with 22% rated as requires improvement and 2% rated as inadequate.
- Strong leaders had a pivotal role in high-performing services. Registered managers that took an innovative approach, that were known to staff, people using the service, carers and families, and that were open to their feedback had a positive impact.
- A clear focus on person-centred care was another key theme that shone through in high-quality services. In these services, staff were supported to really get to know people as people, understanding their interests, likes and dislikes.
- When we find poor care, we take action to make sure providers and managers tackle problems and put things right for the benefit of people using services, their families and carers. We have taken the most enforcement actions in the regulations relating to a lack of good governance, and issues with safe care and treatment, staffing and person-centred care.
- The *Quality matters* joint commitment has been developed to ensure that staff, providers, commissioners and funders, regulators and other national bodies all play their part in listening to and acting on the voice of people using services, their families and carers.

Hospitals, community health services and ambulance services

Key points

- Fifty-five per cent of NHS acute hospital core services were rated as good and 6% as outstanding. This compares with 51% rated as good and 5% rated as outstanding last year. At the trust level, 11 NHS acute trusts were rated as outstanding.
- A majority of community health services were providing good (66%) or outstanding (6%) care. Three of the 10 ambulance trusts were rated as good and one as outstanding.
- Pockets of poor care exist, even in services rated as good. We continued to see a large amount of variation in the quality of care of services within individual hospitals and between hospitals in the same NHS acute trust.
- The safety of NHS acute hospitals remains a concern with 7% rated as inadequate for the safe key question. Ratings have improved though, as last year 9% were rated as inadequate for safety.
- Staff recruitment and appropriate skills mix were a concern in most sectors. We found NHS acute services relying too much on agency staff, and emergency departments with not enough medical staff. We have concerns that community and ambulance services are also facing staffing challenges.
- We continued to find that good leadership from senior leaders through to frontline staff, combined with strong staff engagement and a positive organisational culture, helps to ensure good quality care and drives improvement.

Mental health

Key points

- We rated 68% of NHS core services as good and 6% as outstanding. Among independent services, 72% of core services were rated as good and 3% as outstanding.
- Twenty-four per cent of NHS core services were rated as requires improvement as at 31 July 2017, as were 23% of independent core services. And a small number were rated as inadequate: seven core services (1%) in NHS trusts and four core services (2%) among independent services.
- We are concerned about the high number of people in 'locked rehabilitation wards'. Too often, these are in fact long stay wards that institutionalise patients, rather than a step on the road back to a more independent life in the person's home community.
- We are concerned about the very wide variation between services in how frequently staff use physical restraint in response to challenging behaviour. Wards where the level of physical restraint was low had staff trained in the specialised skills required to anticipate and de-escalate behaviours or situations that might lead to aggression or self-harm.
- Some mental health wards still accommodate patients in dormitories. Patients, many of whom have not agreed to admission, should not be expected to share sleeping accommodation with strangers. This arrangement does not support people's privacy or dignity. Also, a number of acute and rehabilitation wards still admitted both men and women to the same wards. Some of these do not comply with the requirement to eliminate mixed-sex accommodation.
- We found some excellent examples of staff enabling patients to access GPs, dentists and healthcare clinics, and promoting physical exercise and healthy eating. However, we also found community mental health services where staff did not ensure that patients had their annual physical health checks.

Primary medical services

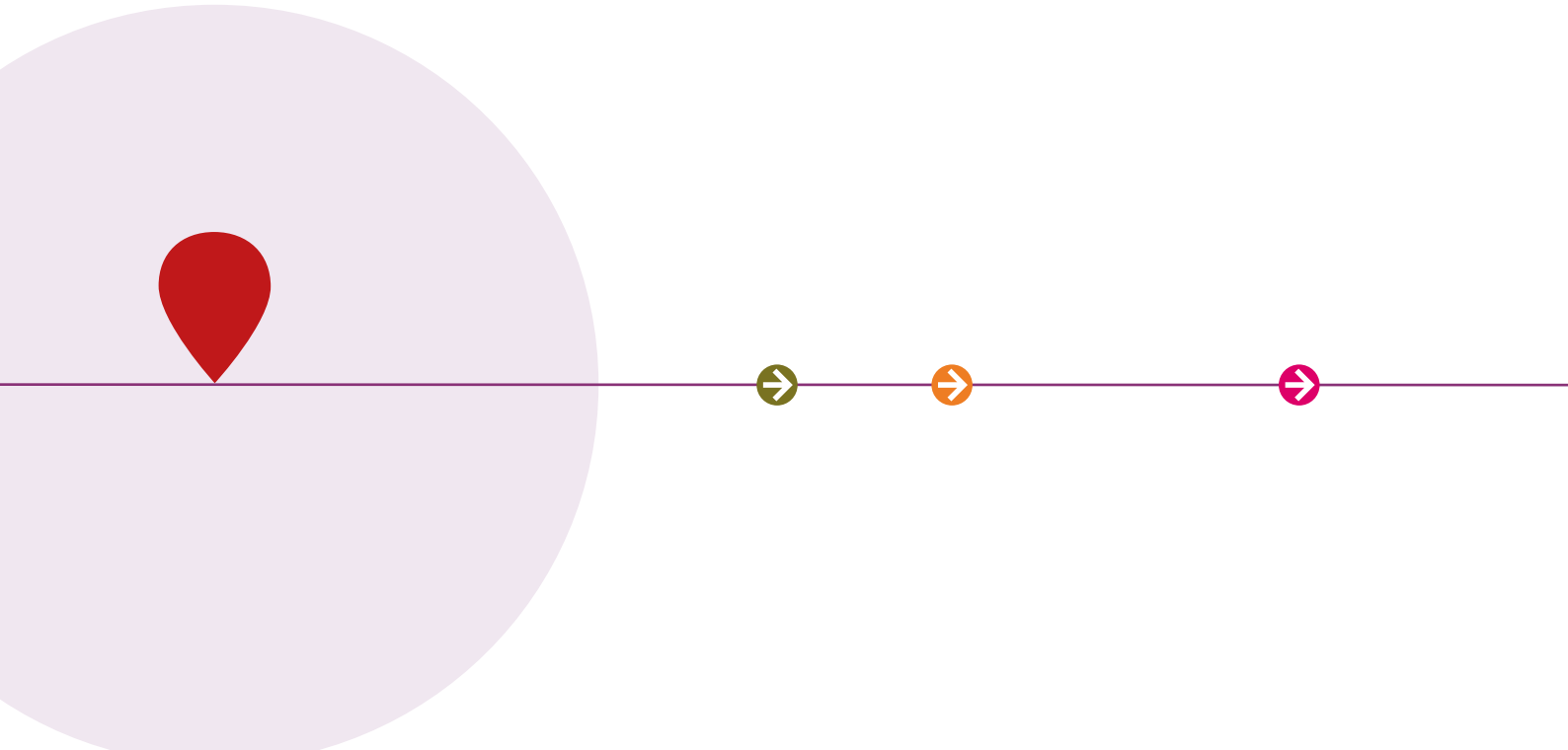
Key points

- The quality of care in general practice overall is good, with 89% of GP practices rated as good and 4% rated as outstanding overall. This means that almost 49 million people are registered with practices that CQC has rated as good and nearly three million people have access to care rated as outstanding overall.
- We have seen improvement in dental care in England in the last two years: after re-inspecting dental practices where we had taken enforcement action, most had improved.
- High-performing GP practices are increasingly using non-traditional roles such as advanced nurse practitioners, care coordinators or healthcare assistants to support GPs and reduce referrals to secondary care or avoidable hospital admissions. These practices are also working collaboratively and using multidisciplinary working to improve patients' experience.
- Our main concern across all providers in primary care is the steps they take to ensure the safety of their services. The main issues we found included problems relating to poor governance systems and processes to manage risk and learn from incidents so that they are less likely to happen again, and poor leadership with unclear roles and responsibilities.
- General practice continues to face pressures as the rising demand for GP services is not being matched by a growth in the workforce to meet needs, which means that people may find it harder to access an appointment with a GP.
- 61% of urgent care and out-of-hours services were rated as good and 8% as outstanding. Poor care was a result of challenges in managing patient demand and recruiting and retaining the workforce.
- Online primary care services offering remote consultations over the internet, by text-based platforms or video link, are improving people's access to care. We have taken action on initial concerns around safety measures and safeguarding patients, and have seen improvement on re-inspection.
- There have been improvements in health care for children in the care of a local authority (looked after children), but local organisations need to improve access to speech and language and occupational therapies and a diagnostic pathway for children with autistic spectrum disorder.

Equality in health and social care

Key points

- Engaged leadership around equality, developing person-centred care, and embedding equality into quality improvement is crucial to improve outcomes for everyone using health and social care services.
- There is a strong link between equality for staff working in services and the quality of care provided. This is now shown by our ratings of NHS trusts. Rigorous national action on race equality for NHS staff is starting to show results, but there is more to do to achieve equality for staff in both health and social care.
- Many organisations could learn from outstanding services that have a strong focus on equality, and from services that are making good progress in specific areas such as the NHS Workforce Race Equality Standard. Trusts that treat people equally and with dignity and respect are more likely to achieve a higher overall rating.
- There are still differences in access to care for people in some equality groups. Some are less likely to say they have received good information about services, so they may find it more difficult to navigate the health and social care system.
- We continue to have concerns about the experiences of care for people in some equality groups, such as people with mental health conditions who are receiving care in acute hospitals. There are signs that work on improving equality is static in adult social care, with half of services still not taking any specific action on equality in the previous 12 months. Services need to move beyond having an equality and diversity policy into actively ensuring equality for people using their services.
- Providers and the health and social care system as a whole need to work together to achieve equality of outcomes for particular groups of people, including through commissioning services and joint working such as the sustainability and transformation partnerships.



The Deprivation of Liberty Safeguards

Key points

- We continue to see variation in the practical application of the Deprivation of Liberty Safeguards (DoLS) with uneven use across the health and social care sector – this can lead to people being at risk of having their rights and liberty restricted without a lawful process.
- However, there are examples of good practice that providers can learn from, for example personalised ways to assess capacity, and using new technology to increase people's independence.
- While staff training levels are relatively good, translating this knowledge into practice is still less effective and needs to improve.
- Staff need more help to understand what constitutes a restrictive practice or restraint, and we have seen some innovative alternatives to restriction.
- DoLS should not be one-size-fits-all – good practice in person-centred care is at the heart of ensuring decisions made around the Mental Capacity Act and DoLS are in the person's best interests.
- Delays to the processing of DoLS applications are a continuing problem, although some providers have found ways to work together with local authorities to manage the situation.

Care Quality Commission

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