The state of health and adult social care in England 2016/17
Care Quality Commission report, October 2017

The annual *State of care* report from the Care Quality Commission (CQC) provides a comprehensive overview of the quality of health and care services.

This briefing provides a summary of the headline findings and the NHS Confederation’s viewpoint.

**Context**

This year, the report describes a service under strain – demand is rising and the ability of services to meet this demand is being pushed to the limit. Quality is improving overall, but it could easily deteriorate again. Providers need to be supported to look beyond their organisational boundaries in order to provide truly joined-up and person-centred care.

The report begins by looking at the context in which providers of health and care services are operating. Complexity of demand is continuing to rise due to an ageing population with increasing numbers of complex, chronic or multiple conditions:

- There have been substantial rises in attendances at A&E, ambulance calls, emergency admissions and elective admissions.
- Demand for mental health services is increasing and detentions under the mental health act have risen by 20 per cent in the last two years.
- Demand for adult social care continues to rise, with significant amounts of unmet need reported.
- Primary care workload is also continuing to grow.

The ability of health and care services to meet this demand is being pushed to the limits:

- In hospitals, the number of acute beds has been reducing while demand has increased. Bed occupancy is at the highest level ever recorded (91.4 per cent between January and March 2017, compared to the recommended maximum rate of 85 per cent).
- There has been a clear deterioration in the ability of hospitals to meet the four-hour emergency access target.
- Cancer patients are having to wait longer for treatment, with only 81 per cent of the 36,000 being referred for treatment able to access it within two months.
- NHS trust finances remain under severe pressure, with the estimated underlying deficit standing at £3.7 billion in 2016/17 according to the Nuffield Trust.
- Bed occupancy levels in acute admission wards for mental health remain high – 89 per cent in NHS services from January to March 2017.
- The number of beds in nursing homes has reduced by 4,000 (two per cent) over two years and the volume of local authority funded domiciliary care has decreased. While additional investment in social care is welcome it is not expected to solve the problems in the sector.
• The number of GPs per head of population is decreasing – after peaking at 69 per 100,000 in 2009 it now sits at 62.
• There are major staffing, recruitment and retention issues across the whole of health and social care, which are likely to be compounded by Brexit.

In the conclusion to this section, the CQC reflect on their statement in the 2016 *State of care* report, that social care was approaching a tipping point, where deterioration in quality would outpace improvement. The regulator states that “one year on the situation remains precarious, with no long-term solution yet in sight.” It remains imperative that a long-term sustainable solution to the issue of social care funding is found.

**Provider performance**

The second section of the report looks at the baseline picture of the quality of health and adult social care in England. It looks at trends in the inspection and ratings programme up to 31 July 2017:

• Adult social care services – 78 per cent rated as good
• NHS acute hospital core services – 55 per cent rated as good
• NHS mental health core services – 68 per cent rated as good
• GP practices – 89 per cent rated as good.

It also looks at reinspections for lower rated trusts and finds that:

• 82 per cent of previously inadequate adult social care services improved their rating
• 12 of the 15 acute hospitals rated as inadequate improved
• All nine mental health services rated as inadequate improved
• 80 per cent of GP practices rated as inadequate improved.

However, there has also been some deterioration in services originally rated as good, highlighting the importance of maintaining focus on quality.

**Ability to provide joined-up, person-centred care**

The third section of the report pulls back from individual providers to looks at health and care systems, and assesses whether the care individuals receive is joined-up, personalised and centred on individual needs. They find that where care is joined up, local health and care leaders collaborate to engage staff, those who use services and local partners when addressing the challenges they face. To do this, providers need to think beyond their own traditional boundaries and the CQC state that this needs to happen with “more consistency and urgency, and national leaders need to support this”. The full report contains examples of innovation where systems are providing care that puts people first.

They note the interdependencies between different parts of the same health and care system – where care is fragmented, problems with one provider will have serious knock-on effects. When
looking at attempts to address this through the Five year forward view, the CQC note wide variation on progress. They emphasise the importance of trusting relationships, based on a shared common goal, as the basis for successful integrated care. The report also notes the challenges of continuing to provide high quality care while changing and innovating

**Adult social care**

Adult social care is currently facing difficulties around growing numbers of people with complex needs, workforce issues and rising costs.

When looking in-depth at the quality of adult social care, the report finds:

- Two per cent of services were rated outstanding, 78 per cent good, 19 per cent requires improvement and one per cent inadequate.
- Across all services safe and well-led had the worst ratings, with 22 per cent rated as requires improvement and two per cent as inadequate for both.
- Caring was the highest rated, with 92 per cent rated as good and three per cent as outstanding.
- There is considerable variation in quality in adult social care, both regionally and across types of services.
- Smaller homes tended to be rated better than larger ones, and domiciliary providers tended to perform better when they provided services to fewer people.
- Large corporate providers (with 20 or more locations) have, however, been better at improving their ratings.
- The main areas contributing to inadequate ratings were governance, safe care and treatment, staffing and person-centred care.

**Quality in secondary care**

This section looks at quality across a broad range of NHS services, including acute hospitals, community providers and ambulance services. It highlights the massive pressures on the NHS, from rising admissions, rising ambulance calls, worsening waiting times, high bed occupancy rates and high numbers of delayed days. The CQC also note the impact of this on staff, with increased in vacancies and drops in the numbers of EU nurses registering to work in the UK.

Acute services:

- Six per cent of NHS acute core services were rated as outstanding, 55 per cent as good, 37 per cent as requires improvement and three per cent as inadequate.
- Ratings at hospital level tended to be lower, due to complexity and variation in quality, standing at six per cent outstanding, 40 per cent good, 49 per cent requires improvement and five per cent inadequate. This is a slight improvement. Safety remains the biggest concern, with seven per cent of hospitals rated inadequate.
- At trust level ratings were seven per cent outstanding, 34 per cent good, 51 per cent requires improvement and eight per cent inadequate.
Ambulance services:

- One of the ten NHS ambulance services was rated as outstanding, with three rated good, five as requires improvement and one as inadequate.
- Trusts tended to rate highly for caring and responsive, but less well for safe and well-led.
- The report also notes concerns around staff survey results for ambulance services, with lower staff engagement scores than other NHS sectors.

Community health services:

- Of all community health services, six per cent were rated as outstanding, 66 per cent as good and 14 per cent requires improvement, none were rated inadequate.
- They rated well for caring, but most requires improvement ratings were under the safe key question.

Independent acute hospitals:

- Of the 197 independent acute hospitals, seven per cent were rated outstanding, 64 per cent as good, 27 per cent as requires improvement and two per cent as inadequate.

The three key components of high-quality care identified by the CQC are good leadership, positive organisational culture and a focus on safety. Highly rated acute trusts tended to perform well under the well-led question and leaders were seen to be passionate about the delivery of high quality care, actively engaged with staff and patients and had a clear vision and strategy.

Quality in mental health

Mental health services have faced steady increases in demand in recent years, which has caused increases in the maximum wait times for routine appointment. There has also been a significant increase in the number of detentions under the Mental Health Act. There has been a steady decline in the number of NHS mental health nurses.

The report finds:

- For core NHS services, six per cent were rated as outstanding, 68 per cent as good, 24 per cent as requires improvement and one per cent as inadequate.
- The results were similar for independent providers; three per cent were outstanding, 72 per cent were good, 23 per cent required improvement and two per cent were inadequate.
- The biggest concern with mental health providers was safety. The CQC consider this to be due to the poor physical environment on many mental health wards, staffing struggles and difficulties with medicines management.
- The report states that the vast majority of staff are caring and compassionate in mental health services across the NHS and independent providers.
There were issues with responsiveness in child and adolescent mental health services, particularly around very long waiting times.

There was also need for improvement under the well-led key question and the report notes the influence of good leadership on staff.

**Quality in primary medical services**

The report notes that while the population primary health services serve is growing and ageing, the workforce is not growing in parallel. Patients are finding it harder to access these services. However, quality at the moment is broadly very good, with GP practices given the highest ratings of any sector.

Overall:

- Four per cent of GP practices are rated outstanding, 89 per cent good, six per cent requires improvement and two per cent inadequate.
- Among out-of-hours and urgent care services, eight per cent were rated outstanding, 61 per cent good and 31 per cent requires improvement.
- The report identifies key characteristics of general practice that enable them to obtain such high ratings, including proactive engagement with patients, using this knowledge to meet needs and strong leadership with a good mix of multidisciplinary skills.
- Safe is once again the poorest of all the five questions.
- Urgent care services experienced issues with managing patient demand and recruiting and retaining the workforce

**NHS Confederation viewpoint**

The CQC’s latest assessment is unequivocal: the quality of services is in a fragile state. Although managing well, the system is under strain, treating and supporting more older people with complex conditions. The herculean effort of leaders and staff has delivered safe services to millions but pressures are taking their toll and the future precarious.

While local areas have made a great deal of progress in improving patient safety and coordinating services, and while further steps to reform the system are absolutely essential, the inescapable conclusion from the CQC report is that further government funding will be essential if the precarious state of today’s services is not to deteriorate further.

The political class as a whole needs to wake up to the challenge of delivering a sustainable health and care system. This report reveals real concerns that key health and social care services are not sustainable as currently configured.

**Find out more**

- Download the report from the Care Quality Commission website.
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