13 October 2016

on the day BRIEFING

NHS Providers

THE STATE OF HEALTH CARE AND ADULT SOCIAL CARE IN ENGLAND 2015/16

This briefing summarises today's publication of the Care Quality Commission's State of Health and Adult Social Care in England 2015/16, its annual assessment of quality performance, trends, and themes. The report demonstrates significant progress by CQC in building a more comprehensive and joined-up understanding of the influences, trends, and pressures in care quality across England. In particular, there is helpful granularity of data showing that, as NHS Providers and other sector representatives have emphasised, a growing level of unmet need in social care is being displaced to the NHS. This has significant detrimental impacts on provider financial performance and access which is now beginning to threaten quality and constrain improvement. It provides a strong, well-evidenced call for a national level response.

While variation in quality and needed improvements - particularly to safety - must remain high priorities, the challenges to progress presented by the current gaps between demand and capacity across the entire system are evident and insurmountable without urgent funding and support. Today's publication by NHS England of August 2016 performance data further underlines the scale of pressures on providers that urgently require a whole-system, response to resolve.

Our briefing reflects the report's structure, focusing on content most relevant to our membership. Sections on adult social care and primary care are not covered except where issues raised have direct implications for members. We therefore encourage you to read the full report. Unless specified, 'providers' refers to our members across all sectors. The report features case studies and initiatives from across our members as good practice in care. We've also included a summary of the NHS performance data for August 2016 and our media statement on State of Care report.

Key messages:

- Most services are sustaining safe, high quality and compassionate care although the system is under clear strain amidst sharply rising demand, tough financial constraints and more complex care needs.
- Substantial variation persists within and across services, within providers, and for specific groups of people including those with protected characteristics, and care needs at different life stages.
- Adult social care is at a tipping point, with granular data illustrating that this fragility is impacting on the NHS through increased A&E attendances, emergency admissions and delayed discharges. These pressures are constraining the ability of trusts to reduce their deficits and meet core access and performance targets.
- The CQC has identified a modest association between financial performance, care quality and ratings for well-led. However, it also recognises that sustained system-wide pressures and widespread staffing shortages are impeding the capacity of NHS services to sustain quality, improve their financial position and drive improvement.
- Trusts rated Requires Improvement (RI) are finding it hardest to improve, and not all trusts receiving intensive support through special measures are progressing strongly enough to exit the regime. Strong, visible and highly engaged leadership remains common to quality and improvement, along with a clear patient- centred approach.
- NHS providers that most successfully manage quality, access and finance pressures do so through close planning and collaboration with local leaders in adult social care, councils, commissioning and primary care to drive transformation in delivery. Sustainability and Transformation Plans (STPs) and new care models are helping this

process forward but it needs to spread more consistently and quickly. This will also require more funding for overstretched social care and GP care.

THE STATE OF CARE IN ENGLAND

Context

- The overall picture of the UK is a health system that provides good care wide access and enjoys strong public support but performance lags behind comparable countries in a number of care priorities.
- The system is under significant and growing pressures: adult social care faces rising demand and high levels of unmet need among older people who live longer and require more complex care; the GP workforce is understaffed and bed occupancy levels in acute trusts regularly exceed recommended maximum levels of 85 per cent.
- UK spending on health and social care as a proportion of GDP, lower compared to similar countries, has started to decline. By end-2015/16, over 80 per cent of all NHS providers, mostly acute trusts, reported a deficit; capacity to deliver planned efficiencies is under threat. New models of care are starting to deliver but need time to embed.

The quality of health and adult social care

- The majority of 231 NHS providers rated by 31 July 2016 deliver high quality care - 96 per cent of NHS core services have been rated good or outstanding at caring - but considerable variation remains within and across core services. (Sector findings on quality explored more fully in Section 2.)
- Safety remains the biggest concern and remains strongly linked to the quality of leadership.
- CQC's thematic reviews show that quality varies across different patient groups and at different life stages, with good care reflecting strong cooperation between providers and commissioners, personalisation and patient co-production of care, equalities-led approaches and adherence to known good practice and clinical guidance.

Improvements in quality

- Many providers have improved quality despite the tight financial constraints and increased demand. Comprehensive ratings have improved on 2014/15, partially because CQC's risk monitoring process placed providers at lower risk on safety towards the latter stages of the inspection schedule, but also reflecting improvements identified among the 30 providers that have been re-inspected.
- Providers rated 'RI' are struggling to improve and, upon re-inspection, in some the quality of care had deteriorated. Despite intensive support, not all special measures trusts are meeting thresholds for exit.
- Strong, visible and highly engaged leadership remains fundamental to high quality care and the open and positive cultures needed to deliver improvement, and was a significant factor in bringing four trusts out of special measures in 2015/16. Higher level oversight of services needing improvement offered effective risk spotting and early intervention to safeguard quality.
- Feedback from providers to the CQC indicates that inspections, registration requirements and warning notices have functioned as effective incentives for some providers to rapidly drive improvement and help staff to escalate concerns they'd previously raised but not yet seen addressed. The CQC also used its new prosecution powers for the first time against a care provider over an avoidable death.

The future resilience of health and social care

- Rapid elderly population growth, more complex care needs, rising costs and staffing shortages have created a perfect storm of declining service capacity against growing demand, with pressures evident across the system.
- In primary care, the full-time GP and district nursing workforce has decreased and GP practices have declined, so the average surgery patient list has grown by 2.8 per cent over 12 months.
- Demand in social care has been driven by 22 per cent growth in the 65+ population and 33 per cent of the 85+ population since 2001. On current projections, there will be a 49 per cent increase in demand for publicly-funded care home places by 2035 but, since April 2015, the national level growth in nursing home beds has stopped and 81 per cent of local authorities have reduced real-terms spending on older adult social care in the past five years.
- Unmet adult social care need is growing; the number of people receiving local authority-funded care fell by 26 per cent from 2009 to 2014; an estimated one million people are in need but not receipt of social care, with unpaid carers filling the gap. One in five carers working 50 hours a week or more receive no formal support for their role.
- The profitability of the private social care market is declining, and rising numbers of social care and home care providers have handed back contracts to councils on grounds of unsustainability and risks to fundamental standards of quality. Financial pressures and contract pricing cuts are being felt most keenly by small, higher quality providers - aggregate quality is therefore declining as these social care providers fold; larger scale providers are also cancelling contracts, laying bare the fragility across the social care system.
- The evidence shows a flow-on impact to NHS secondary care services; transformation is developing but not yet mitigating displacement from social care. Pressures exceeding capacity are most evident in rising A&E attendances (up 3 per cent over 12 months) and 30 per cent growth in patients whose wait exceeding four hours.
- Bed occupancy rates for acute and general settings exceeded the recommended maximum of 85 per cent for each quarter. Delayed discharges rose consistently each month to March 2016, with total delayed bed days in 2015/16 at almost 170,000, the highest since 2013, and at an estimated cost of £820 million per year to the sector.

The future outlook

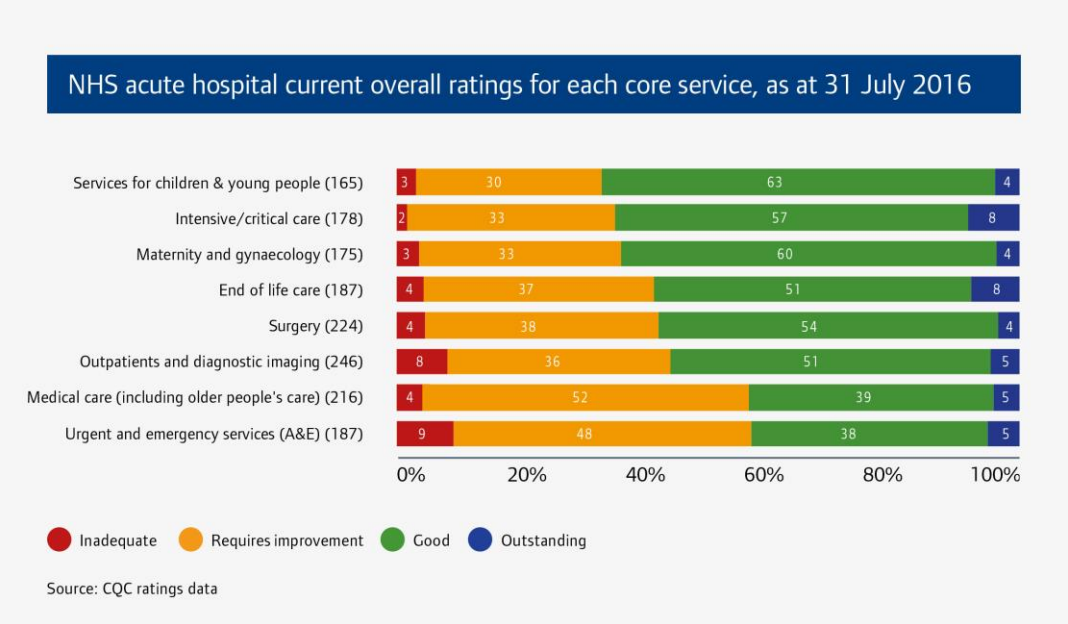
- Without rapid transformation in care and reduced demand, current pressures will continue to grow and are unsustainable for the health and social care system. New care models, STPs and technological innovation are starting to address systemic issues but local health and care economies must collaborate to unlock the resources for investing in future changes while continuing to deliver current services that meet increasing demand.
- Few providers across health and social care have capacity to make further non-staff related efficiency savings. Investment will be needed to support leadership and enable the desired transformation with sustained support for new care models to become established and improve.

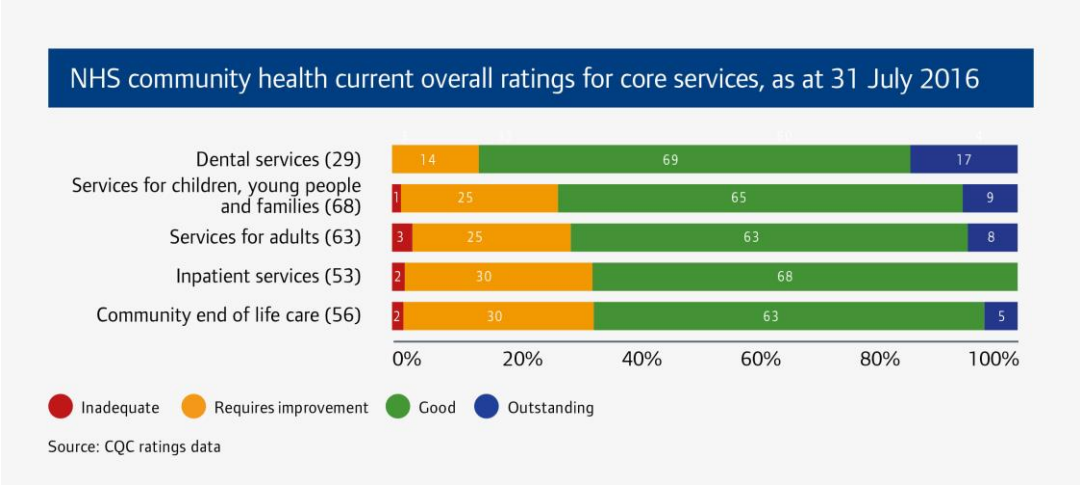
THE SECTOR SUMMARIES

Acute hospitals, community health services and ambulance services

- As at 31 July 2016, CQC had rated within the secondary NHS provider sector:
  - 133 (of 138) acute trusts: 5 outstanding; 37 good; 81 RI; 10 inadequate.
  - 13 (of 18) community trusts:
  - three (of 10) ambulance trusts: two RI; one inadequate.

- Variation in quality and risks to safety within hospitals are the biggest concerns in acute care, reflected in the relatively lower proportion of hospitals rated good or outstanding compared to ratings given at core service level. Some acute trusts improved their overall rating on re-inspection.
- Ambulance services face extreme pressures and paramedic workforce shortages that make performance against targets very difficult but staff are highly committed to quality and improvement at all levels.
- Community health services ratings encompass core services provided across community, mental health and acute settings; the standard of care is rated relatively higher than other parts of the NHS, at around 70 per cent good or outstanding.
- The key focus of the 'responsiveness' question is how providers organise their services around the needs of local people. Thirty per cent of acute trusts were good or outstanding, while 62 per cent needed to improve. In standalone community trusts nine out of thirteen trusts were rated as good.
- CQC has identified the differentiating factors between outstanding and good as being the ability to monitor and act on issues, sharing learning, having and communicating a strategy which is understood and promoting an open culture.
- The underlying factor was identified as addressing issues from the patients' point of view.
- Improvement in RI trusts is difficult: only two of 18 RI trusts exhibited sufficient improvement to be rated good.
- At core service level, improvement upon re-inspection in acute care was greatest in children's services and weakest in urgent and emergency care; strong visible leadership and a quality improvement ethos at all levels make the greatest difference to capacity to improve.
- Special measures supported four trusts to reach RI upon re-inspection, but six trusts entered the regime.

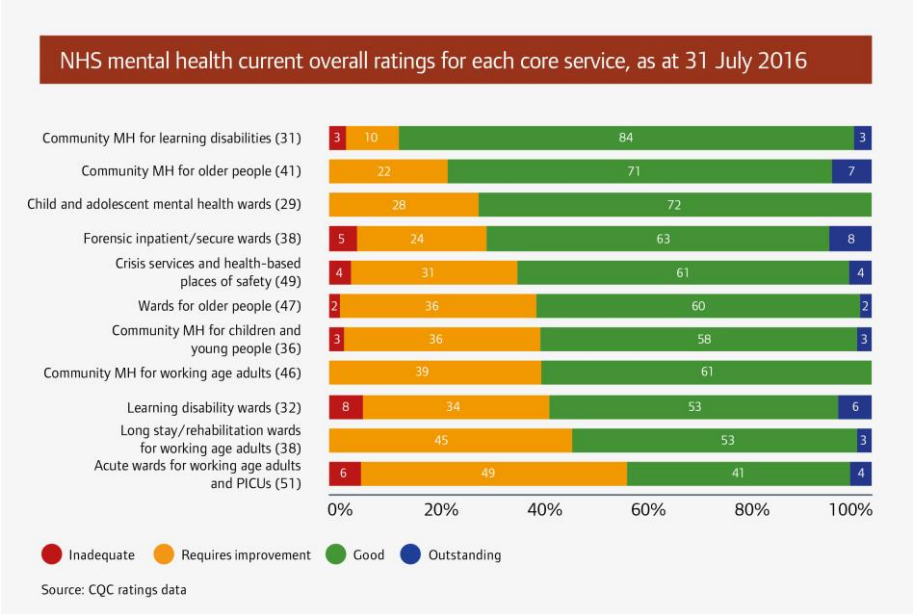




- Best practice in managing patient flow in acute settings suggests discharge planning with community services should commence as soon as the patient is admitted. Hospitals that achieved good or outstanding ratings were more effectively managing their acute care pathway through planning and coordinated care and treatment with local health and social care partners and had strong improvement cultures.
- Leadership and quality are closely associated and there remains a strong relationship, reflected in ratings, between safety culture and strong leadership. The trusts rated as good in these sectors engaged staff at all levels in learning and improvement activity. There is also a weak, positive association between performance on quality, finance and well-led, with good or outstanding rated trusts more adept at balancing their budget.

Mental health services

- Inspections had identified many excellent examples of good practice, with 16 trusts (34 per cent) rated as good, two as outstanding, and 65 per cent of core services in mental health rated good as at 31 July 2016. Two of seven re-inspected trusts improved sufficiently to move from RI to good. Improvements more broadly were observed in changes to physical environments and ligature risks, quality of staffing and less restrictive practices.
- Overall ratings for core services are shown in the figure below taken from the report. As for other sectors, core service ratings mask internal variability in provider performance, including some showing stronger quality in inpatient care services and others vice versa.



- Safety remains of broad concern across the sector, with 40 trusts rated as RI and four rated as inadequate for safety. Only three of 11 core services must be rated RI for the overall safety rating to be RI. Insufficient staffing is a key factor, impacting negatively on effective, responsive and well-led community-based care for young people.
- Safety ratings across core services show that other areas of concern and requiring improvement particularly include ward environments. Long-term investment in purpose-build mental health wards is needed to address risks such as layout and ligature points.

Equality in health and social care

- Wide variation persists in performance on equality for people covered under the eight protected characteristics.
- Providers that exhibit good practice in staff equality (use of the NHS Workforce Race Equality Standard, for example) are more likely to score good or outstanding for responsiveness, due to better personalisation of care.
- People with serious mental ill-health, learning disabilities or from BME backgrounds report significantly less positive care experiences in hospital and are not showing improvement on measures of equality in outcome.

The Deprivation of Liberty Safeguards

- Providers who applied the Deprivation of Liberty Safeguards (DoLS) had a culture of person-centred care, robust policies and documentation of DoLS procedures, and clear leadership in place to provide a focus to staff understanding of DoLS and how to apply it. Audits and scoring systems helped to motivate good practice.
- Variation persists in the effective application of DoLS both between providers and within individual providers across the different core services, and is linked to inadequate staff training and leadership on good practice.
- Not enough providers are applying Mental Capacity Act 2005 assessments effectively for DoLS. Many providers made assumptions that individuals lacked capacity without having carried out or documented assessments. Some providers used the 'blanket approach' to capacity assessments, which suggests that their focus may be more on managing organisational risk than delivering person-centred care in the least restrictive setting.

NHS PERFORMANCE STATISTICS

Today NHS England published the monthly performance statistics for August 2016, which show that, again, demand is increasing month on month and that constitutional targets are not being met. Specifically on demand growth:

- Emergency admissions rose by 3.8 per cent
- Diagnostic tests rose by 5.5 per cent
- Consultant-led treatment rose by 4 per cent
- A&E attendances rose by 4.2 per cent

In terms of the constitutional standards the August position is:

- Ambulance – in all categories the standards were not met (Red 1, Red 2 and Category A)
- A&E – 91per cent of patients admitted, transferred or discharged from A&E within four hours, below the 95 per cent target
- Diagnostic tests – 1.7 per cent of patients were waiting for six weeks or longer, higher than the 1 per cent standard
- Referral to treatment – 90.9 per cent of patients had been waiting less than 18 weeks, missing the 92 per cent standard

- Cancer – the 85 per cent standard for 62 day cancer wait was not met (82.8 per cent)
- Breast cancer – 92.2 per cent of patients were seen by a consultant within 2 weeks, missing the 93 per cent standard

These statistics further illustrate the intense pressures facing trusts and detrimental impacts on patient flow.

PRESS STATEMENT

CQC's reflections on current state of care an accurate reflection of services under pressure

Commenting on the publication of the Care Quality Commission's State of Health Care and Adult Social Care 2015/16 report, director of policy for NHS Providers Saffron Cordery said:

"We welcome today's report (13 October) for its responsible reflection on the current state of health and social care, and the thoughtful appraisal of how things need to change to sustain and improve quality going forwards.

"Sadly the report includes no great surprises, highlighting an NHS under intense pressure to perform against a backdrop of increasing demand and static funding. Much credit must go to our members and their dedicated staff who continue to deliver high levels of quality while they struggle to balance the books, meet core NHS access targets and manage rising workloads that are increasingly complex. Three quarters of services rated inadequate have managed to improve with good leadership again highlighted as a key ingredient of success, although all trusts take on board that there will be variations in quality that need to be tackled.

"It is clear that something has now got to give and the *State of care* compounds our fears that cuts to social care in particular are pushing the NHS to a tipping point – not only in hospitals but across mental health and community services too. With an ageing population that has more complex needs, there is a greater imperative than ever before for responsive and well-resourced social care. People are struggling to get the support they need which impacts on the NHS where the door is always open, and where we are seeing growing pressure on emergency care, access to all types of services and challenges to planning discharges for patients. The solution is not about 'health versus social care', but more about the need for transformative system-wide solutions with realistic funding to accompany them."

-Ends-

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Contact: Cassandra Cameron, policy advisor, cassandra.cameron@nhsproviders.org