Recent Care Quality Commission reports: *Community mental health survey 2021*, and *Restraint, segregation and seclusion review: progress report*

The Care Quality Commission (CQC) has published findings from its annual community mental health survey, which looks at the experiences of those using NHS community mental health services over the last 12 months. CQC has also published a report commenting on progress in implementing recommendations from its *Out of sight – who cares?* report and the main areas where further work is still needed. A summary of the key findings from both reports is outlined below. If you have any questions about this briefing, please contact policy advisor Ella Fuller (ella.fuller@nhsproviders.org).

Community mental health survey 2021 report

Key points

- This year's survey received feedback from 17,322 people (giving a response rate of 26%) who used community mental health services between 1 September 2020 and 30 November 2020. Fifty-four providers of NHS mental health services in England participated in the survey. The survey is structured around positive results and key areas for improvement.
- CQC found that the majority of respondents reported good experiences in how their care was organised, with more people reporting having their medication discussed with them than prior to the pandemic, and those who received care using video-conferencing methods were more likely to report better than average care.
- However, CQC also concluded that, across many areas of care, people's experience of using community mental health services is at its lowest point throughout the period 2014 to 2021. This included reports that their mental health had deteriorated as a result of changes made to their care and treatment due to the pandemic, and people who received telephone-based care reported worse than average experiences in terms of: overall experience, access, communication, and respect and dignity.
- Overall, CQC states that most question scores are below where it would have expected given past findings. Questions with the sharpest decrease include having enough time to discuss needs and

treatments and whether staff understood how service users' mental health impacted other areas of their life.
- Trusts has been provided with a benchmark report, which provides further detail on the survey methodology, headline results, trust scores for each question and how they compare with other trusts.

Positive results

Similar to last year, organising care is an area where the majority of people reported good experiences. Nearly all respondents (96%) who were told who is in charge of organising their care said they knew how to contact them, and 90% felt that this person did so 'very well' or quite well'.

Medication is another area that has shown significant improvement over the years. 63% of people who had received medicines said they had their medicines discussed with them, which is an increase of six percentage points from survey findings pre-pandemic (2019).

Those who received care using video-conferencing methods were more likely to report better than average care.

Key areas for improvement

Negative experiences were reported in answer to questions relating to access to care, crisis care, involvement in care, communication and support and wellbeing.

Support and wellbeing

Nearly half of respondents reported not receiving support for their finances or benefits (48%). Additionally, nearly half of people did not receive help or support in finding and keeping paid or voluntary work (47%), an increase of four percentage points on last year.

Accessing care

Around two in five people (41%) felt they had 'definitely' seen people enough for their needs, which is the lowest score on this metric for the past eight years. Nearly one in five (17%) said that care was not available when they needed it. Around two in five people (44%) said they were not given enough time discuss their needs.

Crisis care

Over a quarter of people (26%) would not know who to contact out of hours in the event of a mental health crisis. Twenty percent of those who did contact a crisis team said they did not get the help they needed. Three percent said they could not contact crisis care services.

Involvement

Half of people were involved as much as they wanted to be in planning their care and deciding which therapies to use (52% and 50% respectively). Forty-one percent of people said they 'definitely' agreed what care they would receive with someone from NHS community mental health services. Two thirds of respondents (66%) stated that they had had a care review meeting in the past 12 months.

Variation in experience for different groups

Respondents with non-psychotic disorders, especially those with more challenging and severe disorders, reported less-positive experiences for 12 out of 16 themes (including overall experience, access, care during COVID-19, communication and involvement.).

People with psychotic disorders, especially low symptoms or those presenting with a first episode of psychosis, reported better than average experiences for most themes. These included, overall experience, access to crisis care, care during COVID-19, and communication.

The survey results suggest differences in care delivery methods also had an impact on experiences of care. People who accessed telephone-based care reported worse than average experiences, whereas those who received care using video-conferencing methods were more likely to report better than average care.

Similar to previous years, the 18-35 age group and those with longer term health conditions often reported less-positive experiences of care. People aged 66-80 reported better than average experiences for most themes as did those who had been in contact with NHS mental health services for shorter periods of time.

NHS Providers view

CQC's assessment that people's experience of using community mental health services is at its lowest point throughout the period 2014 to 2021 is deeply concerning, and reflects how access to and quality of care has been impacted by COVID-19. This is despite trusts' best efforts to adapt and respond to

the challenges that the pandemic has posed in order to limit the impact on those requiring their services.

However, it is also notable that trust leaders were warning before the pandemic that they did not feel there were adequate mental health community services to meet demand. There has been a severe lack of investment in core community mental health services historically. The funding for services delivered by other agencies that people receiving care from community mental health services often rely on has also been severely constrained over the last decade.

There is welcome work now underway to deliver new integrated models of community mental health care to improve access and quality of care, backed by a significant amount of dedicated funding. However, the roll out of this programme only began from April this year and will take time to fully deliver given the scale of the challenges community mental health services have faced up until this point. The impact COVID-19 has had, and will have for some time to come, on the level and acuity of demand for mental health services adds another layer of challenge to the mix. Trust leaders have highlighted to us that the biggest challenge is finding the staff with the experience and skills required to deliver these new models of care, and retaining them, given the demands and pressures they are facing.

Improving access to and the quality of community mental health care also requires increased support for the voluntary sector and wider public services, and in particular public health and social care. Efforts to work in an integrated way, so central to the success of the new models of care patients need, will be severely hampered if these areas remain underfunded and under-resourced.

Restraint, segregation and seclusion review: progress report

Key points

- This report focuses on actions the Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE/I), and CQC have made over the last year in response to the *Out of Sight - who cares?* report recommendations. It also shares findings on people's experiences of services from publicly available data and CQC's regulatory work, and where further work is still needed.
- CQC acknowledges that there has been considerable effort made to progress the recommendations from its *Out of Sight – who cares?* report, and COVID-19 has had an undoubtable effect on delaying progress. It also finds, however, that much more still needs to be done to improve the experience of people with a learning disability and autistic people.

- CQC found that the number of people in inpatient settings, the length of time some are in hospital and the time it takes for them to be discharged, and the number of people subject to restrictive interventions indicate an urgent need for more appropriate housing provision, with a workforce in place who have the right skills to support people.
- In Spring 2022, CQC plans to provide a fuller update on progress made by a larger range of stakeholders in response to its *Out of sight* report recommendations. Our on the day briefing on the report summarising its findings and recommendations can be read here. CQC has been hearing reports about the use of restraint in acute hospital settings, and will therefore also explore this in the Spring report.

What progress has been made

The following section summaries the commitments DHSC, NHSE/I and CQC have made in response to the recommendations made in the *Out of sight – who cares?* report.

The Department of Health and Social Care

DHSC has established the 'Building the right support' delivery board and is working with the board to develop an action plan to drive forward recommendations. CQC says there is still a need to understand how recommendations will be practically delivered to ensure they will make a difference.

Independent care (education) and treatment reviews have also been carried out for 77 people. A report on these reviews was published by Baroness Hollins in July 2021, which highlighted seven improvement areas for immediate action. Baroness Hollins recommended such reviews continue for all people with a learning disability or autistic people who are in long-term segregation. CQC confirms these re-started in November 2021. A pilot of individual senior intervenors also started in November 2021 to address blocks to discharge for 15 people detained in long-term segregation.

The government's National strategy for autistic children, young people and adults, the Mental Health Act White Paper, and the Health and Social Care Bill are also highlighted as supporting, or having the potential to support, the implementation of recommendations in the *Out of sight* report.

NHS England and NHS Improvement

NHSE/I has highlighted specific pots of NHS long term plan funding and mental health and wellbeing recovery action plan funding that will help to deliver on the recommendation to improve community teams' skills in caring for autistic people and people with a learning disability and/or mental health condition to prevent them from reaching a crisis.

NHSE/I has commissioned Mersey Care NHS Foundation Trust to deliver a HOPES programme, which is a clinical model of care to reduce long term segregation. NHS England is also carrying out a review of advocacy for children, young people and adults with a learning disability and autistic people in inpatient settings.

CQC welcomes these programmes, but recognises it is not yet clear what level and breath of impact they will have and how quickly they will result in improved outcomes. CQC also says broader areas of work are still needed in the following areas: developing contracts that state the outcomes for a person's pathway from admission to discharge; making sure screening assessments take place; and developing a trauma-based approach.

Care Quality Commission

CQC highlights the work it has undertaken to improve how it identifies closed cultures and hear from people who might be experiencing them. This includes:

- The development of guidance and tools, such as updated guidance on: closed cultures; how CQC regulates providers supporting autistic people and people with a learning disability; and support for inspectors to assess the safe and appropriate use of surveillance. The report also highlights that CQC is piloting its Quality of life tool, which looks at how well people's care plans are delivered in practice and helps to corroborate evidence between different sources, and the use of 'talking mats' (an interactive tool using specially designed symbols to help communication) on inspections.

- Progress on data and intelligence. This includes developing extra indicators to improve the identification of closed cultures; creating dashboards to help identify the use of restrictive practices; and (recently) deciding to use powers under the Regulation of Investigatory Powers Act 2000 to expand the intelligence sources available.

- Changing the way services for this group of people are regulated. Changes have been made to CQC's inspection methodology for health and care settings to focus on the culture of services and on identifying where people living in hospitals may be at a greater risk of poor quality of life.

CQC acknowledges they still need to develop some of the work to progress the *Out of sight* recommendations for CQC, and ensure that it encompasses people with mental ill health and autistic people as well as those with a learning disability.

Findings on people's experiences of services

This section of the report outlines findings from published data sources and from CQC's regulatory work focused on the following areas: numbers of people in hospital; restrictive practices; length of stay and discharge; care (education) and treatment reviews; quality of care in hospitals; and community services.

Numbers of people in hospital

CQC states that current data shows there are still too many people in inpatient hospital wards. The latest data for October 2021 show 2,070 people were receiving inpatient care. This is a reduction of 28% on March 2015 and a 6% reduction since the *Out of Sight* report was published in October 2020.

Restrictive practices

Data from the Mental Health Services Dataset published by NHS Digital for August 2021 found that over 2,400 people in a mental health inpatient setting were reported to have been subject to restrictive interventions and there were 17 restraints per 1,000 occupied bed days. Analysis shows that more people are now in long-term segregation than when the *Out of sight* review was commissioned. Data from November 2021 showed that there are currently 112 people with a learning disability or autistic people in long-term segregation. In November 2019 this figure was 77.

Length of stay and discharge from mental health inpatient units

CQC has found that discharge from hospital can be slow and people sometimes spend longer than necessary in hospital. Data from October 2021 found that 56% of autistic people and people with a learning disability receiving inpatient care had a total length of stay of over two years, and a further 17% had a total length of stay of over ten years.

In the same month, 57% did not have a planned date of transfer or discharge, of those who did have a date of transfer half were expected to leave within six months and nearly one in five (18%) were overdue for discharge or transfer. CQC conclude that delays in transfers and discharges indicate wider issues with limited appropriate housing provision a key issue in particular.

Care (education) and treatment reviews

The report highlights concerns have been raised about variability in the quality and access to care (education) and treatment reviews. CQC aims to look at these concerns and data around reviews in more depth in its Spring 2022 report.

Quality of care

The report reiterates findings from CQC's pilot inspections of hospitals for people with a learning disability and autistic people. This includes: where services have a good culture and staff are engaged, the regulator has seen people leading their best lives; getting the right staff with the right skills has become increasingly difficult; people have become stuck in services and not able to move on to a community place; and the importance of quality assurance systems.

CQC concludes that reports of poor care, treatment and abuse in hospitals such as an over-reliance on restrictive interventions are still too frequent. CQC acknowledges that there is currently a problem in the system, and calls for commissioners to make sure that they find the best possible and most appropriate place for people who may be moved from hospitals that have closed down.

Community services

This section of the report highlights two resources, Home for Good and Helping People Thrive, that have been published recently which feature stories of people who have previously been placed in hospital setting now thriving in communities across England.

The report stresses the need to recognise people may have fluctuating needs, and services that wrap around the individual to give that additional support should be in place, including early intervention and preventative services, alongside crisis support. This requires agencies to work together in partnership across health and social care boundaries.

What still needs to be done

In this section, CQCs highlight the following as areas where further work is needed:

- A focus on improving services for people with mental ill health and autistic people
- Therapeutic care and treatment for people in the community, early intervention and crisis support
- Commissioners ensuring placements meet peoples' needs and enable them to lead fulfilling lives
- Addressing the shortage of places, and range of options available, for all people to live.

This section also stresses the need for action on workforce. CQC highlights there is now a more concerning staffing crisis within the health and social care sector than before the pandemic, and the fact there have been calls for the government to urgently review the needs of the workforce.

Embedding an understanding of people's rights into decision making at all levels is also stressed, and the fact this needs commitment at system as well as organisational level. CQC highlights that for an organisational approach to protecting and respecting people's rights to be successful, there has to be a skilled and motivated workforce, with good training in person-centred care and human rights. There also must be effective leadership, including oversight of how people's rights are being upheld in practice. CQC stress this applies to both providers and commissioners of care.

Next steps

In Spring 2022, CQC plans to provide a fuller update on progress made by a larger range of stakeholders in response to recommendations in its *Out of sight – who cares?* report. CQC heard reports about the use of restraint in acute hospital settings, and this will therefore also be explored in its Spring report.

NHS Providers view

We welcome CQC reporting on the progress that has been made so far towards implementing the recommendations of its *Out of sight* report, and where further work is needed. As we have previously highlighted, people with a learning disability and autistic people have faced longstanding, structural inequities, which has meant too many people are not receiving the care and support they need and should expect from the health and care system.

CQC is right to re-emphasise the need for government, NHS organisations and local authorities to work together to remove the barriers stopping people from getting the care they need, and put in place the funding, community placements, crisis teams and skilled staff required to fully meet people's needs. Securing sustainable levels of revenue and capital funding across health, social care and wider public services – including education, housing and employment support – to invest in high-quality services in the community is fundamental to providing people and their families with the upstream support they need, and secure, high-quality housing provision in places where people want to live.

Investment in the health and care workforce is particularly crucial to overcome the severe shortage of specialist staff needed to deliver appropriate and personalised care in every setting. We continue to call for a fully costed and funded national workforce plan, alongside increased long-term investment in workforce expansion, education and training. The costs of delivering adequate supervision, support and systems for reflective practice and learning also need to be factored in, given their key role in enabling good practice development and improving staff retention.

We will continue to engage with CQC on behalf of members in this area and look forward to the regulator publishing a fuller update on progress made by a larger range of stakeholders in Spring next year.