



The state of
health care and
adult social care
in England
2020/21

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Stockton on Tees Adult Social Care and Health Select Committee Meeting

18 January 2022

@CareQualityComm
#StateOfCare

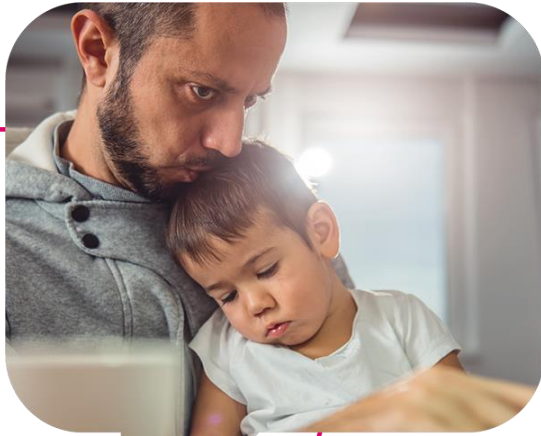
Our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England

- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



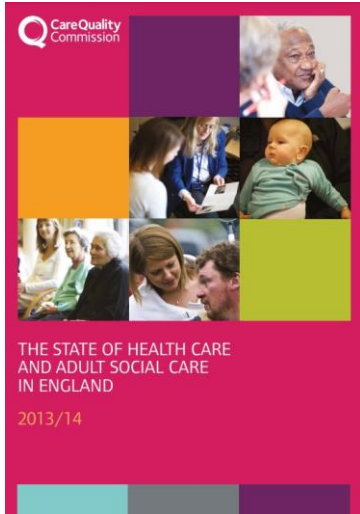
Unique oversight of care



- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

23,215 adult social care services
138 NHS acute hospital trusts
294 independent acute hospitals
83 NHS or independent community health providers or locations
10 NHS ambulance trusts
129 Independent ambulance services
199 hospices
49 NHS mental health trusts
227 independent mental health locations
10,944 dental practices
6,430 GP practices
165 Urgent care and out of hours

State of Care legacy



CQC is a consistent and trusted voice on the system

Powered by people, for people....



We recognise and celebrate the extraordinary professionalism, resilience under pressure and dedication of all people who work and volunteer in health and social care and those who care at home.

Everyone – in all parts of the system – should be recognised for their work.



And....

Health and care **staff are exhausted and depleted** – which has the potential to affect people’s care. They can’t work any harder – **they need support to work differently.**

The system needs to work better for staff and for people’s care.

Vacancies in care homes

More roles than before are unfilled – effects on providers, people and quality

- CQC is seeing:
 - vacancy rates rising steadily month-on-month
 - some providers are unable to recruit and have had to hand back registrations, leaving people looking for new homes in areas close to capacity
 - examples of quality suffering owing to lack of staff

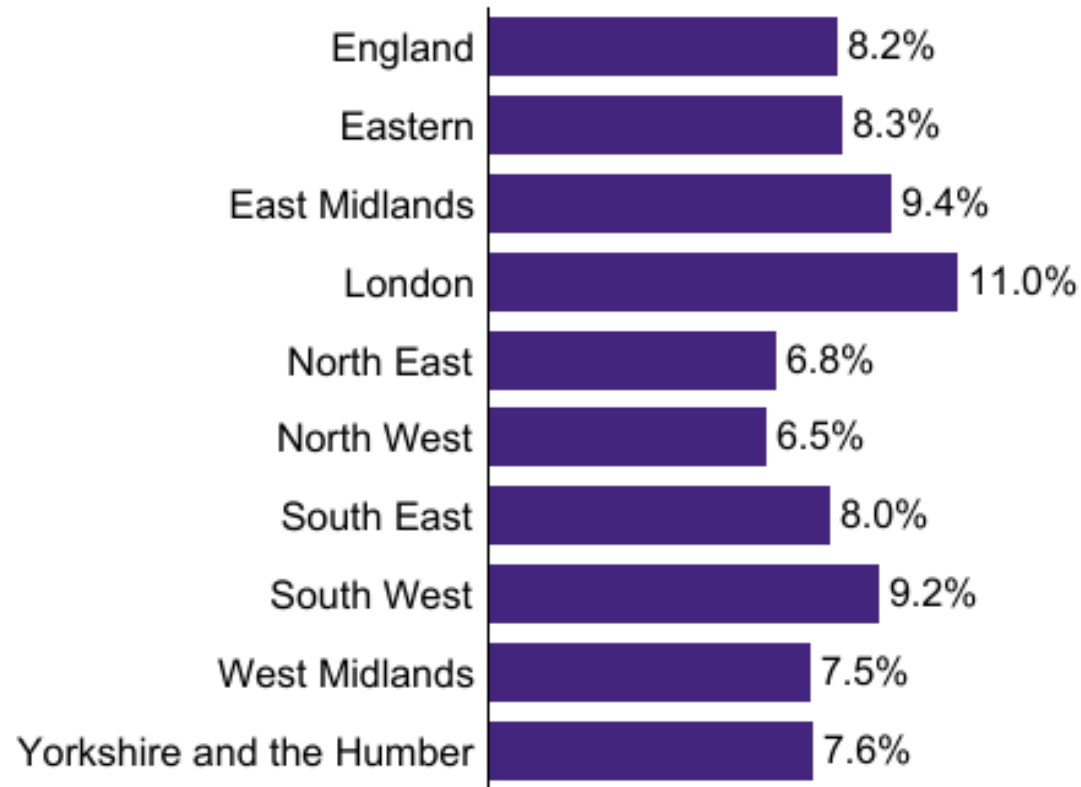
England	Vacancy rate
April	6%
May	6.2%
June	7.6%
July	8.5%
August	8.9%
September	10.2%

Source: Adult Social Care Residential Provider Information Returns, CQC, 1 April to 30 September 2021

Vacancies in adult social care

There are regional variations

Current vacancy rate



Recruitment and retention – vacancies: August 2021
Source: Skills for Care monthly tracking, October 2021

New money must drive new ways of working

£5.4 billion must be used to make a real difference

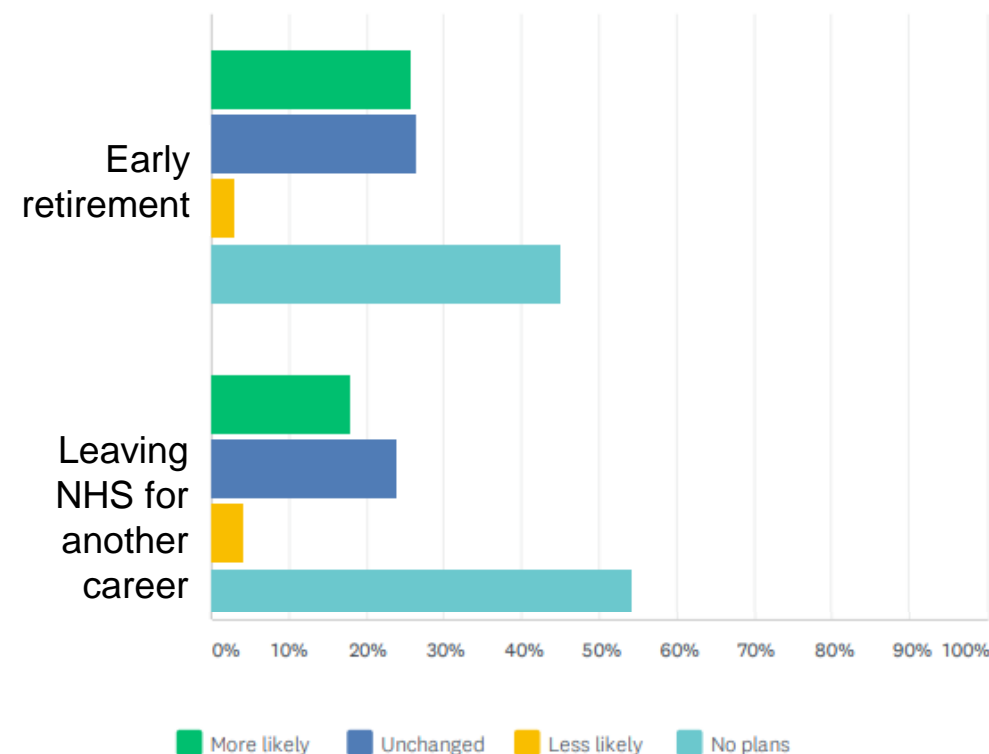
- It cannot just **prop up existing ways of working and plug demand** in acute care
- £500m allocated for social care workforce must:
 - develop **career pathways** linked to training
 - be supported by **consistent investment**
- Adult social care must see **higher pay** with good terms and conditions to compete in the market and be an attractive career option



Pressures elsewhere

Staffing pressures being felt particularly across primary care and nursing

- **Fewer GPs** than in 2017 – many say they will retire, reduce hours or leave
- Vacancies for **registered nurses in adult social care** are 13.4% (up 5% since March 2020) – turnover is 38.2%
- **Little growth in mental health nursing** numbers for 9 years
- **Fewer learning disability nurses** than in 2017



Source:
British Medical Association, COVID-19 tracker survey, February 2021. 'Changed career plans for the next year.'

Sources:

NHS Digital, General Practice Workforce - 30 June 2021, August 2021 and NHS Workforce Statistics June 2021

Skills for Care Workforce Intelligence Data and The state of the adult social care sector and workforce in England, October 2021

British Medical Association, COVID-19 tracker survey, February 2021

Nuffield Trust, The mental health workforce: challenges facing the NHS, August 2021

Stability in social care is the key

Must recognise the interdependency of all care settings

- Increased stability in social care is the key to:
 - unlocking **improved access and quality** of care for people
 - **easing pressure** on the NHS by **reducing** emergency attendances and enabling people to **leave hospital in a timely way**
 - enable people to **live their best lives**



Why this is important

Further instability in social care risks a 'tsunami of unmet need'

If nothing changes....

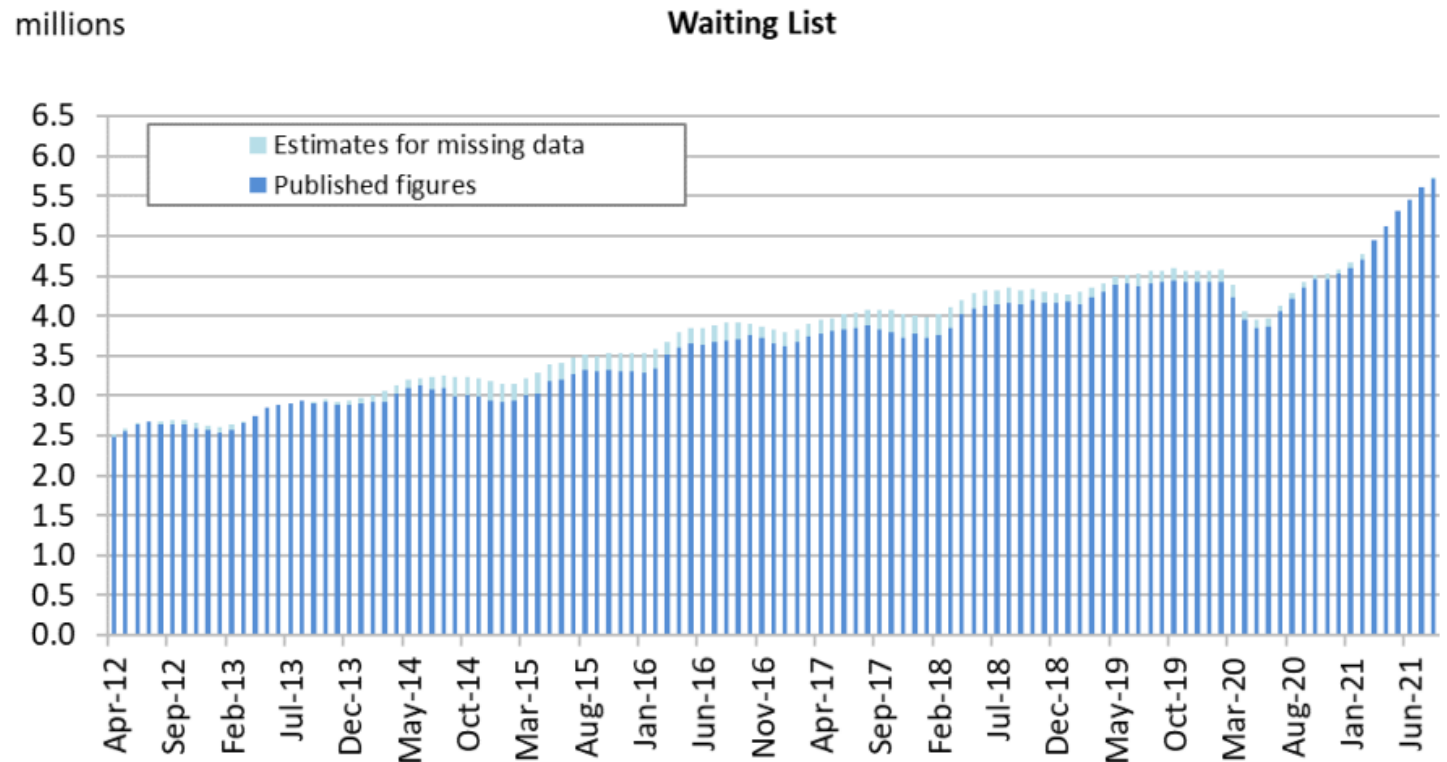
- Social care will continue to lose staff to other sectors – leading to **reduced capacity and choice, and poorer quality care**
- Result will be a **ripple effect across the wider system which risks becoming a tsunami of unmet need across all sectors**



Pressure on the NHS

Measures that improve capacity and patient flow are needed

- Number seeking emergency care continues to rise with **unacceptable waiting times for ambulance and emergency departments**
- Now **5.7m** waiting for **elective treatment**



Source: Referral to treatment waiting times for consultant-led elective care, NHS England and NHS Improvement, 14 October 2021

What could help now?

Urgent steps needed now to manage risk



- Close working across the system essential to **manage out-of-hospital care safely this winter**
- Discharge to Assess funding has helped people to leave hospital and some social care providers to stay afloat
- **Longer-term commitment to this funding** would capitalise on benefits and help social care build meaningful relationships
- **Also, funding is needed now** to help the areas struggling most to increase capacity over winter

Ultimately, new care models are needed

People would receive the care they need, where and when they need it

- Most immediately, a **new model** for urgent and emergency care
- People less likely to end up inappropriately funnelled into emergency departments
- Many could be **better treated out of hospital** or by other allied health professionals, working in multi-disciplinary teams



Inequalities continue

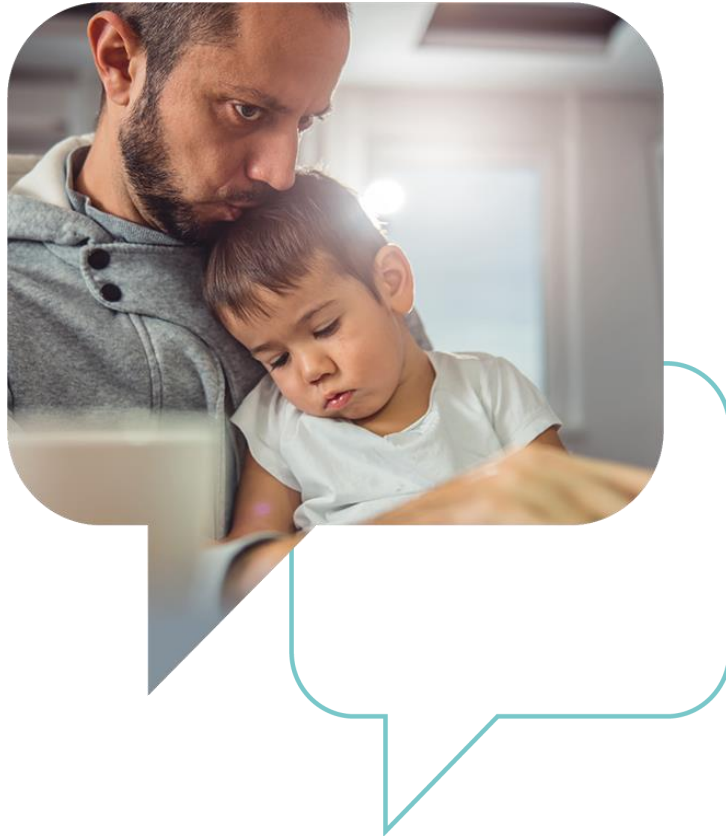
As we highlighted in 2020, COVID-19 exacerbated inequalities

- People receiving poorer care before the pandemic are often the **same groups disproportionately affected by COVID**
- The **problems we highlighted last year haven't gone away**: in services for people with learning disabilities and/or autistic people we continue to find services with **care so poor that we need to take action to keep people safe**



In the longer term

Planning, local relationships and transformed care



- Integrated Care Systems need to plan for all parts of the health and care system to **work together to respond to local needs**
- Relationships and support outside the formal healthcare system – **particularly the third sector**
- Challenge now is for every system to learn from the best examples so **local leaders make best use of resources and people**

A health and care system that works for everyone



- The future must be **focused on outcomes** for *all* people who need care, supported by changes to workforce, funding, commissioning and oversight
- Priority is **designing services around local need**, so people get the right care in the right place at the right time, delivered by a valued and supported workforce
- We must **grasp this opportunity to build something better – a health and care system that works for everyone**



Grasp the opportunity now

- There is an **urgency** as winter 2021 approaches
- The health and social care system needs to change so it **works better for *all* people who use it and work in it**
- Grasp the opportunity for change to avoid a **tsunami of unmet need**

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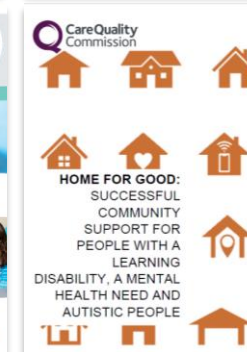
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