

Summary

This report sets out how well health care and social care services in England performed in 2009, and the improvements leading up to 2009.



It is the Care Quality Commission's first yearly report to Parliament on the state of health care and adult social care in England. We have taken a broad view across health and social care, drawing on the wide range of evidence gathered through our regulation and performance assessment activities, which are currently different for health care and social care. This includes, as much as possible, information on the experiences of people who use services and what happens to them. Our analysis highlights key areas of progress to build on, and those areas where further attention is needed to improve people's care.

The *State of health care and adult social care in England* covers the services that we regulate, which are:

- Adult social care services (care homes and home care agencies)
- NHS and independent health care services
- Primary care trusts (PCTs) and councils, which provide and purchase (commission) health care and adult social care services for their communities.

Overview of health and social care in 2009

Great improvements have been made over recent years. Increasing numbers of health and social care services, councils and PCTs have been assessed as "good" or "excellent". The proportion of adult social care services (such as care homes and home care agencies) rated as good or excellent rose from 69% in 2008 to 77% in 2009; the proportion of NHS trusts scoring good or excellent for quality of services has remained high at 63%, an increase from 61% in 2008.

There have been great successes in reducing waiting times for NHS non-emergency care and waiting times in A&E; in reducing rates of healthcare-associated infections; and in supporting more people to live independently at home. This is clearly cause for celebration.

There remains unacceptable variation, and a small number of services or organisations do not meet minimum* standards of safety and quality. Five per cent of NHS trusts are rated "weak" and 2% of adult social care services (such as care homes and home care agencies) are "poor". In the independent health care sector, across all services and all minimum standards, there are major shortfalls from the standards in 10% of cases. In particular, good practice relating to

* In this report we refer to core 'Standards for Better Health' set out for the NHS in 2004 as minimum standards. We also refer to National Minimum Standards that are set out in the Care Standards Act for independent health care providers and adult social care providers, as minimum standards.



safety, safeguarding arrangements and workforce training needs to be implemented more widely.

The future presents a major challenge. The Government expects that, in 20 years' time, 1.7 million more adults in England will have a care and support need. At the same time, we are entering a period when public finances will be stretched. And people are, rightly, coming to expect more choice and control over their care. To help meet these challenges, there needs to be real acceleration in joining up health and social care and centring it on people's needs. The changes needed are often cultural ones that could deliver major benefits.

- There is progress in joining up health and social care to meet people's needs but this must get faster, to improve people's experience of care and maintain their independence and health. Better joined-up care will help meet future demand and deliver greater value for money by reducing the reliance on high-cost hospital and residential care. For example, some older people are admitted to hospital as emergencies twice or more every year, and some of these admissions might not be

necessary if people were cared for better in the community. If every local area could reduce the number of people admitted repeatedly as emergencies, and the length of time these people spend in hospital, to the low levels seen in the best performing areas of the country, this would result in an annual saving of around £2 billion to hospital budgets.

- A fundamental cultural shift needs to take place, so that people are able to shape their own care. As Lord Darzi identified for the NHS in *High Quality Care for All*, despite the improvements over the last decade, "convenience for the system too often takes precedence over convenience for patients". This means giving people better access to timely, relevant and accurate information and allowing them to make decisions about their care, so that they have more control and are treated with dignity and respect. Such person-centred care can be more effective because the focus is on an individual's needs and maintaining their independence and health, as opposed to a one-size-fits-all approach which could involve providing the wrong care at the wrong time.

Improvements in health and social care

Assessments show that there has been great improvement in performance over recent years, and that some services or aspects of care have improved significantly.



Overall improvements in performance

- There has been a steady increase in the number of councils which are performing “well” or “excellently”. This is the sixth year running where no councils have been assessed as “poor”.
- In adult social care, the proportion of services (such as care homes and home care services) rated as “good” or “excellent” rose from 69% to 77% between 2008 and 2009.
- Over four years of NHS performance ratings, the proportion of trusts scoring excellent or good for the quality of their services has risen from 41% in 2005/06 to 63% in 2008/09.
- Over the same time period, the proportion of NHS trusts scoring excellent or good for financial management has improved markedly, from 16% in 2005/06 to 71% in 2008/09.

- Independent health care providers such as independent hospitals, hospices and private doctors meet 64% of minimum standards and almost meet* a further 26%.

Examples of progress

- The NHS has greatly improved access to, and the experience of, people waiting for acute care. For example in 2008/09, 70% (109) of trusts met the target to ensure that (in 98% of cases) people spend no more than four hours in accident and emergency (A&E) departments.
- In 2008/09, 89% of (151) acute trusts achieved the demanding target of ensuring a maximum waiting time of 18 weeks from referral to start of non-emergency treatment.** In 2007/08, 44% (75) of trusts achieved the measures that examined progress towards meeting the target. There has been huge improvement, particularly as the number of patients waiting longer than 18 months was still being measured in 2001/02.
- There was a 34% fall in reported MRSA (Methicillin-resistant *Staphylococcus aureus*) cases and a 35% fall in *Clostridium difficile* cases between 2007/08 and 2008/09.

* Not met with minor shortfalls

** For 90% of admitted patients and 95% of non-admitted patients



- More than 78% of PCTs meet indicators relating to the management of long-term conditions.
- There are signs of more people being supported to live independently at home: 2.1% of people (208,530) aged 65 and above were living in care homes (supported by their council) in 2009, compared to 2.5% (241,200) in 2005.
- In 2009, 148,000 people had access to council-funded services that help prevent unnecessary admission to hospital, compared to 80,000 five years ago.
- In 2009, 157,000 people had access to council-funded services that help prevent delays in discharge from hospital, compared to 112,000 five years ago. The average number of people experiencing delays has fallen from 3,600 a week in 2003/04 to 2,200 a week in 2008/09.
- Things sometimes go wrong when people receive care. It is crucial that organisations report their mistakes and near misses (called 'incidents'). This is so that they can learn and put things right, which creates a culture of improvement in safety, rather than one of blame. The number of safety incidents reported by the NHS to the National Patient Safety Agency (NPSA) has improved greatly, from 922,552 incidents in 2007/08 to 1,061,934 in 2008/09.*

* Figures relate to incidents that are reported between each July and the following June

Variations in performance and in meeting minimum standards of safety and quality

At a local level there is unacceptable variation in the performance of services. A small proportion are falling below minimum standards of quality and safety. Some are persistently failing to improve.



Safety

Safe care, delivered in a way that gives continual attention to reducing avoidable harm, is fundamental to ensuring that people have good outcomes after treatment. The NHS has made considerable progress in this area but unacceptable variations persist. A number of organisations need to adopt accepted good practice.

- 426 social care services (2%) are overall rated “poor”, with a further 17% rated “adequate”.
- Of the 392 trusts assessed in 2009, 20 trusts (5%) were rated “weak” and 32 (8%) have never scored higher than “fair” over the past four years.
- Service providers within the independent health care sector are required to meet different sets of minimum standards. Across all services and all minimum standards, there were major shortfalls from the standards in 10% of cases.

Our analysis has highlighted safety, safeguarding, and workforce training as particular areas of concern.

- **Reporting incidents.** As we said above, it is crucial that organisations report their mistakes and near misses so that they can learn and put things right. The number of incidents reported to the NPSA has improved greatly. However, the reporting rate continues to vary across organisations: for example, reporting from primary care trusts with hospital beds varies over twenty-fold. A number of organisations must improve their awareness of safety, reporting of incidents, and learning from things that have gone wrong. In particular, reporting from general practice needs to improve: even though 90% of patient contact with the NHS takes place within general practices, only 3,417 incidents were reported from general practice, compared to 693,700 incidents from hospitals.
- **Infection control.** The NHS has made excellent overall progress in tackling MRSA and *Clostridium difficile*. Yet this picture varies across organisations and 48 acute trusts (28%) did not meet at least one of three infection control minimum standards in 2008/09.

Safeguarding

Everyone, including health and social care staff, has a responsibility to keep children and adults safe from abusive and criminal behaviour. This is called “safeguarding”. In both health and adult social care, concerns have been raised about the effectiveness of safeguarding arrangements across and between different organisations.

- NHS organisations should have been meeting minimum standards of quality since they were established in 2004. In 2008/09, 9% of NHS organisations did not comply with the minimum standard on child safeguarding, which is worse than the previous year (4%).
- Improvements in adult safeguarding procedures were needed in 10% of councils, and over a third had to make further improvements in their safeguarding training.

Staff training

Trained staff are essential to the quality and safety of services. But all types of services, as well as PCTs and councils that purchase care for people, find minimum training standards hardest to meet. These training standards cover a range of courses relevant to the services concerned, such as basic safeguarding, basic life support and fire safety.

- In 2009, the standard requiring NHS staff to participate in mandatory training programmes had the lowest overall compliance rate of all minimum standards, varying from 73% compliance in ambulance trusts to 90% in mental health trusts.
- 85% or less of adult social care services (care homes and home care agencies) meet minimum standards for training which were set out in 2000.
- Staff training and qualifications were a strength in only 16% of councils.



Joining up health and social care services

The future presents a major challenge. Public finances are tightening and the Government expects that, in 20 years' time, 1.7 million more adults in England will have a care and support need.



To help meet this challenge, there needs to be real acceleration in providing care that is coordinated around people's needs so that they can benefit from the very best possible outcomes. Approaches to joined-up care within and between health and social care can help make the system more efficient: for example, when hospitals work with councils to discharge people home from hospital quicker, the need for high-cost hospital and long-term residential care is reduced.

There have been encouraging improvements in joined-up care:

- There are signs of more people being supported to live independently at home – 2.1% of people aged 65 and above (208,530) were living in care homes (supported by their council) in 2009, compared to 2.5% (241,200) in 2005.
- In 2009, 148,000 people had access to council-funded services that helped them avoid being admitted to hospital as an emergency, compared to 80,000 five years ago.
- 157,000 people had access to services that helped them return home quickly from hospital, compared to 112,000 five years ago. The number of people experiencing delays has fallen from 3,600 a week in 2003/04 to 2,200 a week in 2008/09.

Local variations

The national picture of overall improvement masks considerable variation locally:

- There is a three-fold variation in the extent to which councils place older people in long-term residential care.
- There is a huge (over thirty-fold) variation in the proportion of people whose discharge from hospital is delayed. This means, that in some areas, expensive hospital-based care is over-used.
- Some older people are admitted to hospital as emergencies twice or more a year, and some of these admissions might not be necessary if people were cared for better in the community. If every local area could reduce the number of people admitted repeatedly as emergencies and the length of time these people spend in hospital to the low levels seen in the best performing five areas of the country, hospitals could make an annual saving of around £2 billion.

Sharing information between services

Good quality communication between professionals and between organisations makes for a more seamless experience for people moving within a service, or across health and social care services.

Communication problems can have a negative impact on what happens to people.

- 95% of trusts said that they had protocols for sharing information on children's safeguarding concerns. However, 36% of acute trusts did not have a policy for joint working between maternity services and social services. Nineteen per cent of mental health trusts did not have agreements in place for communication between mental health and children's services.
- 17% of care homes had not received information about whether people had a healthcare-associated infection, when they were discharged from hospital.
- Only 53% of general practices reported that discharge summaries sent by acute trusts arrived in time to be useful.



Giving people choice and control, and protecting their rights

Centring care on people's individual needs and protecting their rights are important hallmarks of good quality health and social care.



People are, rightly, coming to expect more choice and control over their care. As Lord Darzi identified for the NHS in *High Quality Care for All*, despite the improvements over the last decade, “convenience for the system too often takes precedence over convenience for patients”. Person-centred care can be more effective because the focus is on the individual's needs and maintaining their independence and health, as opposed to a one-size-fits-all approach. The Government has estimated that up to £2.7 billion per year could be saved by enabling people to manage their own conditions (such as diabetes) better, treating them closer to home and avoiding unnecessary hospital visits. Many services aim to give people as much independence as possible.

Sharing information with people

More people are now getting better information about their care and options. However, information is not always made available to people or communicated in a way that they can understand.

- Just under 99% of NHS trusts say they meet minimum standards on making information available.
- Over 80% of adult social care providers and between 48% and 75% of independent health care providers fully meet relevant minimum standards for sharing information with people.

- However, people's own views of whether they were well communicated with are not as positive. Twenty-one per cent of inpatients in hospital report that they were not given sufficient information about their condition or treatment, a picture which has remained unchanged over recent years. Twenty-nine per cent of people with disabilities using social care services thought that they were not communicated with in a way that helped them understand things properly.

Choice and control

People are being offered more choice and control, but progress is mixed.

- 47% of people recall being offered a choice of hospital for their first outpatient appointment, an improvement from 30% in 2006.
- Over 90% of adult social care services meet minimum standards on choice and control.
- Almost half of adult inpatients using an acute health care service were “definitely” not involved in decisions about their care as much as they wanted.
- In mental health services, 27% of people using acute mental health care were not as involved in their care as they wanted.

- In 2003, a system was introduced to enable councils to make direct payments to individuals so that they could choose and purchase their own social care. In 2008/09, 86,000 adults received such payments and spend equated to only 4% of the overall gross current expenditure on care. In 53 out of 141 councils, fewer than 5% of people receiving care use direct payments.

Access to care

People's options can be limited if access to care is restricted. PCTs and councils have to balance funding care for people with high levels of need with funding services that maintain people's independence and promote health and wellbeing.

- 72% of councils have chosen to focus their funding for social care solely on people whose needs are substantial or critical. As criteria are tightened, increasing numbers of people become ineligible for public funding. They have to fund their own care, if they are able to, otherwise the responsibility for providing care and support falls increasingly to carers and families. In such circumstances, it is particularly important to provide good support and information (for example, about voluntary sector services) to people and their carers and families. This is something that excellent-rated councils have done. As the population ages and financial pressures grow, we expect that access to publicly-funded care will become further restricted. We welcome the publication of the Government's green paper on reforming the system of care and support. Whatever funding system is adopted for a National Care Service, it needs to ensure that people have access to quality services, and to be sustainable in the face of future population changes.

- The NHS has greatly improved the experience of people waiting for acute care, both in terms of waits for non-emergency care and waits in A&E. In 2008/09, 89% of acute trusts (151) achieved the demanding target of ensuring a maximum waiting time of 18 weeks from referral to start of non-emergency treatment.* The percentage of people able to get an appointment with a general practitioner within 48 hours has improved to 85% on average, but varies from 76% to 92% across PCTs. And only half of trusts provide adequate access to out-of-hours support for people with mental health needs.



Equalities and human rights

We are concerned that services are not improving in challenging discrimination and promoting human rights fast enough. For example:

- 91% of NHS organisations are meeting the minimum standard for challenging discrimination, promoting equality and respecting human rights. But all organisations should have met this standard in 2004, and performance is low in comparison to most other minimum standards.
- Only 31% of councils were monitoring how well they were meeting targets on equalities.
- People from minority ethnic groups continue to be over-represented among those detained under the Mental Health Act.



* For 90% of admitted patients and 95% of non-admitted patients

Moving forward

Major improvements have been made in health and social care services in the years leading up to and during 2009. Yet there is variation in the quality of care, and we are concerned about a small number of organisations that do not meet current minimum standards or that persistently fail to improve.



Increased demand and tightened finances in the future mean that many organisations will need to fundamentally change the extent to which they join up services across traditional divides and give people more control and choice.

Those who provide services and those who purchase care on people's behalf are responsible for improving the quality of care, implementing essential improvements and learning from others. At CQC, we will play our part in helping to improve the quality of care through our regulatory activities. We are changing our approach to give more emphasis to people's experience and the outcomes of care.

We are committed to involving people who use health and adult social care services in our work and making sure that services involve people and respond to their views. We believe that this involvement is central to improving services for everyone.

We are introducing a registration system across health and adult social care, with a common set of new essential standards of quality and safety that all services have a legal responsibility to meet. We will set clear expectations of services that focus on outcomes and are centred on people. We will look at whether people who use services receive safe and coordinated care, and in particular we will look at the quality of treatment and support where people receive more than one service or are moved between services, because these are key points where the quality of care can break down.

The new registration system will work in real time. We will identify serious issues by vigilant assessment of risks to the quality and safety of care, and by responding quickly to concerns as they arise. We will act swiftly to bring about change that improves people's care. We are working as part of the National Quality Board to ensure that early warning signs of concerns are tackled and that it is clear who is responsible for this.

Where we find shortfalls in performance against essential standards, we will impose conditions of registration, and we will refuse to register services that fall below the standards. We will use our enforcement powers where needed. We will also focus on driving improvements through performance assessment and our special reviews and studies.

