

The state of health care and adult social care in England 2022/23 (State of care)

Introduction

Today, 20 October, the Care Quality Commission (CQC) has published its [latest State of Care report](#). This briefing summarises the content of the report and includes NHS Providers' view. To share your thoughts, or for any questions you may have, please contact Mariya Stamenova (policy advisor for regulation) on mariya.stamenova@nhsproviders.org.

Overview

In this year's report CQC highlights the impact that ongoing challenges in health and social care are having on the quality and safety of care and on patient and user access to services. The persistent problem of a system in "gridlock", [as described in last year's report](#), has been compounded by the cost of living crisis, industrial action and escalating workforce pressures. The regulator draws attention to the link between these challenges and the impact on fair and equitable care, whereby those who can afford it are paying for private sector care, while those who cannot face longer waits and reduced access.

The report explores the issues of:

- access to care,
- quality of care (with a specific focus on maternity services, mental health and medicine use),
- inequalities in health and care (as experienced by people from ethnic minorities, autistic people and people with learning disabilities, as well as by children and young people), and
- Deprivation of Liberty Safeguards (DoLS).

The report also focuses on the wellbeing and satisfaction of the health and care workforce, amid ongoing challenges of recruitment and retention and the impact of continuing industrial action.

Finally, it explores the opportunities presented by integrated care systems (ICSs) to bring together local health and care leaders with the populations they serve, in order to understand, plan, and deliver care at a local level.

The report includes quotes and stories from patients and service users, as well as good practice examples, to illustrate its findings.

The evidence base for this report includes data from CQC's inspections and ratings, the experiences of people who use services, their families and carers, as well as national published data and reports. This year it also includes findings from a desktop review of publicly available information for all 153 top-tier local authorities and for all 42 integrated care systems in England, carried out to form a nation-wide view of performance.

Access to care

CQC highlights this issue in the context of growing elective care waiting lists, and many experiencing delays with discharges and referrals, struggling to secure a GP or dental appointment, or seeking help in urgent and emergency care only when their condition has worsened. In addition to declining physical health, waiting for treatment can also have an impact on people's mental health and wellbeing. The impact of these delays is likely to affect certain groups of people more than others, including those living in deprived areas, people with long-term conditions, people with autism and learning disabilities.

The report also points to the increasing number of people who have used private healthcare in the past year, including estimates that around eight in 10 of those accessing private care would have always or typically used the NHS in the past. For the majority this was so they could be treated sooner. The regulator highlights that this tendency could exacerbate existing health inequalities and increase the risk of a two-tier system of health care, whereby people who cannot afford to pay risk waiting longer and experiencing deteriorating health.

Pressures and delays in the NHS have an inevitable impact on adult social care. Patient flow through hospital continues to be hindered by the lack of capacity in adult social care. CQC observes that while occupancy rates in care homes are increasing, the number of registered beds and care home locations is decreasing. This is often linked to services funded by local authorities struggling to keep up with demand, and is having a disproportionate impact on poorer areas. The regulator highlights the continuing impact of financial pressures on the adult social care market, now exacerbated by the cost of living crisis. It states that residential and nursing home care staff feel unable to provide adequate care and support due to a shortage of staff, lack of funds, and poor management.

Quality of care

The regulator recognises that, despite the best efforts of staff, increasing demand, workforce challenges and cost of living pressures are having an impact on their ability to provide the best possible care for their patients and service users. The report flags a notable decline in the quality of maternity, mental health and ambulance services, based on the ratings awarded over the past year.

Higher demand and pressure is also affecting staff's mental health and wellbeing, with people telling CQC they were "under-staffed and overworked". Staff are also feeling less secure to raise concerns about unsafe clinical practice.

Workforce challenges, particularly linked to recruitment and retention, continue to be a problem, especially in mental health services.

Maternity care continues to be an area of focus for the regulator, with issues around safety and leadership, staffing and communication. Ingrained inequalities persist, leading to differential experiences and outcomes for people from ethnic minority groups, including in relation to infant mortality and post-partum readmission.

Mental health care also remains a key area of concern for CQC, with issues of access and quality of care. These include: limited availability of community care, leading to people being cared for in inappropriate environments; use of restrictive practices; mixed-sex wards; and over-reliance on bank and agency staff, which increases the risk to vulnerable patients and service users.

Another area of focus for CQC this year is the use of medicines, in particular the safe use and management of controlled drugs.

The regulator also discusses medicine optimisation in virtual wards and the opportunities presented by innovative practices and technological change. It warns, however, that, given the speed of growth of artificial intelligence, it is important to ensure that new innovations do not entrench existing inequalities.

Inequalities

Following last year's report, which talked about "pervading and persisting" inequalities, CQC has carried out and commissioned work to explore: the experiences of people from ethnic minority groups using health and care services (including users of maternity services and those with long-term conditions), the experiences of people with sickle cell disease, autistic people and people with a learning disability, and those of children and young people. It has also looked at the inequalities experienced by health and social care staff, including those with disabilities and those from ethnic minorities.

The report recognises that the Covid-19 pandemic and the cost of living crisis have widened and exacerbated inequalities – both for staff and for people using services. The regulator argues that reducing health inequalities is the most effective way to improve the health of people in England in a sustainable way, and that systems need to see reducing health inequalities as their core purpose.

As part of its core strategic ambition to tackle inequalities in people's access, experiences and outcomes when using health and social care services, CQC is starting to look at the various external factors that affect health and care in its new assessments of providers and local systems.

The health and care workforce

In this year's report CQC reflects on the factors that affect the wellbeing and satisfaction of staff working in health and adult social care. It also considers how providers are responding to workforce challenges, including flexibility with roles and capacity, as well as use of international recruitment.

Systems

In the context of ICSs being placed on a statutory footing, and CQC's new powers to assess local systems, this year's report provides some snapshots of the work of local systems, and their ability to cope with the challenges and opportunities ahead. Moving forward, the regulator will be looking at how services are working together within an ICS, as well as how systems are performing overall against the four key aims of: improving outcomes, tackling inequalities, enhancing productivity and value for money, and helping the NHS to support broader social and economic development.

CQC is currently running pilot assessments in ICSs and local authorities to test its new approach. Its early assessments have revealed national and regional variation and some gaps in care provision, especially for those whose needs are most complex. Other areas of challenge include equitable access to health and social care and variable performance of emergency services across England.

NHS Providers view

This year's State of Care report highlights the profound impact that ongoing challenges in health and social care are having on the quality and safety of care, and on patient and user access to services.

We welcome CQC's recognition of the efforts of NHS staff and leaders, who are working under extremely challenging conditions and doing their best to mitigate the emerging risks. While we expect that CQC's assessments and inspections will always be based on facts and carried out in the interest of patient and public safety, we hope that the regulator's new approach will better account for systemic pressures and reflect them in any provider ratings and reports.

This year's report also draws the important link between operational challenges and deepening health inequalities, and we share the concerns raised about the impacts on the worst off, the most vulnerable and those with protected characteristics. A cross-government approach to improving the wider determinants of health and investment in prevention is essential if health and care are to improve equitably and sustainably. A deep and sustained effort in addressing the social care crisis is also needed, including a long-term workforce plan for social care.

We agree with CQC that system working can address systemic challenges and health inequalities. We hope its future assessments will share relevant insights, good practice and learning, in order to enable improvements in health and care.

We look forward to working with CQC in ensuring meaningful and constructive assessments, able to better account for the operating context and for issues outside of individual providers' control. We remain a critical friend as the regulator prepares to launch its new single assessment framework and will work with our members and CQC to evaluate its success.

NHS Providers press statement

Responding to the Care Quality Commission's (CQC) annual State of Care report, Miriam Deakin, director of policy and strategy at NHS Providers said:

"The State of Care report this year underscores an urgent need to address the compounding challenges now facing health and social care, and lays bare their impact on patients, staff and services.

"Workforce pressures, including industrial action, continue to impact patient care and place increasing strain on staff and services. These pressures are exacerbated by the continuing effects of the pandemic and the cost-of-living crisis.

"While trusts are working hard to reduce care backlogs, we know too many people are facing unacceptable delays to planned care and treatment.

"Trust leaders are extremely concerned by the relentless pressure on staff, which can, and does, lead to exhaustion and burnout – with many leaving their professions as a result.

"A long-term workforce plan for social care including better pay and support for staff would help put the sector on a sustainable footing.

"The inequalities highlighted in this report are also extremely concerning. Trusts are working hard to address disparities, including between different ethnic groups, but cross-government investment in improving the wider determinants of health, and investing in prevention, is also essential.

"Local healthcare systems can play a key role in addressing disparities through better collaboration and effective system-wide improvements.

"However, for trusts to successfully tackle mounting challenges and ensure the delivery of high-quality patient care, their efforts must be backed by sustained government support."

Contact info

For any questions regarding this briefing, or to share your feedback on the guidance, please contact Mariya Stamenova (policy advisor for regulation) on mariya.stamenova@nhsproviders.org.