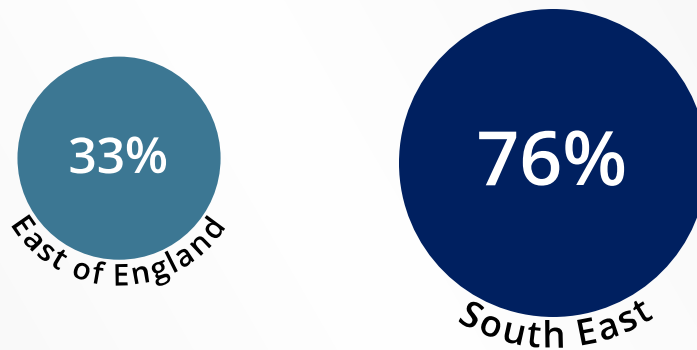


# Board report: English systems in winter

## Key points

### The scale of variation is both broad and deep

In the East of England, 33% of NHS acute hospitals are rated good or outstanding. Nearby in the South East of England, that figure is 76%. (NHS regions)



### Proportion of NHS acute hospitals rated good or outstanding

In the South East, 2% of ambulance handovers took over an hour in January this year. However in the South West, 26% of handovers took over an hour. (NHS regions)

In the South West, 34% of all the people who attended A&E at hospitals across Cornwall and The Isles of Scilly Integrated Care Board (ICB) area waited over 12 hours to be admitted to hospital, after a decision was to admit them. The median figure across all ICBs in England during January was just 12%.

In January, 11% of attendances at A&Es across hospitals in North Central London ICB, were people who had attended A&E in the previous 7 days. Across Shropshire Telford and Wrekin ICB, this figure was around half as many (6%).

## Some regions face challenges across multiple domains of care

What will be the impact on care outcomes for people who live there?

### In the East of England NHS Region

- The number of registered nursing home beds dropped by just over 5%, between April 2022 and January 2023
- In January 2023, 19% of ambulance handovers took over an hour
- The region has some of the lowest proportion of GPs, Care Homes and NHS Acute Hospitals rated good or outstanding in the country.

### The North Central London ICB area

- Had the lowest proportion of A&E attendances that became admissions to hospital in January 2023, and the highest proportion of A&E attendances from people who had been to A&E in the previous 7 days
- People who attended A&E and were later admitted waited for some of the longest times in the country to secure a bed, with 28% waiting more than 12 hours.

## Adult social care providers want to work in partnership to provide care to more people

"[We have] regular care association meetings with LA's, working forums for recruitment workshops and sharing ideas. Financial sustainability remains unaddressed by my current area partnerships. Lack of engagement from ICS/ICB also. Financial impact remains a dirty word."

"We have been collating data in terms of long-term planning around budgeting, reducing energy, reviewing our respite bookings including our emergency respite, 1-1 support and the reduction to agency workers by recruiting permanent staff."

"The local authority is more willing to use our services although our rates are higher than contracted providers. However, the recent government funding - which LA's were given to try and impact on hospital discharge rates - ends at end of March, so totally unhelpful as I could not invest time and energy to develop something innovative since the funding was so short term."

## Challenges remain around stability, staffing and commissioning

Our survey of adult social care services suggests some respondents are concerned about the viability and stability of their services.

- 31% of respondents said they had concerns about the financial stability of their service.

The survey results suggest that there is more capacity in the sector. Could capacity be unlocked by local system leaders?

- 42% of respondents told us that they had between 11% and 100% unused capacity
- 28% told us their unused capacity was because of a "lack of commissioning"
- 26% said unused capacity was as due to "low staffing or recruitment and retention challenges".

# Our analysis of public data

## Overall ratings for each of the three major care settings are below average in the Midlands and East of England

Table showing percentages of services in each NHS region with an overall rating of good or outstanding on 8 March 2023. Figures do not include trust-level ratings.

NHS region	Care homes	NHS acute hospitals	GPs
East of England	79%	33%	93%
London	85%	45%	94%
Midlands	76%	45%	95%
North East and Yorkshire	82%	57%	97%
North West	79%	66%	96%
South East	83%	76%	94%
South West	87%	69%	96%
England	81%	57%	95%

The Midlands has the lowest proportion of care homes rated Good or Outstanding in the country and the second lowest overall GP ratings.

Overall ratings for care homes, NHS acute hospitals and GP practices were all above the England average in the South West.

## There is significant regional variation in ambulance handover times

Over a quarter of people had to wait more than 60 minutes for an ambulance handover in the South West in January 2023, compared to only 2% in the South East.

Table showing percentage of ambulance handovers that were delayed by over an hour in each NHS region. Source: [NHS England urgent and emergency care data](#).

NHS region	Percentage
South West	26.2%
East of England	18.6%
Midlands	11.2%
London	8.6%
North East and Yorkshire	7.7%
England	10.4%

NHS region	Percentage
North West	7.6%
South East	2.1%
England	10.4%

- Although the South West has some of the highest ratings in the country, in January 2023 they had the highest proportion of ambulances waiting for over an hour to handover patients at hospitals.
- The East of England had some of the lowest ratings for acute hospitals, and the second worst performance for ambulance handovers delayed over an hour.
- Does it mean that people who use these services have a greater risk of experiencing poor outcomes?
- Of the 5 trusts with highest proportion of ambulance handovers over 60 minutes, 4 were in the South West.

The London region had some of the lowest conversion of A&E attendances to emergency admissions in the country

Table showing highest five integrated care board areas for the proportion of A&E attendances that became emergency admissions in January 2023. Source: NHS England emergency admissions data.

Region	Integrated care board	Percentage
East of England	NHS Mid and South Essex	30%
South West	NHS Dorset	27%
South East	NHS Buckinghamshire, Oxfordshire and Berkshire West	26%
South West	NHS Bristol, North Somerset and South Gloucestershire	26%
North East and Yorkshire	NHS South Yorkshire	24%
England median		20%

Table showing lowest five integrated care board areas for the proportion of A&E attendances that became emergency admissions in January 2023. Source: NHS England emergency admissions data.

Region	Integrated care board	Percentage
London	NHS South East London	14%
England median		20%

Region	Integrated care board	Percentage
Midlands	NHS Derby and Derbyshire	14%
London	NHS North East London	14%
South West	NHS Cornwall and The Isles of Scilly	14%
London	NHS North Central London	11%
England median		20%

In the East of England, the NHS Mid and South Essex Integrated Care Board admitted 30% of all the patients who arrived at hospital via A&E in January. High proportions of these 'conversions' might be because of relatively high severity of illness or injury, or possibly a lack of alternative interventions.

Of those admitted to hospital from A&E, the time taken varied hugely from the decision to admit them to the moment they secured a bed



Table showing lowest five integrated care board areas for the proportion of waits longer than 12 hours from decision to admit (DTA) to admission in January 2023. Source: NHS England emergency admissions data.

Region	Integrated care board	Percentage
East of England	NHS Mid and South Essex	0%
East of England	NHS Bedfordshire, Luton and Milton Keynes	1%
South East	NHS Hampshire and Isle of Wight	1%
South East	NHS Frimley	2%
Midlands	NHS Coventry and Warwickshire	2%
England median		12%

Table showing highest five integrated care board areas for the proportion of waits longer than 12 hours from decision to admit (DTA) to admission in January 2023. Source: NHS England emergency admissions data.

Region	Integrated care board	Percentage
East of England	NHS Norfolk and Waveney	25%
London	NHS South West London	27%
England median		12%

Region	Integrated care board	Percentage
London	NHS North Central London	28%
South West	NHS Gloucestershire	29%
South West	NHS Cornwall and the Isles of Scilly	34%
England median		12%

## Residential and nursing adult social care capacity remains relatively steady across England

Regional variation since April 2022 may have affected local discharge pathways.

Table showing the percentage change in the number of beds since April 2022. Source: CQC register of services.

NHS region	Overall beds	Nursing beds	Residential beds
East of England	-3.6%	-5.3%	-2.3%
South West	-0.9%	-2.6%	0.6%
England	0.0%	-0.8%	0.8%

NHS region	Overall beds	Nursing beds	Residential beds
South East	-0.6%	-0.1%	-1.2%
North West	-0.5%	-1.1%	0.2%
North East and Yorkshire	0.0%	-3.8%	3.2%
London	1.2%	2.5%	-0.6%
Midlands	3.3%	3.0%	3.5%
England	0.0%	-0.8%	0.8%

Since April 2022, the number of registered home care agencies has risen across the country

Table showing percentage change in the number of domiciliary care agencies since April 2022. Source: CQC register of services.

NHS region	April 2022	January 2023	Percentage change
East of England	1,538	1,573	2.3%
England	11,275	11,824	4.9%

NHS region	April 2022	January 2023	Percentage change
South West	1,055	1,090	3.3%
North West	1,200	1,244	3.7%
South East	1,796	1,895	5.5%
Midlands	2,373	2,509	5.7%
London	1,870	1,978	5.8%
North East and Yorkshire	1,443	1,535	6.4%
England	11,275	11,824	4.9%

London, the South East and the Midlands had a greater than average increase in hospital patients who no longer met the criteria to stay in hospital occupying beds overnight

Table showing mean daily patients waiting for discharge for each NHS region. Source: NHS England discharge data.

NHS region	April to August 2022	September 2022 to January 2023	Percentage change
London	1,098	1,399	27%
South East	1,830	2,127	16%
Midlands	2,023	2,207	9%
North West	2,216	2,342	6%
South West	1,940	2,025	4%
East of England	1,191	1,226	3%
North East and Yorkshire	2,244	2,244	0%
England	12,543	13,571	8%

The London region had the greatest proportion of reattendances to A&E within 7 days

Table showing percentage of people reattending A&E within 7 days in each NHS region in December 2022.

NHS region	Reattendance percentage
London	9.3%
North East and Yorkshire	8.9%
North West	8.6%
South East	8.6%
East of England	7.8%
South West	7.8%
Midlands	7.6%
England	8.4%

The proportion of A&E attendances which were attendances within 7 days of a previous admission varied between regions, with London having the highest rate. This was reflected in 2 of the 5 ICBs with the highest rates of reattendances being from the London region.

Table showing ICBs with the highest rates of A&E reattendance within 7 days in December 2022.

NHS region	Integrated care board	A&E reattendance within 7 days
London	North Central London	11.3%
North East and Yorkshire	North East and North Cumbria	10.0%
South East	Kent and Medway	9.9%
London	North East London	9.9%
Midlands	Staffordshire and Stoke-on-Trent	9.4%
England		8.4%

Table showing ICBs with the lowest rates of A&E reattendance within 7 days in December 2022.

NHS region	Integrated care board	A&E reattendance within 7 days
Midlands	Birmingham and Solihull	6.6%
England		8.4%

NHS region	Integrated care board	A&E reattendance within 7 days
South West	Bath and North East Somerset, Swindon and Wiltshire	6.5%
East of England	Norfolk and Waveney	6.4%
Midlands	Derby and Derbyshire	6.2%
Midlands	Shropshire, Telford and Wrekin	6.1%
England		8.4%

# Findings from our survey of adult social care services

## How we carried out the survey

A survey was sent to all nominated individuals and registered managers in adult social care services in England. We had 2,411 responses. We asked questions about:

- Current capacity
- Staff recruitment and retention challenges
- Financial stability



- Support required to increase capacity
- Current support from local authorities and the wider system.

The survey was open for two weeks from 13 February to 28 February 2023.

The survey gives valuable insights but is not representative of the whole of the ASC service population.

You can download the results of the survey in an open spreadsheet format:

Summary results of our adult social care provider survey (February 2023)

[20230301 ASC provider survey Feb 2023 results FINAL\\_0.ods](#)

**File title**

Adult social care provider survey summary results - February 2023

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Download the results of our survey of adult social care providers in an open spreadsheet format.

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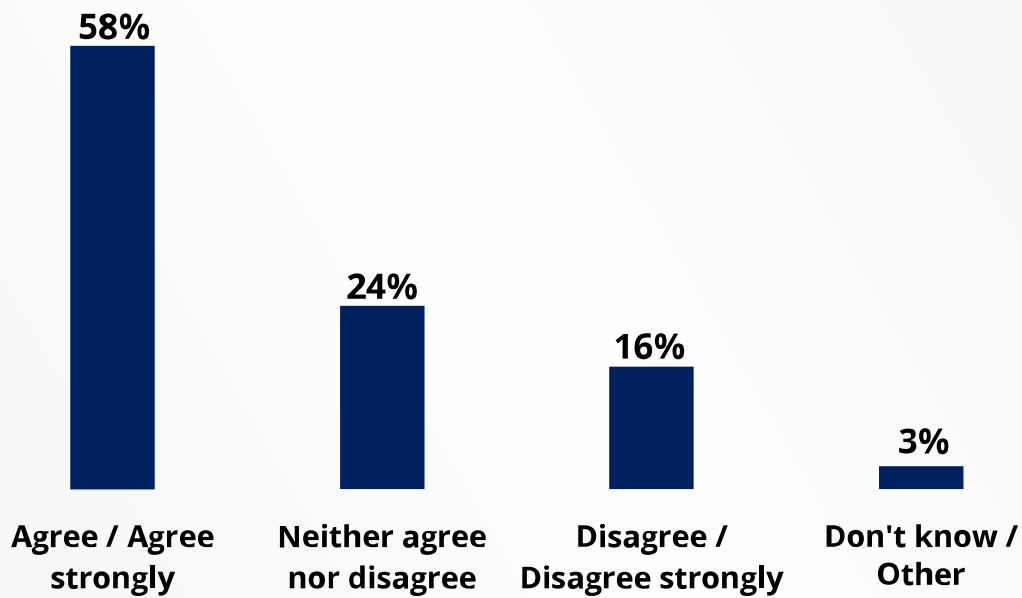
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## National findings: staffing and vacancies

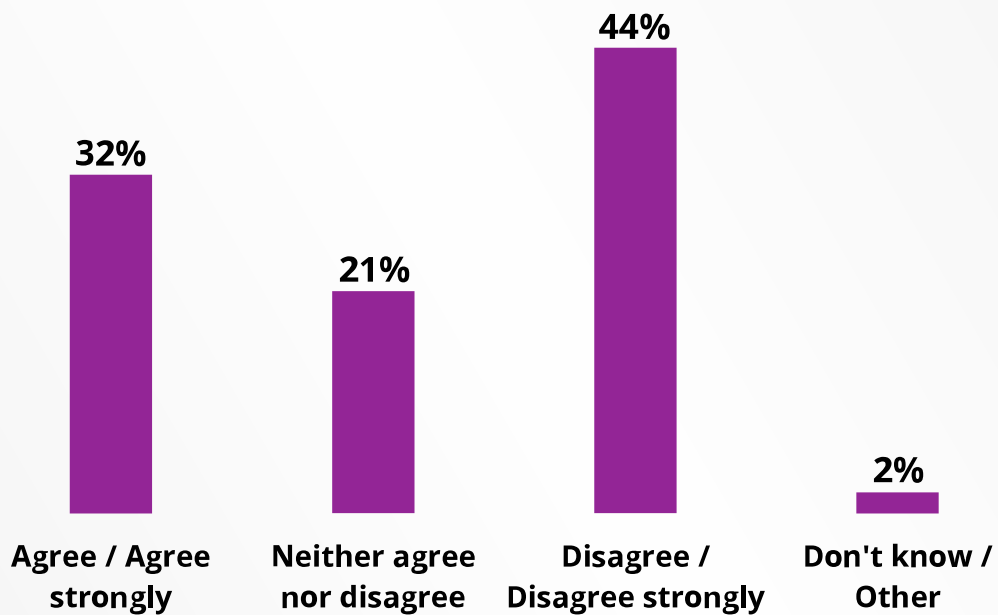
- 35% of respondents told us that the staff vacancies that they have are about the same as they were in August
- 29% said they were higher
- 23% said they were lower
- 13% didn't know, or told us something else.

# National findings: staffing and recruitment

## My service is struggling to recruit staff



## My service is struggling to retain staff



Of the 690 respondents who told us that their vacancy rates were higher than in August:

- 70% completely agreed or agreed that their service was struggling to recruit staff
- 43% completely agreed or agreed that they were struggling to retain staff.

People told us that domiciliary care is much more affected by limitations on local authority (LA) care packages than Residential. Without enough hours/commissioned care, staff cannot be recruited or retained to build out capacity as it turns staff into part-time or zero contract. This further lowers staff retention.

We heard that domiciliary care, unlike residential, has an additional exit point for experienced care staff – residential care homes. Less transport costs, regular contracted hours, and certain rotas, carers who want to stay in care sector have this option.

Respondents also explained that legacy care packages, combined with no increase in LA funding, is leading to a greater reliance on private care packages by established Domiciliary care providers. It is more profitable, less risk, and greater likelihood of staff recruitment and retention. Those care providers who are not reliant on LA packages have or are considering dropping these commissions as not simply unprofitable, but unsustainable.

Residential care appears to have a greater reliance on agency staff, possibly connected to their more reliable hours and rota than domiciliary, making them easier to organise their usage.

Domiciliary care providers are finding the impacts of the cost of living, particularly around fuel, car upkeep, greater than residential. This is another element driving experienced care staff from domiciliary into residential employment.

## National findings: unused capacity

Table showing how much unused capacity adult social care services said they have in our survey

Unused capacity	Proportion of respondents
0-10%	50%
11-20%	13%
21-30%	8%
Over 30%	21%
Don't know / Other	8%

Of the 2,441 services that responded to our survey:

- 28% told us their unused capacity had not been commissioned, which may in turn link to issues of cost
- 26% told us it was as a result of low staffing or recruitment and retention challenges
- 26% told us it was for another reason (they answered 'neither' to the above or provided their own 'other' answer in their response)
- 20% told us that they had no unused capacity at all.

## National findings: increasing capacity

When we asked how services could increase their capacity, they told us that the bottleneck is finances – this was almost across the board for care homes. Almost universally the lower funding from local authorities (LAs) is impacting on staff recruitment and particularly retention. Although providers are aware fees - and thus wages - have been continually low, the recent impacts of inflation and cost of living have exacerbated this. We heard this caused an effective stop on both UK staff recruitment and competitive retention.

We heard that any increase in local authority fees are generally insufficient to cover staff wage increases that make their salaries competitive with other employers. This doesn't include the running costs of the homes, themselves impacted by inflation.

However, one of the most interesting and commonly reported brakes on capacity increases appears to be the methods of commissioning/brokering for LAs, NHS, and other services. People told us that these operate too slowly for care homes or are even perceived as dealing primarily with favoured care service providers. This means that there is no certainty of employment for smaller care homes, or those with low private occupancy. Without this certainty, there are no spare margins in both client numbers and especially funding projections to be able to plan to increase capacity. Combine these with below-cost LA fees and exiting staff, and providers see no way to increase capacity - and many refuse to consider it because they say it would be too risky.

Respondents told us that the slow pace of commissioning/brokerage, coupled with low fees for LA and other social placements, is having an adverse effect on how providers perceive these service users. Several respondents believe the only way to increase capacity and to guarantee financial stability is to focus on private clients. In a care service with low capacity, and limited ability to increase it, this increasing focus on the importance of focusing on private patients at the cost of LA-funded patients raises issues over inequalities more broadly - and the financial viability of some care homes that lack access to private clients.

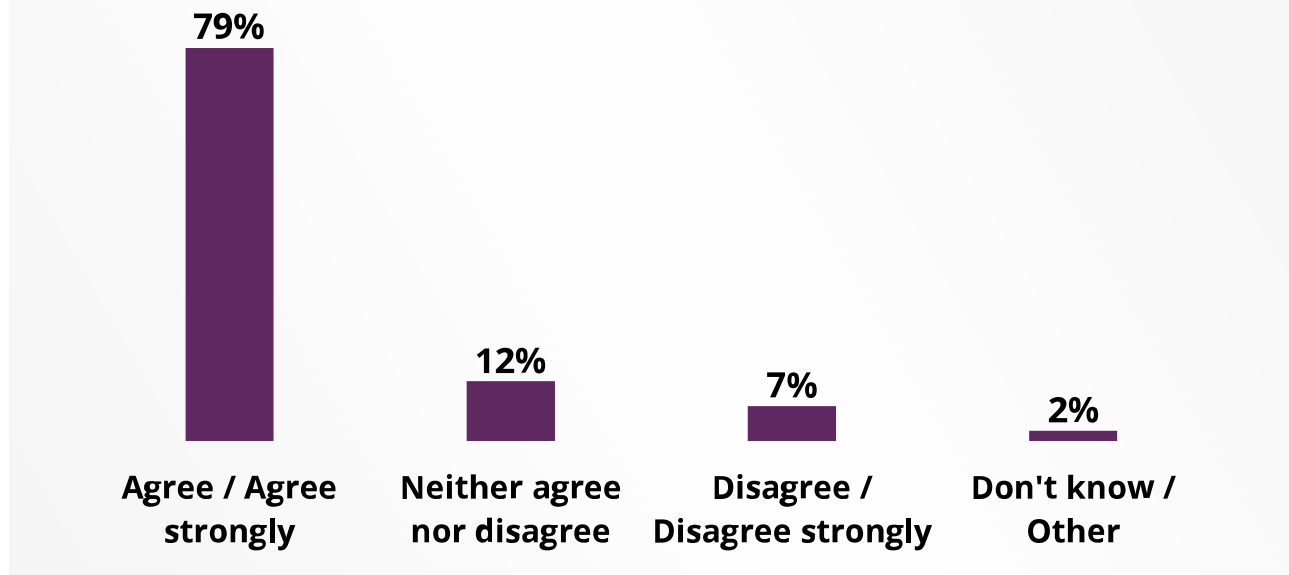
There are two interesting elements in those care homes that say they have potential to increase capacity. A substantial minority of respondents would be willing (and claim able) to increase capacity if building issues – particularly planning permissions and grants – were accessible. Many providers say they are waiting on permissions for recruiting overseas staff for sponsorship. Although smaller homes often cannot afford these upfront costs, other care homes see this as the only viable way to increase or maintain staffing levels - and they say that if this process was streamlined, they might increase care capacity.

## National findings: financial stability

- 31% of respondents are concerned about the financial stability of their service
- 60% reported no concerns over the financial stability of their service having right-sized their business
- 9% weren't sure.

## National findings: system working

## Working in partnership and sharing information



In response to this statement: "We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement."

- 79% of all respondents agreed or strongly agreed
- 7% disagreed or strongly disagreed.