



Department  
of Health

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*De George,*

Thank you for your letter of 18 October to Philip Hammond on behalf of a number of your constituents about the recent Care Quality Commission (CQC) *State of Care* report. As this matter is health-related, your letter was passed to the Department of Health.

The CQC's *State of Care* report is published annually and sets out the findings from its work inspecting and regulating health and care services. The CQC highlights some very positive findings in its report, including the fact that it has been able to rate the majority of health and care services as 'good' or 'outstanding'; 72 per cent of adult social care services, 87 per cent of GP practices and 56 per cent of core services provided by acute hospitals.

The report also highlights continuing variations in the quality of care provided in all sectors, with some individuals receiving care that fails to meet the required standards. In these cases the CQC takes action to require an improvement from providers. There are positive findings relating to the improvement of services. When a provider is rated 'inadequate' or 'requires improvement', the majority have been able to demonstrate an improvement in services at the next inspection.

The 2016 report recognises that care providers are working in a financially pressured environment. It also highlights the work of the health and social care vanguard sites to deliver new models of care that aim to release efficiency savings. These savings are part of a wider efficiency programme that includes the Carter programme on hospital productivity. This is a challenging programme to deliver, but additional funding is also being provided.



Despite continuing fiscal challenges the Government has reaffirmed its commitment to the NHS by again increasing real-term health funding each year in this Parliament. In total an extra £10 billion is being provided to NHS England by 2020/21, in support of its *Five Year Forward View*. Evidence shows that there is an association between the quality of ratings in acute trusts and their financial health. Far from being a trade-off between quality and financial control, those care providers that are rated 'good' or 'outstanding' are more likely to be in a better financial position compared to those rated 'inadequate'. This highlights the importance of good management, efficiency and innovation in supporting NHS providers to deliver high quality care within financial constraints.

The report shows that 72 per cent of adult social care services are rated good or better and that improvement is taking place all over the country. Social care is critical in enabling older people to retain their independence and dignity. This is why, against the background of tough public sector finances, we have taken steps to protect social care services. The Government is giving local authorities access to up to £3.5 billion of new support for social care by 2019/20. This will increase social care spending in real terms by the end of the Parliament.

Through the Care Act we now have a reformed care system that means local authorities are in a better position to meet the care needs of people who need them most. Councils now have greater flexibility to arrange care as well as give greater choice and control to individuals. The Department of Health will continue to work with providers and their trade bodies, who have come together as a taskforce to understand financial challenges in the sector. We are also working to support local authorities to meet their Care Act duties to improve commissioning and encourage an effective care market.

We know that the NHS is busier than ever, but that the overwhelming majority of patients continue to be treated or admitted quickly. Hospitals are discharging patients more quickly on average than at any time since the NHS started collecting this data.

The Department continues to work with hospitals where performance is particularly challenged and will seek to work closely with the sector to broker additional support where appropriate. New procedures to improve patient flow and discharge are expected to have a material impact on delayed transfers of care. Local governance will be strengthened and re-focused on these issues, and will include both health and social care leaders. The discharge and flow procedures each contain a set of nationally mandated interventions to support patient discharge processes and ensure patients are adequately supported when leaving hospital.



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I hope this reply is helpful.

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**JEREMY HUNT**