

A Comment on the State of Health Care and Adult Social Care

This article discusses the latest Care Quality Commission (CQC) report, [‘The State of Health Care and Adult Social Care in England 2021/22’](#) with reference to extracts from the section entitled ‘Areas of Specific Concern’. It will be contended that the current system is inadequate, and that reform to this area must prioritise the issues raised by the CQC report. In addition to examining the CQC’s report, data obtained from ‘Freedom of Information’ (FOI) requests to the CQC will be used to highlight the human rights issues present in the care sector. Finally, this article will conclude with a brief statement introducing Branch Housing and our objectives.

At the beginning of their report, the CQC asserted that ‘[their] review of the care in hospital for people with a learning disability and autistic people will highlight how they are not being given the quality of care they have a right to expect.

In addition, the CQC expresses further concern as follows:

‘We also raised our concerns that while admission to hospital should be temporary, poor environments, lack of discharge planning and difficulties in finding suitable community placements were leading to people staying in hospital for years. We were particularly concerned that these hospitals were often far from people’s friends, family, and support networks, raising the risk of closed cultures developing.’

‘Although we were able to report that the number of people with a learning disability in hospital has halved since March 2015, we are concerned that there are still too many people in hospital. More worryingly, the number of autistic people in hospital has increased considerably over the same period.’

In some respects, these issues reflect the wider difficulties currently affecting the health and social care system, which the pandemic served to exacerbate and highlight, characterised by the lack of social care resources of all kinds in local communities.

The planned reform of the health and social care system must therefore prioritise dealing with these concerns. To its credit, the CQC acknowledges this in its report, expressing a particular concern that despite many recommendations for improvement following serious care failings in recent years, little has changed. This is clearly not good enough. This deficiency is to do with profound inadequacies in the care given to some of the weakest, and most vulnerable citizens in our society, raising grave doubts about the quality of leadership and due diligence throughout the system. What appears to be happening, is the wilful abandonment of a fundamental duty of care which has been entrusted to the state.

As such, it represents a human-rights scandal that is happening in plain sight, which, as a civilised society, we should be utterly ashamed of. Moreover, to further underline the concern, in response to an FOI request made to the CQC in July of this year, it was revealed that, in 2021 and 2022, there were 193 deaths in regulated independent hospital settings affecting people with learning disabilities, autism and mental health conditions. Indeed, while some of these will be due to natural causes, the scale is still alarming, and is almost too hard to believe. It is therefore a matter needing the most urgent attention possible at the highest level. The reinforcing attention of the All-Party Parliamentary Group on Human Rights, led by Harriet Harman, would also add focus and weight to the need for overhaul. Further delay risks more abuse and even fatalities. Trust has been broken which needs to be repaired, now. If the state undertakes to care, then it must stay true to its word and keep its promise. Otherwise, who can those unable to act or speak for themselves turn to. Surely, how a society treats its most vulnerable people is a measure of its moral decency.

In summary, the state of much of the care system is an existential humanitarian tragedy, which no purportedly civilised society should tolerate, but the UK does. Its hesitation to act demonstrates it does not care sufficiently, and so why not enough changes to eliminate the risk of cruelty. And yet, the victims are some of our weakest citizens and so cannot help themselves, nor seek help from those they trusted to care for them due to that trust having been broken. Allied to this is then the fact that access to justice entails costs beyond the means of most people, like family, friends and others who would want to intervene. Ideally, there needs to be a strengthening of consequential action at every level from the top to the bottom for serious instances of abuse, to ensure timely remedial action does take place. The knowledge of such consequences alone would potentially bring about improvement in the standards of care and safety, for example, simply ensuring appropriate scrutiny is properly exercised throughout the system. Indeed, given the will, there should be no reason why this could not be happening very quickly.

Branch Housing, as a newly created charitable provider of homes, specialising in meeting the housing needs of those people referred to here, is establishing itself to play an effective role in the process of change and reform. Our aim is to work with only the best care and support partners to bring about this transformation, utilising the almost 100 years of our board's collective experience in the health and social care sectors, offering the opportunity of better lives for our tenants.

Kevin Sheridan, Chair
December 2022