

Boss of care regulator spells out vision for 'gridlocked' NHS

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The country's health and social care system is in "gridlock, which is harming patients and can only be fixed by long-term funding and technology-driven innovations such as the roll-out of virtual wards.

These are the views expressed by Ian Trenholm, the chief executive of the Care Quality Commission, in a stark interview with Newcross Healthcare's Voices of Care podcast.

Spelling out some of the pressures facing the sector - in particular care homes - and outlining ways the situation could be improved, he said:

- **'Exhausted' care staff need better pay and conditions**
- **More long-term government funding is needed**
- **The regulator needs to change its vision and increasingly highlight good work**
- **'Virtual wards' should be rolled out to ease pressure on NHS**
- **The new Integrated Care Systems (ICS) needs to ensure NHS services gets better at working together**

The CQC, the independent regulator of health and adult social care in England, recently released its 'State of Care' report, which described a system under intense pressure caused by 165,000 vacancies in social care and 133,000 in the NHS.

On the impact of this, Mr Trenholm said:

"Increasingly what we're seeing is the backlogs, the delays are causing people harm and that's because the system is gridlocked. People are stuck. They're stuck in an ambulance waiting to go into a hospital because there are no beds. They're stuck in hospital because they can't get out, because they need some sort of social care. And that is going to mean that people will ultimately come to harm.

"To a large extent that's because there's been some historic underfunding in social care in particular and the story around social care definitely improved over the COVID period, people have understood the vital role that social care plays in the system as a whole. But we find that still needs investment, so the fact that the public widely understands social care doesn't mean any more money is really going into social care and that and that historic underfunding is problematic.

"And then you overlay that with workforce, you overlay that with the geopolitics of today, the costs of goods and services, the cost of power, a very globally mobile health and care workforce. There's a number of things that have come together now which I think I would agree means that this is one of the most difficult times the health and care system has ever faced."

Mr Trenholm highlighted 'virtual wards' as a positive example of ways that hospital admissions can be reduced and pressure on the system can be eased. These see patients remain at home and are given the advice and monitoring they need via computers and other technology. He said:

"I saw an example recently in Newcastle where ironically, as part of Covid, they had decided that bringing immunocompromised cancer patients into a hospital, which was full of people with Covid was not a good idea. But equally they couldn't turn off their chemotherapy.

"They created approaches, they created control rooms, and they invested in bits of kit and so forth to enable people to have chemotherapy at home be monitored remotely, make sure they could reach into their homes and very quickly give people support if they needed it. The patients liked it. The patients were having better outcomes because they weren't sitting in a ward all of the time and it was one of those things that Covid forced a new way of thinking.

"It did require quite a lot of effort. But it's a really good example of a completely different way of delivering care, which was traditionally hospital care but using community resources."

Mr Trenholm told of his fears that the ongoing industrial action across the NHS was only exacerbating the situation, saying:

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“If people are going on strike, there's fewer people at work, meaning that procedures are being cancelled. That leads to more delays. So, the strikes are not a good thing, I think because there are fewer people at work. I really welcome the talks that are going on at the moment between the Royal College of Nursing and government and hopefully that will move us in the right direction and we can get back to a more normal service.

“We've seen over the last three years during COVID a workforce which is genuinely exhausted. Whilst I think people are relying on their vocation and their desire to deliver great quality care, I think the reality is people are exhausted. I think when you get to that point, it's really tough to deliver the sort of quality of care that you went into the profession to deliver.

“What we've seen typically is somewhere between 30 and 40% of the workforce leave social care organisations in a given year, which is an incredibly high number for any sector and most sectors would struggle to keep skills keep experiencing if they're seeing that level of turnover.

“We're seeing now a very big difference between what care workers are being paid and what people are being paid in retail and hospitality. I think there's a danger that the adult social care sector over trades on the notion of vocation and it gets to the point where vocation and that positivity that you get from working in care doesn't pay the electricity bill, it doesn't pay the rent.”

Looking to how the situation could be improved, Mr Trenholm called for a change in the way government funds the sector, in particular care homes, saying:

“I don't think there are any quick fixes. The thing that government could do is a long-term sustainable funding solution, because I think the danger is what happens is each winter some version of funding for the next three or four months, if you're an operator in the social care market, you are not going to make long term funding decisions.

“You are not going to give long-term pay rises to your teams. You're not going to take on additional permanent staff, you're not going to invest in buildings. Half of the care homes in this country are about 50-plus years old and the practical consequence of that is lines of sight width, of corridors, moving and handling just becomes difficult. As a care operator, if you haven't got long term funding in place, you're not going to be able to go to the bank and borrow the money to build a new care home.”

On the future of his own organisation, Mr Trenholm said its strategy was to move away from solely providing a 'judging role', adding:

“What we tend to do is try to look for examples of good practice, be they big or small, call those out in our reports, aggregate them, produce thematic reports and so forth. In our new strategy, we talked about being a smarter regulator, and that's about trying to break down the questions that we ask into smaller bite sized chunks, be able to report on them almost question by question. That gives us the opportunity, I think, to showcase very specific pieces of good work.”

He called on the new Integrated Care Service model to play a part to encouraging better sharing of good practice, better pay in care services and closer working together, adding:

“I think we've seen in the last couple of years in particular real difficulties around recruitment and there needs to be a more sophisticated approach to that. I think ICSs offer that opportunity. But I think ICSs can do other things as well. I think ICSs can start to look at things like shared spaces. They can look at the costs of doing business and look at sharing of costs and a whole range of other things.

“We talk about primary care, secondary care, and we talk about adult social care and then mental health as four distinct entities. We often talk about primary care as being GPs. I think the reality is, that most people get most of their care outside hospitals.

“I think the opportunity for ICSs is to tell that story, is to make it clear to people that actually those services which often you can't see because it's a district nurse in a car, it's a mental health service in a clinic somewhere that they're unseen services, but they're absolutely vital to make the system work.”

Hosted by healthcare expert Suhail Mirza, the podcast episode featuring Ian Trenholm is available now alongside previous episodes in the series on various platforms including [YouTube](#), Apple, Spotify and the [Newcross Healthcare](#) website.

Company Contact:

[Blue Lozenge](#)

E. giles@bluelozenge.co.uk

W. <https://www.bluelozenge.co.uk>

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