



The maps in this report include data that can help us to understand the quality of care, access to that care, and the effectiveness of local care systems.

These profiles are being published to encourage improvement by supporting local areas to explore some of the themes in State of Care. On their own, the maps do not imply a judgement about how well areas perform. It's important to look at a wider range of indicators and information held locally.

Each map shows a different metric displayed from highest to lowest, greatest to smallest.

Details of the methodology can be found at the back of this document, alongside the exact figures and brief definitions. For some metrics the data ranges are smaller than others so although Clinical Commissioning Groups (CCGs) have been banded into quintiles, the difference between the 'best' and 'worst' performers may be quite small. Metrics have been banded on a regional basis, so the bands for one region will not directly equate to the bands in another region.

Relevant findings from State of Care 2018/19 can be found in bubbles like this one.

The date ranges of data used in this profile may differ from the main report.

State of Care 2018/19 Four out of five adult social care services are rated as good, which is very similar to 2018.





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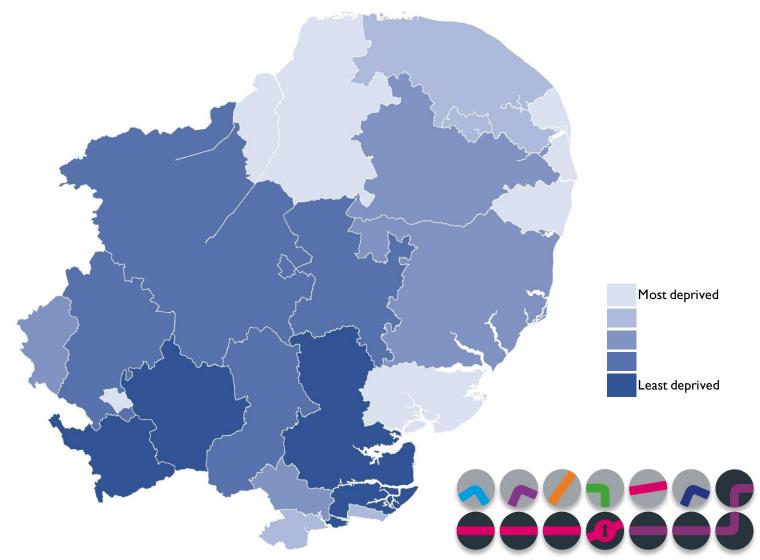
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Index of multiple deprivation 2019

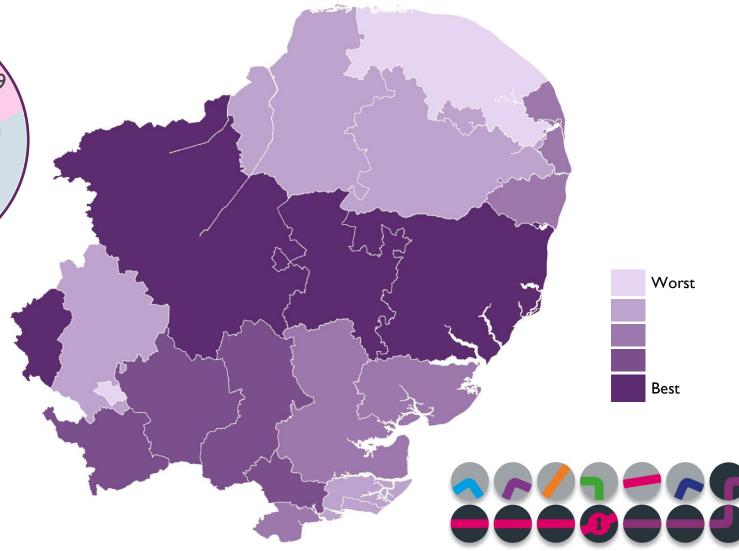


Source: English indices of deprivation 2019



Ratings score: Adult social care

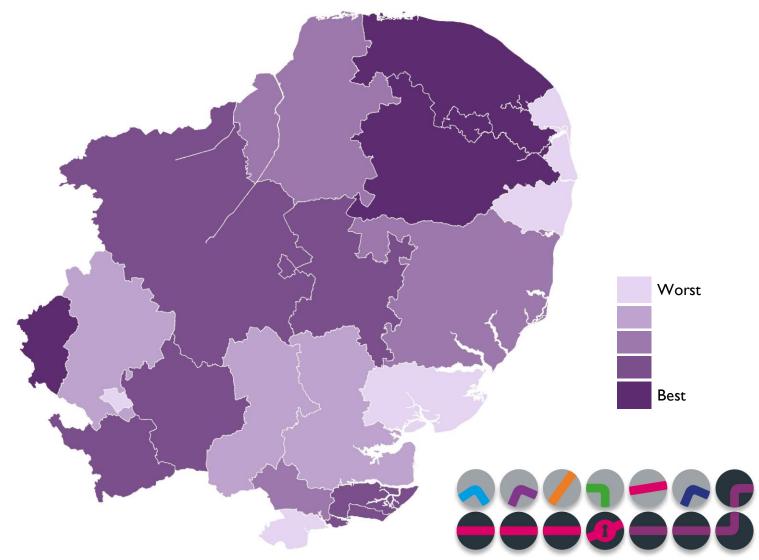




Source: CQC ratings data September 2019



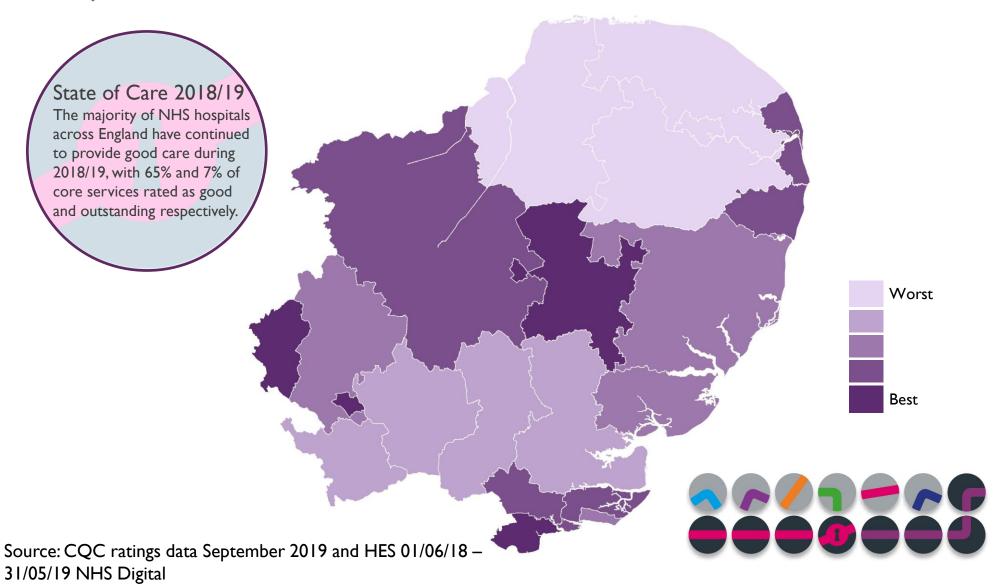
Ratings score: GPs



Source: CQC ratings data September 2019



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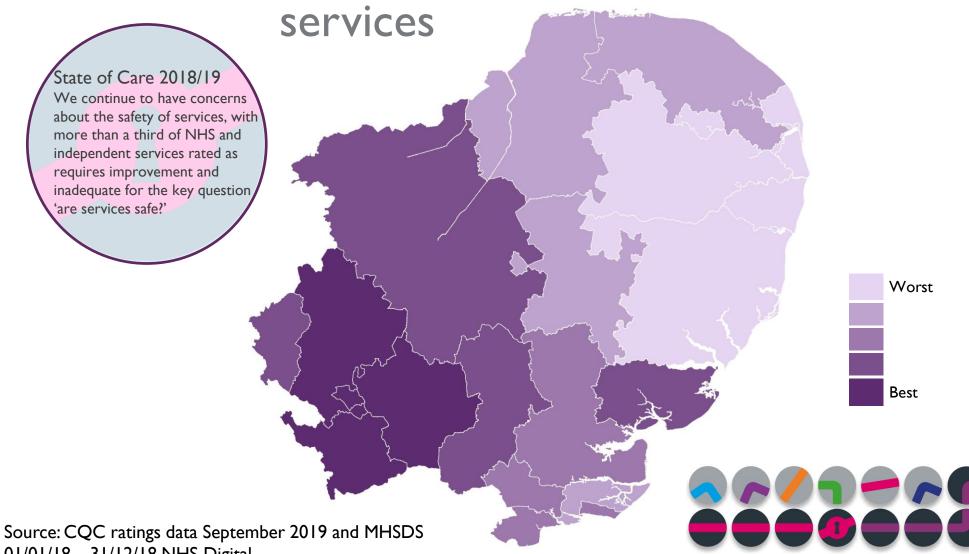




Ratings score: NHS mental health

State of Care 2018/19

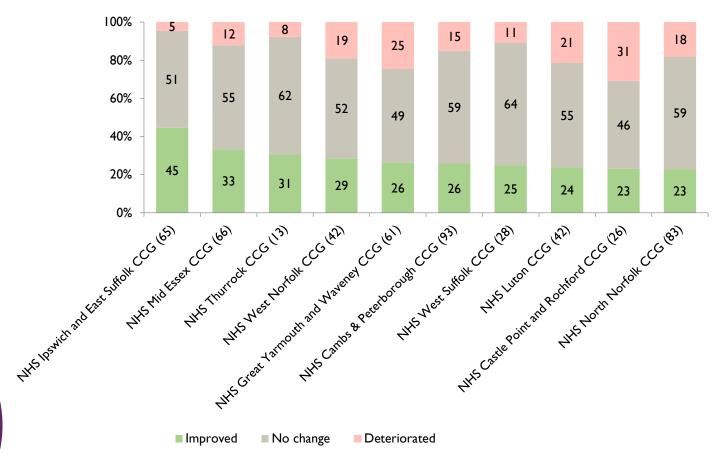
We continue to have concerns about the safety of services, with more than a third of NHS and independent services rated as requires improvement and inadequate for the key question 'are services safe?'



01/01/18 - 31/12/18 NHS Digital



Ratings change: Adult social care (1 of 2)

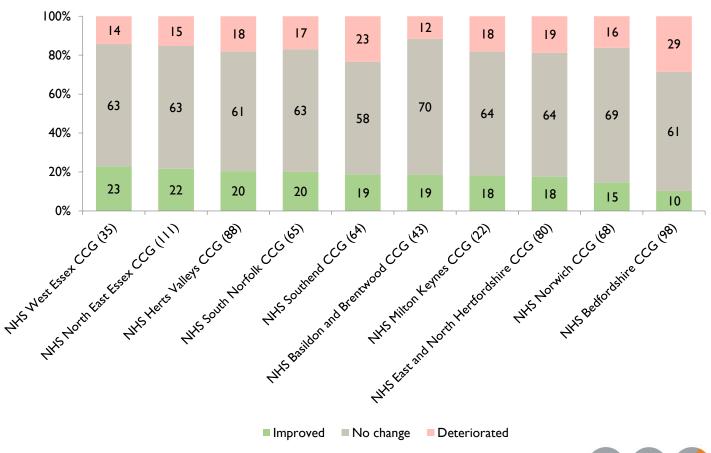


State of Care 2018/19
The percentage of adult social care services rated good or outstanding has improved in every region since last year.

Source: CQC ratings data September 2018 to August 2019; numbers of services rated in that period shown in brackets



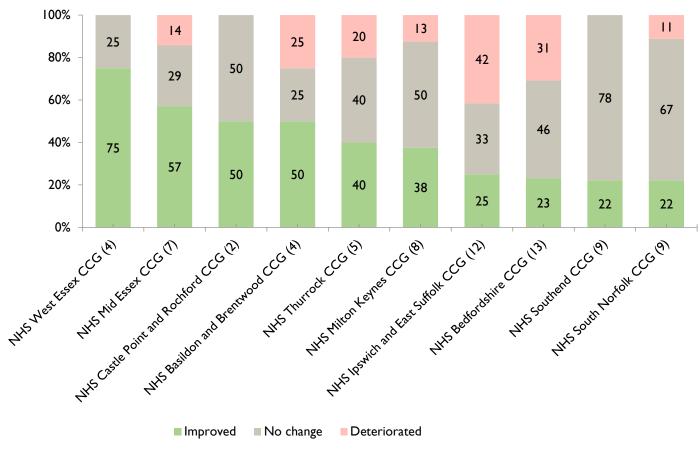
Ratings change: Adult social care (2 of 2)







Ratings change: GPs (1 of 2)



State of Care 2018/19

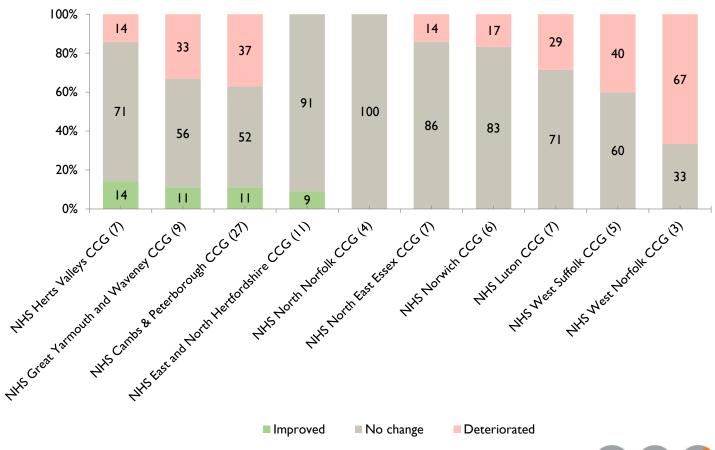
National re-inspections show that some GP practices are moving down as well as up in ratings and there are signs that improvement has become harder to achieve and to sustain.



Source: CQC ratings data September 2018 to August 2019; numbers of services rated in that period shown in brackets



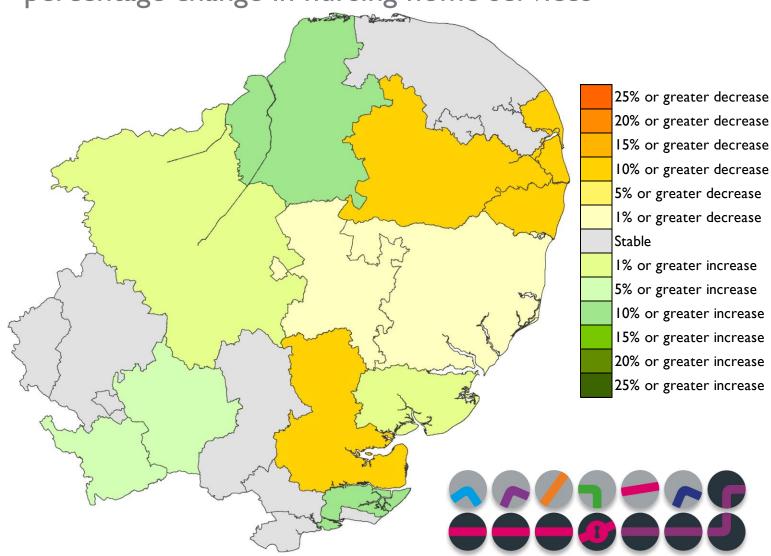
Ratings change: GPs (2 of 2)





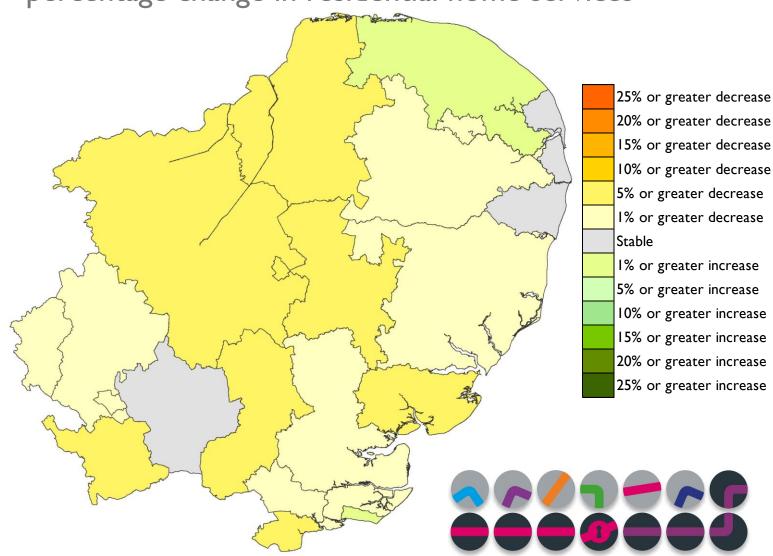


percentage change in nursing home services





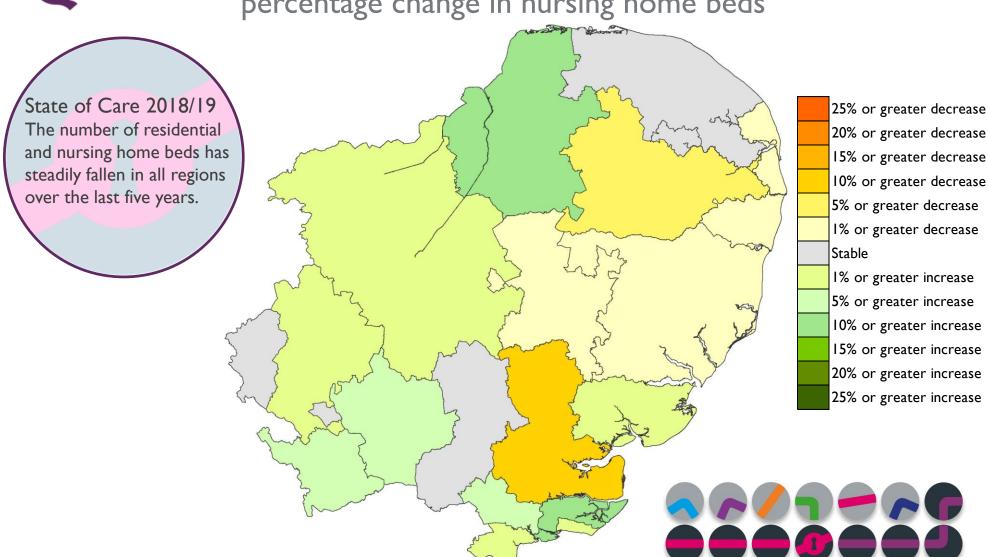
percentage change in residential home services



Care Quality Commission

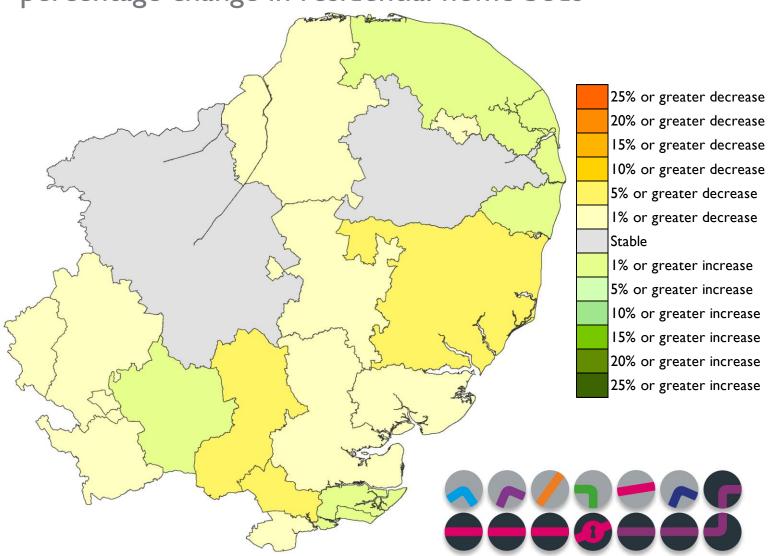
Access to care:

percentage change in nursing home beds



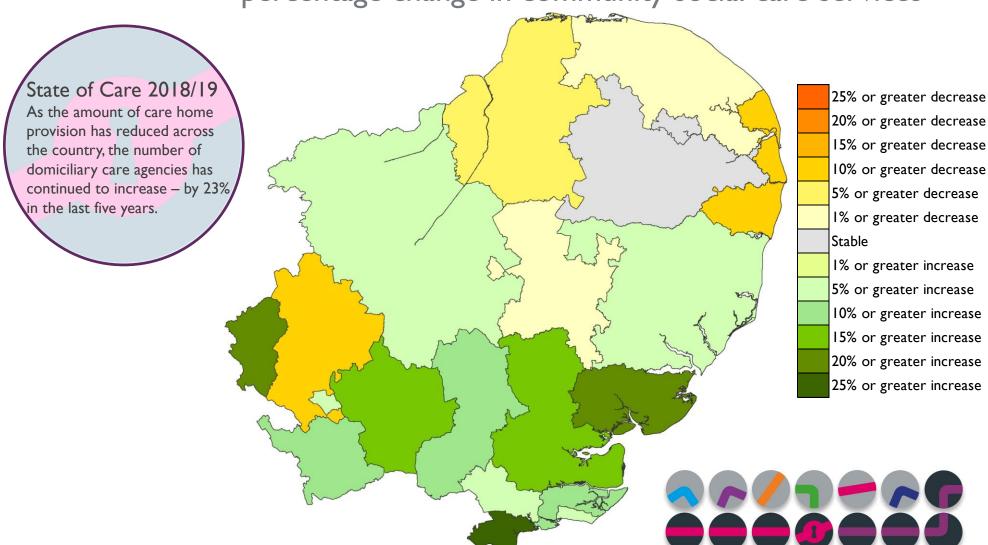


percentage change in residential home beds





percentage change in community social care services

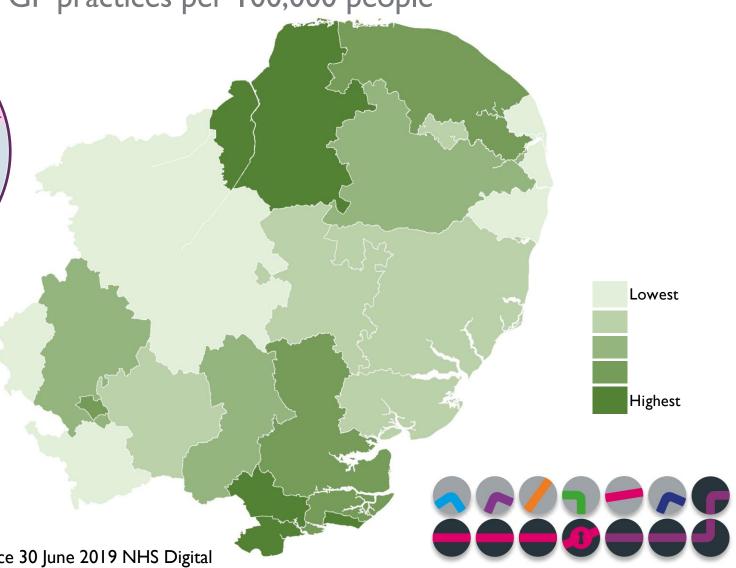




GP practices per 100,000 people

State of Care 2018/19

There is also a very wide range in the number of GP appointments for every 1,000 people of all ages on GP lists per month across CCG areas: in May 2019, there was an average of 424 appointments nationally, with the lowest of 241 and the highest of 613.

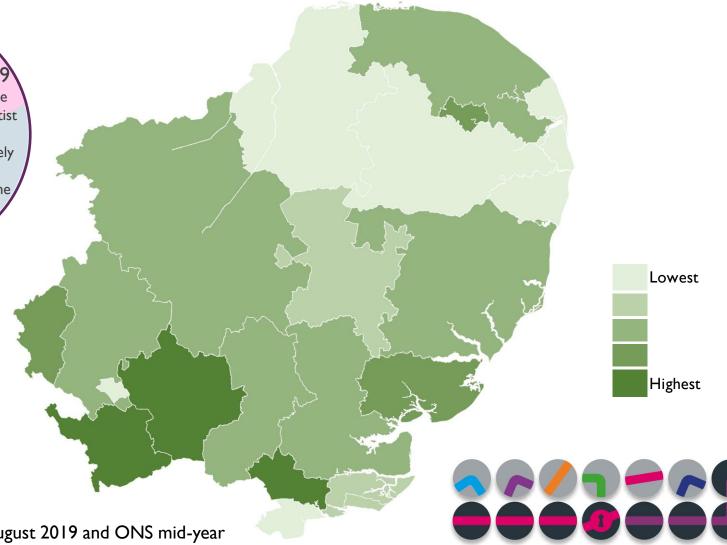


Source: General Practice Workforce 30 June 2019 NHS Digital



Dental practices per 100,000 people

State of Care 2018/19
22 million adults (50.2% of the population) saw an NHS dentist in the 24 months to 30 June
2019, which was approximately 100,000 fewer than in the previous 24 months to 30 June
2018.



Source: CQC HSCA register August 2019 and ONS mid-year population estimates 2018



location of NHS acute hospitals

State of Care 2018/19

Access to the right care at the right time is one of the biggest challenges facing health and social care services, and particularly those seeking treatment in NHS acute hospitals.

Derenam 0 Lowes Thetford Outstanding Good Requires improvement Inadequate Woodbridge Not rated NHS acute Colchester NHS specialist acute Chelmsford

Unrated NHS acute hospitals tend to be smaller sites offering fewer services and often operate as a satellite to a larger location, with the same management oversight. Acute NHS sites will also be unrated where trusts have been reconfigured and hospitals now come under a new trust that is yet to be rated.

Source: CQC HSCA register September 2019



location of NHS mental & community health trusts and

State of Care 2018/19

Nationally we are concerned about a number of 'pinch points' in the mental health care system: the availability of community services for people with autism and/or a learning disability, people not getting access to the community or inpatient care they need at the time they need it, and difficulties accessing community CAMHS.

services Dereham Peter orough Thetford Outstanding Good Bury St Edmunds Requires improvement Inadequate Becord Woodbridge Not rated NHS community trust NHS community service COchester Braintree NHS mental health trust NHS mental health service H@low Chelmsford

We do not inspect and rate NHS mental health and community health services at a location level. Instead they are given a trust wide rating for a core service to cover all locations, except in occasional circumstances where a site is managed by an acute trust.

Source: CQC HSCA register September 2019

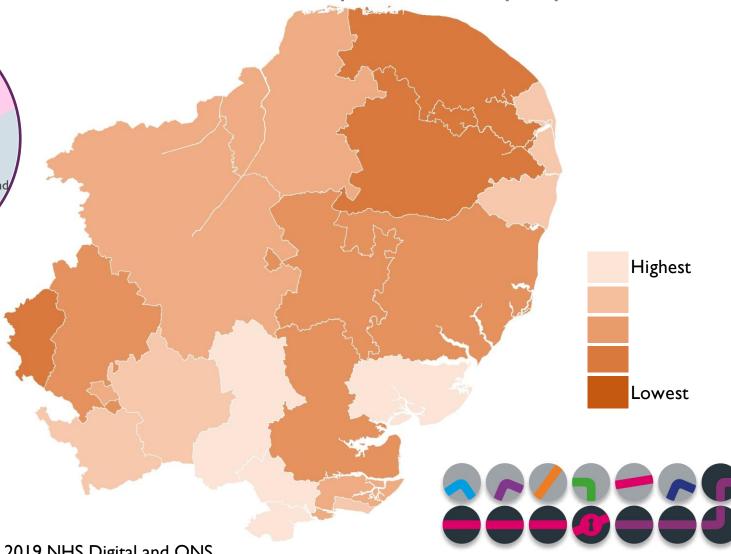


Systems:

rate of A&E attendances per 100,000 people

State of Care 2018/19

Last year we noted the relentless year-on-year rise in attendances at emergency departments and acute hospital admissions. This trend has continued over the last year, with urgent and emergency services bearing the brunt of this demand and struggling to provide high-quality care.



Source: HES April 2018 – March 2019 NHS Digital and ONS

mid year population estimates 2018

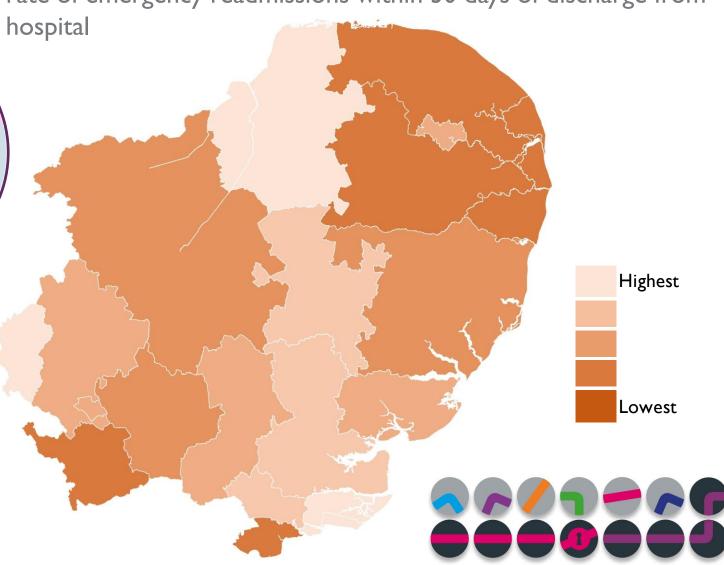


Systems:

rate of emergency readmissions within 30 days of discharge from

State of Care 2018/19

We have heard from a range of sources that people with multiple complex issues can experience more challenges, including when they move between services, such as being discharged from hospital.



Source: HES April 2018 – March 2019 NHS Digital



State of Care 2018/19

an increase in referral to

lune 2014.

Systems:

median time (in weeks) for referral to treatment (RTT)

incomplete pathways Over the last year we have seen treatment times (RTT), with 4.4 million people at the end of June 2019 waiting to start treatment. This is an increase of 40% since Highest Lowest

Source: Consultant-led Referral to Treatment Waiting Times Data June 2019 NHS England



CCGs in this region

NHS Basildon and Brentwood CCG

NHS Bedfordshire CCG

NHS Cambridgeshire and Peterborough CCG

NHS Castle Point and Rochford CCG

NHS East and North Hertfordshire CCG

NHS Great Yarmouth and Waveney CCG

NHS Herts Valleys CCG

NHS Ipswich and East Suffolk CCG

NHS Luton CCG

NHS Mid Essex CCG

NHS Milton Keynes CCG

NHS North East Essex CCG

NHS North Norfolk CCG

NHS Norwich CCG

NHS South Norfolk CCG

NHS Southend CCG

NHS Thurrock CCG

NHS West Essex CCG

NHS West Norfolk CCG

NHS West Suffolk CCG





1. Index of multiple deprivation 2019

The rankings of deprivation for each CCG provided in the official statistics linked below have been divided into quintiles ranging from the highest (least deprived) to lowest (most deprived) within the region itself. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

2. Ratings score

Ratings scores are a representation of the aggregated ratings in a CCG.

Each key question (including key questions for core services for hospitals) is given a score as follows; outstanding = 3, good = 2, requires improvement = I and inadequate = 0. The overall score is then divided by the total available score for the area. The higher the score the better the ratings picture.

The hospitals metric uses patient datasets to weight the numerator for acute and mental health services to reflect where residents from that CCG are visiting to receive their actual care. For example if trust X provided 80% of attendances for a single CCG, 80% of this CCGs' score would be comprised of the ratings from trust X.

For ASC and GPs the numerator is solely formed by using the key question ratings for those locations situated in a CCG, i.e. each GP or ASC location receives a score for each key question. For the hospital sector each core service receives a score for each key question. Ratings data is from 9 September 2019.

3. Ratings change

The charts show ratings change within each CCG for ASC and GP services. The stacked bars show the percentage of locations that have improved, the percentage where there has been no change and the percentage that have deteriorated.

Areas with the greatest percentage of improved locations are shown on the left of the charts. It should be noted that the number of locations re-inspected in each area varies widely and in some cases there have been a low number of locations re-inspected; these are included in brackets on the charts to provide additional context. We have only included locations that have had a re-inspection in the twelve month period from I September 2018 to 31 August 2019. There are a small number of CCGs with no locations that were re-inspected during that time period; these have not been included in the charts.



4. Access to care: percentage change in services and beds

Data from the Health and Social Care Act register was cut on 3 April 2018 and again on 5 August 2019. The change between CCG totals of registered services and beds was calculated and divided by the earliest total. The converted percentage change was then banded into ranges within the region.

5. GP practices per 100,000 people

Using data from NHS England, the total number of GP patients registered in each CCG was divided by 100,000. The sum of registered GP practices in the CCG was then divided by the first figure. Quintiles were calculated to show the highest and lowest rates within the region. This data is a snapshot as at 30 June 2019.

https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-30-june-2019

6. Dental practices per 100,000 people

The ONS 2018 mid-year CCG population estimate was divided by 100,000. The sum of registered dental practices in the CCG taken from the CQC health and social care act (HSCA) register was then divided by the first figure. Quintiles were calculated to show the highest and lowest rates within the region. HSCA register data is from 9 September 2019.

7. Locations of trusts and hospitals

Address data from CQC registered NHS acute and mental health services were plotted on the maps. We rate mental health services at trust level and give acute hospitals a rating of their own – along with an overall one for the trust. This is shown by the symbols on the map. HSCA register data is from 9 September 2019.





8. Rate of A&E attendances per 100,000 people

The ONS 2018 mid-year CCG population estimate was divided by 100,000. The total number of A&E attendances for all people living in each CCG between April 2018 – March 2019 was then divided by the first figure. Quintiles were calculated to show the highest and lowest rates within the region.

9. Rate of emergency readmissions within 30 days of discharge from hospital

The total number of readmissions for adults (aged 18+) between April 2018 and March 2019 was divided by the total number of discharges for adults for the same time period. Quintiles were calculated to show the highest and lowest rates within the region. This data does not include readmissions or discharges for cancer or obstetrics patients.

10. Median time (in weeks) for referral to treatment (RTT) incomplete pathways

The average (median) waiting time (in weeks) for patients who were waiting to start treatment at the end of June 2019 has been banded in to quintiles for each region.

https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2019-20/





How we made these maps

Metrics for each of the CCGs in the region were ranked from highest to lowest and assigned to quintiles. A quintile represents 20% or one fifth of the region's data. For ratings scores, because of the smaller overall data range, we have made some adjustments to the quintiles, to better show the variation within regions. You can see the ranges and numbers of CCGs within each quintile below.



