North Central London STP

Care Home Data Pack

December 2019

Contents

1. Introduction

The care home population is ageing, and most care home residents are now over 85 years old[1]. Care home residents have complex needs with multiple long-term conditions, significant disability and frailty which affect both their physical and mental health[2]. The median period from admission to a care home to death is 462 days (15 months)[3]. Since individuals who are approaching the end of their life often experience profound physical and emotional changes, end of life care (EOLC) should be a priority in care homes and for those services which support care homes.

The NHS Long Term Plan has committed to enhance NHS support to all care home residents who would benefit by 2023/24 with the Enhanced Health in Care Home Model rolled out across the country.[4]

The London Vision published in September 2019 identified 10 areas of focus, of which one is 'better care and support' at the end of life, with a commitment to ensure that all Londoners in their last year of life have access to personalised care planning and support that enables them to die in their preferred place. [5]

The Enhanced Health in Care Home framework[6] highlights the value of a systematic proactive approach to identify residents who may require EOLC. Individuals preferences can be reinforced through 'advance care planning', personalised care plans, and treatment escalation plans, and where possible, digital tools should be used to facilitate the sharing of data between providers to enhance the quality of end of life care. Most people report they would like to die at home. For people living in care homes, since this location is their home, the health and care system should be supporting care home services to increase the percentage of people dying in their home.

The availability of care home beds for older people is about 34% lower in London than the England average: there are 1,407 fewer care home beds per 100,000 over 65 population in London compared to England (2678 compared to 4085 per 100,000). However, the percentage of all deaths that occur in care homes in London is 8% lower than the England average (18% compared to 26%). The proportion of people dying in care homes in London has not increased since 2009.

In 2018 the three London Academic Health Science Networks, Health Innovation Network, UCLPartners and Imperial College Health Partners, and the End of Life Care Clinical Network (NHS England and Improvement, London region) developed and published data packs on EOLC for care home residents for each Sustainability and Transformation Partnership (STP). These packs were well received and therefore in 2019, updated data packs have been developed responding, where possible to feedback received on the 2018 packs.

The pack is designed to facilitate conversations and support improvements for care home residents at the end of life. Data includes comparison of bed per population, deaths taking place in care homes, London Ambulance Service (LAS) activity and Coordinate My Care.

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[1] *Office for National Statistics (2014). Changes in the Older Resident Care Home Population between 2001 and 2011*

[2] *British Geriatric Society Effective healthcare for older people living in care homes https://www.bgs.org.uk/sites/default/files/content/resources/files/2018-05-10/2016_bgs_commissioning_guidance.pdf*

[3] *Julien Forder and Jose-Luis Fernandez (2011). Length of stay in care homes*

[4] *NHS England (2019) The Long Term Plan https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf*

[5] *Healthy London Partnership (2019) The health and care vision for London https://www.healthylondon.org/vision/*

[6] *NHS England (2016). The framework for enhanced health in care homes*
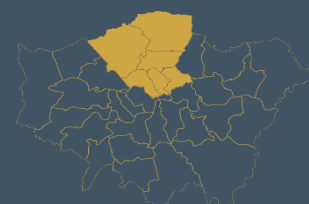
2. Key messages

> **Average costs of care in the last 6 months of life for nursing home residents are £4,223 more when the location of death is hospital**
>
> *Ennis el al. 2015[7]*

If only **1% more people** in NC London died in their care home rather than a hospital this would equate to a saving of **£45,000 per year**

17% of deaths amongst those aged 65 and over in NC London in 2017 occurred in care homes – ranging from **9%** (Haringey) to **21%** (Barnet)

In 2018/19 there were **89 NHS 111 calls made in NC London for every 100 beds**

There were a significant number of LAS call outs and conveyances. Within the NC London STP, the ratio of call outs to beds ranged from **98 to 128 per 100 beds**

In 2018/19, **85%** (4,390) of LAS call outs to care homes in NCL resulted in **conveyance to hospital**

In NC London 82% of care home residents with a preferred place of death recorded on their Coordinate My Care record in 2018-19 **achieved their preferred place of death** (80 residents)

Projections suggest that care homes will be the **most common place of death** by 2040, *Bone et al 2018[8]*

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[7] *Ennis, L., Kinley, J., Hockley, J. and McCrone, P., 2015. The cost of providing end of life care for nursing care home residents: A retrospective cohort study. Health Services Management Research, 28(1-2), pp.16-23.*
[8] *Bone, A.E., Gomes, B., Etkind, S.N., Verne, J., Murtagh, F.E., Evans, C.J. and Higginson, I.J., 2018. What is the impact of population ageing on the future provision of end-of-life care? Population-based projections of place of death. Palliative medicine, 32(2), pp.329-336.*

3. Understanding our care homes

Across North Central London there are 227 care homes, of which 112 (49%) are primarily used for older people. The majority of older peoples' care homes are based in Barnet (42%) and Enfield (33%), which are also the boroughs that have the highest rate of care homes per one hundred thousand older people.

These 227 care homes contain a total of 5,868 beds, of which 4,952 (84%) are for older people. As with care homes, the majority of beds in North Central London are in Barnet (43%) and Enfield (31%).

The rate of older people's care homes (62.4) and beds (2,756.9) per 100,000 older people population in NCL is higher than the rate across London (56.1 homes and 2,678 beds), but much lower than the rates recorded across England (109.6 homes and 4084.5 beds).

Table 3.1: Number of registered care homes and care home beds by borough, September 2019

Borough	Care homes (residential and nursing)					Care home beds (residential and nursing)				
	no. of care homes (all)	no. of care homes (OP*)	Rate per 100k population **(65+)	% of NCL homes (OP*)	% of all homes that are registered for OP*	no. of beds (all)	no. of beds (OP*)	Rate per 100k population **(65+)	% of NEL beds (OP*)	% of all beds that are registered for OP
Barnet	82	47	83.6	42.0%	57.3%	2445	2128	3785.1	43.0%	87.0%
Camden	10	9	28.9	8.0%	90.0%	451	427	1370.0	8.6%	94.7%
Enfield	82	37	84.3	33.0%	45.1%	1831	1509	3437.1	30.5%	82.4%
Haringey	36	9	32.9	8.0%	25.0%	561	394	1441.9	8.0%	70.2%
Islington	17	10	47.6	8.9%	58.8%	580	494	2352.0	10.0%	85.2%
NCL STP	227	112	62.4	*n/a*	49.3%	5868	4952	2756.9	*n/a*	84.4%
London	*1404*	*594*	*56.1*	*n/a*	*42.3%*	*35171*	*28366*	*2678.0*	*n/a*	*80.6%*
England	*15602*	*11159*	*109.6***	*n/a*	*71.5%****	*455894*	*415768*	*4084.5***	*n/a*	*91.2%****

OP = older people (65yrs +) confirmed by care home local leads (see appendix A)

**Rate per 100k population (65+): = This is a standardised rate for every 100,000 people in that borough. For example, in Barnet there are 83.6 care homes / 3,785 care home beds for every 100,000 people aged 65 and above.*

*** The number of older people's care homes and older peoples' care home beds in England has been included for comparison purposes. However, these numbers include homes registered for older people and/ or those with dementia, whereas the London figures have had local knowledge applied to ensure only those where older people are predominantly resident are included*

4. Deaths taking place in a care home

According to death record data, 17% of deaths amongst older people in North Central London throughout 2017 took place in a care home. This is a lower proportion of deaths than across London (18%) and England (26%). Barnet (21%) and Enfield (20%) had the highest proportion of deaths taking place in a care home, with Haringey having the lowest proportion (9%).

Figure 4.1: % of care home deaths amongst 65+ population, 2017
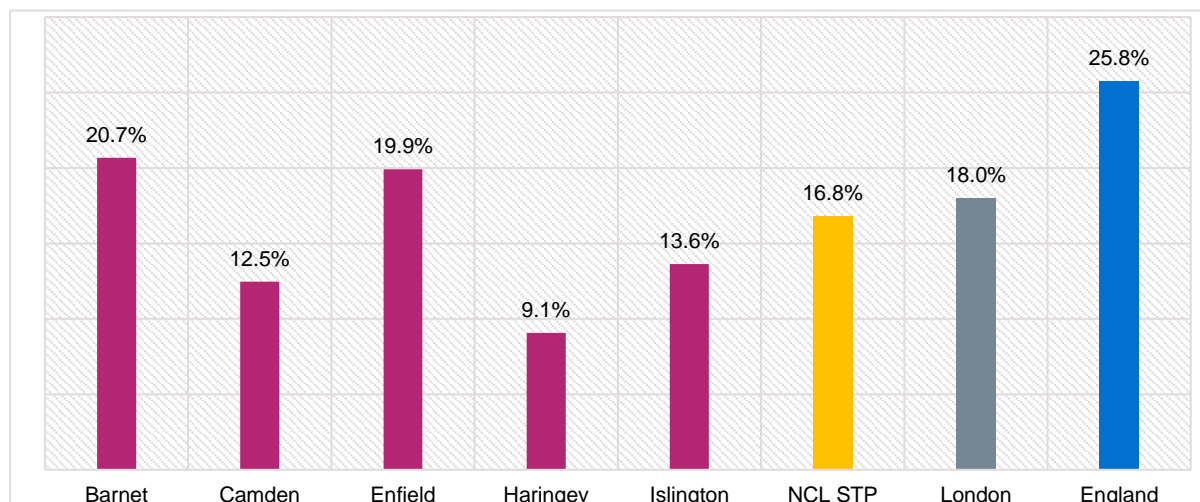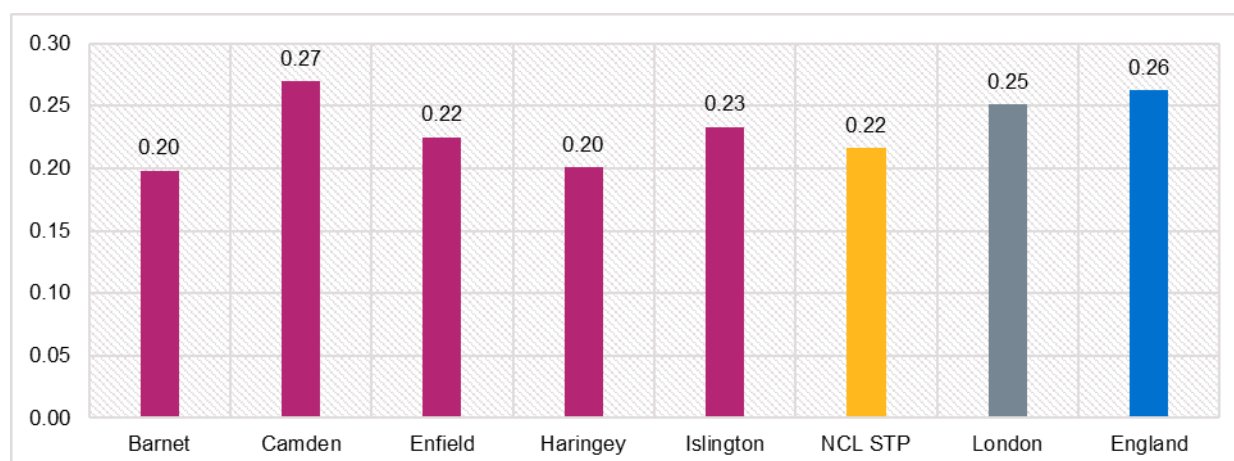

Figure 4.2 gives an idea of the number of older people who die in a care home, proportionate to the number of care home beds available for older people. Camden had the highest rate of older people dying in a care home to the number of beds they provide, with 27 deaths occurring for every 100 older people beds, with Barnet and Haringey having 20 deaths in care homes for every 100 beds. The rate of care home deaths in NCL (22 deaths for every 100 beds) was lower than rates recorded across London (25 for every 100 beds) and England (26 for every 100 beds).

Figure 4.2: Ratio of care home deaths amongst residents aged 65+ to care home beds, 2017

NB: The number of older peoples' care homes and older people's care home beds in England has been included for comparison purposes. However these numbers include homes registered for older people and/ or those with dementia, whereas the London figures have had local knowledge applied to ensure only those where older people are predominantly resident are included

Figure 4.3 shows how the proportion of deaths amongst older people that took place in a care home between 2013-2017. Across North Central London this proportion has remained consistent at 16.8%, with a slightly higher proportion in 2015 (18.3%).

Figure 4.3: % of care home deaths among 65+ population from 2013-2017
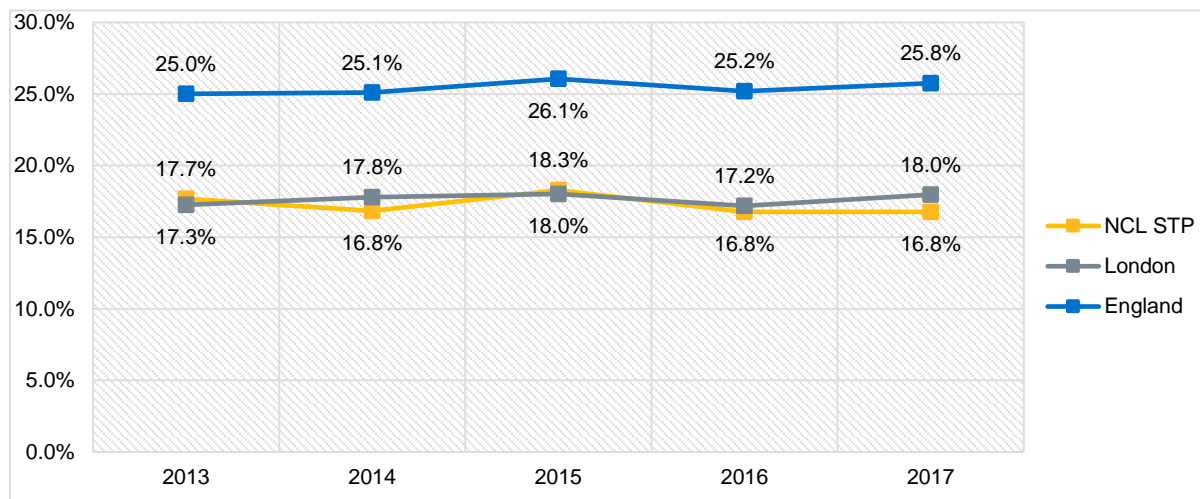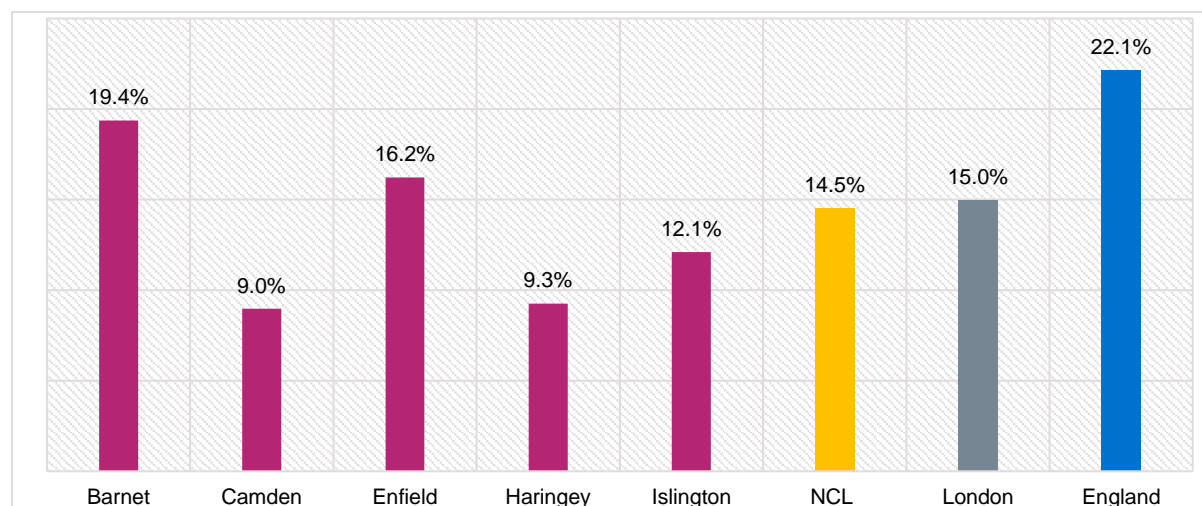

Table 4.1 shows the proportion of older people deaths taking place in care homes between 2013 and 2017 by borough. All boroughs have seen fluctuations in the proportions of deaths taking place in care homes during this period, with Enfield having the highest rate in 2017 (19.9%) compared to the previous 4 years.

Table 4.1: Number and % of care home deaths among 65+ population from 2013-2017 by borough

Borough	Percentage of care home deaths				
	2013	2014	2015	2016	2017
Barnet	23.5%	22.6%	24.3%	21.0%	20.7%
Camden	13.2%	10.8%	12.3%	13.6%	12.5%
Enfield	18.0%	18.2%	19.7%	17.7%	19.9%
Haringey	10.2%	7.1%	10.0%	10.3%	9.1%
Islington	14.4%	16.0%	15.6%	14.3%	13.6%

Looking at more recent data on care home deaths over a one year period of July 2018 – June 2019, figure 4.4 shows the proportion of all deaths (irrespective of age) that took place in a care home by borough. Trends were similar to the 2017 data for older people deaths, with Barnet and Enfield having the highest proportions of care home deaths, and North Central London STP having a lower proportion of care home deaths than London or England.

Figure 4.4: % of care home deaths from 2018/19 Q2 to 2019/20 Q1 (all ages)

5. London Ambulance Service (LAS) & NHS111 star* 6 line activity, and emergency hospital admissions from older people's care homes

5.1 LAS ACTIVITY

Throughout 2018-19 there were 5,170 LAS callouts to care homes in North Central London. Of these call outs, 4,390 (85%) resulted in a conveyance to hospital. Figure 5.1 below shows the ratio of LAS call outs and conveyances per care home bed in the older people care homes where it has been possible to match data between the LAS and CQC datasets (see Appendix A for more information). Across North Central London, there were 108 call outs throughout 2018-19 to every 100 beds, with 92 conveyances to hospital for every 100 beds. The variation across the STP was small, with Camden having the highest rate of call outs per bed (128 for every 100 beds), whilst Barnet had the lowest ratios, with 98 call outs for every 100 beds and 82 conveyances to every 100 beds. Rates in NCL were similar to those recorded across London.

This analysis assumes that most care home beds are occupied. It gives an indication of the rate of LAS activity in 96% of older people care homes where it was possible to link. More information can be found in appendix B on interpreting this analysis.

Figure 5.1: Ratio of LAS activity to bed numbers, April 2018- March 2019
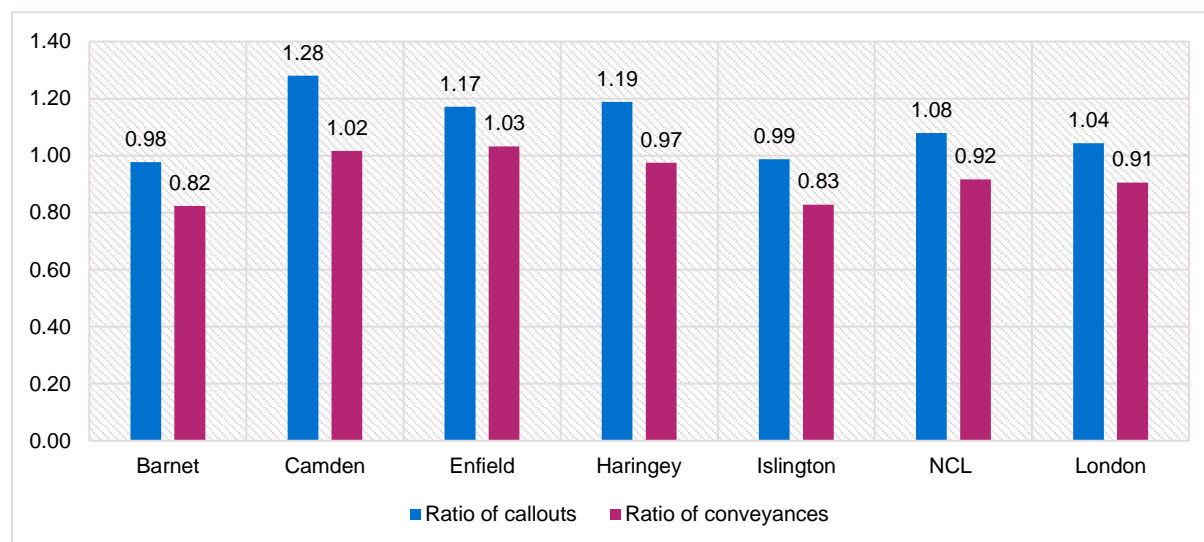

Table 5.1 below shows the ten care homes in the STP with the highest ratio of LAS callouts per bed, and the ten with the highest ratio of ambulance conveyances per bed in the STP. As expected, given the high proportion of calls outs that result in a conveyance to hospital these two lists contain a lot of the same care homes, those care homes with high ratios of call outs and conveyances have been shaded grey in the table below.

Table 5.1: Older people's care homes with the highest ratios of call outs and conveyances, April 2018 - March 2019

Care home	Number of LAS call outs per bed	Care home	Number of LAS conveyances per bed
Southgate Beaumont (N)	2.6	Southgate Beaumont (N)	2.4
Maitland Park Care Home (N)	2.4	Maitland Park Care Home (N)	1.8
St Mungo's Broadway - 2 Hilldrop Road (R)	2.0	Green Trees Care Home (R)	1.7
The Arkley Care Home (N)	2.0	The Arkley Care Home (N)	1.7
Hugh Myddelton House (N)	1.9	Hugh Myddelton House (N)	1.7
Rathmore House (R)	1.9	Rathmore House (R)	1.6
Green Trees Care Home (R)	1.9	Azalea Court (N)	1.5
The Meadow (R)	1.8	Eastbrook House (R)	1.5
Grace House (R)	1.7	Autumn Gardens (N)	1.5
Azalea Court (N)	1.7	Ashfield Residential Care Home	1.5

Key: **R** – Residential / **N** – Nursing

5.2   NHS 111 CALLS

Analysis of the NHS 111 call data for calls from care homes throughout the period of April 2018 to March 2019 show the numbers of calls to the NHS 111 star* 6 call line from the 79% of care homes where it was possible to match these data to CQC bed numbers (see appendix A and B for more information).

Throughout 2018-19 there were 3,459 calls made to NHS 111 star* line 6 from older people's care homes in North Central London. Across North Central London, there were 89 NHS 111 star 6* calls made throughout this period for every 100 beds. There was large variation across the STP, with Camden having the highest ratio of calls per bed (131 calls to every 100 beds), whilst Enfield had the lowest ratios of calls per bed (68 calls for every 100 beds).

Figure 5.2: Ratio of NHS 111 star* 6 activity to bed numbers, April 2018-March 2019
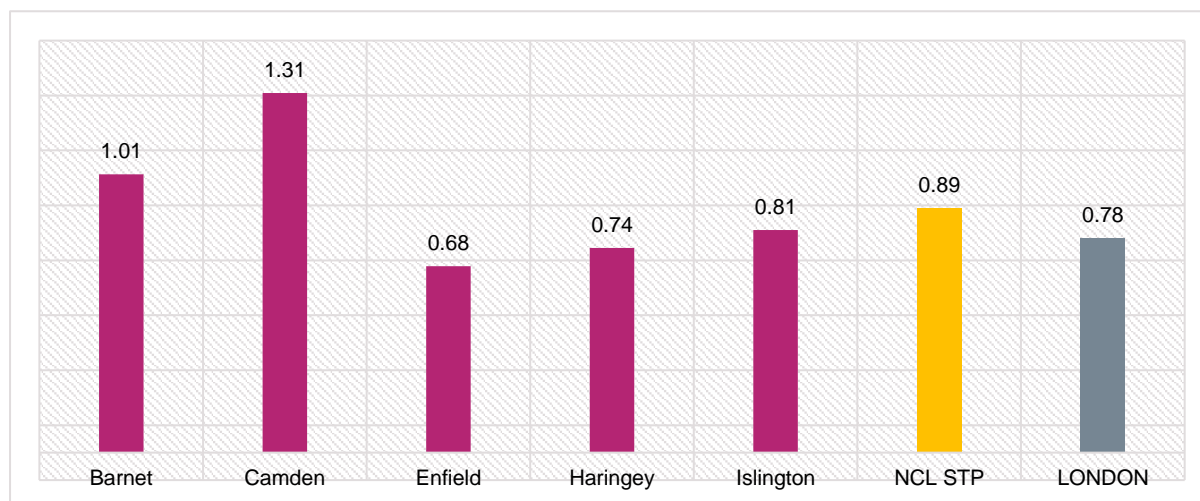

Table 5.2 below shows the ten care homes in the STP with the highest ratio of NHS 111 star* 6 line calls per bed in North Central London.

Of these ten homes, five are also in the top 10 in terms of LAS calls (The Meadow, Rathmore House, Azelea Court, Maitland Park Care Home and Hugh Myddleton House).

Table 5.2: Older people's care homes with the highest ratios of 111 calls, April 2018 - March 2019

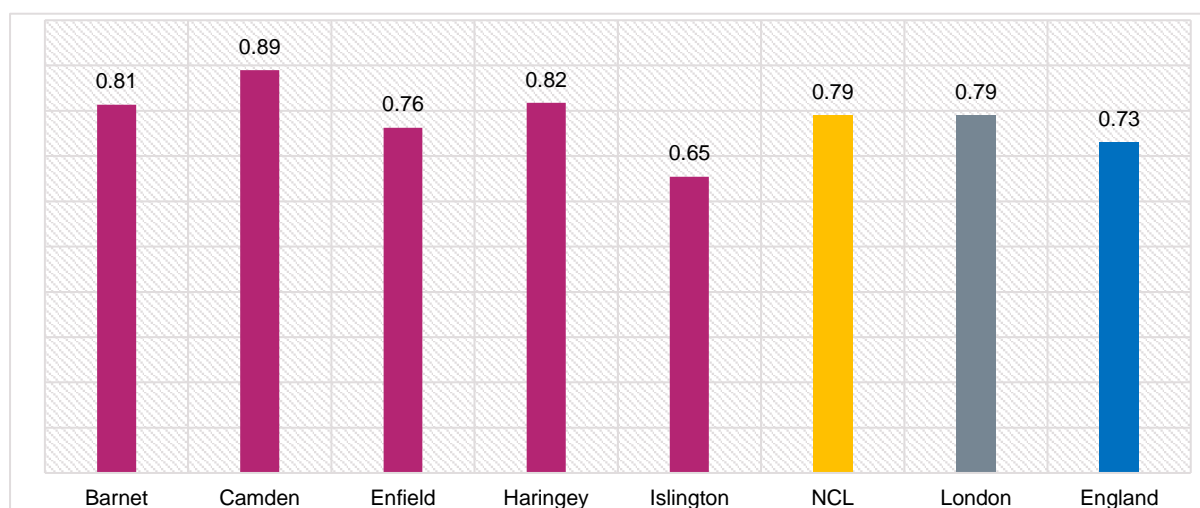| Care home	Number of 111 star* 6 calls per bed
The Meadow (R)	3.4
Rathmore House (R)	2.8
Azalea Court (N)	2.2
Carlton Court Care Home (N)	2.1
Queen Elizabeth II Infirmary (N)	2.0
Maitland Park Care Home (N)	1.9
Camden Lodge Residential Care Home (R)	1.8
Hugh Myddelton House (N)	1.8
Hadley Lawns Care Home (N)	1.8
Ashton Lodge Care Home (N)	1.7

Key: **R** – Residential / **N** – Nursing

5.3   EMERGENCY ADMISSIONS

Data were taken from the Enhanced Health in Care Homes Benchmarking Tool produced by NHS England Operational Research and Evaluation Unit to understand the numbers and rates of emergency admissions from care homes in North Central London. The tool contains quarterly rates for a 12 month rolling period for each CCG, with the most recent data being for quarter three 2018 – 19.

Figure 5.3 below shows the rates of emergency admissions for each of the CCGs in North Central London between January 2018 – December 2018. During this period, there were 2,671 emergency hospital admissions of North Central London commissioned care home residents. Camden had the highest rate of admissions per resident (89 admissions to every 100 residents), while Islington had the lowest number (65 admissions to every 100 residents).

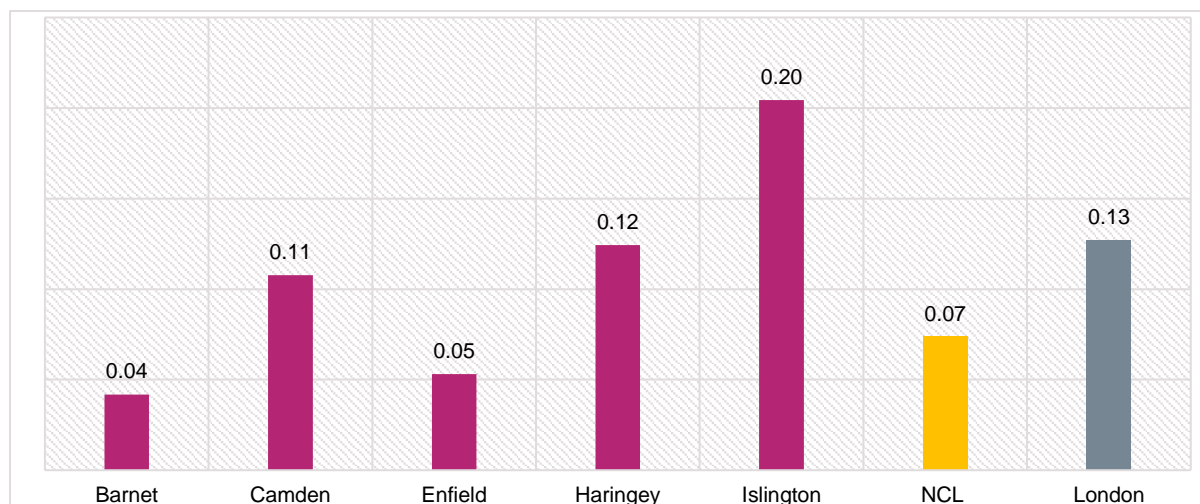**Figure 5.3: Ratio of emergency admissions per resident, January 2018 – December 2018**

NB: Data presented in figure 5.3 should be treated with some caution. Quality assurance checks of the data used to produce these estimates have indicated that around 11% of identified care home residents may not in fact be care home residents, meaning that the number of admissions presented above is likely to be higher than is actually the case.

6. Coordinate My Care

Coordinate My Care (CMC) is a digital care planning service commissioned throughout London that facilitates the sharing of urgent care plans electronically between healthcare providers allowing for coordinated patient care and improved care outcomes.
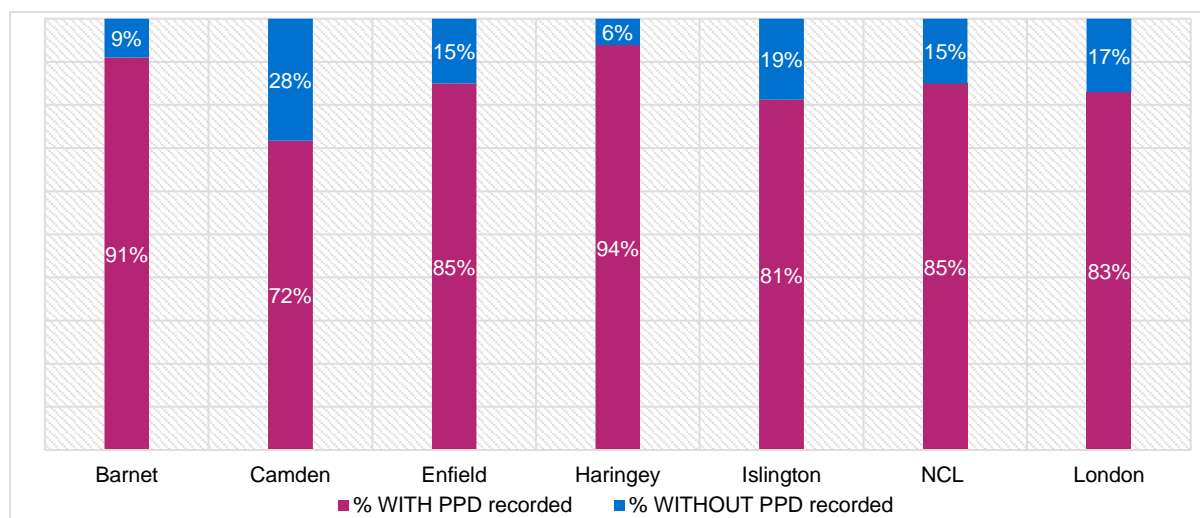
Data taken from the CMC database of care plans created between April 2018 and March 2019 for care home residents in North Central London, showed that for every 100 residents there were 7 CMC care plans created. Islington had the highest rate of records created, with 20 to every 100 residents.

Figure 6.1: Ratio of CMC records to care home beds, April 2018 – March 2019

Of the CMC records created throughout April 2018 to March 2019, 85% had a preferred place of death (PPD) recorded. Almost all (94%) CMC care plans created in Haringey recorded a preferred place of death, with lower proportions (72%) being included in plans in Camden.
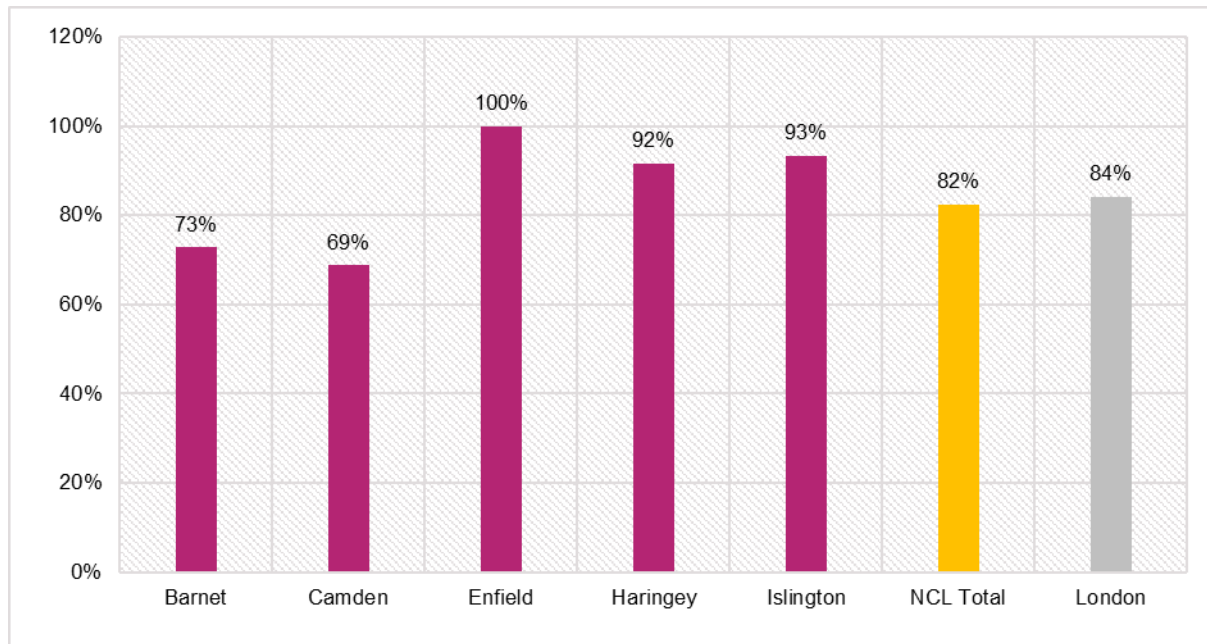
Figure 6.2: % of care home residents with a CMC record whose preferred place of death (PPD) was recorded, April 2018- March 2019

Of the 97 residents with a CMC record that died throughout April 2018-March 2019, 82% died in their preferred place, this proportion was particularly high in Enfield whereby all residents died in their preferred place, although the number of deaths recorded in Enfield (9 deaths) was lower than in other north central London boroughs.

The data in figure 6.3 is based on care home residents recorded as deceased, with a preferred place of death and actual place of death recorded within CMC.

Figure 6.3: **% of care home residents with a CMC record who died and achieved their PPD, April 2018-March 2019**
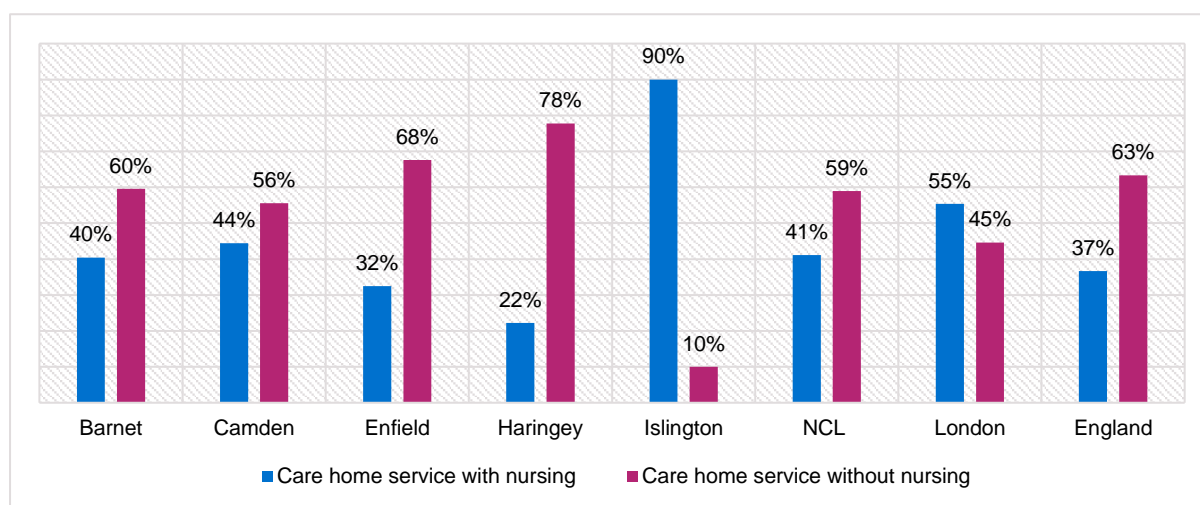
7. Further care home facts and figures

The CQC database contains a range of information on the makeup of care homes, i.e. the services they provide and the clients they support as well as the quality of the care provided through the CQC inspection process. The below analysis gives more information on the type and quality of care provided by older people's care homes in North Central London.

Across North Central London there are 112 older people's care homes, of which 46 (41%) are registered with nursing and 66 (59%) without nursing. Five of the 112 care homes were registered to provide care both with nursing and without.
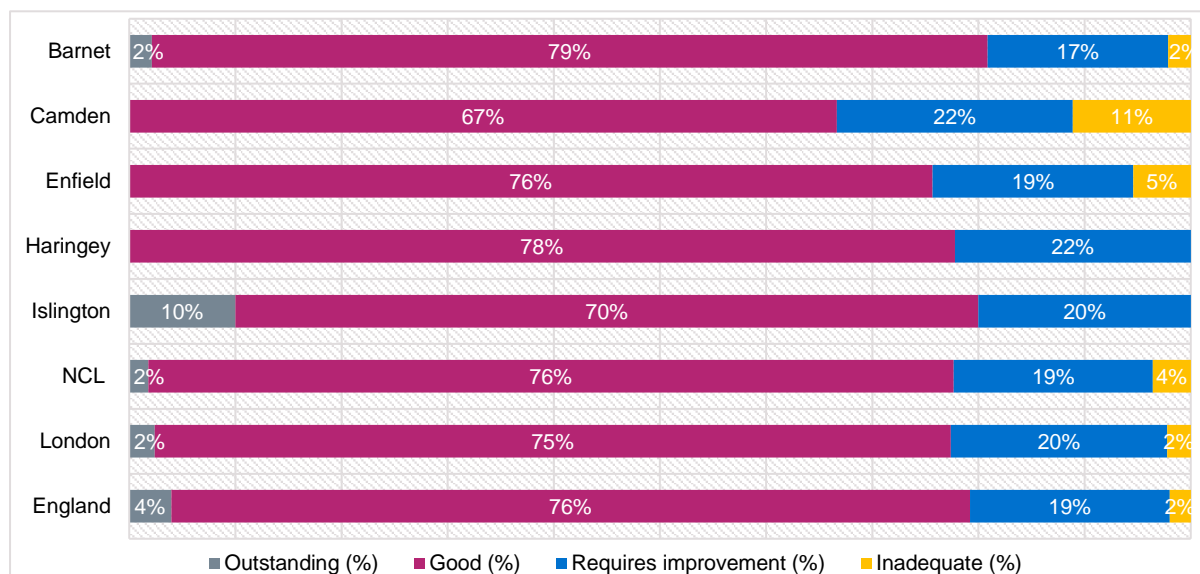
Figure 7.1: % of older people's care homes registered as nursing and residential, September 2019

NB: The ratio of older peoples' care homes and older people's care home beds in England has been included for comparison purposes. However, these numbers include homes registered for older people and/ or those with dementia, whereas the London figures have had local knowledge applied to ensure only those where older people are predominantly resident are included

The majority (76%) of care homes in North Central London have been rated as 'good' by CQC as of September 2019. Two homes in North Central London (2%) were rated 'outstanding', these homes are located in Islington (1) and Barnet (1). Four homes (4%) were rated 'inadequate', these homes are located in Enfield (2), Camden (1) and Barnet (1). A fifth (19%) of care homes in North Central London were rated as 'requires improvement'. Figure 7.2 below shows the number of care home in each borough by their CQC rating.

Figure 7.2: CQC rating of older people care homes by borough, September 2019
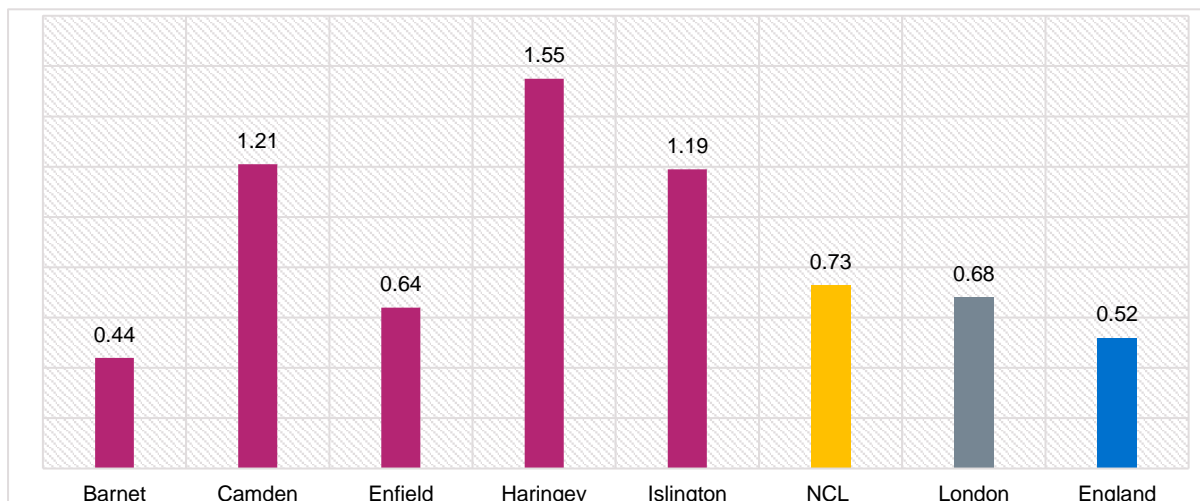

NB: The CQC rating of older people care homes in England has been included for comparison purposes. However, these numbers include homes registered for older people and/ or those with dementia, whereas the London figures have had local knowledge applied to ensure only those where older people are predominantly resident are included

Councils with Adults Social Services Responsibility (CASSR) submit an annual return to NHS Digital on the short and long-term support that they fund. The latest return that has been published is for the financial year 2018-19. The return contains information on the number of clients aged 65+ accessing long-term support in residential and nursing homes during the year from each borough.

In September 2019 there were 4,952 beds available for those aged 65+ in North Central London. Throughout 2018-19 there were 3,615 council funded placements made for older people into a care home (73 placements made throughout the year per 100 beds available). The analysis would suggest that Barnet has the lowest proportion of care home beds funded by the council, with 44 placements funded by the council for every 100 beds, with Haringey having the highest proportion (155 placements to every 100 beds). The proportion of council funded placements to total number of beds in North Central London (0.73) is higher than the national average (0.52).

Figure 7.3: Ratio of council funded beds throughout 2018-19 to total number of care home beds, September 2019
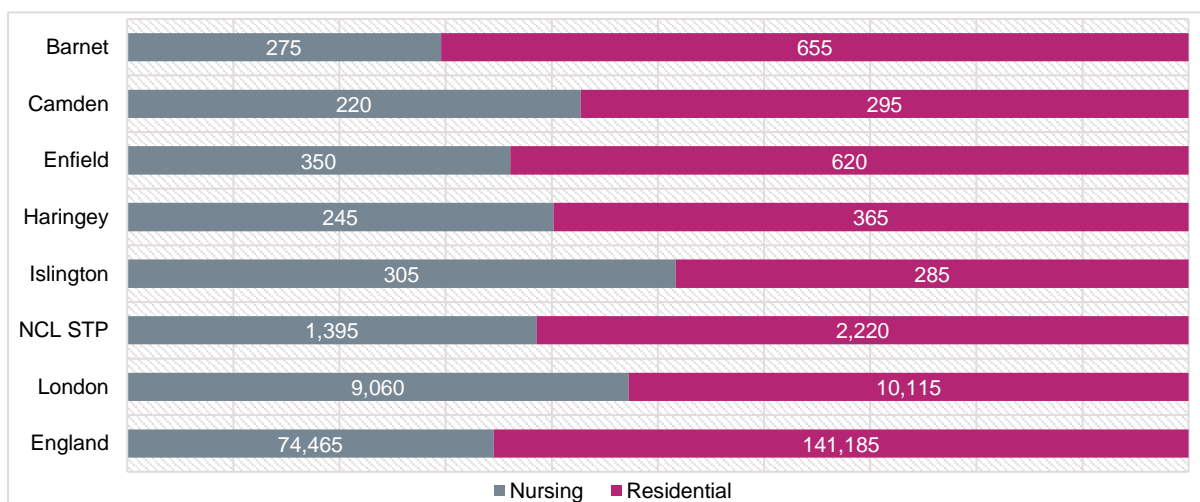

NB: The ratio of care home beds that are council funded in England has been included for comparison purposes. However, these numbers include homes registered for older people and/ or those with dementia, whereas the London figures have had local knowledge applied to ensure only those where older people are predominantly resident are included

Of the North Central London older people's care home placements funded by councils in 2018-19, 1,395 (39%) were nursing home placements and 2,220 (61%) were residential care placements. The proportion of placements for nursing care was lower than across London (47%) but higher than throughout England (35%).

Islington was the borough with the highest proportion of council funded placements for nursing care, with 52% of all care home placements being for nursing care, whilst Barnet had the lowest with 30% of placements being for nursing care. The full numbers of council funded older people's care home placements for each borough throughout 2018-19 can be found in figure 7.4.

Figure 7.4: Council funded care home placements, 2018-19

8. Costing deaths taking place in care homes

Research conducted by Ennis et all (2015)[9] concluded that a death in hospital on average cost £4,223 more than a death taking place in a nursing home.

In 2017 a total of 1,070 deaths of older people in North Central London took place in a care home setting. If the number of deaths in care homes increases by 1% (11 deaths) this would equate to a saving of approximately £45,000. If this increased by 10% (107 deaths) this would equate to a saving of approximately £452,000.

9. Conclusion and next steps

This data pack has highlighted some of the key data on EOLC in care homes. The pack is designed to facilitate local conversations and to support improvements for care home residents at the end of life.

Some of the key messages regarding North Central London care homes that have arisen from this analysis are as follows:

- The average cost of care in the last 6 months of life for nursing home residents are £4,223 more when the location of death is hospital
- If only 1% more people in north central London dies in their care home rather than a hospital this would equate to a saving of £45,000 per year
- 17% of deaths amongst those aged 65 and over in NCL in 2017 occurred in care homes – ranging from 9% in Haringey to 21% in Barnet
- In 2018-19 there were 89 NHS 111 calls made in NCL for every 100 beds
- There were a significant number of LAS call outs and conveyances. Within NCL the ratio of call outs to beds ranged from 98 to 128 per 100 beds
- In 2018-19, 85% (4,390) of LAS call outs to care homes in NCL resulted in conveyance to hospital
- In NCL 82% of care home residents with a preferred place of death recorded on their Coordinate My Care record in 2018-19 achieved their preferred place of death (80 residents)
- Projections suggest that care homes will be the most common place of death by 2040

The Healthy London Partnership have work underway to link LAS and NHS 111 data for care homes to the number of beds on a monthly basis to help care home commissioners and quality improvement leads to understand which homes have the highest rates of activity going to these two services. In addition, many care homes do not seem to have NHS 111 calls reported at all, including some of the large care homes. More could be done to improve the recording of calls to NHS 111 from care homes or ensure that homes are using the star line *6 shortcut to ensure that this dataset is coded and recorded in a way that would help care homes and commissioners to understand the emergency care needs of care home residents.

We would welcome any feedback on the packs. Please contact Lucy Nelson, the Senior Clinical Project Manager for the EOLC Clinical Network (NHSE/I London region) on lucy.nelson18@nhs.net.

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[9] *Ennis, L., Kinley, J., Hockley, J. and McCrone, P., 2015. The cost of providing end of life care for nursing care home residents: A retrospective cohort study. Health Services Management Research, 28(1-2), pp.16-23.*

APPENDIX A: Methodology

This care home data pack was created by data analysts at the Health Innovation Network. A range of secondary data sources were used, including published datasets as well as pre-produced data available to commissioners and care home quality leads in the form of data dashboards. The below table sets out the range of datasets used.

Table 10.1: Datasets used to produce care home data packs

Dataset	Period covered	Geography of dataset	How to obtain
CQC care directory	A snapshot as of September 2019	Care home	Published – downloaded from CQC website https://www.cqc.org.uk/about-us/transparency/using-cqc-data
Palliative and End of Life Care Profiles	2017	Borough	Published – downloaded from fingertips EOLC profiles https://fingertips.phe.org.uk/profile/end-of-life
Enhanced Health in Care Homes – ICS, STP and CCG Data Tool (version 6)	July 2015-Sep 2018	CCG	Restricted access – available on NHS futures
Coordinate My Care: care homes report	April 2018 – March 2019	Care home	Data requested directly from Coordinate My Care
Adult Social Care Activity and Finance	April 2018 - March 19	Borough	Published - download from NHS Digital website https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report
Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2018, using April 2019 local authority district codes	2018	Borough	Published - downloaded from ONS website https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland
London Ambulance Service care home data dashboard	April 2018 - March 2019	Care home	Restricted access – available by request
NHS 111 care home activity data	April 2018 - March 2019	Care home	Restricted access – available by request

In order to make the packs as useful as possible, for those commissioning or improving EOLC in care homes, the focus was on care homes whose residents are predominately older. The below sets out the process used to arrive at an appropriate dataset of older peoples' care homes. It also includes information about how datasets produced at a care home level were linked together to provide some useful estimates of the scale of activity and services being used by care home residents.

STEP 1: DEFINING A LIST OF OLDER PEOPLES' CARE HOMES

The Care Quality Commission (CQC) requires all care providers to register with them and are responsible for auditing care providers to ensure they provide high quality care. They therefore maintain a list of all registered care providers that is updated and published monthly. When registering a care home, providers are asked to give information on the types of clients that they support; this is called 'service user band'. In order to define our list of care homes we took the monthly published CQC database of September 2019 and applied the following filters:

- Only selected those care providers that were registered as care homes
- Only selected those care providers that were registered as having a location in one of the London boroughs
- Only selected those care providers that had a service user band of 'Older People' and/ or 'Dementia'.

Whilst this filtered list gives a good starting point of the homes that provide services for older people, there are quite a number of homes that are primarily set up to care for people with learning disabilities or mental health problems, but do support a small number of older people. In order to get a more accurate picture of those homes that are **primarily** for older people, the lists initially generated were sent out to care home commissioners across London , asking them to review and use their local knowledge to identify those homes primarily providing services to older people in order to ensure that the data produced is as relevant as possible.

Following the review by local commissioners, the filtered lists were then updated by removing care homes that were not primarily for older people, and any duplicate records. Table 10.2 below shows that by applying this local knowledge, 86% of homes were included for North Central London, with 18 homes deemed to not be primarily for older people. The homes excluded tended to be quite small and therefore did not lead to a large reduction in care home beds (a reduction of 102 beds)

Table 10.2: The effect of applying local knowledge to identify older people's care homes by care home numbers and care home beds

Borough	Care homes confirmed by local care home leads for inclusion	Care homes registered with CQC as being for older people and/ or dementia	% of OP care homes confirmed by care home leads	Care home beds confirmed by local care home leads for inclusion	Care home beds registered with CQC as being for older people and/ or dementia	% of OP care home beds confirmed by care home leads
Barnet	47	50	*94.0%*	2128	2138	*99.5%*
Camden	9	9	*100.0%*	427	427	*100.0%*
Enfield	37	45	*82.2%*	1509	1554	*97.1%*
Haringey	9	15	*60.0%*	394	438	*90.0%*
Islington	10	11	*90.9%*	494	497	*99.4%*
NCL Total	**112**	**130**	***86.2%***	**4952**	**5054**	***98.0%***

STEP 2: LINKING DATASETS TOGETHER

Each dataset used to produce these data packs follows a different methodology and provides data at varying levels of geography. Most of the datasets used are either available by borough or CCG level or provide data at care home level. Table 10.1 sets out the lowest level that each dataset is available.

For those datasets available at care home level, a matching exercise was required in order to get a sense of the scale of activity. The purpose of the matching exercise was to ensure that only data for the identified older people's care homes were included, and to link information on the size of each care home (number of care home beds) in order to understand whether activity levels were disproportionally high. This was done through creating ratios of activity e.g. number of Coordinate my Care (CMC) records to care home beds per care home.

For CMC data, records were linked from the raw data to the CQC database by each care home's postcode. An additional check was carried out to ensure that the telephone number and/ or name of the care home also matched, especially where there was more than one home located within the same postcode.

Data on LAS incidents and conveyances were matched to care home bed numbers in the CQC database by matching care homes based on names and first line of address. This was done through manual checking of the homes recorded in the LAS database against those recorded in the CQC database. There were a small number of care homes (5 care homes in NCL, or 4% of older people care homes) that it was not possible to match.

Data on NHS 111 star* 6 line calls were matched to CQC data based on the phone number used to call the NHS 111 line and the care home name where this didn't match. Manual checking was used to

ensure that records were matched up appropriately between the two databases based on these key fields of data.

LIMITATIONS TO THE ABOVE METHODOLOGY

Whilst a lot of care was taken over the above approach of identifying older peoples' care homes and linking them to other care home datasets, there were a number of limitations to this approach:

1. The application of local knowledge of older people's care homes to review the list of homes registered as being older people and/ or dementia homes is subjective. There was no particular guidance provided for this exercise other than an instruction to help produce a list of care homes primarily for older people. It is therefore possible that the homes that some local areas included may have been excluded by other areas, and that this has therefore led to inconsistencies in the way homes have been represented.

2. When care homes change ownership or management, they often change names and become registered under a new unique identifier in the CQC dataset. It was not possible in all cases to identify those homes that had changed ownership/ registration over the past year in order to link the data across all registrations linked to the same address together. For this reason, there may be some homes that have low counts of activity due to a change of name throughout the 2018-19 financial year

3. Using the number of beds as a proxy for the size of a care home assumes that vacancy rates are low and that almost all beds are occupied. It may be the case for a small number of homes to have a relatively high number of vacant beds.

APPENDIX B: Interpreting the analysis

ANALYSIS OF LAS DATA (SECTION 5.1)

Healthy London Partnership produce a London-wide dashboard on the calls made to the London Ambulance Service (LAS) from care homes as well as the number of calls that result in an ambulance being conveyed from a care home to hospital. The analysis in section 5.1 uses the data collated for the period of April 2018 to March 2019 to understand which areas have the highest rates of call outs and conveyances to care homes. The ratios are calculated by linking data on ambulance call outs and conveyances to the number of care home beds for older people (see appendix A – methodology). It has not been possible to link all care homes across these two databases – so the data contained in section 5.1 is for 107 older people care homes across North Central London where it was possible to make a linkage. This accounts for 96% of older people care homes in North Central London. Whilst the number of call outs and conveyances is based on those calls made between April 2018 and March 2019, this is matched against those care homes registered with CQC in September 2019; it therefore excludes the LAS activity made from care homes that may have been open in 2018-19 but closed prior to September 2019. In addition some of the rates may be lower than expected due to care homes not being open for the full duration of the financial year. Local knowledge of care homes would be useful in interpreting whether activity levels in certain homes is unusually high or whether there are contextual reasons for high LAS activity levels.

ANALYSIS OF NHS 111 DATA (SECTION 5.2)

Data on NHS 111 calls were matched to information on care home bed numbers from the CQC database by linking homes together based on the phone number used as well as the care home name (see appendix A – methodology). This was done in order to understand whether the number of calls being made was proportionate to the number of residents that homes contain (with the number of beds being used as a proxy for the number of residents in a home, assuming all beds are being used). It has not been possible to link all NHS 111 call data accurately to a care home across these two databases, so the analysis contained in this section is for 88 older people care homes across North Central London, containing 3893 beds where it was possible to make a linkage, this accounts for 79% of older people's care homes and 79% of older people beds in North Central London.

ANALYSIS OF COUNCIL FUNDED CARE HOME PLACEMENTS DATA (SECTION 7)

In order to understand the approximate proportion of council funded care home placements, a ratio of care home placements provided or commissioned by the local authority against the number of care home beds in that borough has been produced. The ratio gives a rough idea of the areas that have high proportions of beds that are commissioned by the council compared to those that are self-funded. It is worth noting that councils will place some residents outside of their borough and that a care home bed may be occupied by more than one resident through the year. There will also be several clients which the council commissions care for where the client funds the full cost of their care, but most council commissioned care home placements will be partly or full funded by the local authority.

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- Coordinate My Care

- London Ambulance Service

- CCG and local authority care home commissioners