

APPENDIX 1

Nursing Care Community Impact Assessment

Service users

Analysis of client records held by the Council has been compared to profiles of the general population drawn from the Greater London Assembly (GLA) mid census projections.

1. **Age** – Southwark is generally a young borough, with only 8%^[1] of residents being over 65 years of age. However, given the nature of the service, unsurprisingly 84% of nursing care residents placed by the Council are of pensionable age. Due to the development of community-based care, fewer working age living with chronic long-term conditions and disabilities now require nursing care beds, and those that do tend disproportionately to be placed out of borough in long term and often specialist placements. This long term cohort is itself aging. It is also noted that many people living with a learning disability or who have a long history of substance misuse and chronic long term functional mental health issues may experience premature symptoms associated with aging, and therefore may require a nursing bed at an earlier age than the general population.
2. The **proportion** of residents who are aged 80+ is higher for in borough placements compared to those out of borough. Therefore, given the aspirations of expressed by local people, the proposals will have a particularly positive effect upon the older and aging population of Southwark.

Table one: Age profile of All Nursing Care Residents (Nov 2018)

Age	Out of Borough	In borough	Total all placements in all homes
18-64	18%	7%	15%
65-80	43%	40%	42%
80+	38%	53%	42%
Not Recorded	1%	0%	1%
Total	100%	100%	100%

(% are rounded up/down)

3. **Gender** - For Southwark, 56% of people over 65 are female and 44% male. This ratio being broadly consistent with utilisation pattern for nursing care placements and the age profile of the frail older population:

Table two: Gender

Gender	Out of Borough	In borough	All Placements
Female	58%	53%	57%
Male	42%	47%	43%

(% are rounded up/ down)

4. **Ethnicity** – In Southwark 28% of all people aged over 65 are from Black and Minority Ethnic (BaME) communities (defined either as “Black”, “Asian” or “Other Ethnic Groups”). The proportion of white people becomes as the population gets older.

^[1] GLA mid census projections

5. Although there **are** several nursing home residents whose ethnicity is not recorded, the comparative analysis of the data available shows that the proportion of nursing home residents who are defined as BaME is around 28%. Details set out below:

Table three: Ethnicity of Nursing Care Residents

Ethnicity	Total all placements in all homes
White	64%
Black/ Black British	23%
Other ethnic group	3%
Asian/ Asian British	2%
Not Stated /Recorded	8%
Total	100%

(% are rounded up/ down)

6. **Disability** – Social work case records indicate the primary care need for each client. Needs associated with physical ill health and disability are the single largest category, followed by dementia and with the third largest group being people living with a (functional) mental health issue. Currently there are only two clients who are living with a learning disability in a nursing home.
7. As data gathering is focused on primary care needs, a very significant number of residents will be experiencing multiple long-term conditions with the numbers living with dementia being under reported due to data coding issues.

Table four: Primary care and support needs of residents.

Support Need	% of all Residents
Learning Disability support	0% (only 2 individuals)
Mental Health support	8%
Physical Support	64%
Sensory Support	2%
Social support	2%
Support with memory and cognition - Dementia	23%
Grand Total	100%

% rounded up to nearest figure.

8. **Other characteristics** – The client record systems used by adult social care and GLA data do not routinely record faith and religion, sexuality, gender re-assignment and marriage and civil partnership. However, it is recognised that these groups are also residents of nursing care homes, and the proposals set out within this report are not envisaged to have a detrimental impact upon people with these protected characteristics.

Workforce

9. **Although** workforce profile is not currently monitored, market engagement with providers has indicated that a disproportionate number of the front line care workforce comes from a BaME background, speaking a wide range of languages and reflecting the religious and cultural requirements of the residents of central London homes.

10. Market **engagement** indicated that all providers face difficulties retaining and recruiting staff in all areas, with the greatest challenges relating to registered nursing staff. These issues mirroring the challenge facing recruitment and retention within the profession nationally. However due to regularity of shift patterns, care staff often find the sector more attractive than home care.
11. The role of **apprenticeships** will be used by homes as a means of supporting people with the right aptitudes to enter the care sector and progress through the profession. Including moving onto formal registered nurse training.
12. It is also noted that there are a number of multi-disciplinary local initiatives that have been set up to support nurses in local homes; and care home operators often recruit staff from abroad (In the case of the Southwark market – primarily from countries outside of the EU)

Providers

13. There are few small independent companies providing nursing care homes nationally with the only operators providing nursing care within the borough being large commercial organisations. This is not the case with exclusively residential care homes without nursing, where all such homes for older people in Southwark are provided currently by not for profit organisations. The procurement approach will be open to providers from any sector.

Conclusion

14. Taking all **relevant** factors into account, the council is satisfied that the proposals set out within the Gateway 1 report will have a neutral impact upon the people who use nursing care services.