



Public Accounts Select Committee

Update on Adult Social Care

Date: 22 September 2022

Key decision: Yes

Class: Part 1

Ward(s) affected: All wards

Contributors: Tom Brown, Executive Director Community Services

Outline and recommendations

The purpose of the attached paper is to provide Public Accounts Select Committee with an update on adult social care finances, key risks and their implications

This report will also set out:

- The Change programmes underway such as CQC assurance, charging reforms and the fairer cost of care that will impact upon capacity, resources and ways of working within Adult Social Care
- Savings to be delivered and actions taken/to be taken to deliver these savings.
- An up date regarding the ongoing work to transform and modernise Adult Social Care through the delivery of the Empowering Lewisham programme in partnership with Newton Europe.

1. Summary

1.1 The review of Adult Social Care was requested by the Public Accounts Select Committee on 3rd December 2020 in response to the budget cuts proposals. A contract was awarded to Newton Europe to undertake a service-wide diagnostic, which commenced in April 2021 and concluded in June 2021.

1.2 In September 2021, Mayor and Cabinet approved the Design and

Implementation phase of the review, which included continued use of Newton Europe resource to provide the necessary capacity and capability to deliver strategic transformation on this scale. This change programme within Adult Social Care is known as Empowering Lewisham.

1.3 The Design and Implementation phase of Empowering Lewisham is nearing completion and has included new ways of working, the transformation and reconfiguration of services and the transfer of sustainable skills and knowledge to our staff.

1.4 These changes – set out in this report - are aligned to quantified opportunities identified during the diagnostic to deliver savings over a number of years and maintain good outcomes for our residents.

1.5 Running alongside Empowering Lewisham are a series of other change programmes that have an impact on resourcing and ways of working within Adult Social Care. Initiation of these programmes has been largely outside of the council's control i.e. they are in response to legislative changes, charging reforms, new approaches to external assurance or wider system change. These additional programmes will have a significant impact on the capacity of the service and our residents. As such a brief introduction to each is included within this report, as well as Lewisham's response to these changes.

1.6 Finally, this report sets out the current position with regards to the delivery of budget savings.

2. Recommendations

2.1 Public Accounts Select Committee is recommended to note the content of this report.

3. Policy context

3.1 The contents of this report are aligned to the Council's policy framework as well as wider health and care system transformation, as follows:

- Corporate Strategy, specifically Priority 5 'Delivering and defending: health, social care and support - Ensuring everyone receives the health, mental health, social care and support services they need.'
- Medium Term Financial Strategy (MTFS) and the requirement to deliver £40m of budget savings across the council up to 2023/24, with more than £7m in 2021/22 for an 'Adult Social Care cost reduction and service improvement programme'.
- Joint Health and Wellbeing Strategy and the key focus on quality of life, quality of health care and support, and sustainability.
- Future Lewisham and the strategic COVID recovery theme of 'A healthy and well future', including the wider determinants of health and reducing health inequalities.
- Future Working and the active role staff are playing in our borough's COVID recovery, in a workplace where staff are empowered to succeed and the best ideas and innovations thrive.
- Lewisham System Recovery Plan and the 'build back better' priorities identified by the Lewisham Health and Care Partnership.
- Our Healthier South East London (Integrated Care System) priority of

'Improving health and care together' across the partnership.

4. Background

4.1 Vision and statutory duties for ASC

The statutory responsibilities of Lewisham Council in relation to adult social care are set out in the Care Act 2014, Mental Health Act 2007 and the Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards).

In collaboration with our residents, communities, voluntary sector and other system partners, we support vulnerable adults and their carers in Lewisham to live independent lives, exercising choice and control over their lives and to remain living at home within their community for as long as possible. This vision has become further embedded in our practice as a result of the Empowering Lewisham programme.

4.2 Upcoming legislation and preparation for 2023 CQC assurance

There are several pieces of legislation due to be implemented in 2022/23 that will reform how ASC is funded, delivered and regulated in the future:

- Health and Social Care Bill 2021 focuses on health and social care integration, the establishment of integrated care systems and will deliver locally the development of the Lewisham Place board.
- Build Back Better reforms introduce a cost of care cap, fair cost of care, and changes to financial assessments.
- New CQC assurance framework will apply to ASC from April 2023. (ASC inspections stopped in 2010 and much of the supporting council infrastructure was removed from most council's in savings programmes)
- The Mental Capacity Act 2005, changes will be introduced regarding the new guidance on Liberty Protection Safeguards that will replace the current Deprivation of Liberty Safeguards.

Newton Europe have undertaken an analysis of the potential costs associated with some of these reforms for all local authorities. For Lewisham the additional cost could be up to £66.8m over 10 years, starting with £4.5m (lower scenario) in 2023/24. It is not yet known what new burdens funding may be provided by government, but there are concerns that it may be markedly short of the actual costs the council will incur.

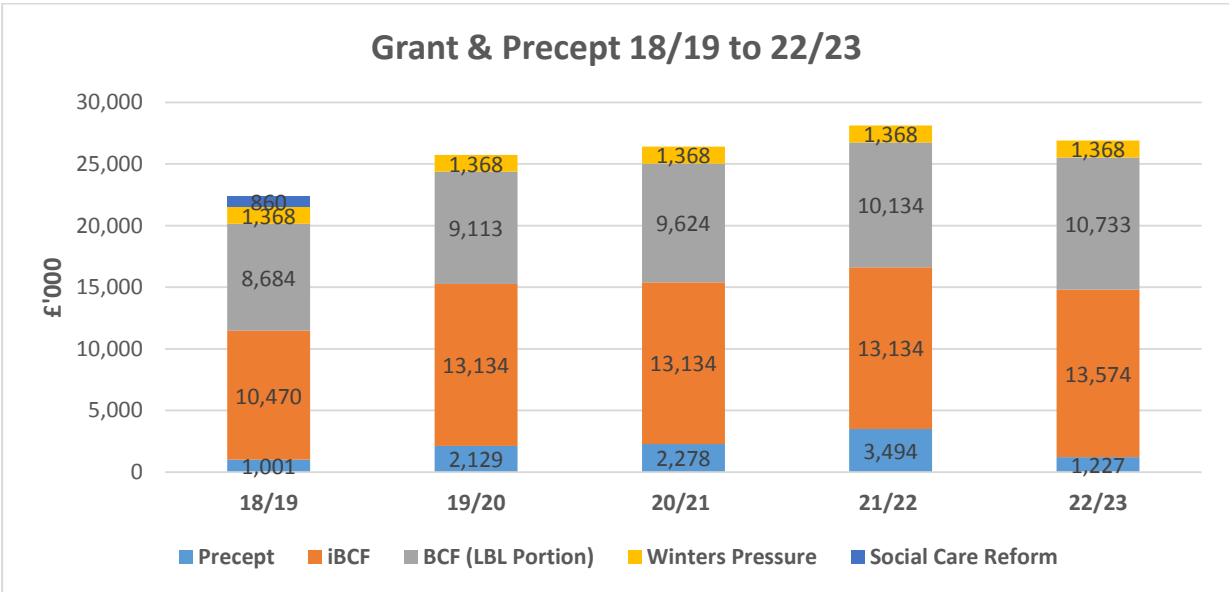
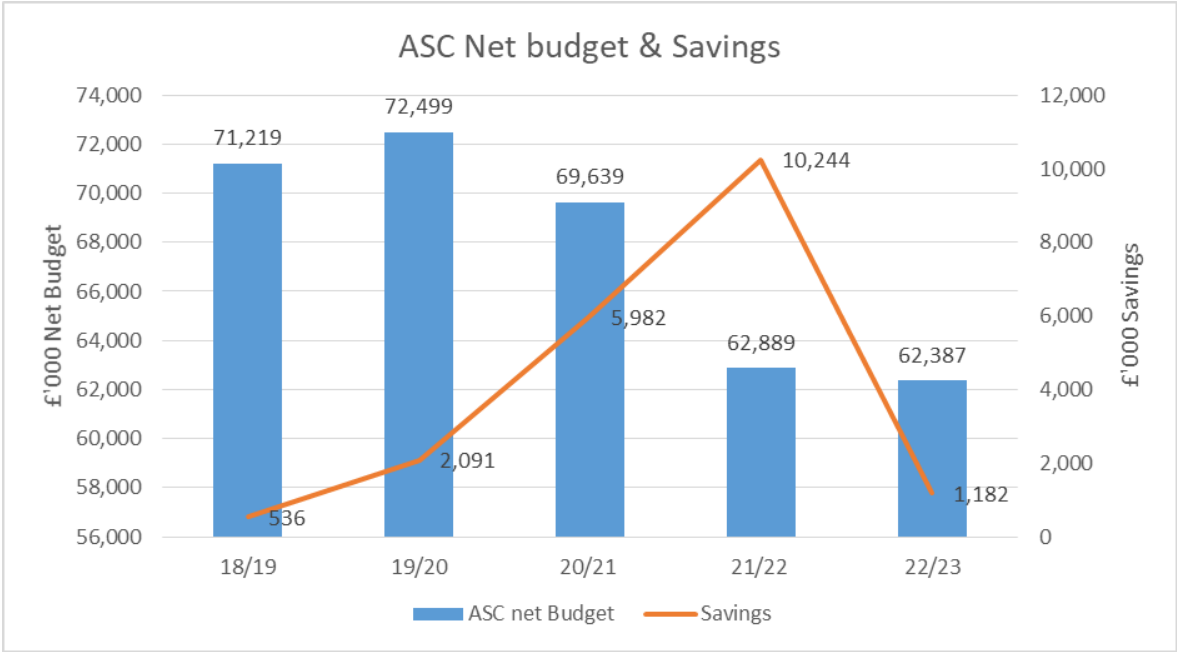
4.3 Historical profile of savings and achievements

Savings of £22.7M have been achieved over the past 5 years. This has been supported by implementing an approach developed through the Care and Health Improvement Programme (CHIP) from the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). This approach used a methodology that evaluated our use of resources by identifying areas where spend and/or performance is significantly different to regional or national benchmarking data and where efficiencies could be made.

Significant improvements have been made at the community and hospital referral

access points through effective management of demand and by using a strengths based approach that focuses on what people are able to do to support themselves where appropriate, by providing short term enablement that reduces or delays the need for longer term care, and by working closely with partners to support people to remain at home where possible.

The diagram below shows ASC Net budget & savings over the past 5 years.



The chart above illustrates the short-term funding of Adult Social Care over recent years. Reform of ASC mentioned above is supposed to end this episodic and short

term approach.

5. Empowering Lewisham Programme.

5.1 The review of Adult Social Care was requested by the Public Accounts Select committee on 3rd December 2020 in response to budget cut proposals. A contract was awarded to Newton Europe to undertake a service-wide diagnostic which commenced 1 April 2021 and concluded in June 2021. This diagnostic identified opportunities to save £8.6m over a 5 year period.

5.2 The ambitions of this review build upon a solid foundation of service improvement activity referenced previously and already underway in Adult Social Care to improve outcomes for residents, as well as reducing cost pressures. The review is working in alignment with this existing work, complementing rather than duplicating, and providing the necessary resource to expedite the essential modernisation process.

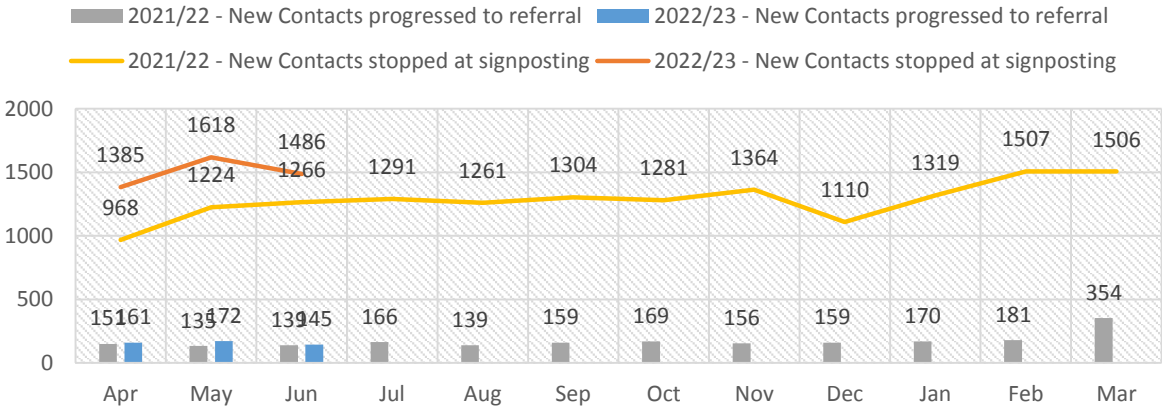
5.3 The service-wide review has focused on further modernising the service, identifying and harnessing opportunities for genuine transformation by developing the workforce so that they have the confidence, skills and mindset to continue to make positive changes to their ways of working.

6. Achievements.

6.1 There was a 4% increase in the number of contact forms completed from 6485 in Q4 of 2021-22 to 6764 in Q1 of 2022-23.

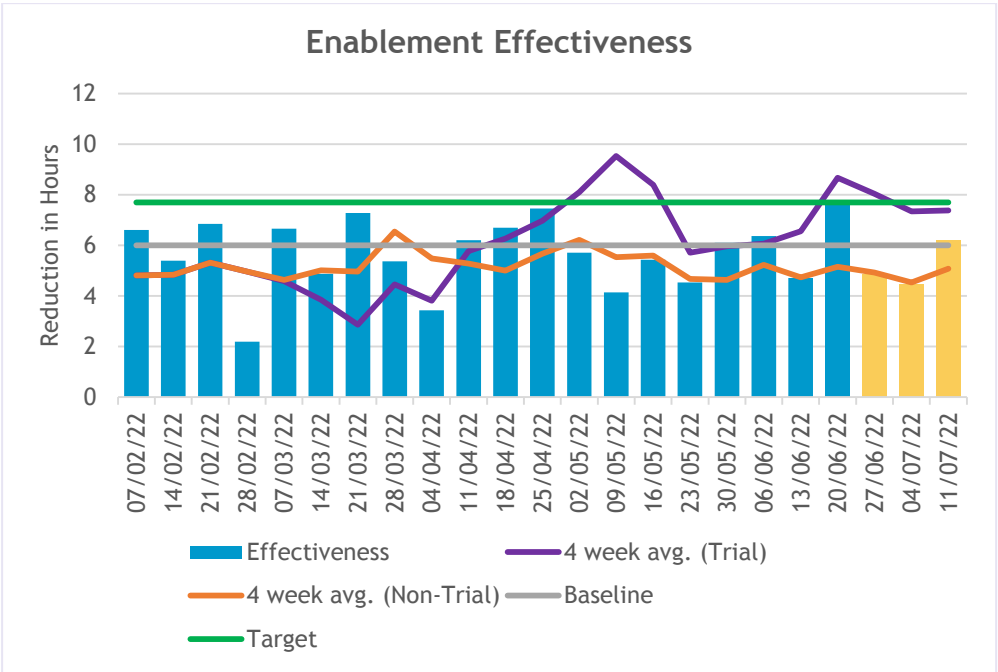
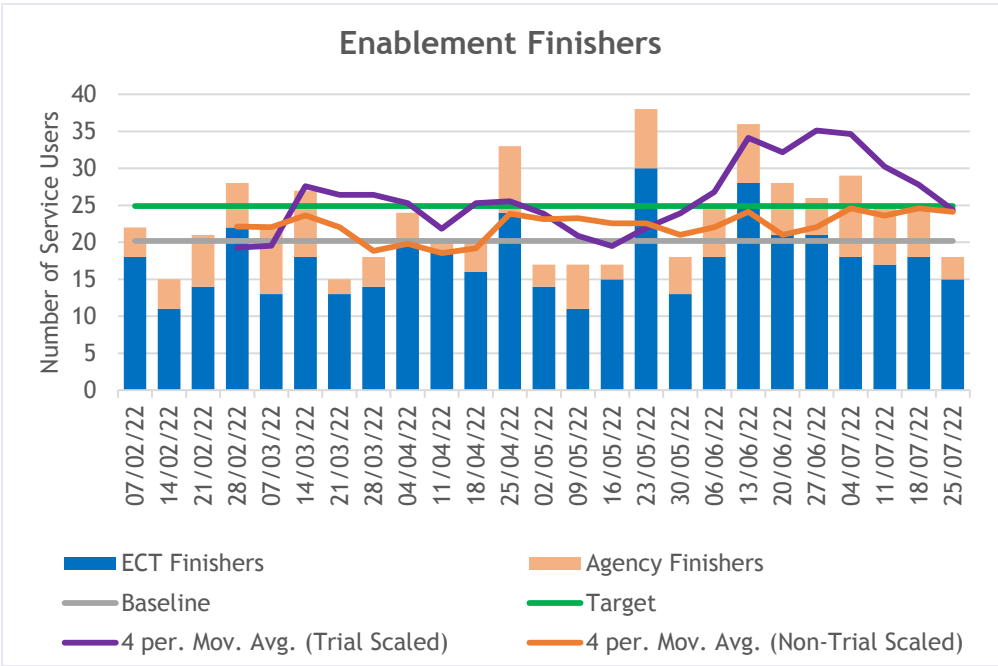
The average number of contacts that progressed to a new referral decreased from 13.7% in Q4 of 2021-22 to 9.6% in Q1 of 2022-23. An increasing number of new contacts were signposted or ended at contact point. In Q4, an average of 86.3% of new contacts were signposted compared to 90.4% in Q1.

There was a 4.1% decrease in the average number of new contacts that were signposted within 5 working days between the two quarter periods, decreasing from an average of 84.8 in Q4 to 80.7 in Q1.



6.2 The Empowering Lewisham workstream that has focused on maximising the impact of Enablement intervention to reduce and/or delay the cost of longer term care and support has achieved significant improvements. The graphs below demonstrate

an increase in the numbers of people who have been successfully enabled and the increase in effectiveness of that enablement in reduced packages of long term care.

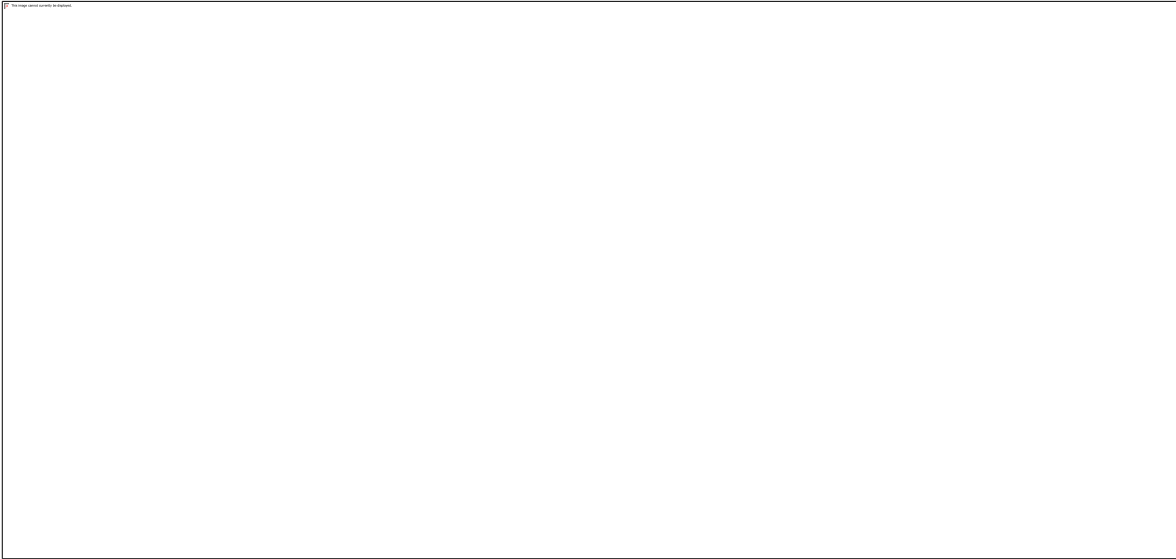


6.3 Improvement work is also underway in services for young people who have a disability and/or a learning disability and are preparing for adulthood. Work is in progress to further develop this work with a Transitions strategy and work programme to develop local opportunities that promote independence, provide access to employment pathways and supported living arrangements that are more person centred and cost effective. Working in a “strengths based approach” has helped mitigate (though not eradicate) significant cost pressures associated with young people coming into adult social care.

6.4 Work is underway in partnership with acute and community health colleagues to review the hospital discharge pathway. The current arrangements are reactive with confusing processes resulting in duplication and inefficiencies across organisations. Since May there have been regular workshops attended by Clinicians, Managers and

support staff who have focused on designing what is needed to sustainably support people to be discharged home. The programme of work has engaged input from service users and carers to ensure their views and experiences inform the “Home First Model” going forward. The emphasis is placed on reducing the use of care home placements and maximising opportunities to support people to return to their own home following an admission to hospital. Similar MDT meetings in the community sector focusing on ensuring people are supported to remain as independent as possible, have also contributed to this reduction in care home placements.

The Graph below shows the 6 week moving average trend being below the anticipated baseline since we introduced these service improvements, with continual monitoring in place to ensure this trend continues.

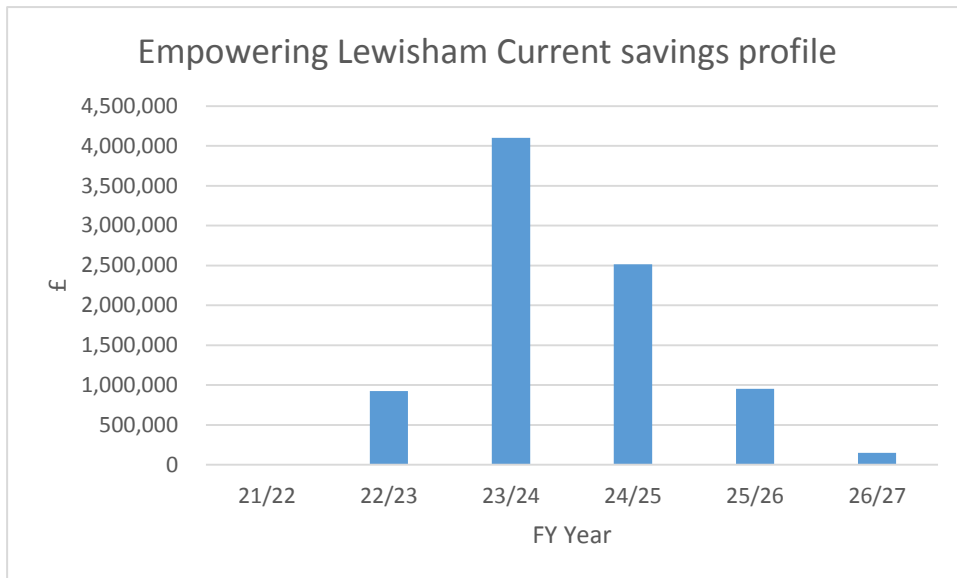


6.5 Underpinning all of this positive change is the ongoing commitment to the development of our workforce and the investment in, and empowerment of our staff. The Principal Social Worker, Advanced Practitioners for social work and Occupational Therapy work closely with Learning and Development (L&D) that is situated within this service to promote best practice in accordance with statutory requirements and compliance with Care Quality Commission for those services registered such as Enablement and Shared lives.

6.6 Corporate systems and processes have also been the focus of current improvement activity, in particular the ability to accurately report and monitor performance and finance in a meaningful and timely way, including the alignment of key data sets. Previous cuts to corporate functions (e.g. dedicated performance team for Community Services) have reduced opportunities for real-time data management by frontline teams. Whilst progress has been made to address this with the roll-out of Controcc, there is an urgency to increase the pace of this. As such, the review will provide additional tools to highlight and prioritise areas of concern, reconciling performance and finance and increasing the accountability of budget holders for their spend. It will also provide the insight into which transformational activities are realising the greatest benefits.

The savings profile for this programme is below:

Financial Year	21/22	22/23	23/24	24/25	25/26	26/27	Total
Empowering Lewisham Current savings profile	357	925,122	4,102,575	2,513,376	950,195	149,863	8,641,488



7. Immediate Pressures.

7.1 A pressure of £1.9m is reported, due to the delayed delivery of savings related to care packages as well as pressures from children transitioning to Adulthood and hospital discharge. This is based on the level of commissioned care on Controcc at Period 4 with adjustments made for anticipated further in year demand, children transitioning into Adulthood and inflationary increases, as well as adjustments for any health funding or savings delivered over the course of 2022/23.

7.2 Currently, approximately 80% of Adult Social Care spend is within the independent care sector. The Council requirement (since 2018) that all contractors pay the London Living Wage (LLW) along with the adoption of the Unison Ethical Care Charter for Home Care, have both impacted Adult Social Care commissioning and contract spend to the value of £3.5m.

7.3 The sustained impacts of COVID on our most vulnerable residents have placed new and unprecedented cost pressures on the delivery of Adult Social Care services in Lewisham. There has been a 20% increase in people needing 1:1 support following hospital discharge on a year by year comparison. In part this is because of increased acuity of people at the point of discharge and also because of the NHS imperative to reduce the length of stay for patients in hospitals. Often we can reduce this support in the weeks following admission into a care home, but due to the increased levels of acuity and the pressure that care homes are facing with more people having higher level of need, these 1:1's are remaining in place far longer.

7.4 There has been a greater level of demand experienced in helping people to be discharged earlier from acute hospitals in line with the Discharge to Assess (D2A) principles. This earlier transfer of care to the community has increased the levels of expenditure and heightened the number of individuals requiring longer term care and increases to care package of domiciliary care support. In March 2020, when D2A was fully implemented to support the COVID epidemic, we were providing 13,196 hours per week in domiciliary care. We are now providing 15,524 hours per week, an increase of 2,328 hours per week at an additional cost of approximately £2.4m per year

7.5 POPPI & PANSI is the Projecting Older People Population Information System

developed and Projecting Adult Needs and Service Information by the Institute of Public Care (IPC). The programme was designed to help explore the possible impact that demography and certain conditions may have on younger and older adults and is being used in this context to attempt to understand future social care needs for younger and older Lewisham residents. Based on demographic trend in Lewisham, younger and older adult population is likely to grow by 2% and 9% respectively by 2025 creating a c£6m demographic pressure. Further details can be found in **Appendix A**.

7.6 Increased demand on services is compounded by the workforce challenges faced in Lewisham, London-wide and nationally to recruit appropriately skilled staff for frontline roles. This has been exacerbated by Brexit and Covid-19 pressures. This shortage is driving up costs of service delivery. Challenges to recruiting qualified Social Workers and Occupational Therapists has impacted both on the use of agency staff (and hence budget pressures) as well as being able to deliver as high quality a service as we would wish to do. Further, the social care provider market is poorly paid and under-valued across the country and so in the current climate, there are huge workforce gaps. A recent survey undertaken by ADASS has highlighted the challenges nationally: [ADASS Budget Survey](#) .

7.7 The approach to supporting young people who may need social care support as adults is to start planning the transition earlier and to focus on outcomes. However, the increased numbers of young people moving into adulthood, the increased complexity of their needs and recruiting the workforce across SEND and ASC with the skills to best support these young people is adding to the challenge locally (and nationally). The costs associated with these transitions have been absorbed by ASC and are c£1.5m per annum.

8. Savings delivery

Following 10 years of austerity the service has delivered savings of more than £14.9m over the last 3 years (details below), and work is currently ongoing to make a significant contribution to the required savings for 2023/24 and beyond:

Ref	Proposal	Agreed Savings
		£'000
Financial Year 2020/21		
COM04	Reduce costs for Learning Disability and Transitions	1,000
COM05	Increased focus of personalisation	482
COM1A	Managing demand at the point of access to adult social care services	1,000
COM2A	Ensuring support plans optimise value for money	500
COM3A	Increase revenue from charging Adult Social Care clients	500

Total		3,482
Financial Year 2021/22		
B-05	Recharge OT and housing officer costs to the Disabled Facilities Grant	250
C-02	Adult Learning and Day Opportunities	50
E-04	Introduce charging for certain elements of self-funded care packages	82
F-01	Adult Social Care Demand management	3,000
F-06	Adults with learning difficulties and 14 - 25yrs transitions costs	760
F-09	In house services reductions - adults passenger transport	600
B-11	Improved usage of BCF Funding across partners	1,000
F-24	Adult Social Care cost reduction and service improvement programme	3,849
ALL	Staffing Productivity	708
Total		10,299
Financial Year 2022/23		
C-02	Adult Learning and Day Opportunities	100
F-24	Adult Social Care cost reduction and service improvement programme	580
ALL	Staffing Productivity	502
Total		1,182
Grand Total		14,963

9. Opportunities for the future.

9.1 Proud to Care and Home Care Re-Procurement

Carers are needed across the whole of London, including Lewisham to support people to get back on their feet and regain their independence. The impact of Brexit and Covid-19 have made the recruitment of permanent staff with the necessary skills and expertise a significant challenge and new recruits are urgently needed in the care sector to reduce an over reliance on agency workers.

Proud to Care London is committed to improving the recruitment and retention of the adult social care workforce across London. In partnership with the London based

Directors of Adult Social Services (London ADASS) and adult social care providers, it links people into crucial jobs in care.

In particular, the new Proud to Care scheme puts a renewed emphasis on rewards, benefits and opportunities for career progression within social care. In recognition of the important role that care workers perform in society, Proud to Care has a clear focus on supporting people working in the industry with their professional development and providing care workers with access to an exclusive rewards scheme.

9.2 Integration across Health & Social care

The “Home first” programme mentioned earlier in this report is one example of how collaborative working across health and social care can make a positive difference to our residence in terms of their health and wellbeing. We are currently reviewing where Lewisham sits as an outlier in terms of population health to ensure we come together and prioritise as a system as well as working together on other place based initiatives e.g. trialling virtual wards

The Local Care Partnership (LCP) oversees the operation our two Delivery alliances (1) Mental Health and (2) Community and Neighbourhood Alliance. Both Alliances bring together Primary Care, LGHT acute and community services, South London and Maudsley Mental Health Trust, Integrated Care Board, Voluntary and Community sector and Adult Social care to establish a shared vision, principles and operational standards in order improve access, experience and outcomes for our local population.

It is our intention that our Alliances are the main development and delivery vehicles for tackling some our biggest common challenges across health and social care services. We are using this opportunity to develop single integrated plans and approaches that deliver the most efficient and effective care and support we can offer our residents. As we continue to apply this approach within Mental Health and the Community and Neighbourhood we will seek to expand it to other clients groups such Older Adults.

9.3 Partnership work with Housing

ASC is starting to work jointly on a more strategic level with Housing and Estates to identify and manage future demand for different types of housing stock with varying levels of accessibility. Operationally we already have referral process and relationships in place to ensure smooth transitions and in the hospital have recruited a dedicated housing officer to support safe discharge to homes.

10. Staffing Implications

10.1 The approach adopted has been discussed with representatives from Unison and Unite, the proposal explained and there will be opportunities for staff in ASC to extend their skills and be more effective in their roles.

11. Legal implications

11.1 There are no legal implications arising from the consideration of this report by Public Accounts Select Committee.

11.2 The Council has a public sector equality duty (the equality duty or the duty - The

Equality Act 2010, or the Act). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

11.3 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the decision maker, bearing in mind the issues of relevance and proportionality. The decision maker must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

11.4 The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website.

11.5 The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The 'Essential' guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

12. Equalities implications

12.1 Addressing inequalities within the health and care system, especially those impacting upon our Black, Asian and Minority Ethnic (BAME) communities, is a key priority for the Council and its partners. This focus has been sharpened in response to the disproportionate impact that COVID-19 has had on these communities. Any changes to ASC services originating from this review will need to be mindful of this, with a thoroughly consideration of the equality

implications for our most vulnerable residents alongside appropriate mitigation to reduce any negative impacts.

13. Climate change and environmental implications

13.1 There are no anticipated climate change and environmental implications arising from this review of ASC. However, any proposed service changes or recommendations must be mindful of the Council's intention of becoming a carbon neutral borough by 2030 and observe our commitments in the Climate Emergency Action Plan that was agreed by Mayor and Cabinet in March 2020.

14. Crime and disorder implications

There are no anticipated crime and disorder implications resulting from this service.

15. Health and wellbeing implications

15.1 The changes in progress are likely to have implications for how current services are delivered with an aim to improve outcomes for our residents.

16. Social Value

16.1 The services procured from Newton Europe in Phase 2 (Design and Implementation) are designed to create ownership within the Lewisham team from the leadership to front line staff, essential for delivering sustainable change. Direct partnership between Lewisham and Newton colleagues on each workstream aims to maximise skills and knowledge transfer. This will build the capability of staff and allow future improvements to be taken on without the support of external partners. This is also beneficial for the personal development of the individuals involved.

16.2 Phase 2 will also work to improve the opportunities for residents to live more independently, through targeted support (e.g. access to reablement, progression support, use of assistive technology etc) or stronger links with community-based services that provide support aligned to the Care Act domains. For example, progression support will help Adults with Learning Disabilities to access opportunities for work, education or volunteering.

17. Background papers

None

18. Glossary

18.1 Please find definitions of some key terms in the table below:

Term	Definition
ASC	Adult Social Care
CCS	Crown Commercial Services
ESPO	Eastern Shires Purchasing Organisation

Term	Definition
Framework Agreement	A framework comprises a description of common public sector requirements, a list of suppliers who have been evaluated as capable of delivering the requirements, and standardised contract terms, which save time and money. Frameworks are often divided into lots, typically by product or service type. The collective purchasing power of customers, plus the procurement knowledge of the framework provider, means they can get the best commercial deals in the interests of taxpayers.
YPO	Yorkshire Purchasing Organisation

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20. Comments for and on behalf of the Executive Director for Corporate Resources

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Appendix A

65+ Population

POPPI is the Projecting Older People Population Information System developed by the Institute of Public Care (IPC) with Oxford Brookes University. It is for use by local authority planners and commissioners of social care provision in England, together with providers. The programme was designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over and is being used in this context to attempt to understand future social care needs for older Lewisham residents.

The latest POPPI figures for the whole population aged 65+, use ONS Population Projections published in 2020, but which were based on 2018 calculated data. Therefore were not informed by any of the recently released 2021 Census data. At this point the total Lewisham population aged 65+ was predicted to increase considerably from 29,400 in 2020 to 33,400 in 2025 (and then increase further to 39,200 by 2030).

The below tables and text discuss the predicted number of residents who are likely to have higher levels of need.

Table 1. Estimated Care Home Residents aged 65+

	2020	2021	2022	2023	2024	2025
Total population aged 65 and over living in a care home with or without nursing	826	842	854	877	899	907

By 2025, POPPI data estimates that there will be an additional 81 Lewisham residents aged 65+ living in a care home with or without nursing (compared to 2020), an almost 10% increase.

Table 2. Estimated Number of Residents aged 65+ who need help with at least one domestic task

	2020	2021	2022	2023	2024	2025
Total population aged 65+ who need help with at least one domestic task	8,390	8,538	8,724	8,886	9,072	9,287

Between 2020 and 2025, it is predicted that almost 900 additional Lewisham residents will need help with at least one domestic task (a 10.7% increase).

Table 3. People aged 65+ predicted to have health issues by condition

	2020	2021	2022	2023	2024	2025
Dementia	2,057	2,077	2,114	2,146	2,173	2,216
Obesity	8,934	9,156	9,398	9,612	9,893	10,177
Diabetes	3,641	3,725	3,825	3,909	4,028	4,138
Depression	2,543	2,608	2,676	2,735	2,807	2,887
Cardiovascular Disease	9,228	9,413	9,673	9,887	10,161	10,409
Bronchitis/ emphysema	490	501	514	525	541	555

For all health conditions presented above, increases are expected across the board. With the exception of Dementia, which is expected to increase by 7.7%, all other conditions are predicted to see more than a 10% increase. Again the below tables and text discuss the predicted number of residents who are likely to have higher levels of need.

Table 4. People aged 65+ predicted number of Lewisham residents with a Learning Disability

	2020	2021	2022	2023	2024	2025
Moderate or severe learning disability	83	86	88	90	93	96
Down's syndrome	<5	<5	<5	<5	<5	<5
Autistic Spectrum Disorder	267	271	279	286	295	302

For Learning Disabilities, as presented by POPPI, the biggest increase in the Lewisham 65+ population is estimated to be residents with Autistic Spectrum Disorder. The predicted level for residents with Down syndrome is predicted to remain below 5, therefore we do not report the number.

18-64 Data

A similar dataset ([PANSI](#)) has been created to predict the population for the above groups for working age residents (18-64). The latest figures for the whole population aged 18-64, again uses ONS Population Projections published in 2020, but which were based on 2018 calculated data. Therefore were not informed by any of the recently released 2021 Census data. At this point the total Lewisham population aged 18-64 was predicted to increase considerably from 308,600 in 2020 to 317,800 in 2025 (and then increase further to 324,600 by 2030).

PANSI data estimates are not provided for care/nursing home residents aged 18-64. Nor are details of the number of residents who need help with at least one domestic task. Instead data is presented on those predicted to have a moderate or serious personal care disability.

Table 5. Number of Lewisham residents aged 18-64 predicted to have a moderate or serious personal care disability

	2020	2021	2022	2023	2024	2025
Moderate personal care disability	7,297	7,409	7,497	7,588	7,679	8,265
Serious personal care disability	1,640	1,662	1,679	1,697	1,716	1,844
Total	8,937	9,071	9,176	9,285	9,395	10,109

By 2025, it is predicted that Lewisham will have over 10,000 residents aged 18-64 with a moderate to severe care disability, an increase of over 13%.

Table 6. People aged 18-64 predicted to have health issues by condition

	2020	2021	2022	2023	2024	2025
Long term health condition caused by a Stroke	534	541	550	556	564	573
Diabetes	6,108	6,189	6,279	6,337	6,409	6,484
Visual Impairment	137	138	139	139	140	141
Severe Hearing Impairment	1,121	1,136	1,151	1,168	1,182	1,193

For all health conditions presented above, increases are expected across the board. With diabetes seeing the biggest increase in terms of numbers of residents.

Table 7. Predicted Number of Lewisham residents aged 18-64 with a Learning Disability

	2020	2021	2022	2023	2024	2025
Moderate or severe learning disability	1,182	1,191	1,198	1,206	1,214	1,219
Down's syndrome	132	133	133	134	135	135
Autistic Spectrum Disorder	2,095	2,112	2,126	2,141	2,152	2,166

For Learning Disabilities, as presented by PANSI, the biggest increase in the Lewisham 18-64 population is estimated to be residents with Autistic Spectrum Disorder, which is predicted to see a 3.4% increase by 2025.

Table 8. Predicted Number of Lewisham residents aged 18-64 considered to be at higher risk of alcohol-related health problems

	2020	2021	2022	2023	2024	2025
Risk of alcohol related health problems	8,642	8,719	8,800	8,864	8,934	9,011
Drug dependence	7,728	7,740	7,743	7,767	7,782	7,799

The number of residents aged 18-64 at higher risk of alcohol-related health problems is predicted to rise by 4% by 2025. Drug dependence is predicted to increase by less than 1%.

Table 9. Predicted Number of Lewisham residents aged 18-64 predicted to have mental health related ill health

	2020	2021	2022	2023	2024	2025
Common Mental Health disorder	39,885	40,110	40,352	40,515	40,696	40,914
Psychotic disorder	1,475	1,484	1,493	1,500	1,507	1,516
Early onset dementia (30-64)	71	72	74	75	77	77

All mental ill health conditions described in table 9 are predicted to increase by 2025.