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08 May 2026

**Members of the
Adult Care and Social Work Committee**

Chief Executive's Office

Rachel Blair
Chief Officer (Legal, Democratic and Strategy)
Civic Centre, Windmillhill Street,
Motherwell ML1 1AB
www.northlanarkshire.gov.uk

Notice is given that a Meeting of the **Adult Care and Social Work Committee** is to be held in the Council Chamber, Civic Centre, Windmillhill Street, Motherwell, ML1 1AB on Tuesday, 19 May 2026 at 14:00 PM which you are requested to attend.

The agenda of business is attached.

Rachel Blair
Chief Officer (Legal, Democratic and Strategy)

Members :

M McCulloch, B Baudo, C Barclay, M Boyd, B Burgess, W Goldie, J Jones, P Kelly, J Keltie, K Larson, J Leckie, F MacGregor, A McCrory, B McCulloch, R McKendrick, C Quigley, N Shevlin, L Stubbs, R Sullivan, J Toner, N Wilson, G Woods.

Agenda

- 1 **Declarations of Interest In Terms of the Ethical Standards In Public Life Etc. (Scotland) Act 2000**

- Operational**
- 2 **Supporting Resilience across our Communities: Unpaid Carers** 5 - 18
Submit report by Chief Officer (Performance, Planning & Quality Assurance) highlighting proposals to support unpaid carers.
- 3 **Charges for Non-Residential Services, Community Alarms, Meals Provision, Independent Sector Care Homes & Respite Care** 19 - 24
Submit report by Chief Officer (North Lanarkshire Health and Social Care Partnership) highlighting the charging for non-residential services, community alarms, meals provision, independent sector care homes and respite care in 2026/27.
- 4 **Digital Assistive Technology and Systems Programmes Progress Update** 25 - 34
Submit report by Chief Officer (Performance, Planning & Quality Assurance) highlighting progress in the digital assistive technology and system development programmes across social work service.
- 5 **Progress report on Trauma Informed Practice** 35 - 48
Submit report by Chief Officer (Adult Social Work Services) highlighting the progress made in the implementation of Trauma Informed Practice across the Health and Social Care Partnership.
- 6 **Home Support** 49 - 66
Submit report by Chief Officer (Adult Social Work Services) highlighting the progress on the redesign and performance in relation to Home Support.

Performance

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| 7 | <p>Adult Social Care Performance Report – Quarter 3 2025/26</p> <p>Submit report by the Chief Officer (North Lanarkshire Health and Social Care Partnership) providing an update on the performance of key areas of activity within Adult Health and Social Care for the period 1 October 2025 to 31 December 2025 (Quarter 3 2025/26).</p> <p>Financial</p> | 67 - 78 |
| 8 | <p>Revenue & Capital Budget Monitoring Report: Adult Social Care Period 12: 01/04/2025 to 27/02/2026</p> <p>Submit report by Chief Officer (Planning, Performance and Quality Assurance) providing a summary of the revenue Financial Performance of the Health and Social Care Partnership (H&SCP) - North Lanarkshire (Adult Social Care & Housing) and the financial performance of the Social Work capital programme for the period 1 April 2025 to 27 February 2026.</p> | 79 - 92 |
| 9 | <p>Health & Social Care Partnership Medium Term Financial Plan 2026/27 – 2028/29</p> <p>Submit report by Chief Finance Officer highlighting Health & Social Care Partnership Medium Term Financial Plan 2026/27 – 2028/29.</p> <p>Contracts</p> | 93 - 120 |
| 10 | <p>Taxi Procurement Report</p> <p>Submit report by Chief Officer (Adult Social Work Services) seeking approval of the Framework Agreement for Taxi and Private Hire Provision.</p> | 121 - 132 |

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref MD/MB

Date

19/05/26

Supporting Resilience across our Communities: Unpaid Carers

From Morag Dendy, Chief Officer (Performance, Planning & Quality Assurance)

E-mail barrym@northlan.gov.uk

Executive Summary

Recent Ministerial communication (Appendix 1) regarding support for unpaid carers highlighted that unpaid carers save Scotland £12.8 billion per year in social care costs, along with a further £320 million in health care costs, amounting to £13.1 billion annually. It was highlighted that by 2022-23, funding for services for both adult and young carers was £88.4 million higher than in 2017-18. Subsequent social care uplifts applied across all social care provision, including support for unpaid carers under the Carers (Scotland) Act 2016. It was stressed that resources to implement the Carers (Scotland) Act 2016 must be allocated in full towards providing support for unpaid carers, including young carers.

One of the four priorities of the Scottish Spending Review 2026 is to ensure high quality and sustainable public services. We have an ongoing commitment to supporting unpaid carers in an affordable and sustainable way within our communities. Our approach focuses on promoting resilience through independence, self-help, enablement, choice, and control, using an assets and strengths-based approach. We also seek to ensure that a preventative approach is embedded, and that anticipatory and emergency planning has been considered to:

- Prevent problems from arising in the first place by addressing the root causes of the problem.
- Stop emerging problems from becoming more serious through early identification and intervention.

This approach helps reduce the risk of, or need for, later, more significant interventions to address or reduce the impact of problems that have already occurred. This also reduces the risk where crisis led planning, which, whilst hopefully dealing with the immediate impact of harmful outcomes, often does little, if anything, to reduce the chance of crisis happening again in future. Our shared approach, involving unpaid carer lived experience, business intelligence and professional knowledge and expertise is a whole system approach to getting it right for everyone.

The national State of Caring, published March 2025, presents a concerning picture. Engagement with unpaid carers demonstrated that the local experience is more positive than the national picture but highlighted that we still have much to do. This paper sets out proposals for use of the remaining Carers (Scotland) Act 2016 Implementation Funding held locally.

Recommendations

It is recommended that the Adult Care and Social Work Committee:

- (1) Endorse the proposals to support unpaid carers.
 - (2) Note the content of the Report.
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The Plan for North Lanarkshire

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| Priority | Improve the health and wellbeing of our communities |
| Ambition statement | (13) Improve preventative approaches including self-management and giving people information and choice over supports and services |
| Programme of Work | Resilient People |

1. Background

1.1 Supporting unpaid carers is an essential requirement within the wider health, social work, and social care landscape.

1.1.1 This involves:

- Supporting unpaid carer engagement and participation
- The provision of information, advice and signposting to unpaid carers
- Promoting self-help as a first option so that people, including unpaid carers, are to help themselves
- Providing support to unpaid carers as a means of prevention or early intervention
- Facilitating preventative, anticipatory or emergency planning, thus lessening impact on statutory services.
- Ensuring that carer advocacy and carer representation\campaigning support is available

1.2 Our approach helps meet statutory obligations set out in:

- The Carers (Scotland) Act 2016 (which increased carers rights and enshrined these in law.)
- The Social Care (Self Directed Support) Scotland Act 2013. (This gave people requiring support significantly greater choice and control around how they chose to be supported and the way in which support is delivered.)
- The Community Empowerment (Scotland) Act 2015 (which aimed to empower communities by giving them more control over local decisions, land, and resources, enhancing their ability to influence public services.)
- The Equality Act 2010 (specifically the public sector equality duty, where Scottish public authorities must have due regard to the need to: eliminate unlawful discrimination; advance equality of opportunity; foster good relations.)
- The Community Wealth Building Bill (aimed at ensuring that wealth is generated, retained, and circulated within communities) (Scottish Govt, March 2025)

- 1.3 Members will recall previously agreeing investment in CVS organisations to support unpaid carers, identified through a procurement exercise, at the Adult Care and Social Work Committee on 12 November 2024. There are strong and established partnership working arrangements in place with five commissioned carer focused organisations.
- Action For Children Young Carers Project North Lanarkshire
 - Alzheimer’s Scotland
 - Getting Better Together (GBT)
 - Lanarkshire Carers
 - North Lanarkshire Carers Together (NLCT)
- 1.4 Each of these organisations has a distinct role and focus, as carers are not one homogenous group, with caring roles encompassing a range of need: for example, children with Additional Support Needs, adults with age related needs, people with neurological conditions, disability or sensory impairment or poor mental health. Often, carers have support needs in their own right, such as older citizens caring for a spouse or partner.
- 1.5 This range of caring related need is reflected across the much wider Carer Support Network, facilitated by NLCT which comprises of community and voluntary sector organisations (CVS) who have a carer focus or remit, with some of these organisations in receipt of funding from NLC, whilst others are funded through CVS funding streams or external funders. All of these organisations have a role in enabling and delivering a resilience-based approach to supporting carers, and in providing the supportive infrastructure that facilitates it.
- 1.6 A consortium led by North Lanarkshire Disability Forum (NLDF) and involving Lanarkshire Links and Voice of Experience was the successful bidder in the tender aimed at furthering the intent set out in the Engagement and Participation Strategy 2024- 2027. NLDF has helped broaden reach to unpaid carers within sectors of the North Lanarkshire population that we previously found difficult to engage with.
- 1.7 Voluntary Action North Lanarkshire (VANL) continue as the third sector interface across North Lanarkshire and manages the Community Solutions programme. Community Solutions has a focus on local activity, through the Community and Voluntary Sector (CVS), aimed at pro-active early interventions and preventative approaches, which in turn promote self-help, independence, choice, and control, and reduce demand and need for statutory service involvement. A range of organisations within the Community Solutions programme have a focus on unpaid carers.
- 1.8 Engagement and participation activities focused on unpaid carers continue to support the development of plans and strategies, informs investment, and contributes to supporting resilience, positively impacting on improving equity, reducing reliance and demand on statutory sector provision, and improving health outcomes across North Lanarkshire.
- 1.9 Alongside this, community hubs, in line with the Council’s approved strategy and programme of work, function as a gateway, signposting (where appropriate) offering preventative approaches and facilitating early intervention and targeted approaches, based on local needs.

- 2.1 This report appraises Members on the current position regarding support to unpaid carers and proposals to use the available remaining Carers (Scotland) Act 2016 Implementation funding to further enhance the support options available.

Current Position

- 2.2 Each of the commissioned carer focused organisations is working in partnership with council services, partners, and communities, to deliver a range of carer focused support, information, advice services, and activities.
- 2.3 Carer focused initiatives are in place, including arrangements around Adult Carer Support Plans (ACSP) through Lanarkshire Carers, and Young Carer Statements, through Action for Children. There is a well-developed Carer Breaks service delivered by Lanarkshire Carers. An innovative Carer Breather programme, offering carers time away from the caring routine was introduced, and subsequently expanded, following carer feedback demonstrating the very positive benefits and outcomes being achieved. Carer support around hospital discharge is provided by GBT, whilst dementia carer link workers are provided by Alzheimer's Scotland and carer support workers are provided by Lanarkshire Carers. Both dementia carer link workers and carer support workers are embedded in every locality. Carer Sitter services, through Carer Breather will be available in three of the six main localities in the very near future.
- 2.4 Alongside existing engagement and participation opportunities, the first of a number of planned unpaid carer sounding boards was established by NLCT, with a focus on parent carers, with other sounding boards anticipated. These sounding boards are intended to ensure that the focus continues to be on what matters to carers, so that engagement is embedded into day-to-day practice, rather than being seen as an add on, or a tokenistic approach. Assurance and oversight are provided through a Carers Oversight Group, which involves representatives from UHSCNL, the commissioned carer organisations and Education and Families. A representative from Health has also joined the group.
- 2.5 Meaningful participation through mechanisms such as the Carer Forum(s), carer representation on the Integration Joint Board (IJB), collaboration with the wider Carer Support Network and through the range of funded Carer Breather and Time for Me organisations and groups, as well as the Public Partnership Forum, ensure that unpaid carers are supported to engage early, access the right information, and influence change.
- 2.6 Through awards made from a Growth Pot provided by UHSCNL, and managed by NLDF, significantly broadened reach has been achieved, and the voice of previously unheard carers has been amplified.
- 2.7 We have an effective and impactful engagement, participation, and support (if required) landscape in place through commissioned organisations, augmented by wider CVS organisations, to help promote and develop resilience across communities, unpaid carers, and supported people. This is further evidenced by the range and strength of involvement of people from these areas, whether around individual planning, policy, service design, or involvement in tender evaluation. Lived experience has become an

increasingly influential element of the three-way partnership across business intelligence, professional knowledge, experience, and skill, allied to lived experience.

- 2.8 We can be confident that a strong infrastructure is in place to support and promote unpaid carer resilience, and effective early intervention, when required. Preventative, and anticipatory approaches are in place for unpaid carers, which alleviates pressure and demand that would otherwise fall to statutory provision.
- 2.9 Our approach also assists in meeting the requirements set out in the Community Wealth Building Bill (Scottish Govt, March 2025) aimed at ensuring that wealth is generated, retained, and circulated within communities. As an anchor organisation, North Lanarkshire Council helps ensure that local employability options, consumer spending, and economic development are supported. This is achieved by ensuring that local people, including unpaid carers, continue to have opportunities to be consumers, citizens, and users of local services, whilst commissioned organisations and others, provide employment opportunities.

Challenges

- 2.10 The current arrangements, as set out above, demonstrate the range of ways that unpaid carers are currently supported. Our investment in preventative support already demonstrates positive impact, irrespective of whether spending to save, deferred spending, or spend avoidance in the future - all three hold true.
- 2.11 However, the National State of Caring report, published March 2025, presents a concerning picture. Locally, NLCT were asked to engage with carers in our area, to get a sense of the local picture around caring, but also with a focus on resilience, inclusion, and any impacts of economic deprivation. Findings demonstrated that the local experience is more positive than the national picture but highlighted that we still have much to do.
- 2.12 There is a wider consideration around supporting unpaid carer resilience. There are many unpaid carers not currently aligned to any support or service. That is positive when it indicates that unpaid carers are coping, whether independently, or with the help of informal networks of family and friends. However, demographic information from a range of sources, such as the national census, local carer engagement sessions, and other means, all demonstrate the scale of the wider challenge. North Lanarkshire has an ageing population, and that includes unpaid carers. Estimates suggest that three in every four people will have an unpaid caring role at some point in their lives. We will need to broaden reach- to reach unpaid carers that are not aligned to services. We will have to identify any unmet need through whole system efforts and ensure that preventative and anticipatory planning takes place, and that the necessary support is in place, in an affordable, sustainable, and appropriate way.
- 2.13 The challenge we face is how to ensure that unpaid carers can, and do, make advance plans; to ensure that people currently unknown to services, do not become service reliant, but continue to provide care as independently as possible, with the appropriate community infrastructure in place to facilitate and enable that, through the optimal combination of self-help, preventative approaches, and anticipatory planning.
- 2.14 It is often the case that people only first present to services when already in crisis, with the costs in financial terms, resources and most importantly, in human terms, then being significant. Often, crisis can be avoided, through the implementation of preventative or anticipatory actions or future planning. However, when the person, or

situation, first presents when already in crisis, such opportunities are lost, as the window of opportunity for introducing, options such as enabling approaches, assistive technology, or advance planning, have passed.

- 2.15 Accordingly, there is a need to ensure that unpaid carers plan at the earliest possible stage and that the range of early support that is available to unpaid carers is further strengthened. Promoting self-planning, thinking ahead, and sustaining resilience are key elements of the preventative and anticipatory approach. Our aim is to not only get in right for every unpaid carer known to services, but to try and ensure that unpaid carers do not need to become known to services, or, if or when they do, that advance plans, rather than crisis-lead responses, set out what should happen. Wider service approaches such as income maximisation, assistive technology, community hubs, ageing well initiatives and other work streams all have a continuing role to play in promoting and sustaining the independence, self-help, and self-reliance of unpaid carers. UHSCNL and partner organisations all have a role and remit in promoting and supporting wider self-planning and individual approaches and solutions to the challenges described above. This will be the priority and area of focus moving forwards.

New Initiatives

- 2.16 A range of initiatives are in progress, both new initiatives, and those building upon existing carer focused supports. New initiatives include the commissioning of a Solicitor(s) to set-up a pre-agreed number of Power of Attorneys and further dementia focused approaches. Initiatives aimed at enhancing existing approaches include the expansion of Carer Breather organisations, support for PAMIS, support for Arts based initiatives and further support for the Assistive Technology Team.

Power of Attorney

- 2.17 Delayed Discharge from hospital represents poor outcomes in terms of what is beneficial to people but also exerts considerable pressure on NHS hospital beds. Lengthy delays in discharge from hospital can be seen when powers under the Adults with Incapacity (Scotland) Act 2000 require to be sought – usually in the form of a Guardianship Order - to lawfully facilitate discharge from hospital.
- 2.17.1 Increased access and support to uptake ‘Power of Attorney’ (POA) by adults newly diagnosed with dementia at a point when they still retain cognitive capacity to grant POA to someone they trust would be beneficial in alleviating these pressures. This would mean circumventing the much more protracted application process of obtaining a Guardianship Order. Having POA in advance ensures appropriate legal powers are already in place to facilitate lawful discharge from hospital when needed.
- 2.17.2 There is a national POA steering group which currently includes attendance of a representative from small number of Local Authorities in Scotland that are keen to roll-out POA schemes within their authority area with the objective of reducing Patients being in a situation of prolonged admission to hospital.
- 2.17.3 Commissioning is in progress to identify a Solicitor/Legal Firm to undertake the legal work required. With the consent of the person, we propose that the referral to the POA scheme would be made by diagnosing Psychiatrists from the memory clinics and in the referral stating that they believe that the person retains the cognitive capacity to grant ‘Power of Attorney.’ This referral process will restrict numbers of referrals to the POA scheme, although this would be the intention as part of the initial scoping exercise. If

successful and if future funding is available, we intend to extend the reach of the POA scheme to accept referrals from other sources.

2.17.4 The POA Scheme will be of significant benefit to Carers in that the financial costs of setting up POA can deter people from doing so, particularly if the Carer has reduced or given up gainful employment as a result of their caring duties.

2.17.5 Having appropriate powers in place can serve to reduce carer anxiety in the knowledge that legal frameworks are already in place without the need to worry about prolonged Guardianship Order applications at a later date which would potentially see loved ones in hospital for significantly long periods of time. Without the provision of Legal Aid, Guardianship Orders can easily cost several thousand pounds in legal fees alone.

2.17.6 We are aware of proposed changes to Legal Aid which may result in costs for Guardianship Orders having to be funded in full or in part by carers/family members. The Scott Report [Mental Health Law Review] of 2022 also places emphasis on supported decision making and the provision of POA lends itself well to this process, enabling carers to have the authority to support the Adult to make key decisions about their care.

2.17.7 Funding allocated is £100,000

Further Expansion of Carer Breather

2.18 North Lanarkshire's innovative Carer Breather is already well established. 15 organisations receive funding, routed through North Lanarkshire Carers Together, to deliver a range of Carer Breather opportunities ranging from activities as diverse as paddleboarding to knit and natter. Some activities are specifically for carers, whilst others can involve both the carer and the person being cared for, so that both can enjoy time away from the caring routine.

2.18.1 With the planned introduction in law to a right to a break from caring, Carer Breather offers an innovative approach to meeting caring related need across the authority area and is an initial option more so than formal carer breaks, carer budgets or individual budgets, with neither carers, nor cared for people needing to be already known to services, to access Carer Breather.

2.18.2 Need and demand for Carer Breather saw growth from 11 initial options to 15 organisations providing this service. Further growth, which includes two new carer sitter options and would see the Carer Breather network expand to 19 organisations across the authority area.

2.18.3 Funding allocated is £150,469.26 (two-year total) across four new Carer Breather organisations.

2.18.4 The efficacy of the Carer Breather approach is already well evidenced. The opportunity to further expand would mean that North Lanarkshire is well placed to meet carer needs, in advance of the planned formal right to a break from caring being enshrined in law.

Dementia Focused Approaches

- 2.19 Strathclyde University are already working in partnership with both NLC, SLC and NHSL to deliver two innovative projects around quality of life towards the latter stages of the dementia journey (CARE-PAC) and rehabilitation in dementia (CONSOLIDATE.) The University secured around £70,000 to fund each of these projects for work across the Lanarkshire area. Both projects currently have short term timescales, and the intention is to scale up, based on findings from the initial projects. CARE-PAC (Care for advanced, responsive, early intervention for people and carers) is a digital system already co-designed with people near the end of life, their carers, and healthcare professionals. CONSOLIDATE supports rehabilitation in dementia care - which could take many forms around what makes most sense to the person but covers co-design, implementation and evaluation of digital dementia rehabilitation support.
- 2.19.1 As the current input is time limited, we have allocated funding to support the opportunity for longer term research input, and evaluation, to support further scaling up. Scaling up will assist with both primary and secondary prevention.
- 2.19.2 Adding to quality of life and maintaining independence for as long as possible helps unpaid carers continue to care, and prevents admission to hospital, care home, or hospice for the cared for person earlier than would otherwise be necessary and helps reduce the need for paid support and reduces carer stress.
- 2.19.3 Funding allocated is £100,000 over two years, which Strathclyde University intend match fund through securing external funding.

PAMIS

- 2.20 The current PAMIS Family Support Service in North Lanarkshire supports around 80 families caring for a family member with complex and profound multiple disabilities. People supported by PAMIS are amongst our citizens with the most complex need. The cost of supporting individuals with such complex needs through paid carers is generally in excess of £200,000 a year, with some individuals requiring support in excess of £400,000 a year. It is very much in our interest to ensure that unpaid family carers involved in this care group can continue to offer support, for as long as they are willing and able. For a relatively small funding contribution, PAMIS can continue to offer family support, as a strong example of spend to save.
- 2.20.1 PAMIS is the only organisation in Scotland that works solely with people with profound learning and multiple disabilities and their families for a better life. Engagement with family carers clearly demonstrated the need for this service, which goes beyond what the commissioned carer support organisations offer.
- 2.20.2 Funding allocated is £80,000 over a two-year period to support the PAMIS Family Support Service.

Assistive Technology Team

- 2.21 The benefits provided through early adoption of assistive and enabling technology around supporting independence and mitigating risk are already well known and have been the subject of numerous previous papers. As set out above, impact and opportunity can be lost, when people's first presentation is when they are already at crisis point. Supporting further input from the Assistive Technology Team, specifically

to carer focused organisations would offer the opportunity for earlier take up, reduce the need for higher levels of support, and ensure that carers can get comfortable using technology in a planned way, rather than discussions about technology taking place at time of crisis. Whilst the purpose behind assistive technology is primarily to maximise independence and reduce risk, there is also a significant opportunity to contribute to the wider savings agenda through all three metrics -spend avoidance, deferred spend, and spend to save.

2.21.1 Across the commissioned carer organisations and the much wider Carer Support Network, including communities that we have found it hard to engage with (through links with Growth Pot Funded organisations overseen by NL Disability Forum) there is a significant opportunity to promote awareness and understanding of the benefits of assistive technology, and broaden reach and uptake within the wider community of carers. This would have significant benefit to both unpaid carers and to NLC.

2.21.2 Funding proposed is £84,891.86 over a two-year period to fund a post at NLC 9 (mid-range).

Arts based initiatives

2.22 Many councils, including North Lanarkshire support local CVS organisations to provide befriending services, and these have their place. However, the reality is that very few people want to be “befriended.” Instead, people, including unpaid carers and supported people want to make friends at every stage of life, through shared interests and the pleasure of being with people they genuinely like and enjoying those shared interests together. Often, tackling loneliness requires help, but ideally this is help through authentic connection, rather than help through managed intervention.

2.22.1 The information around how to live healthier and longer lives includes things like reducing sugar and salt intake, eating healthily, eliminating ultra processed foods, quitting smoking, drinking alcohol only in moderation, going to health screening, taking daily exercise, don't stress and ensuring a regular sleep pattern. However, little mention of options like dancing, painting, sketching, drama, reading, or storytelling, as an enjoyable means of promoting and sustaining health and quality of life is made. Community Hubs and other community resources offer ready-made placed based venues, but the artists are needed. We are seeking to make a Health and Social Care contribution to the wider Arts provision already in place across North Lanarkshire, with a focus on Arts for:

- Well-being
- Mental health
- Brain health
- Movement
- Stress and Pain
- Health Behaviours
- Longevity

2.22.2 We intend to augment any NLC funding that we commit through encouraging external funding bids to (for example) Creative Scotland or BIG Lottery and strengthen links to existing wider community arts provision and develop cultural links with other areas to promote sustainability beyond the lifespan of any funding allocated.

2.22.3 The role of participatory arts in promoting positive mental health and well-being, increasing resilience, building connections, and promoting social inclusion is already well established and evidenced.

2.22.4 Funding requested is £100,000 over a two-year period, to be used to support participatory arts delivery as a means of supporting unpaid carers.

Small budgets for parent carers

2.23 Individual Budgets for children and young people with Additional Support Needs are already in place. A pilot scheme was initiated in 2025, exploring whether smaller, earlier preventative budgets could prevent or minimise the need for larger budgets later on. £50,000 was attributed to the pilot scheme in September 2025. The overall success of the pilot scheme will be fully evaluated when it concludes in September 2026. The mid-point review has demonstrated a high level of impact for small budget recipients - both for parent carers and young people. Whilst some budget recipients do spend money on paid support \ replacement care, the fact that the budgets are small has encouraged much more creative use of the available budget, which broadens the scope of outcomes achieved, encourages budgets to be viewed more as a “one-off” than recurring, and minimises the need or demand for higher levels of resourcing.

2.23.1 A further £50,000 to support the small budgets initiative has been allocated, based on the success of the initial pilot to date.

2.24 The table below demonstrates the allocation applied to the new initiatives outlined in this report, amounting to approx. £0.665m. This will be funded from the available carer's earmarked reserve, which at Period 12 2025.26 stands at £2.400m. The final financial position for 2025/26 and budgets for 2026/27 have yet to be finalised, at this granular detail, therefore a future budget report, related to Carers spend and budget, will be brought back to Committee at a later date.

| Initiative | Allocation | Beneficiaries |
|-----------------------------|--------------------|---|
| Power of Attorney | £100,000 | Unpaid Carers and people newly diagnosed with dementia. |
| Carer Breather | £150,469.26 | Unpaid Carers |
| Dementia Focused Approaches | £100,000 | Unpaid Carers caring for someone with dementia, and people living with dementia |
| PAMIS | £80,000 | Unpaid Carers, caring for a family member with profound, complex and multiple disability. |
| Assistive Technology | £84,891.86 | Unpaid Carers |
| Participatory Arts | £100,000 | Unpaid carers |
| Small Budgets | £50,000 | Parent Carers and Children and Young People with ASN |
| Total Allocation | £665,361.12 | |

3. Measures of success

- 3.1 The measures of success have not fundamentally changed since previous reporting that unpaid carers are valued, respected, supported to continue in their caring role, can access regular breaks from caring, and are able to play a part in influencing and shaping policy, strategy and the types of support and services needed.
 - 3.2 Unpaid carers are not a single homogenous group. The approaches set out above help to ensure that unpaid carers across a range of caring responsibilities are supported, engaged, included, and represented to the extent they wish to be.
 - 3.3 Improved opportunities for unpaid carers regarding preventative approaches anticipatory planning and early engagement.
 - 3.4 The approaches set out above are intended to be preventative in nature and \ or support anticipatory planning or early intervention. As such, a further measure of success will be reduction in numbers of unpaid carers coming into crisis, and less pressure on budgets through spend avoidance and spend to save approaches.
 - 3.5 Unpaid carers will still age, conditions will still deteriorate and people will still need support. By maximising well-being, supporting independence, brain health, mental health, and longevity, people will be able to stay at home, and active in their local community for as long as is reasonable and possible, supported through the social networks and practical support options set out above.
 - 3.6 We will report to Committee in due course on the progress and impact of these initiatives.
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4. Supporting documentation

- 4.1 Appendix 1. Letter from the Minister for Social Care, Mental Wellbeing regarding Carers Act implementation funding.
[Carers Act funding: letter to Councillor Paul Kelly - gov.scot](#)



Morag Dendy
Chief Officer (Performance, Planning and Quality Assurance)

5. Impacts

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| <p>5.1 Public Sector Equality Duty and Fairer Scotland Duty Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide a brief summary of the impact?</p> <p>If yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>5.2 Financial impact Does the report contain any financial impacts? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, have all relevant financial impacts been discussed and agreed with Finance? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> <p>Funding allocated is from within existing resources (Ear Marked Reserves specifically designated for the purpose of supporting unpaid carers).</p> |
| <p>5.3 HR policy impact Does the report contain any HR policy or procedure impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant HR impacts been discussed and agreed with People Resources? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.4 Legal impact Does the report contain any legal impacts (such as general legal matters, statutory considerations (including employment law considerations), or new legislation)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant legal impacts been discussed and agreed with Legal and Democratic? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
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| <p>5.6 Technology / Digital impact</p> |

Does the report contain information that has an impact on either technology, digital transformation, service redesign / business change processes, data management, or connectivity / broadband / Wi-Fi?

Yes No

If Yes, please provide a brief summary of the impact?

Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)?

Yes No

5.7 Environmental / Carbon impact

Does the report / project / practice contain information that has an impact on any environmental or carbon matters?

Yes No

If Yes, please provide a brief summary of the impact?

5.8 Communications impact

Does the report contain any information that has an impact on the council's communications activities?

Yes No

If Yes, please provide a brief summary of the impact?

5.9 Risk impact

Is there a risk impact?

Yes No

If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?

5.10 Armed Forces Covenant Duty

Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)?

Yes No

If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.

5.11 Children's rights and wellbeing impact

Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these?

Yes No

If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC).

If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?

Yes No

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref JC/PMCA/MS Date 19/05/26

Charges for Non-Residential Services, Community Alarms, Meals Provision, Independent Sector Care Homes & Respite Care

From Claire Rae, Chief Officer, University Health and Social Care North
Lanarkshire

E-mail raecla@northlan.gov.uk

Executive Summary

The purpose of this report is to advise Committee of the charging levels to be applied for non-residential services, community alarms, meals provision, independent sector care homes and respite care in 2026/27.

The Council's charging policy has been updated for 2026/27 to reflect the new rates. In line with the Discretionary Fees & Charges Policy report agreed at Policy and Strategy Committee on 28/09/23 the services discretionary charges will increase by 5%.

Recommendations

It is recommended that the Adult Care and Social Work Committee recognises:

- (1) The threshold figure for payment of home support charges set at £298 for single people and £455 for couples.
- (2) The hourly rate for home support of £21.07.
- (3) The daily rate for attending an Integrated Day Service of £11.58.
- (4) The weekly rate for a Community Alarm of £3.94.
- (5) The charge for meals provided in day services of £5.96.
- (6) Implementation of the increase to Independent Sector Care Home fees as negotiated via COSLA, Scottish Care and the Scottish Government.
- (7) An uplift in charges for residential respite in line with increases in pensions and allowances; and Free personal care and nursing care will rise from £114.55 to £117.10 and £369.15 to £377.40.

The Plan for North Lanarkshire

| | |
|--------------------|---|
| Priority | Improve economic opportunities and outcomes |
| Ambition statement | (12) Ensure our residents are able to achieve, maintain, and recover their independence through appropriate supports at home and in their communities |
| Programme of Work | Statutory / corporate / service requirement |

1. Background

- 1.1 Local Authorities are empowered through the Social Work (Scotland) Act 1968 and the Housing Scotland Act, 2001 to apply charges for services. In setting its charging levels, North Lanarkshire Council has followed the national guidance issued by COSLA in respect of charging.
- 1.2 The COSLA guidance operates on the principle that people on the lowest levels of income do not pay for the service and that those who do pay contribute according to their means. This objective is achieved by setting a charge threshold which is up-rated annually and applying a taper contribution of income above the threshold level (see 2.1).
- 1.3 In accordance with COSLA guidance, North Lanarkshire Council maximises the Income of all service users who are liable to make a contribution towards the cost of the service. The Tackling Poverty Team generated an average income of £721,359 over the last 3 years for people receiving a non-residential service.
- 1.4 The Council's charging policy has been updated for 2026/27 to reflect the new rates. In line with the Discretionary Fees & Charges report agreed at Policy and Strategy Committee on 28/09/23 the services discretionary charges will increase by 5%.

2. Report

- 2.1 In line with the COSLA recommendations, the charge threshold for 2026/27 will be £298 per week for a single person and £455 for couples (2025/26 £284 and £434). Persons with income less than those figures will not be required to pay for home support services.
- 2.2 When calculating maximum service users charge, the Council deducts from their assessable income any costs which the service user is liable for in respect of housing costs, i.e. rent, mortgage, council tax and water charges. A taper contribution of 50% of excess income is then applied. For example, a single person with income of £310 per week after deductions would have their charge assessed as follows:

| | |
|----------------------------|------|
| Income | £310 |
| Threshold | £298 |
| Disposable Income | £12 |
| Client charge = £6 x 50% = | £6 |
- 2.3 The hourly rate for Home Support Services will increase to £21.07.
- 2.4 The charge applied for attending an Integrated Day Service will increase to £11.58 per day.
- 2.5 Charges for meals provided in an Integrated Day Service will increase to £5.96 per day.
- 2.6 The Community Alarm charge will increase to £3.94 per week.

Independent Sector Care Home Fees - Interim

- 2.7 The Nursing and Residential Care Home interim rates are based on benchmarks for direct care costs and care home costs in the National Care Home Contract ("NCHC") Care Home Cost Model.

- 2.8 The rates which will apply to payment for Nursing and Residential Care for 2026/27, effective from 6th April (commencement of the tax year for pension uprating), are as undernoted:
- **Nursing Care Rate per person per week - £1,074.13** (2025/26 £1,013.05)
 - **Residential Care Rate per person per week - £930.45** (2025/26 £881.98)
- 2.9 This settlement reflects the challenging environment faced and the desire for all stakeholders to work in partnership. This recognises the Scottish Government's policy of increasing the earnings of direct care staff within commissioned adult social care to £13.45 hour in line with the Adult Social Care Pay policy commitment.
- 2.10 The Care Home Cost Model benchmarks Domestic and Catering staff to the National Minimum Wage, which is set by the UK Government and, as of 1 April 2026, this is £12.71 per hour.
- 2.11 This rate currently excludes an increase in pay for nurses and associated differentials. The offer comes with a commitment to consider the appropriate uplift to nursing care rate, maintaining associated differentials, within the model once Agenda for Change (AfC) pay negotiations have been concluded.

Respite

- 2.12 The weekly charge for residential respite (£140.55 in 2025/26) will rise in line with increases in pensions and allowances to £147.25 for 2026/27.

Free Personal Care

- 2.13 The rates to be applied to free personal care and nursing care for people in residential homes for 2026/27 will rise in accordance with the Scottish Government directive from £114.55 to £117.10 for free personal care (under 65), £254.60 to £260.30 for residential care and £369.15 to £377.40 for nursing care.

3. Measures of success

- 3.1 Through the income maximisation and charging policy, service users have their income fully maximised through the social security benefit system.
- 3.2 This policy ensures that disability benefits etc are claimed and the Council in turn receive revenue from charges for services.

4. Supporting documentation

- 4.1 N/A



Claire Rae
Chief Officer, University Health and Social Care North Lanarkshire

5. Impacts

| |
|---|
| 5.1 Public Sector Equality Duty and Fairer Scotland Duty Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact? If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes <input type="checkbox"/> No <input type="checkbox"/> |
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Yes No

If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC).

If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?

Yes No

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref MD/GC Date 19/05/26

Digital, Assistive Technology and Systems Programmes – Progress Update

From Morag Dendy, Chief Officer (Performance, Planning & Quality Assurance)

E-mail dendym@northlan.gov.uk

Executive Summary

The purpose of the report is to update committee on the progress achieved in the digital assistive technology and system development programmes in place across the wider social work service.

Recommendations

It is recommended that the Committee:

- (1) Endorse the progress achieved in each of the programmes highlighted in the report and the further planned developments;
- (2) Otherwise, note the contents of the report.

The Plan for North Lanarkshire

| | |
|--------------------|--|
| Priority | Improve the health and wellbeing of our communities |
| Ambition statement | (18) Ensure our digital transformation is responsive to all people's needs and enable access to the services they need |
| Programme of Work | Digital North Lanarkshire |

1. Background

- 1.1 There is a range of programmes and projects in place across Adult Social Work Services related to digital transformation, system change and assistive technology advancements.
- 1.2 This report sets out the current status of the key programmes and projects, detailing progress-to-date and future developments.

2. Report

Mosaic – Social Work Case Management

2.1 Mosaic, the new social work case management went live across the service on 16 June 2025 and marked a significant milestone in North Lanarkshire Council's digital transformation of social work services. Mosaic has been implemented as the Council's new, integrated social work case management system, designed to support practitioners across adult services, children and families and justice social work. From the outset, the programme has focused on building a system that reflects local practice, supports frontline staff, and ensures continuity and quality of service for people who need support.

2.2 *System Configuration and Testing*

A substantial period of system configuration and testing underpinned the Mosaic implementation. Over 600 bespoke digital forms were developed to support end-to-end social work practice, including initial contact, screening, assessment, review and care planning across multiple service areas. This ensured Mosaic was configured to reflect North Lanarkshire's operational requirements rather than adopting a generic, off-the-shelf approach.

2.3 Frontline practitioners played a central role throughout development. Staff from across services participated directly in user testing sessions, providing practical feedback based on real casework scenarios. This collaborative approach enabled the programme team to identify issues early, refine workflows and introduce further configuration changes, ensuring the system was both usable and aligned with practice reality at go-live.

2.4 *Comprehensive Training Programme*

A multi-phase training strategy was delivered to prepare staff for the transition to Mosaic and to build confidence and capability across the workforce.

- Phase 1 focused on awareness and engagement, delivered through a series of Mosaic roadshows attended by 1,386 staff. These sessions introduced the system, explained the reasons for change and outlined what staff could expect.
- Phase 2 provided core system knowledge through seven eLearning packages. A total of 2,058 courses were assigned, with 1,559 successfully completed, ensuring broad baseline coverage.
- Phase 3 comprised 115 targeted, in-person training sessions, each tailored to specific staff groups or roles. This phase was attended by 1,171 staff and focused on practical, role-based use of Mosaic.
- Phase 4 delivered dedicated in-person training for those with supervisory and managerial responsibilities, with 41 managers trained to ensure effective oversight, quality assurance and leadership during implementation.

2.5 This layered training approach ensured staff at all levels were supported and that learning was both accessible and relevant.

2.6 *Data Migration at Scale*

One of the most complex and business-critical elements of the programme was the migration of legacy data into Mosaic. The scale of this activity reflects both the size and complexity of North Lanarkshire's social work services. The migration included:

- Over 300,000 service user records
- Approximately 9.5 million case notes

- More than 500,000 assessments, reviews and support plans
- Over 500,000 care packages
- Data spanning financial assessments, public protection, Adults with Incapacity (AWI)

2.7 *Outstanding and In-Progress Work*

As with any programme of this scale, some components continue to be finalised following initial implementation. Finance payment feeders, including those supporting care home payments and Self-Directed Support (SDS), are currently being tested, alongside further SDS configuration and billing feeder development. In addition, further data migration from mySWIS remains ongoing to ensure complete historical coverage.

2.8 *Phase 2 Developments*

Looking ahead, a second phase of activity will further enhance Mosaic’s capability and integration. This includes the introduction of Money Advice functionality, a data centre move, a system upgrade, and the development of a Gateway/Portal to further improve access and interoperability.

Access CM – Care Management System

2.9 Access CM is the new scheduling system used to manage and schedule visits within the Council’s Home Support Service. The systems allow the service to:

- Schedule and roster home support workers
- Monitor quality, risk, and missed/late visits
- Reconcile planned vs actual support delivered
- Produce reports and business intelligence dashboards for performance and safeguarding oversight

2.10 The Access CM Care Management System went fully live in November 2025 following a phased locality-by-locality rollout. Back Office and Full Team Go-Live dates included:

| Locality | Back Office Go-Live | Full Team Go-Live | Support / Floor Walking Until |
|-----------------------------------|----------------------------|--------------------------|--------------------------------------|
| Bellshill | 10 March 2025 | 17 March 2025 | 21 April 2025 |
| Wishaw | 26 May 2025 | 02 June 2025 | 20 June 2025 |
| Motherwell | 23 June 2025 | 30 June 2025 | 04 July 2025 |
| Airdrie | 14 July 2025 | 21 July 2025 | 08 August 2025 |
| Coatbridge | 11 August 2025 | 18 August 2025 | 29 August 2025 |
| Cumbernauld | 15 September 2025 | 22 September 2025 | 03 October 2025 |
| Home Assessment Team (HAT) | 27 October 2025 | 03 November 2025 | 14 November 2025 |

2.11 *What’s Working Well*

- High training completion rates across both Home Support Workers and back-office teams.
- The Client Portal is delivering real efficiencies, including reductions in postage, printing, and administrative workload.
- On-site and remote support during rollout has helped staff become more confident in using the new digital tools.

2.12 *Improvement Plans*

We continue to deliver improvements in the following areas:

- Travel-time accuracy and limitations in scheduling flexibility.
- Synchronisation issues with CM Mobile.
- Uptake of the Client Portal has been lower than expected, and we are taking steps to increase engagement.
- Interim payroll processes, which continue to be time-consuming and require manual checks.
- Dependencies on other systems such as iTrent, mySWIS, and CMBI can impact workflow.
- A need for improved functions like bulk assignments and better continuity options in dynamic scheduling.

2.13 Phase 2 Developments

As we move into Phase 2 of the implementation, the service will be focusing on:

- Refining operational processes in line with the wider Home Support redesign.
- Providing additional support and training across teams where staff changes and movement has occurred.
- Introduce messaging, e-forms, and mileage processes within the system.
- Developing system integrations to reduce manual workarounds, particularly around payroll.
- Enhancing reporting tools in collaboration with our supplier
- Continuing to work with our supplier to resolve system limitations and progress long-term optimisation solutions for the use of Maxcare.

Assistive Technology Team – Core Activity

2.14 The Assistive Technology Team continues to be embedded across Social Work, particularly in Adult Services. In addition to the team's day-to-day work with individuals referred through adult assessments, the team supports visits to the technology flat, supports the community alarm service analogue to digital switchover and delivers a range of education and awareness-raising activities. The following testimonials give an overview of the impact the team has had and reflects the direct experience of a range of individuals who have been supported by the Assistive Technology team. These views are published on the Care Opinion website.

"I recently visited the technology house for a demonstration from Lee of what is available. It was excellent and I was really impressed. I learned so much and cannot recommend making this offer from the council more well known. It could help so many people. A huge thanks to Lee for his patience and explanations for my technology skills. He is a huge asset you the council. This is a great initiative for people in NLC."

virgozw73 (as a relative)

Darren couldn't be any more helpful, he explained everything. He was so patient taking the time to explain anything I couldn't understand. Technology isn't my strong suit, and he didn't make me feel like I was stupid. It was very refreshing."

jivegt46 (as a relative)

"Home visit by Mia of the Assistive Technology Team for Mum recently diagnosed with Dementia. Mia was very friendly explaining everything simply, taking time to make sure everything was clear. She helped to set up various Apps and devices. Excellent service provided all round."

puppispg45 (as a relative)

- 2.15 Alongside these core activities, the team is preparing to launch two new two-year pilot projects, which will further strengthen the use of assistive technology to support independence, improve outcomes for individuals, and enhance service delivery across Adult Social Work Services.

Smplicare Digital Falls Prevention Pilot

- 2.16 Smplicare provides a digital solution that works alongside existing services. It uses an app and wearable technology (Fitbit) to support older adults to follow personalised, evidence-based exercise programmes at home. This approach helps individuals manage their own wellbeing, reduces pressure on frontline staff, and strengthens falls prevention efforts across the community.
- 2.17 A trial will begin on 20th April with 100 participants and will run for one year. This structured rollout will allow the team to test, learn, and refine the approach at each stage of implementation. The overall aim of the trial is to reduce reliance on traditional services by supporting participants to maintain greater independence and confidence in their mobility and function. As part of the delivery model, the Assistive Technology Team will monitor a digital dashboard each morning, which highlights low and high-risk indicators. Where concerns are identified, appropriate action will be taken, including referrals to the Falls Team or the Integrated Rehabilitation Team (IRT) for further assessment and support. This joined-up approach will ensure risks are managed promptly while maximising the preventative benefits of the technology.

Care Surround Alexa Devices

- 2.18 Care Surround Alexa devices enable individuals to access a range of digital and wellbeing services without requiring a personal Amazon account. Key services are accessible without user registration, removing common digital barriers such as account creation, passwords, or ongoing technical setup. Devices are centrally fleet-managed, ensuring they are ready for use on installation with no requirement for user configuration.
- 2.19 Each device is provided with prepaid Wi-Fi connectivity, meaning users incur no internet costs to use the Care Surround Alexa until spring 2027. The devices can integrate with selected smart home equipment, such as compatible smart bulbs and smart plugs, supporting people to control aspects of their home environment more easily.
- 2.20 The Care Surround Alexa offers a wide range of supportive features, including personalised reminders for medication, appointments, visits, diet, and fluid intake. These reminders can be tailored to individual needs and may include single or multiple prompts throughout the day. The device also provides access to music, audiobooks, weather updates, and local news.
- 2.21 The technology supports social connection by enabling communication with family members through messaging and, where available, video calling. (Video calling functionality is currently under development in some council areas.)
- 2.22 A daily welfare check-in function is available, allowing users to respond to a prompt. Where a negative response is recorded, this can trigger an alert in the form of a message or phone call to a named contact, supporting timely follow-up.

- 2.23 North Lanarkshire currently holds 19 Care Surround Alexa devices with MiFi provision. The proposal is to identify individuals who would benefit most from this technology and to deploy the devices across North Lanarkshire by summer 2026, subject to appropriate assessment and governance arrangements.

Analogue-to-Digital Programme – Community Alarms

- 2.24 *National Shared Alarm Receiving Centre (ARC)*
The transition from the analogue Tunstall PNC system went live on 24 February 2026, with all digital-ready alarms (5,100 units) successfully reprogrammed over the air to operate fully digitally on the Skyresponse platform within two hours of the planned migration. Due to ongoing issues, approximately 1,000 analogue units remain live on the Tunstall PNC platform.
- 2.25 All incoming telephone calls to Community Alarms have now been diverted to the new platform via an Alarm-bridge. The Responder App will shortly be rolled out to alarm responders, allowing visits to be dispatched directly to workers. This will enable real-time updates on call progression without the need for responders to phone back for manual data input.
- 2.26 All Sheltered Housing complexes have now been reconfigured on site and are live on the Skyresponse platform. These systems are currently operating in analogue mode. Housing Services are progressing at pace to install broadband circuits to allow a fully digital connection
- 2.27 All 18 Legrand XT2 sheltered sites are digital-ready. However, a suitable digital solution is still required for the remaining 20 Tunstall Warden call sites. Identifying and implementing this solution is being prioritised by Tunstall and the Digital Office.
- 2.28 *Community alarm - switch over to digital*
As noted above, approximately 1,000 analogue units across the authority still require replacement. There is sufficient stock of new digital alarms to complete this work. A migration plan is currently being developed involving the Community Alarm Service (CAS), the Equipment and Adaptations Service (EAS), and the Assistive Technology (AT) Team.
- 2.29 The current approach is for CAS to:
- Identify units requiring replacement by locality
 - Highlight properties with peripherals (e.g. smoke, heat and falls detectors)
 - Share this information with EAS and the Assistive Technology Team
- 2.30 The Assistive Technology Team (AT) will pre-programme alarms in readiness for installation, with a target of 100 units per week. EAS technicians will carry out installations using four technicians per day, aiming to complete 80–100 installations per week. Plans are in place to complete this programme by mid-June 2026, ensuring all remaining units are migrated prior to any reduction in service provision to the PNC platform by Tunstall.

3. Measures of success

- 3.1 Increased digital skills across the workforce
- 3.2 Improved business processes across the service

4. Supporting documentation

4.1 N/A

A handwritten signature in cursive script, appearing to read "Morag Dendy".

Morag Dendy
Chief Officer, Performance, Planning & Quality Assurance

5. Impacts

| |
|--|
| <p>5.1 Public Sector Equality Duty and Fairer Scotland Duty Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> <p>If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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All system and digital changes within the service have been assessed via the EAGG.

Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)?

Yes No

5.7 Environmental / Carbon impact

Does the report / project / practice contain information that has an impact on any environmental or carbon matters?

Yes No

If Yes, please provide a brief summary of the impact?

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Does the report contain any information that has an impact on the council's communications activities?

Yes No

If Yes, please provide a brief summary of the impact?

5.9 Risk impact

Is there a risk impact?

Yes No

If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?

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Yes No

If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.

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Yes No

If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC).

If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?

Yes No

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref DF / MF Date 19/05/26

Progress report on Trauma Informed Practice

From Diane Fraser, Head of Adult Social Work

E-mail fraserdi@northlan.gov.uk

Executive Summary

This report offers the background, context and progress of Trauma Informed Practice across the Health and Social Care Partnership since 2023. It demonstrates the partnership commitment to embedding trauma informed practice and gives a summary of this. It notes the five key principles of Choice, Collaboration, Trust, Safety and Empowerment. It highlights the Trauma Informed Practice skills framework, the National Trauma Transformation Programme, the key drivers and the multi-faceted partnership practice, policy and processes that are informed by trauma informed practice with the need for the workforce to be supported to be trauma informed in everyday practice.

Recommendations

It is recommended that the Adult Care and Social Work Committee:

- (1) Acknowledge the progress made in the implementation of Trauma Informed Practice across the Health and Social Care Partnership.

The Plan for North Lanarkshire

| | |
|--------------------|---|
| Priority | All priorities |
| Ambition statement | (23) Build a workforce for the future capable of delivering on our priorities and shared ambition |
| Programme of Work | Resilient People |

1. Background

- 1.1 The evidence of the profound and lasting effects of adversity and trauma within

childhood and adulthood continue to emerge. Consequently, the importance of embedding a trauma informed culture across the service sectors and local communities in Scotland is essential. (Appendix A).

- 1.2 The 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce' (NES, 2017) along with the 'Scottish Psychological Trauma Training Plan' (NES, 2019) specify four practice levels: trauma informed, trauma skilled, trauma enhanced and trauma specialist (Appendix B). The levels are determined by role and function, with the aspiration that all workers within health and social care services are trauma informed.
- 1.3 Trauma informed practice is the ability of practitioners and organisations to recognise trauma and to adjust how we respond in a way that supports recovery and resilience. It is rooted in 5 key principles: Choice, Collaboration, Trust, Safety and Empowerment.

2. Report

- 2.1 The ambition to embed trauma informed and trauma responsive practice across workforces and services in Scotland is supported by the National Trauma Transformation Programme (formerly the National Trauma Training Programme), funded by the Scottish Government and delivered in partnership with COSLA, NES, the Improvement Service and the Resilience Learning Partnership.
- 2.2 The National Trauma Transformation Programme (NTTP) provides a range of learning resources, guidance and frameworks to support practitioners and organisations. The 'Roadmap for Creating Trauma-Informed and Responsive Change' (NTTP, 2023) replaces the previous 'Trauma Informed Practice Toolkit' (NTTP, 2021) and has been designed to help services and organisations identify and reflect on progress, strengths and opportunities for embedding a trauma-informed and responsive approach across policy and practice.
- 2.3 The Roadmap identifies the following key drivers required to embed trauma informed practice within an organisation:
 - Organisational culture
 - Leadership
 - Staff wellbeing
 - Feedback loops
 - Sharing of Power with those with lived experience
 - Staff knowledge, confidence, skills and capacity
 - Policies and Processes
 - Budget
 - Service design and delivery
- 2.4 In 2023, the Integrated Joint Board endorsed proposals to support, promote and embed trauma informed practice across the Health and Social Care Partnership, including committing to the Leadership Pledge of Support. In 2026, over 70 organisations have now signed the Leadership Pledge.

- 2.5 This report will provide an update on the progress achieved to date, using the key drivers from the Roadmap as a framework.

Policies and Processes

- 2.6 The Health and Social Care Partnership (the Partnership) has demonstrated its sustained commitment to embedding trauma informed practice across strategic planning, policies and operational processes¹. It is evident that the principles of trauma informed practice are woven through each of the fundamental areas of work across the partnership.
- 2.7 The Partnership has integrated these into actions evidenced through its work on a whole-systems approach; improving mental health and wellbeing; workforce development and wellbeing; prevention and early intervention; tackling inequalities and applying a trauma-informed lens to service redesign.

Leadership and Culture

- 2.8 The leadership has demonstrated a clear commitment to trauma-informed practice through visible and proactive discussions on key priorities, including enhanced community engagement, delivery of person-centred care in alignment with Getting it Right for Everyone (GIRFE) principles and the promotion of staff wellbeing alongside training opportunities.
- 2.9 The National Trauma Transformation Programme highlights ways in which leadership and organisational culture can be trauma informed, including increasing awareness of language used, feedback loops, a clear vision and providing the workforce with opportunities to attend training and receive robust support and supervision/ 1:1. Reflective Supervision guidance was updated to ensure attention given to engage the workforce in meaningful discussion in a trauma informed way.
- 2.10 A recent focus on the importance of language has been facilitated at strategic and organisational management levels (e.g. Strategic Planning Group 26th November 2025; Adult Social Work Governance Meeting). The discussions undertaken to date have highlighted the need for a consistent and shared understanding of language. Following this, a glossary was created and circulated, evidencing feedback loops in a system striving to embed trauma-informed practice at its core.

¹ Examples include: The Strategic Commissioning Plan 2023-2026, The Plan for North Lanarkshire-Programme of Work 2023-2028, North Lanarkshire Children's Service Plan 2023–2026, Engagement and Participation Strategy 2024-2027, Violence Against Women Strategy and Action Plan 2022- 2025, Review of Equality Strategy, Review of Lanarkshire Mental Health & Wellbeing Strategy, Adult Support and Protection Procedures 2024

- 2.11 A current example of the commitment from leadership to promote and ensure the workforce has the necessary skills, confidence and understanding is the recent development of mandatory Getting it Right for Everyone, Assessment and Planning training with a focus on early intervention, assessment and ensuring the right supports are provided at the right time in the right place. This is currently being delivered to Social Work staff with plans for delivery in a more integrated approach including Health colleagues later this year.
- 2.12 The North Lanarkshire Trauma Steering Group continues to support the coordination and development of the trauma implementation plan. The Steering Group membership has evolved over the last 12-18 months to optimise inclusion, a wider partnership approach and to facilitate a streamlined approach to workstreams. The Trauma Steering Group meet every 8 weeks and in September 2025, identified key actions and priorities for the future, which will be collated into service action plans.

Workforce knowledge and skills

- 2.13 There is an established commitment across the Partnership to ensure that all staff have the confidence, knowledge and skills to recognise and respond to people affected by trauma. The progress below notes continued workforce engagement with trauma training, a trauma informed approach underpinning all training programmes and evidence provided by frontline teams of trauma informed practice being embedded in daily operations.
- 2.14 The trauma training programme implemented is aligned with the national framework – Level 1 (informed), Level 2 (skilled) and Level 3 (enhanced).
- 2.15 At Level 1 (informed), all staff have access to an online module (LearnNL for Council staff and Turas for Health staff).
- 2.16 As of 12th February 2026, 2271, NLC workers have completed the module on LearnNL. Although the data from the equivalent module on Turas has not been available for this report, the information from NHS teams has confirmed similarly high volume of engagement at Level 1 (informed). The intention is to collate this training data in future reports.
- 2.17 There are services within the Partnership, such as the Addiction Recovery Teams, that have additional workforce development plans in trauma informed practice to support the implementation of the MAT standards 6 and 10 (aligned to trauma informed and reflective practice).
- 2.18 In addition, there have been awareness raising sessions delivered to Elected Members and the Scottish Trauma Informed Leaders Training (STILT) has been provided to over 100 managers across the Partnership.
- 2.19 At Level 2 (skilled) the training is separated into 4 modules. The first provides an overview of trauma and its impact. The other modules are divided into a focus on children and young people, mental health and the use of substances as a coping mechanism. The data for each is shown on the table below:

| Trauma Training | Number completed within AHSCP |
|--------------------|-------------------------------|
| Level 1 (Informed) | 2271 |
| Level 2 (Skilled): | Per module |
| Module 1 | 193 |
| Module 2 | 56 |
| Module 3 | 42 |
| Module 4 | 35 |

- 2.20 At Level 3 (enhanced), the Safety and Stabilisation Training has been delivered to those who are explicitly supporting people affected by trauma. There is also a shared Level 3 online resource available to Health and Social Work staff.
- 2.21 In addition to this specific training, there is clear evidence that all training delivered across the Partnership is underpinned by the principles of trauma-informed practice. This includes sessions for Social Work students, within the induction programmes for all new Partnership staff, and core training on Dementia, Adult Support and Protection and Assessment and Planning. Another recent example is the 'bite-size' sessions delivered by the Adult Protection Committee on '*Executive Function and Ability to Protect*' and '*Adult Support and Protection and Mental Health*' that clearly highlight and address the complexity of trauma and how trauma informed practice is pertinent to support and protect adults at risk.
- 2.22 To sustain workforce confidence in trauma informed practice, it is recognised that it must be embedded in everyday activities. Evidence of this is visible across Partnership teams through its inclusion in assessments, case recordings (particularly in relation to Adult Support and Protection), team meetings, development days and peer support sessions. The Partnership Organisation Development lead has worked across localities with staff on health and wellbeing, psychological safety and on practice and culture at Strategic Commissioning Planning roadshows and events and Getting it Right for Everyone events. The feedback gathered from teams has also evidenced their use of other resources, particularly the National Trauma Transformation Programme and NHS Education (NES) websites.
- 2.23 There has been a request for further input on trauma informed practice from some teams within the Partnership and this will be progressed by the Trauma Steering Group.
- 2.24 The Trauma Steering Group has identified a key action in strengthening the workforce knowledge and skills to undertake a review of recruitment processes using a trauma lens.

Workforce wellbeing

- 2.25 A key aspect of a trauma informed organisation is ensuring the workforce feels valued and supported. The Partnership remains committed to staff wellbeing, recognising the effects of secondary (vicarious) trauma, compassion fatigue and the emotional demands that staff can face when working with people affected by trauma.
- 2.26 Regular and meaningful reflective supervision/1:1 with staff is widely recognised by all teams across the Partnership as integral in cultivating a psychologically safe working environment that fosters resilience across the workforce. Positive examples provided by teams identify this approach in action, where wellbeing is a standing agenda item on supervisions and enables a relationship-based focus with opportunity for reflection

rather than an exclusive emphasis on operational tasks.

- 2.27 It has also been reported that this can vary across the Partnership with key influencing factors of service demands, competing priorities, reduced staffing and specific to individual managers' approach. It is recognised that there could be benefit in a renewed focus on this for managers, and consideration of this will be progressed by the Trauma Steering Group.
- 2.28 There is a confidence reported by teams across the Partnership, particularly by managers, of the knowledge of available resources for supporting and promoting staff wellbeing. Positive feedback was also noted by those who had utilised these supports, often signposted by their managers or colleagues.
- 2.29 It is notable that team meetings and peer-led sessions are held in high regard as a source of emotional support by several teams across the Partnership. Furthermore, examples were provided by some teams of additional activities that increased staff wellbeing. These included regular wellbeing sessions, taking short breaks during the day for an activity and themed seasonal activities.
- 2.30 A clear, defined role and expectations around tasks was identified as instilling value for staff, with a reflection on how changes within the wider system can destabilise this. A protected lunch break and having a manager who is mindful of working outside core hours were also highlighted as positive.
- 2.31 The importance of having briefing and de-briefing opportunities when staff are working closely with those affected by trauma was identified by several teams across the Partnership where this is woven into usual practice. There were also examples provided of when additional support and bespoke sessions were arranged as a response to particularly challenging or distressing circumstances. Positively, these often involved a joint approach involving colleagues across different disciplines and in some cases, utilised support from NHSL Psychological Services. While acknowledging the good examples of trauma informed practice, more in-depth training on secondary (vicarious) trauma may be beneficial as many teams commented on the increase of complex, often trauma related work and its effects, which is echoed within the national data.
- 2.32 Within Child Protection and Adult Protection, trauma informed principles are explicitly embedded within the procedures, guidance and training and there is an awareness of the effect this work can have on staff wellbeing. Furthermore, the approach adopted for Learning Reviews by the Child Protection and Adult Protection Committees has focused on psychological safety and trauma with the changes introduced including available psychological support (provided by NHSL Psychological Services), ensuring discussions are held face to face and employs a systems approach to promote organisational learning.

Service delivery and design

- 2.33 A person's experience of a service should be trauma informed from their first contact and throughout any intervention. Key aspects of this are: supports offered that are relationship based and avoid people having to repeat their story; minimising barriers to accessing support and a trauma lens applied to the physical environments where service delivery occurs.
- 2.34 The evolution of how services are delivered and implemented through the enabling approach and underpinned by the Getting it Right for Everyone principles, aims to ensure people receive the right support at the right time, with a focus on early

intervention and relationship-based practice.

- 2.35 Since 2024, all localities have had a weekly multi-agency meeting to discuss requests for assistance, share information and expertise. Following a successful pilot in one locality in October 2025, these meetings are now held daily in every locality. These shared-responsibility forums optimise local knowledge to respond quickly to requests for assistance, with outputs including signposting, agreement for assessment or service provision. This model supports efficient, person-centred integrated working with trauma-informed principles at its core.
- 2.36 Key benefits include:
- Identification of the most appropriate worker / team - 'the sticky person/team' approach to lead assessment or intervention, reducing duplication and building on existing information.
 - Provide a way for teams to share information, expertise and offer advice.
 - Near-immediate responses, minimising anxiety for those awaiting the outcome.
 - Increased efficiency with achievable meetings (10-30 minutes on average) and swift solutions.
 - Increase in job satisfaction with quick responses from decision-makers, shared expertise across the Partnership and improved outcomes for the people they work with.
- 2.37 The plan for an evaluation framework around this innovative way of working is developing, with above noted benefits for the service, workforce and those who require support. The work provides further evidence of trauma informed practice in action.
- 2.38 There has also been positive progress made in terms of commissioned supports. Last year, there were 3 tenders (Adult Advocacy, Support for unpaid Carers, and Peer Support, Mental Health) developed in line with trauma informed principles, with trauma informed awareness raising sessions provided to these organisations. There are plans being developed for trauma informed awareness raising sessions for other commissioned services.
- 2.39 There is ongoing work to ensure community, public spaces and service delivery areas are trauma informed across the Partnership. This is supported by the development and implementation of the Trauma Informed Design Toolkit (NLC, 2025), walkthroughs from managers and consultation with the local community and those with lived experience. A recent example of this is the development of the Coatbridge Community Hub at Buchanan Street.
- 2.40 The Trauma Steering Group has recently completed an audit of locality Social Work buildings where a trauma-lens was applied, and this is being considered across Health buildings. The data gathered demonstrated an inconsistency in service delivery areas being trauma informed across the localities, particularly in reference to colour schemes (e.g. supporting people with dementia), furniture and leaflets or information boards not aligning to trauma principles. The Steering Group plans to fully analyse the data, undertake audits of other buildings and encourage walkthroughs with a trauma lens to inform the final recommendations.

Collaborative / lived experience

- 2.41 The Partnership remains committed to ensuring the voice of those with lived experience of trauma is integral and continues to work with representative organisations across the community through engagement and participation events, everyday service delivery

and in developing specific workstreams.

- 2.42 Following the launch of the Engagement and Participation Strategy in September 2024, a Participation Day was held in September 2025. This brought together supported people, carers, community representatives, community organisations, North Lanarkshire residents and Partnership staff to highlight the importance of involvement and raise the profile of organisations, activities and good practice. The collated views and analysis from the 'What matters to you?' initiative were presented at this day, and at the Strategic Planning Group in November 2025, with considerations to how these can influence the Strategic Commissioning Plan and the review of the Locality Outcome Improvement Plans. It was welcomed that the key messages correspond positively with the work being undertaken across the Partnership.
- 2.43 The work undertaken as part of the improvements in trauma informed service design has included consultations and walkthroughs with people with lived experience of trauma. As noted above, this work is ongoing with an integral aspect of increased involvement with people who use services.
- 2.44 In everyday practice, teams within the Partnership have reported positively on improvements in collaborative trauma informed working. These have included increased awareness of power imbalances, the use of language both verbally and in recording practices and the importance of choice - for example on location, timing and format of meetings. The consideration of advocacy services has also been noted as positive.

Feedback loops

- 2.45 Feedback loops with the workforce, partner agencies and those who use services promotes areas of good practice, provides ongoing evaluation and identify areas for improvement.
- 2.46 There is evidence of established formal feedback loops within the Partnership in annual reports, quarterly performance frameworks, iMatter reports and staff roadshows. Evaluations and surveys undertaken for specific workstreams and training continue to be utilised as improvement tools.
- 2.47 As noted in the previous section, there have been notable positive examples of increased engagement and participation by the Partnership with those with lived experience, with the explicit aim of influencing the way services are delivered.
- 2.48 Within the Partnership, there is evidence of feedback forums for staff inclusive of team meetings, supervisions/1:1 and teams having their own MS Teams channel. Additionally, some teams noted that they will arrange bespoke sessions to hear feedback when required, with recent examples provided following the implementation of the enabling approach and progression to daily meetings. It has been noted as positive that many of the forums with frontline staff have been jointly facilitated by the local managers in Health and Social Work. Another example provided by the Social Work teams was following the introduction in June 2025 of the new information recording system (Mosaic) which led to several bespoke feedback and learning sessions being held.
- 2.49 Within service provision spaces, there is evidence of active encouragement of staff views and feedback is encouraged using Care Opinion. The use of Care Opinion could

be promoted more widely, particularly by Social Work teams. A process has also now been implemented which reviews complaints, providing feedback to the locality Social Work management teams to support continuous improvement.

- 2.50 As noted within the 'National Learning Report 2025: Embedding trauma-informed and responsive organisations, systems and workforces' (NTTP, 2025) the absence of an agreed evaluation tool or framework to measure trauma informed practice is a shared challenge nationally. The Trauma Steering Group has recommended that further work may be beneficial to review staff surveys and exit interviews, and in consultation with experts by experience, to consider the development of an evaluation framework.
- 2.51 It is also recommended that the use of tools within the 'Roadmap' such as the self-assessment checklist and trauma-lens walkthrough are utilised more widely to further enhance the feedback frameworks.

3 Conclusions

- 3.1 The report demonstrates the positive progress made in embedding trauma informed practice across the Partnership, using the key drivers identified in the Roadmap.
- 3.2 The Trauma Steering Group continues to have a key role to ensure trauma informed practice is embedded across the Partnership, with identified key future actions and a commitment to fully represent the work across all services within the Partnership.
- 3.3 A more coordinated Partnership approach will be developed to inform a HSCP action plan.

4. Supporting documentation

- 4.1 Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce (NES, 2017)
- 4.2 Scottish Psychological Trauma Training Plan (NES, 2019)
(Both available on: www.traumatransformation.scot/knowledge-skills/)
- 4.3 A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland
(Available on: www.traumatransformation.scot/implementation/)
- 4.4 Useful resources, including on trauma informed practice across different service areas, policy documents, trauma lens and walkthrough tools:
(Available on: www.traumatransformation.scot/implementation/tools-and-resources/)
- 4.5 Guidance for Child Protection Committees Undertaking Learning Reviews (Scottish Government, 2021)
- 4.6 Guidance for Adult Protection Committees Undertaking Learning Reviews (Scottish Government, 2022)
- 4.7 Trauma Design Toolkit: Embedding trauma design principles across the built

environments (NLC, 2025)

4.8 Appendix 1 Trauma informed system

4.9 Appendix 2: Trauma Training Plan



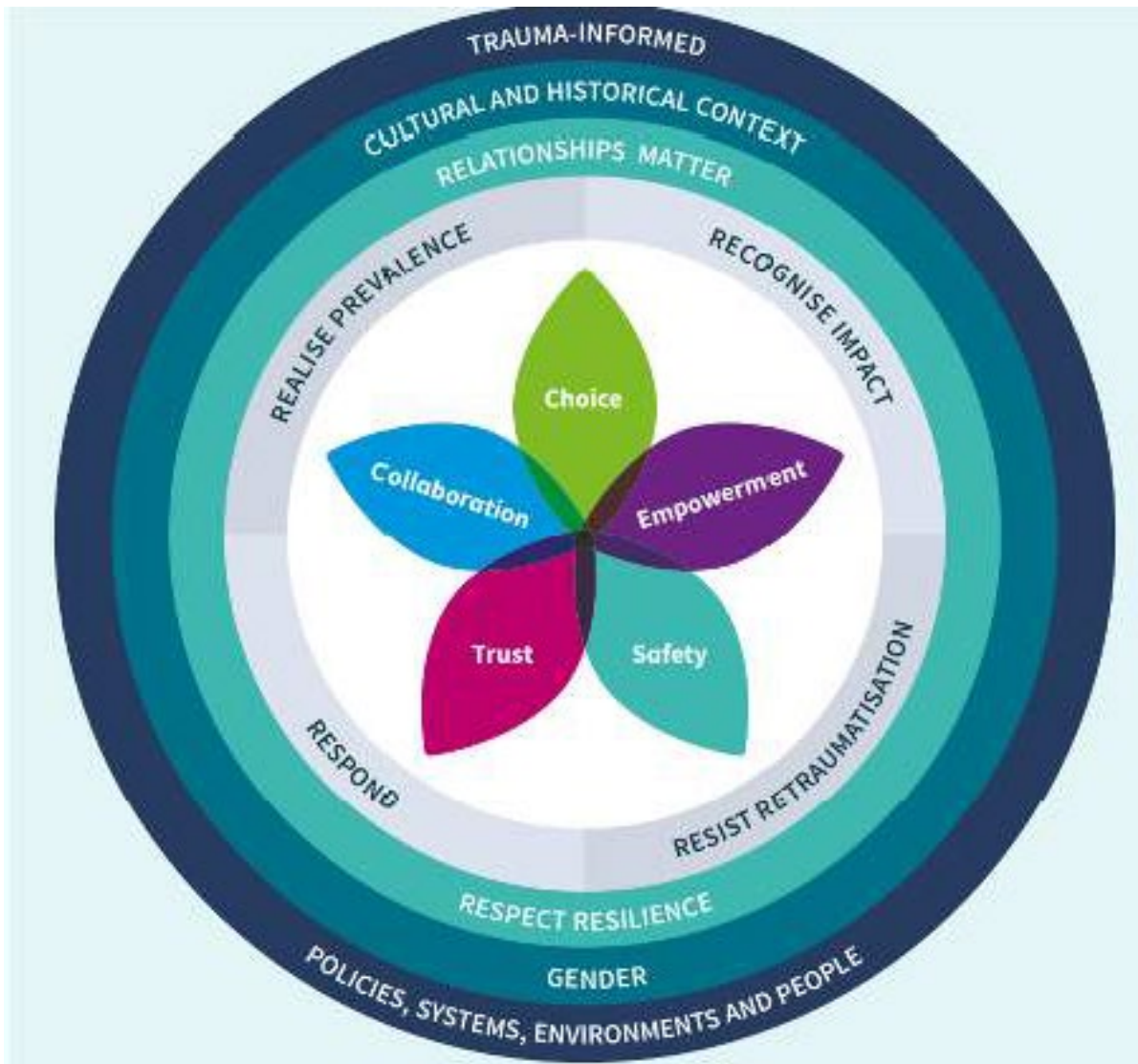
Diane Fraser
Chief Officer (Adult Social Work Services)

5. Impacts

| |
|---|
| 5.1 Public Sector Equality Duty and Fairer Scotland Duty Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact? If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.2 Financial impact Does the report contain any financial impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant financial impacts been discussed and agreed with Finance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact? |
| 5.3 HR policy impact Does the report contain any HR policy or procedure impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant HR impacts been discussed and agreed with People Resources? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact? |
| 5.4 Legal impact Does the report contain any legal impacts (such as general legal matters, statutory considerations (including employment law considerations), or new legislation)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant legal impacts been discussed and agreed with Legal and Democratic? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact? |
| 5.5 Data protection impact Does the report / project / practice contain or involve the processing of personal data? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, is the processing of this personal data likely to result in a high risk to the data subject? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, has a Data Protection Impact Assessment (DPIA) been carried out and e-mailed to dataprotection@northlan.gov.uk Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.6 Technology / Digital impact Does the report contain information that has an impact on either technology, digital transformation, service redesign / business change processes, data management, or connectivity / broadband / Wi-Fi? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact? |

| |
|---|
| <p>Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>5.7 Environmental / Carbon impact Does the report / project / practice contain information that has an impact on any environmental or carbon matters? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.8 Communications impact Does the report contain any information that has an impact on the council's communications activities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.9 Risk impact Is there a risk impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?</p> |
| <p>5.10 Armed Forces Covenant Duty Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.</p> |
| <p>5.11 Children's rights and wellbeing impact Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC). If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

APPENDIX 1



APPENDIX 2

|  TRAUMA INFORMED PRACTICE |  TRAUMA SKILLED PRACTICE |  TRAUMA ENHANCED PRACTICE |  TRAUMA SPECIALIST PRACTICE |
|---|---|---|--|
| <p>All workers.</p> <hr/> <p>Examples could include shop workers, taxi drivers, reception workers and office workers.</p> | <p>Workers who are likely to be coming into contact with people who may have been affected by trauma.</p> <hr/> <p>Examples could include some lawyers, GPs, teachers, support for learning staff, police officers, nursery staff, sports club coaches, receptionists, dentists, judges, NMC workers, lecturers, housing workers, care workers, service managers, youth development workers, health visitors and counsellors.</p> | <p>Workers who have a specific remit to respond to people known to be affected by trauma</p> <p>—AND—</p> <p>are required to provide advocacy support or interventions</p> <p>—OR—</p> <p>are required to adapt the way they work to take into account trauma reactions to do their job well and reduce risk of re-traumatisation</p> <p>—OR—</p> <p>are required to manage these services</p> <hr/> <p>Examples could include some lawyers, mental health nurses and workers, specialist domestic abuse support and advocacy workers, educational support teachers, some specialist police officers, some psychiatrists, forensic medical examiners, social workers, prison staff, secure unit workers, drug and alcohol workers and specialist counsellors.</p> | <p>Workers who have a specific remit to provide specialist interventions or therapies for people known to be affected by trauma with complex needs.</p> <hr/> <p>Examples could include social workers with specialist roles / training, major incident workers, some psychiatrists, managers of highly specialist services, psychologists and other therapists.</p> |

North Lanarkshire Council Report

Adult Health and Social Work Committee

Does this report require to be approved? Yes No

Ref DFMF Date 19/05/26

Home Support

From Diane Fraser, Chief Officer (Adult Social Work Services)

E-mail FraserDi@northlan.gov.uk

Executive Summary

This report gives an update on the progress of the redesign and performance. It highlights the operating model and core pillars being mindful of demographic growth and the right support at the right time. It explains the key themes: embedding an enabling approach, workforce realignment, implementing and embedding the new dynamic scheduling tool and the analogue to digital transition.

Recommendations

It is recommended that the Adult Care and Social Work Committee:

- (1) Acknowledge the progress on the redesign and performance within the service. The digital transformation that has taken place over the preceding 12 months and request your continued support as we continue our transition throughout 2026.

The Plan for North Lanarkshire

| | |
|--------------------|---|
| Priority | All priorities |
| Ambition statement | (23) Build a workforce for the future capable of delivering on our priorities and shared ambition |
| Programme of Work | Resilient People |

1. Background

- 1.1 The Health and Social Care Partnership remain committed to providing services at the right time and place, leveraging a personalised, choice driven model that enhances wellbeing and independence.
- 1.2 The operating model we aspire to is structured around five core pillars: Integrated Discharge to Assess; Same Day Response and Reablement; Specialist and Intensive Support; Living Well at Home; and Quality Assurance.
- 1.3 The model is aligned to prevention, proportionality, and independence, ensuring people are supported at home wherever safe and appropriate.
- 1.4 Demographic projections indicate a growth of over 70% in the 75+ population over the next two decades, with increased prevalence of multi-morbidity and frailty.
- 1.5 20% of North Lanarkshire data zones are within the 20% most deprived areas in Scotland.
- 1.6 Over the last reporting cycle, implementation has progressed from design and testing activity, planning and preparation, change management support, into increased operational activity across localities via a phased approach. This has included service redesign activity to support assessment at home, digital implementation across Home Support and continued quality improvement activity aligned to the wider Getting it Right for Everyone programme.
- 1.7 Robust assessment within a person's home environment, supported by direct intervention where necessary enables evidence-based decision making about long term need.
- 1.8 Home Support Workers contribute to independence through practical support and rehabilitation activity, working closer with wider multi-disciplinary teams (including allied health professionals and social work staff) as well as the person and their families. This ensures resources are targeted to those with the greatest level of need.
- 1.9 North Lanarkshire continues to support a strong balance of care, sustained through investment in community provision and a long-standing commitment to Self-Directed Support. The model supports more people to be assessed at home and, where appropriate, to receive time limited reablement and rehabilitation before longer term care arrangements are considered.
- 1.10 This is essential due to demographic change and sustained financial pressure. The case for change continues to be reinforced by population ageing, increasing prevalence of long-term conditions, and growing reliance on informal/unpaid care.
- 1.11 The Home Support delivery model aligns to the Health and Social Care Partnership (HSCP) operating model and the principles of Getting it Right for Everyone. As part of this, the service continues to develop values-based practice that promotes enabling, prevention, and a Home First ethos.
- 1.12 This report provides an update on progress made since the last report cycle and into 2026 across four key themes:
 1. Embedding an enabling approach,
 2. Workforce realignment to strengthen Home First and ongoing paid

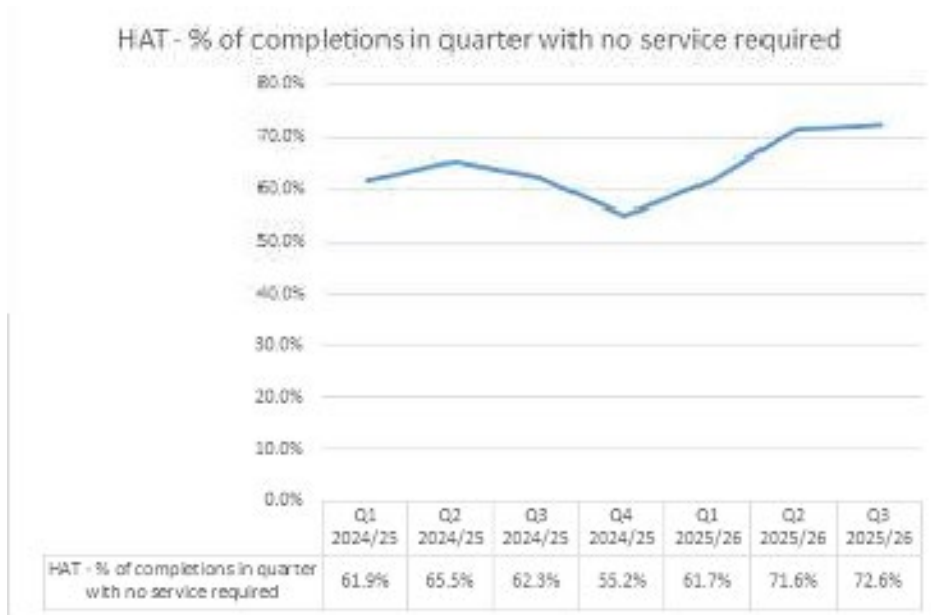
support delivery

3. Implementing and embedding of dynamic scheduling and digital reporting capability.
4. Transition from analogue-to-digital for community alarms while sustaining quality and continuity.

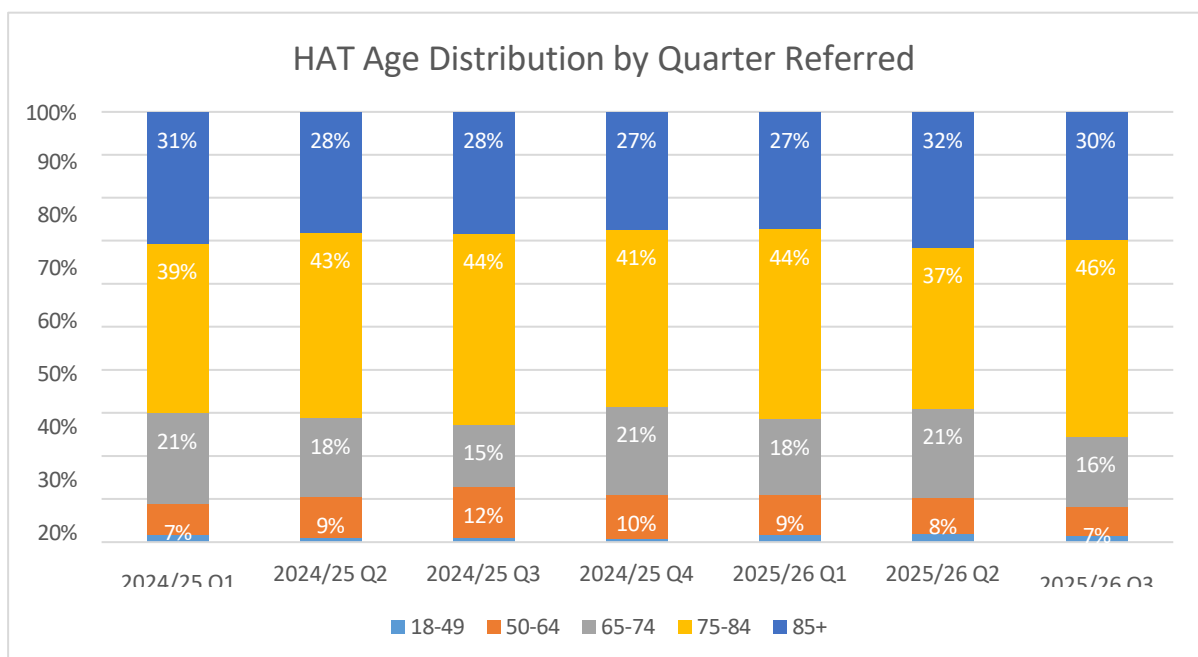
2. Report

Embedding an Enabling Approach

- 2.1 The enabling approach has now been adopted across all localities which promotes:
- Do no harm
 - Home First
 - Empower People
 - Focus on prevention
 - Whole system approach
 - No waits
- 2.2 The approach has now been implemented across all localities, informed by early learning from locality test-of-change activity in Wishaw. This has supported improvements in pathway clarity, user experience, and multidisciplinary confidence in applying enabling practice.
- 2.3 Taking a whole system approach, Getting it Right for Everyone: Person Centred, Outcome Focused, Assessment & Planning Training is now being delivered to all practitioners across social work services who support people through assessment. This programme of training continues to be developed and will be rolled out across the whole system to ensure integrated approaches continue to be embedded. The training will form part of the mandatory training programme for all social work service practitioners including Home Support Service Delivery Managers, Senior Home Support Managers, and Team Leaders. Again, this training delivery is phased and will become more integrated across the partnership.
- 2.4 In addition, the Interim Change Management Team, supporting the implementation of the first stage of the functional split within Home Support, are developing key training for Team Leaders, Schedulers and Home Support Workers. This encompasses further promotion of the Enabling Approach, refreshing reablement and rehabilitation approaches, embedding outcome focused practice with people providing direct support, care planning, and multidisciplinary working.
- 2.5 The service continues to reinforce that longer-term support should not routinely be determined within acute settings except in exceptional circumstances. Processes have been developed with NHSL colleagues to support this principle including the Target Operating Model and One For Lanarkshire, both of which focus on Home First for assessment.
- 2.6 As part of the Home First approach, assessment-at-home pathways remain a key enabler. The service is continuing to see the impact of Home Assessment and reinforces why the Home First approach is essential.

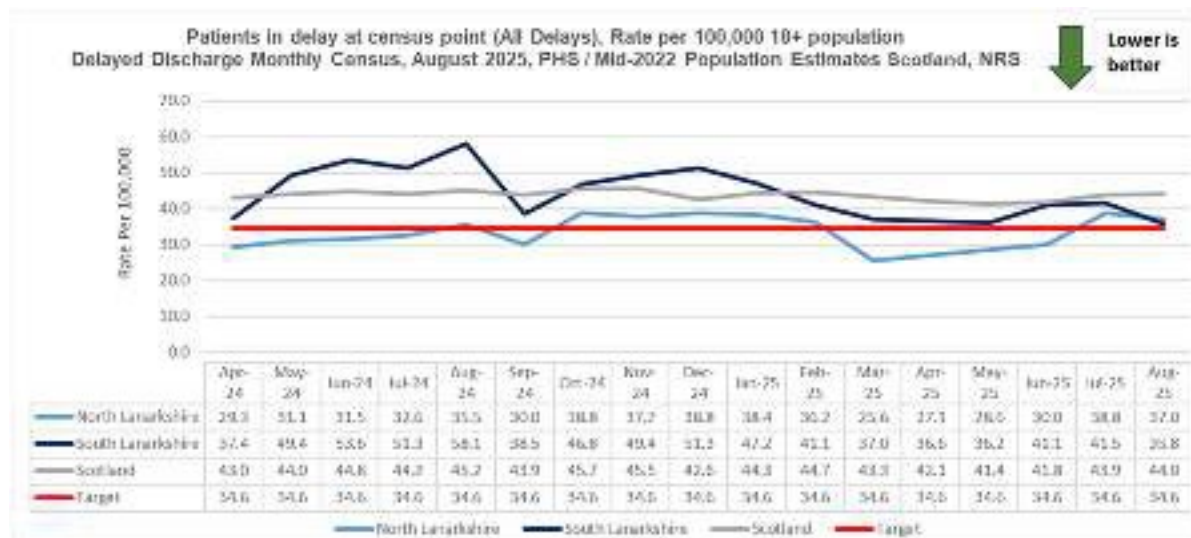
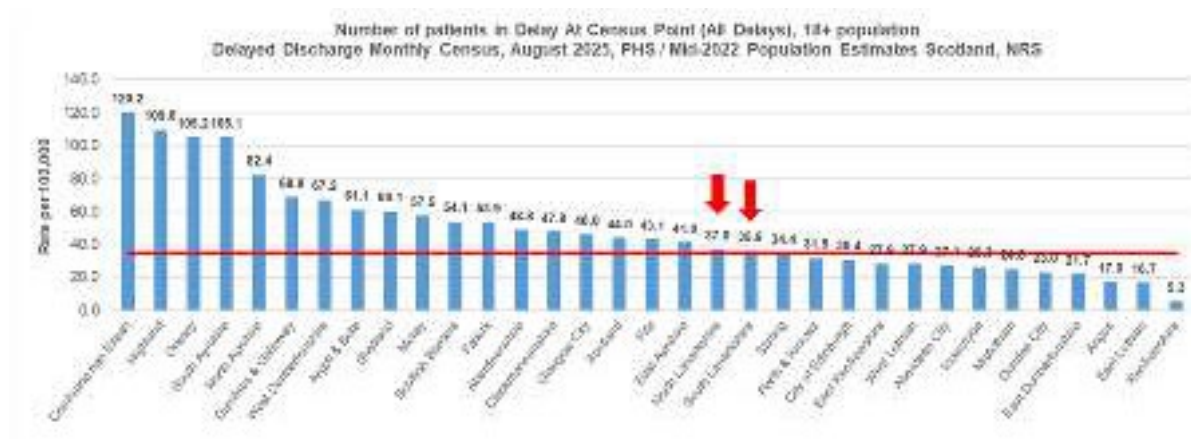


2.7 The proportion of HAT completions with no further service required following intervention has increased, demonstrating why early assessment at home is essential, this is demonstrating positive outcomes for service users who are being supported to regain their independence at home.



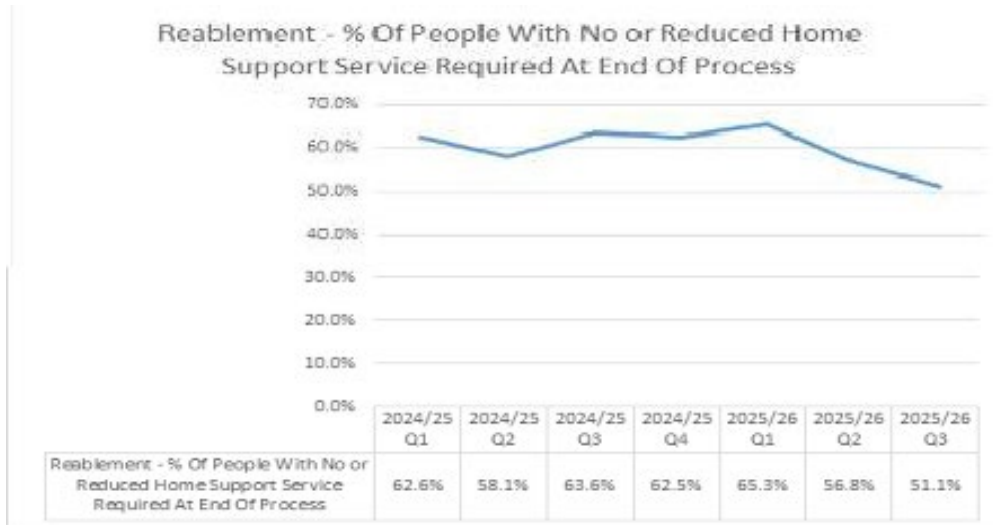
2.8 Reviewing the age profile for HAT service users indicates a positive response to Home Assessment and the importance of assessment at home.

2.9 Hospital Flow:



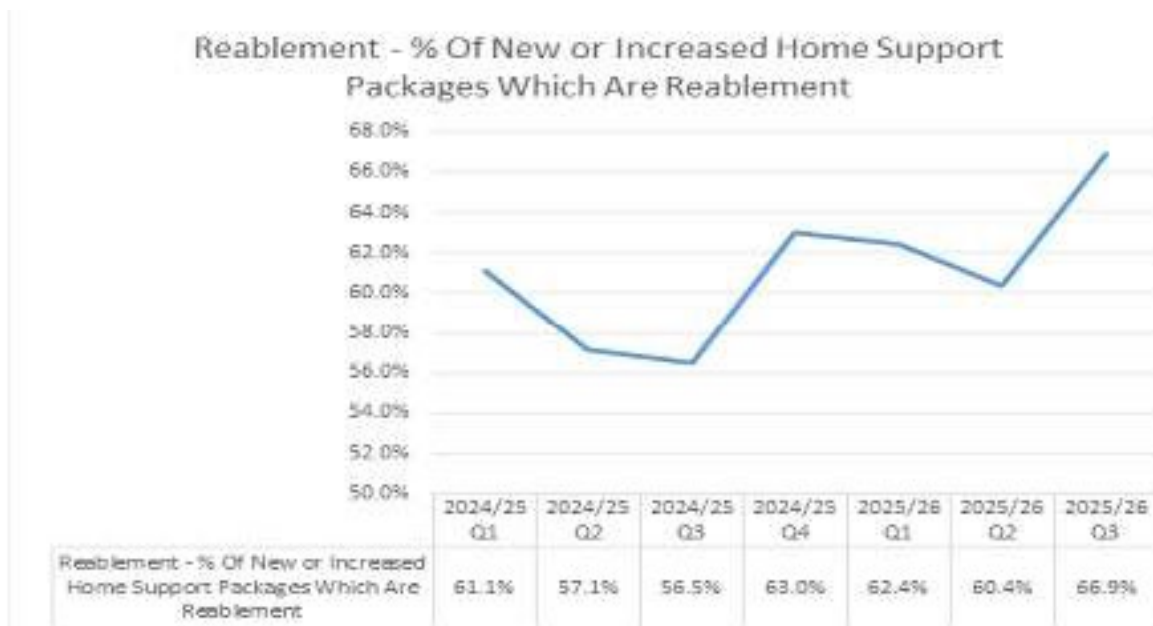
- 2.10 Current delay data is impacted by an increase of patients who have been assessed as lacking capacity. In addition, there are increased delays because of housing issues. Both areas are being explored in relation to supporting discharges to appropriate settings in a timely manner. Planned Date of Discharge (PDD) setting remains a challenge and is one of the areas to be reviewed alongside the use of the Target Operating Model (TOM) and the One For Lanarkshire request for assistance.
- 2.11 As the focus towards Home First continues to be driven, demand to provide direct support as part of the Home Assessment ethos has increased, however the capacity of resources within HAT has not. In addition, there have been challenges to maximising Home Assessment for people due to vacancies and absences.
- 2.12 As part of the Winter Scheme for 2025/2026, an initiative to extend Home Assessment in partnership with Independent Providers has commenced. The initiative seeks to support up to 90 people to return home from hospital for assessment which supports rehabilitation and helps them to regain confidence and skills following a period in hospital. The Extended Home Assessment Pathway is minimising delays in discharge and the impacts for people on their health and wellbeing associated with protracted hospital stay. 11 weeks into the 6-month scheme, fifty-five people have been supported

to return home.



Reablement Activity

- 2.13 Reablement activity has been a key cornerstone of Home Support since 2011, however is currently transitioning into Assessment and Planning which will have a clear Home Assessment approach and focus within the “Home First” arena. This will positively impact capacity to support home assessment.
- 2.14 The proportion of new or increased Home Support packages that go through a Reablement process has increased over time.



- 2.15 However, the proportion of those completing Reablement with no, or a reduced Home Support service at the end of Reablement has decreased.
- 2.16 As has been outlined earlier within the report, North Lanarkshire has an ageing population with some of the highest levels of deprivation across Scotland, the 2022 census reports demographic changes in those who identify as having a long-term health condition has grown by 30.6% (+43,943).

- 2.17 Coordination continues to be supported by locality-based decision making and strengthened by emerging real-time operational visibility from digital scheduling tools. However, the Performance Report highlights that standardised reporting is being rebuilt following the introduction of Mosaic and other system changes, which has created short-term disruption in routine metric reporting while reports are validated.
- 2.18 A continued focus through 2026 is placed on strengthening evening and out-of-hours resilience, responding to historic gaps and supporting a balanced system response to both planned and unplanned care.
- 2.19 Living Well at Home continues as a locality-based service enabling integrated responses aligned to communities, supported by clearer description of purpose, eligibility focus, and complexity-based prioritisation.
- 2.20 The aim of Living Well at Home is to promote independent living, choice and control, social inclusion, and wellbeing, through personalised support to meet identified outcomes.
- 2.21 The primary focus remains on supporting adults with significant complexity of need (physical and/or social complexity, including public protection considerations), determined through assessment and multi-disciplinary decision making.

Workforce

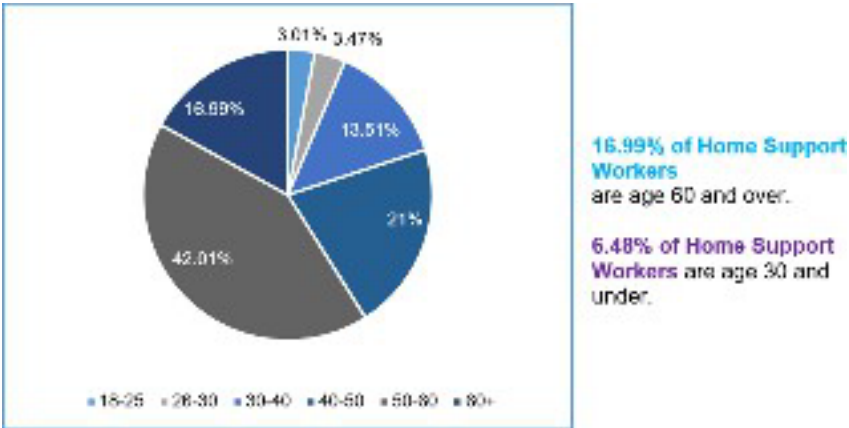
- 2.22 North Lanarkshire in line with other local authorities are experiencing challenges in relation to recruitment of Home Support Workers, this is a national issue across all 32 local authority areas. The SSSC outline the current challenges facing all local authorities.

Figure 5: Percentage of services reporting that vacancies were hard to fill by local authority area



Figure 5 shows the percentage of services reporting that vacancies were hard to fill by local authority area. The darker the shade, the higher the percentage of services reporting that vacancies were hard to fill.

2.23 In addition to recruitment challenges North Lanarkshire has an ageing workforce population as outlined below.



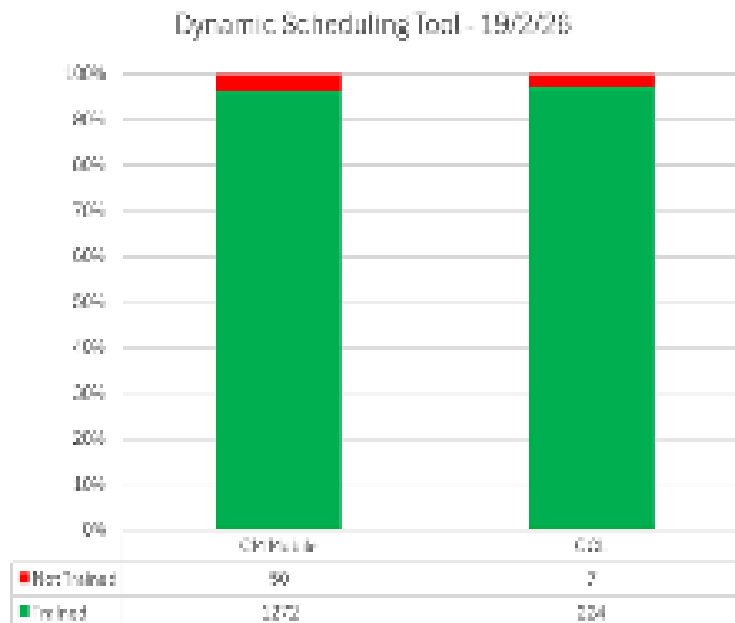
- 2.24 The workforce continues to be central to implementation. Engagement activity has supported the transition to new ways of working, with emphasis on improving quality for people supported while strengthening workforce experience and sustainability.
- 2.25 Operational alignment of frontline and supervisory roles has progressed to support the assessment and planning model and Living Well at Home service delivery, supporting seamless pathways and clearer role function.
- 2.26 To complete full operational embedding, key management alignment continues as a focus, ensuring accountability and consistency across both Assessment and Planning and Living Well at Home. Workforce and HR processes continue to support this transition.
- 2.27 Recruitment and retention remain priorities in the context of an ageing workforce and turnover pressures. Ongoing actions include values-based recruitment approaches and creating clearer development routes and career pathways within redesigned delivery structures.
- 2.28 The service has strengthened recruitment approaches and broadened entry routes into social care, supporting improved conversion of applicants while building future capacity.
- 2.29 Participation in youth and employability programmes continues alongside progression pathways, including modern apprenticeships and sessional roles, where available.
- 2.30 Training and development remains a core enabler of implementation, ensuring staff are competent and confident in delivering enabling practice and working effectively with allied health professionals and multidisciplinary colleagues.

Dynamic Scheduling System

2.31 The roll out of the Access CM scheduling tool is now fully complete across the Home Support Service. Implementation began with the Bellshill Home Support Team which went live on 24 March 2025 and concluded with the Home Assessment Team on 3 November 2025. This marks a significant milestone in modernising our scheduling processes across the service.

| Home Support Team | Back Office Go Live Date | Full Go Live Date |
|----------------------|--------------------------|-------------------|
| Bellshill | 17/03/2025 | 24/03/2025 |
| Wishaw | 26/05/2025 | 02/06/2025 |
| Motherwell | 23/06/2025 | 30/06/2025 |
| Airdrie | 14/07/2025 | 21/07/2025 |
| Coatbridge | 11/08/2025 | 18/08/2025 |
| Cumbernauld | 15/09/2025 | 22/09/2025 |
| Home Assessment Team | 27/10/2025 | 03/11/2025 |

- 2.32 All staff both office-based and frontline demonstrated exceptional engagement and commitment throughout the transition. Their willingness to learn, adapt and embed new ways of working has been critical to success of the rollout. It must be noted that during this time the service has also implemented additional new systems such as Mosaic and the council's new telephony system.
- 2.33 Training delivery across the service to support the roll out has been extremely positive. A training refresh is currently being reviewed to strengthen understanding and consistency. As well as staff attending formal training sessions (*figures detailed below*), onsite support and remote guidance was also provided throughout the roll out.



- 2.34 System use across the service means for Home Support Workers across all localities including the Home Assessment Team, are using CM Mobile to access their work schedule and service user information and receive real-time updates to visits. Office based staff are using CallConfirmLive!(CCL) to schedule care and support and record key information relating to service users and staff to support the delivery of person-centred care.
- 2.35 The Client Portal provides service users and family members with direct access to key information at any time including the name of allocated worker/s and scheduled visit times. The service continues to promote the Client Portal to increase engagement as

this is the only method for service users and families to access real-time care information, other than contacting the service directly by telephone.

- 2.36 The introduction of the portal has delivered efficiencies by reducing postage and printing costs for previously associated with authorisation letters which were outdated as soon as they were issued due to necessary changes in care delivery.
- 2.37 The Care Inspectorate recently raised questions regarding alternative methods without digital technology during an unannounced inspection of the Cumbernauld Home Support Service. It is worth noting that other providers and local authorities do not offer alternative options, with some not having a client portal at all.
- 2.38 A Lessons Learned workshop was held on 29 January 2026 bringing together key stakeholders to review achievements to date, areas requiring improvement and future development opportunities.
- 2.39 The workshop allowed staff to reflect what was working well and provided the opportunity to highlight some challenges in the use of the new tool such as:
- Travel-time accuracy and limitations in scheduling flexibility.
 - CM mobile synchronisation issues.
 - Optimisation configuration within MaxCare.
 - Interim payroll processes that remain time-consuming and reliant on manual checks.
 - Dependencies on other systems (iTrent, mySWIS, Mosaic and CMBI) which can affect workflow.
 - A need for improved functionality including bulk assignments and enhanced continuity options for dynamic scheduling.
- 2.40 As work continues to work alongside Access CM to address challenges to resolve system limitations and progress optimisation solutions, phase 2 has been agreed and will focus on additional training and support for teams experiencing staff changes, and refining processes to align with the Assessment and Planning / Living Well at Home Service functional split.
- 2.41 The next phase will also develop system integrations particularly around payroll, Mosaic and enhancing the reporting tools available. Development work will include new functionality for staff by introducing messaging, electronic forms, and mileage processes within the system. These enhancements aim to streamline workflows and reduce duplication.
- 2.42 The completion of the scheduling tool rollout represents a major transformation in the way scheduling and care information is managed across the Home Support Service. While challenges remain, strong staff engagement, ongoing training, and the planned Phase 2 improvements and developments will continue to enhance the effectiveness of the system and support high quality, person-centred care.

Improving Quality

- 2.43 There continues to be a positive improvement in performance across all locality teams supported by ongoing work to address requirements and areas for improvement. This activity remains essential in restoring the historically high grades previously achieved during unannounced Care Inspectorate inspections.

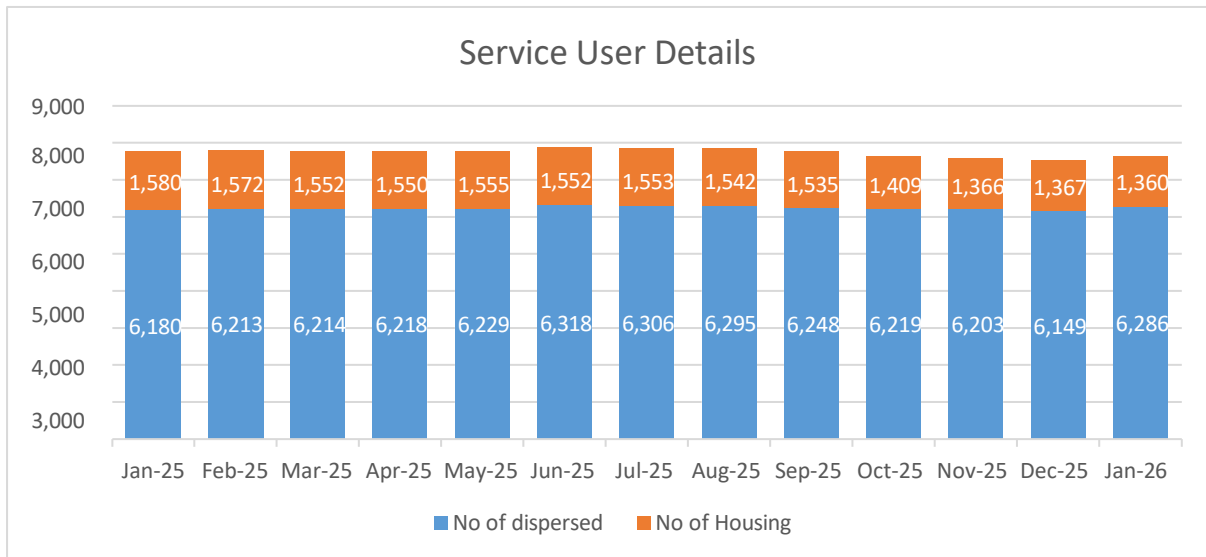
- 2.44 Action plans remain in place to support Registered Managers to drive service improvements, ensure high quality care delivery, and maintain a focus on strengths, requirements, areas for improvement and overall service development in preparation for future inspection activity.
- 2.45 Wishaw was the first service to be inspected in 2026. The team successfully met two outstanding areas for improvement, with no new requirements or areas for improvement identified. The service also improved on their existing grades, including grade 5 – Very Good, which reflect the team’s sustained efforts and commitment to continuous improvement.
- 2.46 An unannounced inspection then took place within the Motherwell Home Support Team also in January 2026. The team provided evidence to fully meet two requirements. Of the 11 areas for improvement, 4 areas were met in recognition of the progress made. Four of the remaining areas have now been incorporated into a new area for improvement under key question 1.
 Grades remained at 3 – *Adequate* across all key questions
 The team progress work on one new Requirement and 2 areas for improvement.
- 2.47 An inspection was carried out in Cumbernauld Home Support Team in February 2026. The service met 1 requirement and 5 areas for improvement. Quality grades have been awarded for 4 – Good across key areas with no requirements or areas for improvement. (inspection report currently being finalised).
- 2.48 With the exception of the Bellshill Home Support Service – who currently have no requirements or areas identified for improvement – all remaining teams continue to work toward meeting outstanding requirements and/or improvement actions ahead of deadlines;

| | |
|-------------------------|---------------------------------------|
| Airdrie | 0 Requirements9 Areas for Improvement |
| Coatbridge | 2 Requirements5 Areas for Improvement |
| Community Alarm Service | 0 Requirements1 Area for Improvement |
- 2.49 In addition, all four services are actively preparing for inspection supported by their improvement plans and ongoing managerial oversight. Statutory work required to meet legislative requirements in relation to reviews and personal support plans remains a significant challenge for all teams.
- 2.50 In addition, all four services are actively preparing for inspection supported by their improvement plans and ongoing managerial oversight. Statutory work required to meet legislative requirements in relation to reviews and personal support plans remains a significant challenge for all teams.

| Airdrie | Bellahill | Coatbridge | Cumbernauld | Motherwell | Wahaw | Community Alarm Service |
|--|--|--|--|--|--|--|
| How well do we support people's wellbeing? | How well do we support people's wellbeing? | How well do we support people's wellbeing? | How well do we support people's wellbeing? | How well do we support people's wellbeing? | How well do we support people's wellbeing? | How well do we support people's wellbeing? |
| 3 - Adequate | 4 - Good | 3 - Adequate | 4 - Good | 3 - Adequate | 5 - Very Good | 5 - Very Good |
| How good is our leadership? | How good is our leadership? | How good is our leadership? | How good is our leadership? | How good is our leadership? | How good is our leadership? | How good is our leadership? |
| 3 - Adequate | 4 - Good | 3 - Adequate | 4 - Good | 3 - Adequate | 4 - Good | 4 - Good |
| How good is our staff team? | How good is our staff team? | How good is our staff team? | How good is our staff team? | How good is our staff team? | How good is our staff team? | How good is our staff team? |
| 3 - Adequate | 4 - Good | 3 - Adequate | 4 - Good | 3 - Adequate | 5 - Very Good | 5 - Very Good |
| How well is our care and support planned? | How well is our care and support planned? | How well is our care and support planned? | How well is our care and support planned? | How well is our care and support planned? | How well is our care and support planned? | How well is our care and support planned? |
| 3 - Adequate | 4 - Good | 3 - Adequate | 4 - Good | 3 - Adequate | 4 - Good | |

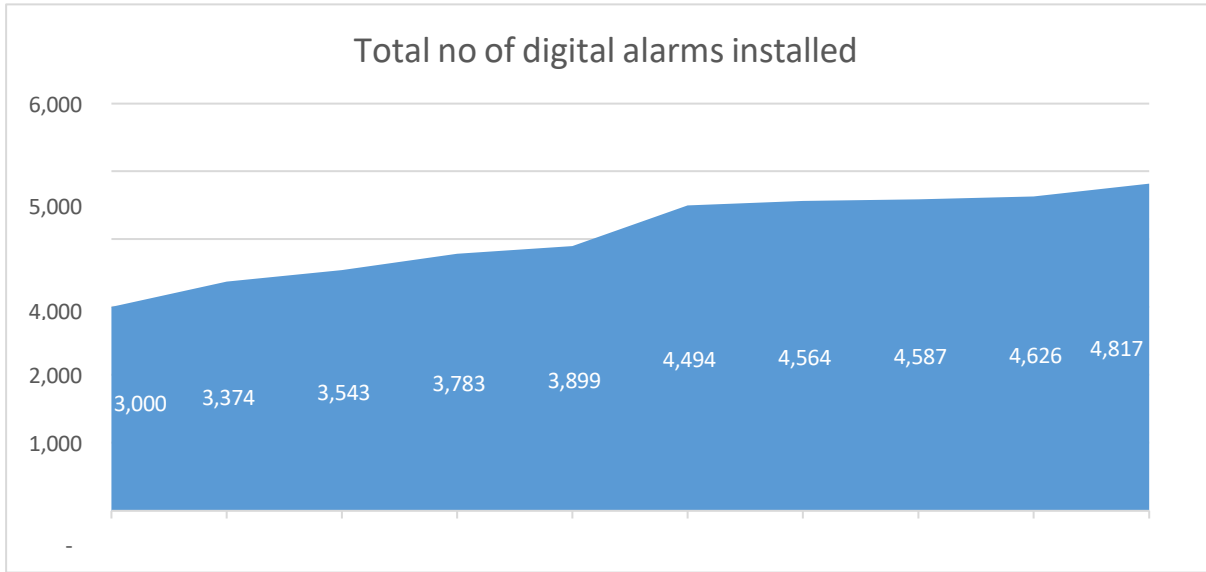
Community Alarm Service

- 2.51 The community alarm service has undergone significant change over the last twelve months with a continued focus on the analogue to digital transformation of the community alarm service. A comprehensive data cleansing programme resulted in all current service user records being validated, ensuring improved contact accuracy, responder reliability, and governance assurance. The new Digital Alarm Receiving Centre (ARC) went live on the 23rd February 2026 with Sky Response/ Chubb supporting this milestone.
- 2.52 Community alarm service users has remained static with very little year on year fluctuations as outlined in the table below:

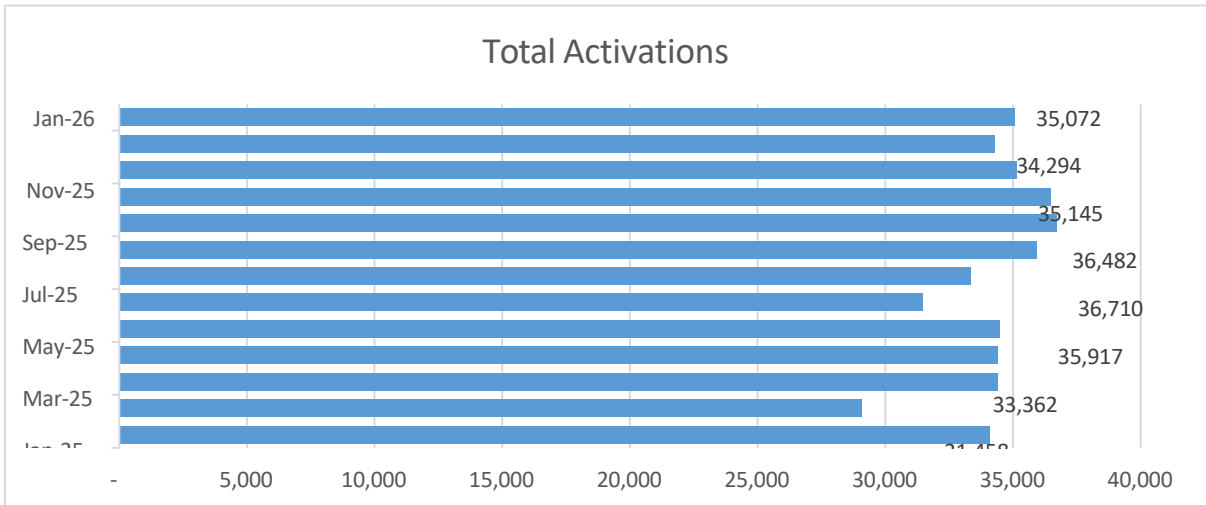


- 2.53 The service has been installing the Digital Alarms throughout the last 18 months and the service commenced tracking progress from April 2025 where the service had installed around 3000 new alarms. You can see the progress over the last 10 months. The service aims to have all community alarm service users transitioned to the new digital alarm by the end of 2026. Crucially service users who have not transitioned yet to the new digital alarm will still be supported as work is ongoing with telephony providers via a Service Level Agreement which identifies service users whose

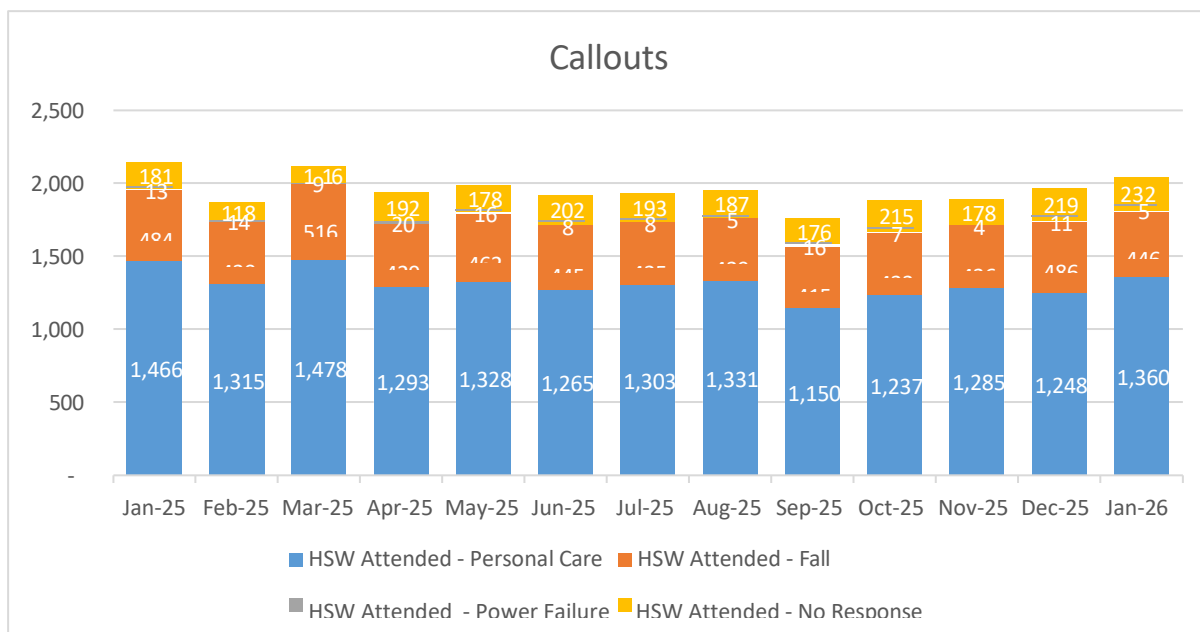
telephone line is due to be digitised which then allows the service to install a new digital alarm to ensure no loss of service.



2.54 The community alarm service receives on average 35,000 service activations per month as outlined below, this is where a service user has come through the alarm receiving centre seeking advice, support, or reassurance.



2.55 Following a service user activating the alarm most of those calls are for reassurance, however, please see the breakdown below that outlines the reason for a responder to visit a service users' home is for personal care and falls activations.



2.56 The community alarm service has made significant progress since the last reporting cycle and will soon be awarded gold status for its digital transformation.

Conclusion

2.57 This report provides a significant update in relation to the progress made in relation to embedding the enabling approach across all locality teams.

2.58 There is a demonstrable increase of individuals being supported via Home Assessment and Reablement.

2.59 Continued focus required to address workforce ageing profile and mitigations being undertaken to attract the workforce of the future.

2.60 Dynamic Scheduling has now been fully implemented with phase one now complete; work is ongoing to roll out the next phase of the system; this will ensure refined processes are implemented to take account of Assessment and Planning and Living Well at Home.

2.61 The service is moving forward with increased Care Inspectorate grades following inspection, however through 2026 services will be registered under Assessment and Planning and Living Well at Home.

2.62 The Community Alarm Service has reached key milestones on relation to its progression from Analogue to digital transformation.

3. Measures of success

- 3.1 Ongoing progress and development with the functional split achieved
- 3.2 Improved service delivery and performance
- 3.3 The operating model embedded in everyday practice and getting it right for everyone
- 3.4 An increase in Home Assessment and Reablement
- 3.5 Dynamic Scheduling implementation success and progress
- 3.6 Continued increased Care Inspectorate grades

3.7 The Analogue to Digital transition completed

4. Supporting documentation

4.1 N/A

A handwritten signature in black ink, appearing to read 'Diane Fraser', with a large loop at the top and a horizontal line extending to the right.

Diane Fraser
Chief Officer (Adult Social Work Services)

5. Impacts

| |
|--|
| <p>5.1 Public Sector Equality Duty and Fairer Scotland Duty Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> <p>If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>5.2 Financial impact Does the report contain any financial impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant financial impacts been discussed and agreed with Finance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.3 HR policy impact Does the report contain any HR policy or procedure impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant HR impacts been discussed and agreed with People Resources? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.4 Legal impact Does the report contain any legal impacts (such as general legal matters, statutory considerations (including employment law considerations), or new legislation)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant legal impacts been discussed and agreed with Legal and Democratic? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.5 Data protection impact Does the report / project / practice contain or involve the processing of personal data? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, is the processing of this personal data likely to result in a high risk to the data subject? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, has a Data Protection Impact Assessment (DPIA) been carried out and e-mailed to dataprotection@northlan.gov.uk Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>5.6 Technology / Digital impact Does the report contain information that has an impact on either technology, digital transformation, service redesign / business change processes, data management, or connectivity / broadband / Wi-Fi? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |

The new digital system will both support the home support workers in their daily activity and bring further service efficiency

Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)?

Yes No

5.7 Environmental / Carbon impact

Does the report / project / practice contain information that has an impact on any environmental or carbon matters?

Yes No

If Yes, please provide a brief summary of the impact?

5.8 Communications impact

Does the report contain any information that has an impact on the council's communications activities?

Yes No

If Yes, please provide a brief summary of the impact?

5.9 Risk impact

Is there a risk impact?

Yes No

If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?

5.10 Armed Forces Covenant Duty

Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)?

Yes No

If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.

5.11 Children's rights and wellbeing impact

Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these?

Yes No

If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC).

If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?

Yes No

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref CR/SF Date 16/03/26

Adult Social Care Performance Report – Quarter 3 2025/26

From Claire Rae, Chief Officer, University Health & Social Care North Lanarkshire

E-mail Claire.Rae@lanarkshire.scot.nhs.uk

Executive Summary

The purpose of the report is to provide an update to the Committee on the performance of key areas of activity within Adult Health & Social Care for the period 01st October 2025 to 31st December 2025, Quarter 3 2025/26.

Recommendations

It is recommended that the Adult Care and Social Work Committee:

- (1) Endorse the improvement actions included within Appendix 2 of the report; and
- (2) Acknowledge the performance of key areas of activity within Appendix 1 of the report.

The Plan for North Lanarkshire

| | |
|--------------------|---|
| Priority | Improve the health and wellbeing of our communities |
| Ambition statement | (25) Ensure intelligent use of data and information to support fully evidence based decision making and future planning |
| Programme of Work | Resilient People |

1. Background

- 1.1 The Chief Officer has joint quarterly performance review meetings with the Chief Executive of NHS Lanarkshire and the Chief Executive of North Lanarkshire Council. These meetings are supported by a performance scorecard and framework comprising a range of performance measures from across both health and social work systems, including relevant targets and trajectories.
- 1.2 Based on a traffic-light system there are areas for improvement identified within the performance framework each quarter for those that are flagged as Red or Amber. The performance review meetings are used as a means for jointly agreeing corrective actions.

- 1.3 Information from these performance reviews has been supplemented with additional performance information below to offer the committee a wider overview of performance across some key areas of adult social care delivery.

2. Report

- 2.1 The purpose of the report is to provide an update to the Committee on wider performance of key areas of adult social care delivery, in addition to the performance areas for improvement that have been identified as part of the Chief Executive Quarterly Performance Review, for the period 01st October 2025 to 31st December 2025, Quarter 3 2025/26.
- 2.2 The new Social Work Case Management System continues to be developed and adopted by services and teams. Some aspects of reporting are still in development, pending adoption of Mosaic and confirmation of new recording processes. Once complete and the new recording processes verified, developed reports will be subject to testing and validation before the publication of information and measurement of the data extracted from the system.
- 2.4 Whilst every effort is being made to maintain continuity of reporting, the ability to provide data and information remains impacted in the short term and there is some disruption to the Social Care reporting contained within the Chief Executives Scorecard. Some metrics in Appendix 1 have no current value and are not available as these parts of the Mosaic system are not operational.
- 2.6 Areas for improvement and planned actions are agreed and developed on an exception basis (i.e., for those indicators which are red, based on tolerance thresholds). These are detailed as Appendix 2 of this report.

3. Measures of success

- 3.1 Measures of success are contained within Appendix 1 of this report.

4. Supporting documentation

- 4.1 Appendix 1: Adult Social Care Dashboard
- 4.2 Appendix 2: Areas for Improvement 01st October 2025 to 31st December 2025, Quarter 3 2025/26.



Claire Rae
Chief Officer, University Health and Social Care North Lanarkshire

5. Impacts

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| |
|---|
| <p>Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>5.7 Environmental / Carbon impact Does the report / project / practice contain information that has an impact on any environmental or carbon matters? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.8 Communications impact Does the report contain any information that has an impact on the council's communications activities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.9 Risk impact Is there a risk impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?</p> |
| <p>5.10 Armed Forces Covenant Duty Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.</p> |
| <p>5.11 Children's rights and wellbeing impact Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC). If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

Appendix 1 – Adult Social Care Dashboard

PLEASE NOTE FOR ALL INDICATORS UPWARDS ARROWS DENOTE POSITIVE PERFORMANCE

| Ref. | KPI | Target 2025-26 | 2024/25 Q3 | 2024/25 Q4 | 2025/26 Q1 | 2025/26 Q2 | 2025/26 Q3 | Performance Compared to Previous Quarter | Performance Compared to Same Quarter Previous Year | Current Performance |
|------|--|------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------------------|--|--|---------------------|
| 2.15 | Assistive Technology - Number Of People With Technology (0-17 yrs) | 1,452 | 34 | 33 | 22 | 22 | 25 | ↑ | ↓ | RED |
| 2.16 | Assistive Technology - Number Of People With Technology (18-64yrs) | | 627 | 622 | 270 | 303 | 348 | ↑ | ↓ | |
| 2.17 | Assistive Technology - Number Of People With Technology (65+) | | 893 | 912 | 673 | 745 | 879 | ↑ | ↓ | |
| 2.18 | Reablement - Number Of People Completing Reablement Process | 2000 (500 per quarter) | 1387 | 1788 | 317 | 604 | 940 | ↑ | ↓ | RED |
| 2.19 | Reablement - % Of New or Increased Home Support Packages Which Are Reablement | 70% | 56.5% | 63.0% | 62.4% | 60.4% | 66.9% | ↑ | ↑ | RED |
| 2.2 | Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process | 70% | 63.6% | 62.5% | 65.3% | 56.8% | 51.1% | ↓ | ↓ | RED |
| 2.21 | Balance Of Care - % Of People (Age 65+), inclusive of SDS (service users aged 65+ with a >£10K budget) | 45% | 46.4% | 48.9% | | | | ... | ... | ... |
| 2.X | IRT - Referral to Treatment within 12 weeks, excluding Major Equipment | 90% | 87.0% | 89.9% | | | | ... | ... | ... |
| 2.X | HAT – Service users where HAT service ends within 1/2 days from Assessment to service completion | ... | 6.5% | 7.0% | 8.8% | 10.0% | 8.2% | ↓ | ↑ | ... |
| 2.X | HAT – Service users with no further service required on completion of HAT | ... | 62.3% | 55.2% | 61.7% | 71.6% | 72.6% | ↑ | ↑ | ... |
| 2.22 | IEAS - % Deliveries Achieved Within 7 Working Days Quarterly | 80% | 60.1% | 73.4% | 72.7% | 79.2% | 80.7% | ↑ | ↑ | GREEN |
| 4.2 | Complaints Processed Within Timescale (NLC) | 85% | 90.3% (Stage 1) 71.4% (Stage 2) | 60.0% (Stage 1) 76.9% (Stage 2) | 92.1% (Stage 1) 76.5% (Stage 2) | 78.8% (Stage 1) 92.9% (Stage 2) | 86.8% (Stage 1) 100.0% (Stage 2) | ... | ... | GREEN |
| 4.3 | Care Home Placements At End Of Quarter - Per 1000 Popn 65+ | 24 | 22.0 | 21.9 | 22.1 | 22.3 | 22.2 | ↑ | ↓ | GREEN |
| 4.4 | Care Home Placements At End Of Quarter - Per 1000 Popn 75+ | 50 | 46.1 | 45.4 | 46.1 | 46.6 | 46.1 | ↑ | ↔ | GREEN |
| 4.5 | Care Home - Average Length of Stay | 865 | 966 | 966 | 735 | 881 | 978 | ↓ | ↓ | RED |
| 4.6 | Number Of People With Self Directed Support | 1,000 | 2119 | 2214 | 2193 | 2272 | 2227 | ↓ | ↑ | GREEN |

| | | | | | | | | | | |
|-----|---|------|------------------------------|--------------------|--------------------|-------------------|------------------|-----|-----|-------|
| 4.7 | Number Of People With A Direct Payment | 240 | 377 | 395 | 356 | 368 | 367 | ↓ | ↓ | GREEN |
| 7.X | Conflict of Interest | 80% | 83.7% | 86.5% | 83.1% | 85.3% | 84.6% | ↓ | ↑ | GREEN |
| 7.X | Data Protection Essentials | 80% | 83.6% | 86.4% | 81.1% | 84.6% | 84.6% | ↔ | ↑ | GREEN |
| 7.X | Employee Code of Conduct | 80% | 81.2% | 84.5% | 78.4% | 82.5% | 82.6% | ↑ | ↑ | GREEN |
| 7.X | Information security awareness | 80% | 82.9% | 85.7% | 81.6% | 83.3% | 82.7% | ↓ | ↓ | GREEN |
| 7.X | Introduction to Risk Management | 80% | 78.4% | 82.2% | 79.2% | 83.5% | 83.7% | ↑ | ↑ | GREEN |
| 7.X | Prevent | 80% | 78.4% | 82.1% | 79.8% | 82.8% | 81.8% | ↓ | ↑ | GREEN |
| 7.X | Records and information management | 80% | 75.8% | 79.3% | 75.8% | 80.0% | 79.6% | ↓ | ↑ | AMBER |
| 7.X | For Referrals in Period, Proportion Completing Duty to Inquire With Investigatory Powers From Referral Within Timescale | 60% | | | | 86.2% | 88.1% | ↑ | ... | GREEN |
| 7.X | For Referrals in Period, Proportion Going to Case Conference From DTI With Investigatory Powers Within Timescale | 60% | | | | 28.6% | 22.2% | ↓ | ... | RED |
| 7.X | Proportion of Adult Welfare Concerns in Period with No Further Action | 50% | | | | 86.2% | 91.2% | ↑ | ... | GREEN |
| 9.4 | Breakeven Position - Projected Outturn (NLC) | >=0 | £1.396m projected underspend | £6.181m underspend | -£5.939m overspend | £4.406m overspend | £2.645 overspend | ... | ... | ... |
| 9.6 | Sickness Absence (NLC) - days lost per person | 9.22 | 9.52 | 12.92 | 3.35 | 8.15 | 12.99 | ↓ | ↓ | RED |

Appendix 2 – Areas for Improvement

| 1. | Assistive Technology | Target 2025/26 | 2025/26 Q2 | 2025/26 Q3 | Performance Compared to Previous Quarter | Performance Compared to Same Quarter Previous Year | RAG Status |
|---|--|----------------|------------|------------|--|--|------------|
| | Assistive Technology - Number Of People With Technology (0-17 yrs) | 1452 | 22 | 25 | ↑ | ↓ | RED |
| | Assistive Technology - Number Of People With Technology (18-64yrs) | | 303 | 348 | ↑ | ↓ | RED |
| | Assistive Technology - Number Of People With Technology (65+) | | 745 | 879 | ↑ | ↓ | RED |
| <p>Narrative & Corrective Action</p> <p>Performance for Assistive Technology remained below target during Q3. Interpretation of this position requires recognition that recent improvements to reporting through ELMS2 have significantly improved data completeness. As a result, the current figures provide a more accurate representation of operational activity and comparisons with earlier reporting periods should be made with caution.</p> <p>Demand for Assistive Technology is believed to be increasing, driven by hospital discharge pressures and the strategic emphasis on enabling individuals to remain safely at home wherever possible. Alongside core service delivery, the Tech team provides significant support to people in the community that is not captured within the scorecard indicators. This includes supporting individuals who are purchasing technology independently and providing advice and demonstrations through the Assistive Technology “Tech Flat”. While these activities are resource intensive, they are not reflected in the current performance metrics and therefore under-represent the overall level of activity undertaken in this area. The volume of Adult Social Care Assessments undertaken by the Tech team is significant, again without being directly captured within the current indicator set.</p> <p>Work continues to strengthen the role of Assistive Technology within assessment and discharge pathways, including closer alignment with Home Assessment Teams and Reablement services. This will support greater integration of technology-enabled care within community support pathways. Capacity constraints within the service, particularly related to staffing levels, continue to affect the pace at which assessments, installations and reviews can be completed.</p> <p>A desktop review of the Assistive Technology indicators and associated targets is planned ahead of the 2026/27 performance scorecard refresh. This review will consider improved data maturity, workforce capacity and the need to ensure indicators reflect the breadth of operational activity undertaken by the Tech team, as well as the number of people who use assistive technology.</p> <p>Linked to this activity, the Equipment and Adaptation Service continues to demonstrate improvement in operational delivery. Performance against the delivery time target has improved and is now slightly exceeding the 80% target following sustained work to strengthen operational processes. The service is focusing on improving stock management, recycling equipment and strengthening ordering processes through closer collaboration with NHS Lanarkshire and North Lanarkshire Council procurement teams. A service redesign review is also underway and is currently evaluating role profiles and operational arrangements to support further service improvement.</p> | | | | | | | |

| 2. | Reablement and Rehabilitation | Target 2025/26 | 2025/26 Q2 | 2025/26 Q3 | Performance Compared to Previous Quarter | Performance Compared to Same Quarter Previous Year | RAG Status |
|---|---|------------------------|------------|------------|--|--|------------|
| | Reablement - Number Of People Completing Reablement Process | 2000 (500 per quarter) | 604 | 940 | ↑ | ↓ | RED |
| | Reablement - % Of New or Increased Home Support Packages Which Are Reablement | 70% | 60.4% | 66.9% | ↑ | ↑ | RED |
| | Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process | 70% | 56.8% | 51.1% | ↓ | ↓ | RED |
| <p>Narrative & Corrective Action</p> <p>Performance for the Reablement indicators during Q3 reflects progress in embedding the revised operating model for assessment and support at home.</p> <p>During the quarter, more individuals were supported through the Reablement pathway than the previous quarter; however, this number remains below the quarterly target of 500. Although below the targeted level of performance, the proportion of new or increased Home Support packages delivered through Reablement has also improved, reflective of the continued focus on enabling approaches. This shift in practice is expected to continue supporting improvement in the proportion of individuals receiving Reablement prior to longer-term care decisions being made.</p> <p>However, the proportion of individuals requiring no or reduced Home Support following completion of Reablement has declined. This may reflect the increasing complexity of needs among individuals entering the pathway, including higher levels of frailty, comorbidity and age-related complexity.</p> | | | | | | | |

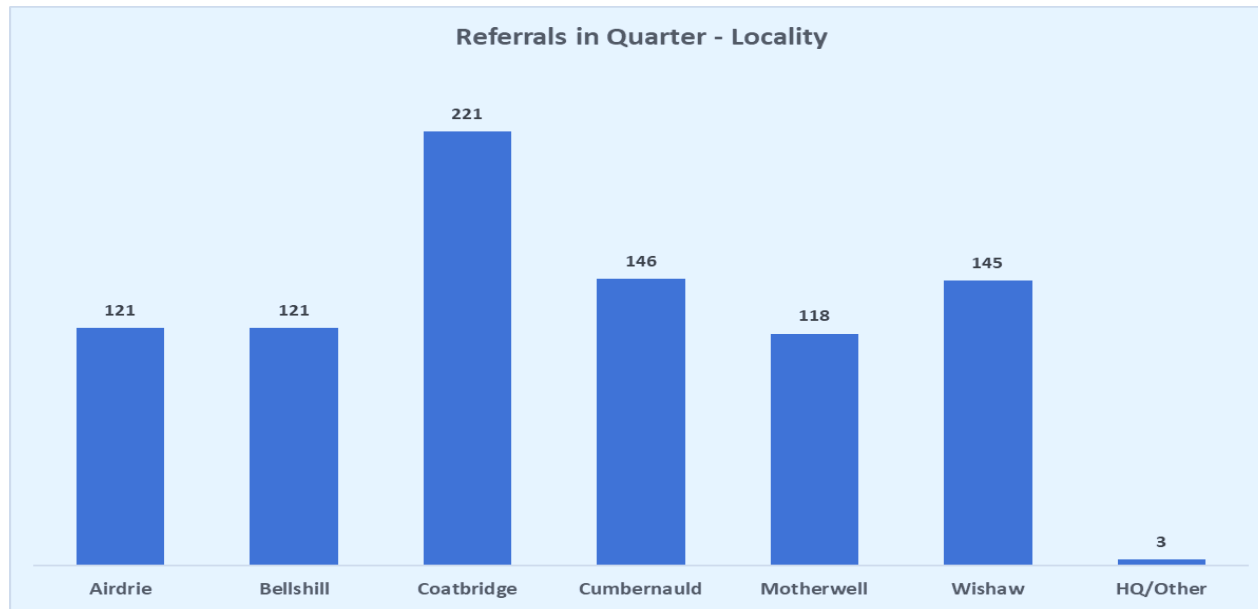
| 3. | Care Homes | Target 2025/26 | 2025/26 Q2 | 2025/26 Q3 | Performance Compared to Previous Quarter | Performance Compared to Same Quarter Previous Year | RAG Status |
|---|------------------------------------|----------------|------------|------------|--|--|------------|
| | Care Home - Average Length of Stay | 865 | 881 | 978 | ↓ | ↓ | RED |
| <p>Narrative & Corrective Action</p> <p>The average length of stay in care homes increased during Q3 and remains above the target level. The length of stay in care homes is influenced by a range of structural factors including complexity of need, availability of community alternatives and wider system pressures affecting hospital discharge and community flow. As such, short-term movement in the indicator should be interpreted with caution.</p> <p>Current operational activity continues to focus on strengthening Home First approaches and supporting discharge pathways that enable individuals to return home wherever possible. Further analysis would be required to determine whether targeted interventions could meaningfully influence care home length of stay in future reporting periods.</p> <p>The number of care home placements per 1,000 population aged 65+ and 75+ reflects the continued emphasis within North Lanarkshire on supporting individuals to remain in their own homes wherever possible through community-based support and enabling approaches. The relatively low rate of care home placements aligns with the strategic direction of the Partnership's balance of care approach, which prioritises independence and community-based care.</p> | | | | | | | |

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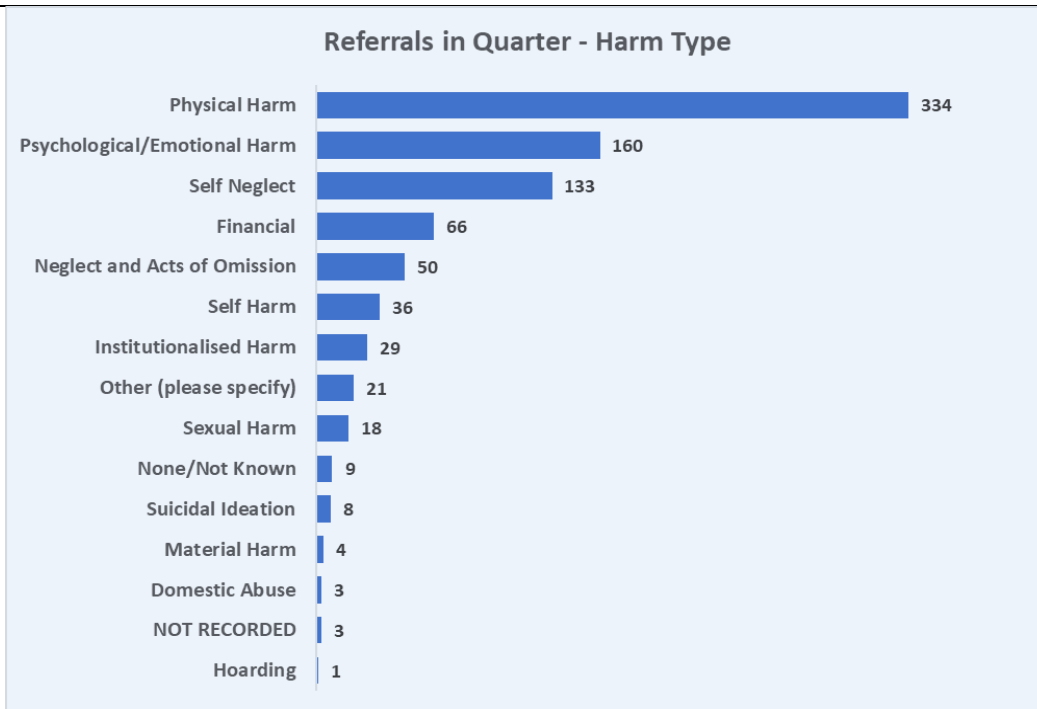
| 4. | Adult Protection | Target 2025/26 | 2025/26 Q2 | 2025/26 Q3 | Performance Compared to Previous Quarter | Performance Compared to Same Quarter Previous Year | RAG Status |
|----|--|----------------|------------|------------|--|--|------------|
| | For Referrals in Period, Proportion Going to Case Conference From DTI With Investigatory Powers Within Timescale | 60% | 28.6% | 22.2% | ↓ | ... | RED |

Narrative & Corrective Action

The majority of referrals where there is a Duty to Inquire are progressing to investigation and assessment within the required timescales, demonstrating that appropriate safeguarding responses are being delivered in localities. North Lanarkshire Social Work Services received 875 ASP referrals in Quarter 3 2025/26. This measures a 33% increase in comparison to Q3 last year when 658 referrals were received. The care home sector accounts for 25% (210) of all AP1 referrals received by social work; in comparison to Q3 last year, referrals from care homes have increased 26% (from 167 to 210).



The data shows that Coatbridge, Cumbernauld and Wishaw interchange as the localities receiving the most ASP referrals in any quarter, likely linked to the higher populations of those localities. In addition, all localities in North Lanarkshire experience multiple areas of deprivation, which contributes to poorer health and wellbeing outcomes, and is a key factor driving ASP activity.



Physical harm and emotional/psychological harm remain the primary harm type within ASP referrals and are a consistent trend. Many physical harm referrals originate from the care home sector, with a high number of referrals featuring falls, or altercations between residents. The volume of self-neglect referrals remain high and it continues to be recognised as a harm type that requires a multi-agency response in order to mitigate the associated risks. It should also be noted that multiple harm types, which cannot always be reflected in the data, often impact service users. Harm types relating to suicidal ideation, online harm, hoarding and domestic abuse are new categories that we are now trackable with the implementation of Mosaic. Although the numbers for these harm types are low, they serve as a useful indicator of emerging harm types.

The proportion of investigations progressing to case conference within the expected timescale is low for the Q3 reporting period. The position is influenced by ongoing recording and data quality issues. Work is underway with operational teams to review those recording practices and address data quality issues. Once resolved, the indicator is expected to more accurately reflect safeguarding activity.

The high proportion of adult welfare concerns recorded as requiring no further action reflects the fact that many individuals are already receiving appropriate support from services or partner agencies. Internal audit work has confirmed that these cases frequently involve individuals who are already known to services or who are receiving support through alternative pathways. As such, the indicator does not necessarily indicate unmet need but rather reflects appropriate decision-making within our safeguarding processes.

| 5. | Sickness Absence | Target 2025/26 | 2025/26 Q2 | 2025/26 Q3 | Performance Compared to Previous Quarter | Performance Compared to Same Quarter Previous Year | RAG Status |
|---|---|----------------|------------|------------|--|--|------------|
| | Sickness Absence (NLC) - days lost per person | 9.22 | 8.15 | 12.99 | ↓ | ↓ | RED |
| <p>Narrative & Corrective Action</p> <p>There was an increase in the level of sickness absence during Q3. Local intelligence indicates that seasonal illness contributed significantly to this increase, which is consistent with patterns observed in previous years. Historically, sickness absence levels tend to increase during the winter period due to seasonal illness pressures affecting the workforce.</p> <p>Sickness absence continues to be monitored and managed in accordance with the relevant policies and procedures. Appropriate support is offered to staff and a range of contact methods are used to maintain engagement with staff during periods of absence, including written communication, direct contact and formal sickness absence meetings. Support and other wellbeing resources aimed at supporting staff recovery and facilitating a timely and sustainable return to work are also offered, where appropriate.</p> | | | | | | | |

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref CR/MD/PH/LH Date 19/05/26

Revenue & Capital Budget Monitoring Report: Adult Social Care Period 12: 01/04/2025 to 27/02/2026

From Morag Dendy, Chief Officer (Planning, Performance and Quality Assurance)

E-mail hendryp@northlan.gov.uk

Executive Summary

This report provides a summary of the revenue financial performance of the Health & Social Care Partnership (H&SCP) – North Lanarkshire (Adult Social Care & Housing) and the financial performance of the Social Work capital programme.

The report incorporates the period 1 April 2025 to 27 February 2026 (Period 12) and includes projected outturn forecasts for the financial year ended 31 March 2026, with major outturn variances highlighted and explained per the approved Financial Regulations.

H&SCP – North Lanarkshire (Adult Social Care & Housing) has a gross revenue expenditure budget of £282.896m and is currently projecting an overspend of £0.735m. This adverse variance is predominantly the result of overspends relating to Overtime, Independent Care Homes and 'Care at Home' costs, all of which are partially offset by underspends in relation to vacancies, mileage and less than anticipated spend in equipment and adaptations. This overspend represents a positive movement of £1.810m since that previously reported to committee. This favourable movement is primarily due to projected in-year slippage within the Care Home and 'Care at Home' budgets, coupled with anticipated reductions in home support overtime costs. Any overspend presented for the financial year ended 31 March 2026, will be fully funded by IJB reserves.

The Social Work capital programme has a total budget of £2.364m and is anticipated to outturn with slippage of £0.553m.

Recommendations

It is recommended that the Adult Care and Social Work Committee:

- (1) Acknowledge the revenue financial outturn position; and
- (2) Acknowledge the capital financial outturn position.

The Plan for North Lanarkshire

| | |
|--------------------|---|
| Priority | Improve North Lanarkshire's resource base |
| Ambition statement | (25) Ensure intelligent use of data and information to support fully evidence based decision making and future planning |
| Programme of Work | Statutory / corporate / service requirement |

1. Background

- 1.1 The Council's approved Financial Regulations require the Chief Executive to remain within the approved budgetary provision, and to report all significant deviations - defined as the higher of £100,000 or 5% - within budget monitoring reports. Where significant deviations are identified, the Chief Executive must provide explanatory commentary, outline the action required to rectify such deviations and where relevant, must also highlight the impact this has on other budget headings.

2. Report

Revenue: Summary of Financial Position

- 2.1 The Council approved its General Revenue Fund Budget on 20 February 2025, and the Integration Joint Board (IJB) approved its Financial Plan on 19 March 2025. The approved Gross Expenditure Budget for the H&SCP – NL (Adult Social Care and Housing) is £282.896m. The current 2025/26 budget incorporates £10.385m of savings for Adult Social Care.
- 2.2 The overall projected outturn position of the Service is an overspend of £0.735m. Appendices one to four provide further information in respect of this position. Further information regarding savings is included at Appendix 4.
- 2.3 Any overspend presented for the financial year ended 31 March 2026, will be fully funded by IJB reserves.

Revenue: Analysis of Significant Variances

- 2.4 Within Employee costs, the Service currently anticipates an underspend of £1.518m. This is in relation to slippage linked to the recruitment of posts across the Service, which is being partially offset by higher than anticipated home support overtime costs.
- 2.5 Property Costs are anticipated to be underspent by £0.150m. This is predominantly due to lower than anticipated spend on Adaptations, via the HRA budget, all of which is offset by lower contributions from NLC Housing, shown as income.
- 2.6 Supplies and Services is anticipated to be underspent by £0.489m. This is predominately due to reduced spend in the equipment and adaptations budget.
- 2.7 Transport and Plant is anticipated to be underspent by £0.076m. This is mainly due to less than anticipated costs in relation to staff mileage and vehicle contract hire costs, partially offset by increased charges from Internal Transport.
- 2.8 Administration costs are anticipated to be underspent by £0.045m. This is across all general admin budgets.
- 2.9 Payments to Other Bodies and Transfer Payments are detailed in Appendix 2. This expenditure accounts for £177.452m of the annual budget and is forecast to have an in-year net overspend of £2.940m (1.7%). This is primarily in relation to anticipated spend in 'Care at Home' and Independent Care Homes. These projections are demand led and are based on full year costs for both current clients and those anticipated, therefore projections will alter as the year progresses. Updates will be provided in future reports.

- 2.10 The Service anticipates a total under recovery of income of £0.094m, this is predominantly due to an under-recovery relating to Adaptations (HRA budget) as highlighted in paragraph 2.5, which is partially offset by an over recovery of income in relation to the recovery of private sector housing grants.

Revenue: Earmarked Reserves

- 2.11 The Integration Joint Board have total reserves of £25.278m, for specific Adult Social Care commitments as detailed in Appendix 3.
- 2.12 The Service intends to utilise £2.243m of reserves during the year for specific projects and initiatives. As previously stated, any overspend for the financial year will be fully funded from reserves, therefore a year-end drawdown of £0.735m is anticipated. Overall, a total of £2.978m of reserves are expected to be used during 2025/26.
- 2.13 The remaining £22.299m will be carried forward to 2026/27. Of this, £7.283m has been assessed by the Service and set aside for specific projects and initiatives as detailed in Appendix 3. This leaves a balance of £15.015m, specifically for 'social care demand risk', which has been earmarked to offset any budget pressures, including shortfalls in savings, and any unanticipated increase in demand.
- 2.14 All expenditure to be met from earmarked reserves are excluded from the outturn position.

Revenue: Savings

- 2.15 The Financial Plan of the Health & Social Care Partnership was approved by the Integrated Joint Board in March 2025 which identified an overall cost pressure for 2025/26 of £14.729m of which £10.385m relates to Adult Social Care.
- 2.16 To address this cost burden the Service has developed a savings delivery plan which aims to deliver this saving value in 2025/26, details of which, and progress made to date are outlined in Appendix 4.
- 2.17 Updates on these savings will be provided in future reports; however, Members should note that the current projected overspend (referenced at 2.2 above) should reduce as progress towards the achievement of these savings is made.

Capital: Summary of Financial Position and Analysis of Significant Variances

- 2.18 The Council approved its 5-year Strategic Capital Investment Programme on 14 March 2024. Financial Year 2025/26 is the second year of the programme, with £2.200m approved for Social Work for the current year. Net reprofiling from 2024/25, results in a revised budget of £2.364m, as demonstrated by Appendix 5.
- 2.19 The Integrated Equipment and Adaptation (IEAS) capital programme funds equipment for individuals and adaptations to properties to allow those individuals to live independently at home.
- 2.20 The Service currently anticipates an outturn with slippage of £0.553m. There remain uncertainties in respect of demand and complexity of need and therefore this budget will continue to be monitored closely, and any forecast movements will be highlighted in future reports.

2.21 Appendix 6 outlines the Service's total capital budget, outturn position and current contractual commitments.

3. Measures of success

3.1 The Service operates within approved budget resources.

4. Supporting documentation

| | |
|------------|---|
| Appendix 1 | Revenue – Subjective Analysis |
| Appendix 2 | Revenue – Payments to Other Bodies & Transfer Payments Analysis |
| Appendix 3 | Revenue – Status of Earmarked Reserves |
| Appendix 4 | Revenue – Savings Monitoring |
| Appendix 5 | Capital – Budget Movements 2025/26 |
| Appendix 6 | Capital – Summary Expenditure by Thematic Category |



Morag Dendy
Chief Officer (Planning, Performance and Quality Assurance)

5. Impacts

| |
|---|
| <p>5.1 Public Sector Equality Duty and Fairer Scotland Duty Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> <p>If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>5.2 Financial impact Does the report contain any financial impacts? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, have all relevant financial impacts been discussed and agreed with Finance? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact? The Adult Social Care management team will continue to review and implement management action and initiatives, with the aim of remaining within approved budget resources. This action will include vacancy management, curtailment of non-essential expenditure, and maximising income. This report has been prepared by service-based Finance personnel in consultation with budget managers, in accordance with the Financial Regulations.</p> |
| <p>5.3 HR policy impact Does the report contain any HR policy or procedure impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant HR impacts been discussed and agreed with People Resources? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.4 Legal impact Does the report contain any legal impacts (such as general legal matters, statutory considerations (including employment law considerations), or new legislation)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant legal impacts been discussed and agreed with Legal and Democratic? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.5 Data protection impact Does the report / project / practice contain or involve the processing of personal data? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, is the processing of this personal data likely to result in a high risk to the data subject? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, has a Data Protection Impact Assessment (DPIA) been carried out and e-mailed to dataprotection@northlan.gov.uk Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

| |
|--|
| <p>5.6 Technology / Digital impact Does the report contain information that has an impact on either technology, digital transformation, service redesign / business change processes, data management, or connectivity / broadband / Wi-Fi? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> <p>Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>5.7 Environmental / Carbon impact Does the report / project / practice contain information that has an impact on any environmental or carbon matters? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.8 Communications impact Does the report contain any information that has an impact on the council's communications activities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> |
| <p>5.9 Risk impact Is there a risk impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?</p> <p>All activities undertaken by the Council are subject to risk, and in acknowledging the Council's approved Risk Management Strategy, Services manage these as part of their overall corporate and service planning processes. The demands and restrictions resulting from Covid, and the current economic climate has the potential to impact upon the Council's ability to provide quality services within approved budget levels.</p> <p>The Service continues to face increasing demand pressures for provision within the home support, 'care at home' and independent care home arenas. To mitigate these pressures the Service reviews and considers data and trends in relation to current and anticipated demand on an ongoing basis to underpin projections of need and cost, and to agree appropriate operational and management action.</p> |
| <p>5.10 Armed Forces Covenant Duty Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.</p> |

5.11 Children's rights and wellbeing impact

Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these?

Yes No

If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC).

If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?

Yes No

NORTH LANARKSHIRE COUNCIL
Revenue Budget Monitoring Report - Subjective Analysis
Period 12 (01 April 2025 - 27 February 2026)
Adult Social Care & Housing - INTEGRATED

| CATEGORY [1] | ANNUAL BUDGET [2] | PROJECTED OUTTURN [3] | PROJECTED OUTTURN VARIANCE [4] | % [5] | MOVEMENT [6] | VARIANCE ANALYSIS [7] |
|------------------------------|----------------------|-----------------------------|--------------------------------------|---------------|------------------|---|
| EMPLOYEE COSTS | 92,554,570 | 91,036,391 | 1,518,179 FAV | 1.6% | 256,324 | Anticipated underspend mainly as a result of slippage in relation to recruitment across the Service. This is partially offset by higher than anticipated costs in relation to home support overtime costs. |
| PROPERTY COSTS | 3,612,510 | 3,462,679 | 149,831 FAV | 4.2% | (20,693) | Lower than anticipated spend on Adaptations (Housing), partially offset by Dilapidations costs in relation to McGregor Road (Cumbernauld Locality Support Service) which are offset with the resultant in-year underspends across rents and utilities as a result of the Service moving out of McGregor Road. |
| SUPPLIES & SERVICES | 6,642,194 | 6,153,232 | 488,962 FAV | 7.4% | (84,504) | Underspends across the Service in all Supplies and Services budgets, including equipment and adaptations |
| TRANSPORT & PLANT | 2,238,985 | 2,162,730 | 76,255 FAV | 3.4% | (57,754) | Projected underspends in relation to Staff mileage and Vehicle Contract Hires, partially offset by increased charges from Internal Transport |
| ADMINISTRATION COSTS | 366,331 | 320,911 | 45,420 FAV | 12.4% | 20,077 | Underspend across all general admin budgets |
| PAYMENTS TO OTHER BODIES | 62,380,075 | 64,284,263 | (1,904,188) ADV | (3.1%) | 506,180 | Please refer to Appendix 2 for analysis |
| TRANSFER PAYMENTS | 115,072,550 | 116,109,005 | (1,036,455) ADV | (0.9%) | 1,118,720 | Please refer to Appendix 2 for analysis |
| CAPITAL FINANCING COSTS | 0 | 0 | 0 | 0.0% | 0 | |
| REVENUE FINANCING COSTS | 0 | 0 | 0 | 0.0% | 0 | |
| OTHER EXPENDITURE | 28,858 | 7,923 | 20,935 FAV | 72.5% | 5,315 | Minimal underspend |
| TOTAL EXPENDITURE | 282,896,073 | 283,537,134 | (641,061) ADV | (0.2%) | 1,743,666 | |
| NLC CONTRIBUTION | (218,419,035) | (218,419,035) | 0 | 0.0% | 0 | |
| NLC CONTRIBUTION - HOUSING | (2,573,453) | (2,388,453) | (185,000) ADV | 7.2% | 15,000 | In relation to lower than anticipated spend on Adaptations |
| INCOME FROM HEALTH | (59,458,679) | (59,452,545) | (6,134) ADV | 0.0% | (12,212) | |
| FEES AND CHARGES | (1,462,818) | (1,420,265) | (42,553) ADV | 2.9% | (5,697) | Lower than anticipated income in relation to charges for Integrated Day Services |
| OTHER LOCAL AUTHORITIES | 0 | (4,846) | 4,846 FAV | 0.0% | 4,846 | |
| BUDGETED USE OF IJB RESERVES | 0 | 0 | 0 | 0.0% | 0 | |
| OTHER INCOME | (982,088) | (1,116,728) | 134,640 FAV | (13.7%) | 64,940 | Overrecovery in relation to returned private sectors housing grants |
| INCOME | (282,896,073) | (282,801,872) | (94,201) ADV | 0.0% | 66,877 | |
| NET EXPENDITURE | 0 | 735,262 | (735,262) ADV | 0.0% | 1,810,543 | |

anticipated Drawdown from IJB Reserves
Balance

| |
|---------|
| 735,262 |
| 0 |

NORTH LANARKSHIRE COUNCIL
Revenue Budget Monitoring Report - Payments to Other Bodies & Transfer Payments Analysis
Period 12 (01 April 2025 - 27 February 2026)
Adult Social Care & Housing - INTEGRATED

| CATEGORY [1] | ANNUAL BUDGET [2] | PROJECTED OUTTURN [3] | PROJECTED OUTTURN VARIANCE [4] | % | MOVEMENT [6] | VARIANCE ANALYSIS [7] |
|--|-------------------------|-----------------------------|--------------------------------------|---------------|------------------|--|
| Care at Home (SDS Framework 1 & 2) | 115,072,550 | 116,108,881 | (1,036,331) ADV | (0.9%) | 1,118,082 | Demand led activity. |
| Independent Care Homes | 48,938,868 | 51,872,359 | (2,933,491) ADV | (6.0%) | 543,135 | Demand led activity. |
| Payments to NHS Lanarkshire | 2,367,777 | 2,354,990 | 12,787 FAV | 0.5% | (26,734) | Position reflects anticipated in-year payments |
| Other Local Authorities - General | 92,132 | 85,977 | 6,155 FAV | 6.7% | (41,335) | Position reflects anticipated in-year demand |
| Voluntary Organisations & Payments to Other Bodies - Gen | 8,877,583 | 8,644,641 | 232,942 FAV | 2.6% | (131,820) | Position reflects anticipated in-year demand |
| Locality Flexibility | 218,068 | 144,951 | 73,117 FAV | 33.5% | (1,745) | Position reflects anticipated Locality demand |
| Private Sector Housing Grants | 1,763,012 | 1,033,693 | 729,319 FAV | 41.4% | 169,983 | Position reflects anticipated in-year demand |
| Medical Fees | 122,635 | 147,766 | (25,131) ADV | (20.5%) | (4,666) | Position reflects Service's approach to absence management |
| Agency Fees | 0 | 10 | (10) ADV | 0.0% | 0 | Position reflects anticipated in-year payments |
| Other | 0 | 0 | 0 | 0.0% | 0 | |
| TOTAL EXPENDITURE | 177,452,625 | 180,393,267 | (2,940,643) ADV | (1.7%) | 1,624,900 | |

NORTH LANARKSHIRE COUNCIL
Revenue Budget Monitoring Report - Status of Earmarked Reserves
Period 12 (01 April 2025 - 27 February 2026)
Adult Social Care & Housing - INTEGRATED

| DESCRIPTION OF EARMARKED RESOURCE | Approved Reserve Total | 2025/26 | 2026/27 | No Longer Required | TOTAL |
|--|------------------------|------------------|-------------------|--------------------|-------------------|
| Specific Service Earmarked Reserves | | | | | |
| Tech Improvements - SWIS | 84,674 | 84,674 | 0 | 0 | 84,674 |
| Tech Improvements - Comm Alarms | 230,052 | 123,000 | 107,052 | 0 | 230,052 |
| Tech Improvements - Home Scheduling System | 3,331,742 | 291,116 | 3,040,626 | 0 | 3,331,742 |
| MH 2 NL10s | 149,374 | 0 | 149,374 | 0 | 149,374 |
| Cost of Living Helpline | 136,688 | 136,688 | 0 | 0 | 136,688 |
| Home Support resilience | 576,966 | 90,131 | 486,835 | 0 | 576,966 |
| Staff Training Academy "grow your own" | 704,161 | 277,547 | 426,614 | 0 | 704,161 |
| Participation & Engagement Locality | 6,000 | 5,859 | 141 | 0 | 6,000 |
| Sessional - School summer placements | 147,832 | 147,831 | 0 | 0 | 147,831 |
| 2026 Summer Students & Interns | 181,924 | 0 | 181,924 | 0 | 181,924 |
| Earmarked Reserves created from "funding received with direction" | | | | | |
| Carers Act 2018 - Support | 2,603,618 | 185,874 | 2,417,744 | 0 | 2,603,618 |
| MHO Building Capacity Funding | 388,337 | 97,559 | 290,778 | 0 | 388,337 |
| Statutory Appropriate Adults | 160,738 | 0 | 160,738 | 0 | 160,738 |
| The Winter Planning & Enhanced supports Business Case | 374,012 | 352,012 | 22,000 | 0 | 374,012 |
| Risk-based earmarked reserves | | | | | |
| Social Care Demand risk | 16,202,468 | 1,186,485 | 15,015,983 | 0 | 16,202,468 |
| TOTAL | 25,278,586 | 2,978,777 | 22,299,809 | 0 | 25,278,586 |

NORTH LANARKSHIRE COUNCIL
Revenue Budget Monitoring Report - Savings monitoring
Period 12 (01 April 2025 - 27 February 2026)
Adult Social Care & Housing - INTEGRATED

| Ref. | DESCRIPTION OF APPROVED SAVING | APPROVED SAVINGS | | | | REPLACEMENT SAVING / FUNDING | | | |
|--------------|---|-------------------|------------------------|------------------|-------------------------|------------------------------|------------------|--------------------------|--|
| | | Target Value £ | Value Deliverable £ | Savings Gap £ | Reasons for Savings Gap | DESCRIPTION | Value £ | Revised Savings Gap £ | Commentary |
| 1 | <u>Home Support:</u> Home Support re-design which will include the introduction of the dynamic scheduling tool to support the process of streamlining shift patterns alongside service provision. The re-design will further develop the enabling approach as the operating model. | 2,838,245 | 14,369 | 2,823,876 | | | 2,823,876 | 0 | All gaps are partially funded from in-year underspends and balance will be funded in 2025.26 from IJB reserves |
| 2 | <u>Independent Care Homes:</u> Focus the strategic direction to reduce both the length of stay in care homes and the number of people being placed. | 4,709,274 | 1,775,783 | 2,933,491 | | | 2,933,491 | 0 | |
| 3 | <u>Care at Home:</u> A review of the guided self-assessment process to align with a more strategic assessment and planning practice. | 2,838,245 | 1,801,914 | 1,036,331 | | | 1,036,331 | 0 | |
| TOTAL | | 10,385,764 | 3,592,067 | 6,793,697 | | | 6,793,697 | 0 | |

| | |
|------------------|---------------|
| 34.59% | 65.41% |
| <i>Delivered</i> | <i>Gap</i> |

| | |
|--------------------|--------------------|
| 65.41% | 0.00% |
| <i>Replacement</i> | <i>Revised-Gap</i> |

NORTH LANARKSHIRE COUNCIL
Capital Budget Monitoring Report - Budget Movements 2024/25
Period 12 (01 April 2025 - 27 February 2026)
Social Work Capital Programme

| BUDGET MOVEMENTS 2025/26 | £ | Period | Division | Thematic Category | Theme |
|---|------------------|----------------------------|-------------|-------------------|------------------------------------|
| Approved: Year 2 budget (5 year Capital Program 2024/25 to 2028/29) | 2,200,000 | | | | |
| Reprofiling from 2024/25 | 164,472 | Included in opening budget | Social Work | Key Ambition | Integrated equipment & adaptations |
| REVISED CAPITAL BUDGET 2025/26 | 2,364,472 | 0 | 0 | 0 | |

NORTH LANARKSHIRE COUNCIL
Capital Budget Monitoring Report - Summary Expenditure by Thematic Category
Period 12 (01 April 2025 - 27 February 2026)
Social Work Capital Programme

| Theme | BUDGET | ACTUAL | COMMITTED | UNCOMMITTED | FINAL OUTTURN | OUTTURN VARIANCE |
|---|------------------|------------------|------------------|----------------|------------------|------------------|
| Social Work: Integrated Equipment and Adaptations | 2,364,472 | 1,121,709 | 1,605,310 | 205,620 | 1,810,930 | 553,542 |
| TOTAL | 2,364,472 | 1,121,709 | 1,605,310 | 205,620 | 1,810,930 | 553,542 |

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref CR/NS Date 19/05/26

Health & Social Care Partnership Medium Term Financial Plan 2026/27 – 2028/29

From Nicola Scott, Chief Finance Officer - University Health and Social Care North Lanarkshire

E-mail scottn@northlan.gov.uk

Executive Summary

The Medium-Term Financial Plan (MTFP) 2026/27 – 2028/29 and Long-Term Financial Outlook (LTFO) 2026/27 – 2035/36 were approved by the Integrated Joint Board (IJB) on 18th March 2026.

The Medium-Term Financial Plan (MTFP) sets out the key challenges and opportunities expected to face the Partnership over the next three years, while the Long-Term Financial Outlook (LTFO) provides an indication of the longer-term financial position in the context of funding levels that continue to fail to keep pace with rising costs and service demand.

Health Services have identified £1.196 million of non-recurring savings achievable within the financial year. To address the remaining £22.727m budget gap, a structured savings programme has been developed to identify and deliver recurring savings proposals.

Recommendations

It is recommended that the Adult Care and Social Work Committee:

- (1) Acknowledge the assumptions and context of the Medium-Term Financial Plan as detailed in Appendix 1.
- (2) Acknowledge the savings programme to meet the budget gap in 2026/27 as detailed in section 9 of Appendix 1.
- (3) Acknowledge the Long-Term Financial Outlook for 2026-2036 as highlighted in section 11 of Appendix 1.

The Plan for North Lanarkshire

| | |
|--------------------|---|
| Priority | Improve North Lanarkshire's resource base |
| Ambition statement | (25) Ensure intelligent use of data and information to support fully evidence based decision making and future planning |
| Programme of Work | Statutory / corporate / service requirement |

1. Background

- 1.1 On the 18th March 2026 the MTFP and LTFO of the University Health & Social Care Partnership (the Partnership) was approved by the Integrated Joint Board.
 - 1.2 The MTFP sets out the Partnership's anticipated financial challenges over the forthcoming three-year period and establishes a framework to support ongoing financial sustainability. The LTFO complements this by providing a longer-term perspective on projected demand trends and the associated financial pressures anticipated over the period 2026 to 2036. Together, the plans demonstrate that the Partnership continues to operate within a highly challenging financial context, where funding growth is not keeping pace with rising costs and demand. The full financial plan is provided at Appendix 1.
-

2. Report

Financial Outlook

- 2.1 The wider financial environment for Integration Joint Boards continues to be extremely challenging. National audit and regulatory bodies have highlighted that, despite recent real-terms increases in funding, cost pressures and service demand continue to outstrip available resources. This has resulted in a deterioration in the overall financial position of IJBs, with reserves reducing at a faster rate than forecast budget gaps.
- 2.2 Similar concerns have been raised in relation to both local government and NHS Scotland, with ongoing pressures arising from rising demand, inflationary costs, and workforce challenges. Collectively, these system-wide pressures reinforce that the continued delivery of services in their current form is not sustainable over the medium term. As a result, the Partnership must continue to prioritise service redesign, transformation, and new models of delivery to ensure that limited resources are targeted towards areas of greatest impact while maintaining safe and effective services.

Medium Term Financial Plan 2026/27 – 2028/29

- 2.3 The Medium-Term Financial Plan (MTFP) has been developed using the approved 2025/26 budget as its baseline and updates the projected funding position over the three-year planning horizon. Revised financial planning assumptions have been applied to reflect changes in demand, costs, and partner funding settlements, informing a range of planning scenarios.
- 2.4 Based on this updated assessment, an envisaged scenario has been identified as the most appropriate basis for financial planning. While the overall three-year funding gap has reduced compared to previous projections, reflecting improved funding settlements from partner organisations, significant financial pressures remain. The updated MTFP highlights a material budget gap of £67.464m across the planning period, of which £23.923m is forecast in 2026/27, requiring ongoing savings and transformation activity to deliver financial balance.

Savings Programme 2026/27

- 2.5 In response to the scale of the forecast budget gap, a comprehensive savings programme has been developed to support both short-term financial balance and longer-term sustainability. The current programme is largely focused on delivering recurring savings, providing a more stable financial position for future years, complemented by a limited level of non-recurring savings where appropriate.
- 2.6 Savings proposals have been developed using a structured, risk-based approach, with each option assessed for operational and clinical impact. Only proposals assessed as acceptable in terms of risk are being progressed. The programme is ambitious and requires effective governance and close monitoring to support delivery. A dedicated Savings Board will oversee implementation, manage emerging risks, and ensure that alternative mitigations are identified where required, with progress reported regularly through established governance arrangements. Full details of these proposals can be found at Appendix 1

Long Term Financial Outlook

- 2.7 The Medium-Term Financial Plan assumptions have been extended to inform a Long-Term Financial Outlook (LTFO) covering the period to 2035/36. This analysis identifies significant and growing cost pressures over the longer term, reflecting the cumulative impact of demographic change, increasing demand, and ongoing cost inflation across health and social care services. The forecast cost pressures in 2029/30 amount to £52.393m rising to £69.026m in 2035/36. The projected scale of these pressures illustrates the extent of the financial challenge facing the Partnership over the coming decade.
- 2.8 Both the MTFP and LTFO are informed by a range of demand and cost-driven assumptions, drawing on local and national intelligence. While long-term forecasting is subject to inherent uncertainty, particularly in light of potential policy changes, economic volatility and wider system pressure, it remains essential that the IJB maintains a longer-term perspective to support early identification of risks and proactive financial planning.
- 2.9 The projected pressures beyond the medium term reinforce the need for continued flexibility and scenario planning. Sustained delivery of savings, service redesign and transformation will be required to address these challenges. Fundamental changes to service models and pathways will be critical to ensuring that the Partnership can continue to deliver modern, high-quality and sustainable services that meet the needs of service users and communities over the longer term.

3. Measures of success

- 3.1 The Service operates within the approved budget during 2026/27

4. Supporting documentation

- 4.1 Appendix 1 Medium Term Financial Plan 2026/27 – 2028/29, Incorporating the Long-Term Financial Outlook

Nicola Scott

Nicola Scott
Chief Finance Officer University Health & Social Care Partnership

REPORT

Item No:

| | |
|---------------------------------|---|
| SUBJECT: | Medium-Term Financial Plan 2026/27 – 2028/29 Incorporating the Long-Term Outlook 2029/30 -2036/37. |
| TO: | Integration Joint Board |
| Lead Officer for Report: | Chief Officer |
| Author(s) of Report | Chief Finance Officer |
| DATE: | 18 March 2026 |

1. PURPOSE OF REPORT

1.1 This paper is coming to the Integration Joint Board (IJB)

| | | | | | |
|--------------|-------------------------------------|-----------------|--------------------------|------------|--------------------------|
| For approval | <input checked="" type="checkbox"/> | For endorsement | <input type="checkbox"/> | For noting | <input type="checkbox"/> |
|--------------|-------------------------------------|-----------------|--------------------------|------------|--------------------------|

1.2 The report advises the IJB of the medium-term financial forecast position for 2026-2029 and the long-term financial outlook to 2036.

2. ROUTE TO THE INTEGRATION JOINT BOARD

2.1 This paper has been:

| | | | | | |
|--|-------------------------------------|-------------------------------|-------------------------------------|--------------|--------------------------|
| Prepared By: Chief Finance Officer | <input checked="" type="checkbox"/> | Reviewed By: Chief Officer | <input checked="" type="checkbox"/> | Endorsed By: | <input type="checkbox"/> |
|--|-------------------------------------|-------------------------------|-------------------------------------|--------------|--------------------------|

3. RECOMMENDATIONS

3.1 It is recommended that the IJB:

- (1) Acknowledge the statutory duty to set a balanced budget.
- (2) Acknowledge the cost pressures, income and resulting budget gap detailed in the medium-term financial plan for 2026-2029 as highlighted in section 8 and Appendix 4.
- (3) Approve the savings programme to meet the 2026/27 budget gap as outlined in Appendix 5.
- (4) Acknowledge the long-term financial outlook for 2026-2036.

4. VARIATIONS TO DIRECTIONS

| | | | | | |
|-----|--------------------------|----|--------------------------|-----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|-------------------------------------|

5. STATUTORY DUTIES AND DRIVERS FOR MEDIUM-TERM FINANCIAL PLANNING

- 5.1 The North Lanarkshire Integration Joint Board was established as a corporate body by Scottish Government and became operational in June 2015 with integrated delivery of health and social care services commencing on 1 April 2016. It is a joint venture between NHS Lanarkshire (NHSL) and North Lanarkshire Council (NLC). The IJB has responsibility for the strategic planning and commissioning of a wide range of services within North Lanarkshire.
- 5.2 The Public Bodies (Joint Working) (Scotland) Act 2014 requires IJB's to set a balanced budget as part of their strategic planning. This is essential for delivering integrated functions and budgets under IJB's control, as outlined in the Act's statutory guidance.
- 5.3 The Act mandates that each IJB develop a strategic commissioning plan that includes a budget for integrated functions, ensuring that the budget is balanced and aligned with its strategic goals.
- 5.4 As part of their 2024/25 Annual Audit Report, Audit Scotland recognised that *"In recent years North Lanarkshire IJB has been successful in achieving short term financial balance. However, it still faces significant financial challenges and difficult decisions in ensuring resources are allocated to areas of strategic priority and user demand"*.
- 5.5 Consequently, it was recommended that the IJB continue to develop and refine the arrangements it has in place for securing financial sustainability to include:
- its medium- and long-term financial plans, incorporating savings plans
 - working effectively in partnership with the local council and the health board on service transformation
 - applying its reserves strategy to effectively manage the use of reserves to supplement savings and efficiencies when required.
- 5.6 Taken together, these statutory requirements, audit findings, and the ongoing financial pressures facing health and social care services underline the necessity for the IJB to adopt a clear and robust Medium-Term Financial Plan (MTFP) for 2026/27 to 2028/29. Establishing this plan ensures that the IJB can take a proactive, strategic approach to financial sustainability aligning resources with its long-term priorities, supporting effective service transformation with partners, and managing reserves responsibly.
- 5.7 The MTFP therefore provides the essential framework for securing financial stability while continuing to meet the needs and expectations of the North Lanarkshire population.

6. STRATEGIC COMMISSIONING PLAN 2026 – 2029

- 6.1 As detailed in section 5, the Public Bodies Act requires each IJB to deliver a strategic commissioning plan (SCP). The current plan was launched in 2023 and covered the period 2023 to 2026. The plan set out how community health, social care and social work functions delegated to the IJB (by NLC and NHSL) will be planned and delivered over the medium term.
- 6.2 The draft SCP 2026–2029 will be presented to the IJB in March alongside this MTFP. The SCP has been shaped through recent engagement led by the Strategic Planning Group, it establishes a clear shift toward prevention, fairness and community-centred support. The SCP aligns with Scotland's Population Health Framework and will integrate with forthcoming Local Outcome Improvement Plans.
- 6.3 Although further consultation is due to take place before final approval is sought in June, the emerging priorities include:

1. Prevention-Focused System

2. Tackling Inequality
 3. Places and Communities
 4. Enabling Healthy Living
 5. Equitable Access to Health & Care
- 6.4 These priorities are intended to guide investment decisions, resource allocation and transformation activity across the medium term to ensure plans align with the system wide shift toward prevention, equity and community led support. Further details are provided in Appendix 1.

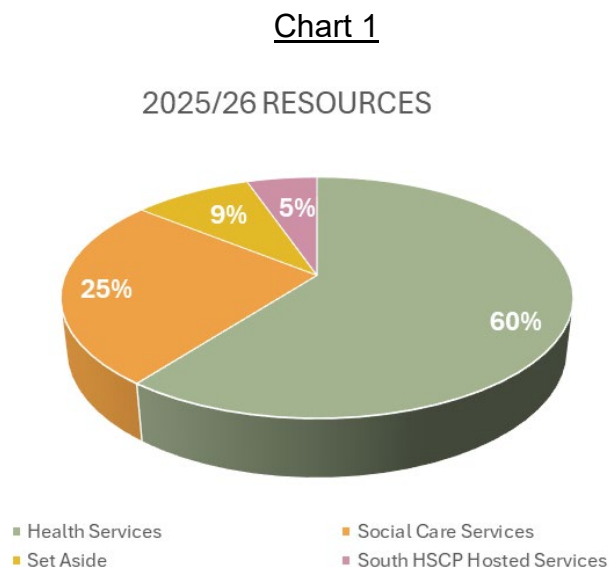
7. FINANCIAL OUTLOOK

- 7.1 On 26 February the Accounts Commission issued the *IJB Finance Bulletin 2024/25* with the key message being:
- “Despite a real terms increase in funding, Scotland’s Integration Joint Boards (IJBs) are in a critical financial position. With increasing cost pressures and the total level of reserves now lower than the budget gap forecast, IJBs need to take decisive action and make difficult decisions about services.”¹*
- 7.2 Audit Scotland recognise that despite a real terms increase in funding between 2023/24 and 2024/25 of 2.3%, the financial position of IJBs has become increasingly concerning. Financial pressures and demands on services continue to grow, outstripping increased funding and savings made, raising concerns around IJBs’ financial sustainability. The Key facts used in the preparation of this bulletin are included at Appendix 2.
- 7.3 Similarly, the Accounts Commission’s *Local Government in Scotland Financial Bulletin 2025/26* (January 2026) warned that Scotland’s councils risk becoming financially unsustainable. Although the Local Government Finance Settlement published in January was widely viewed as better than expected, COSLA and others have stressed that it still falls short of addressing the serious financial pressures facing local authorities.
- 7.4 NHSL is also experiencing mounting financial challenges across the organisation, with growing demand, rising costs and increasing service pressures impacting its overall financial position. The Board is working intensively to deliver a balanced budget for 2026/27 and has set a 3% recurring savings target across all areas to help safeguard financial sustainability.
- 7.5 Taken together, these financial pressures across the IJB, the Council and NHSL make it clear that maintaining services in their current form will not be sustainable in the medium term. To continue meeting the needs of North Lanarkshire’s population within the resources available, the Partnership will need to accelerate service redesign, transformation and new models of delivery. This will require continuous prioritisation, redesigning pathways, and shifting capacity to areas of greatest impact, ensuring that limited resources are aligned to outcomes and that services remain safe, effective and financially sustainable.

8. MEDIUM-TERM FINANCIAL PLAN 2026/27 – 2027/28

- 8.1 The total budget for North Lanarkshire Health and Social Care Partnership (the Partnership) in 2025/26 is £867.391m which is split between: Health Services, Social

Care Services, Set Aside budget and South HSCP Hosted Services and as shown in Chart 1.



- 8.2 Taking this approved budget as the baseline, this MTFP updates the projected funding gap for the three-year planning period 2026/27 to 2028/29.
- 8.3 The financial planning assumptions in Appendix 3 have been updated since the Medium-Term Financial Outlook was presented in December 2025. These assumptions have informed revised envisaged, pessimistic and optimistic scenarios. Based on these assumptions, it is recommended that the IJB adopts the envisaged scenario as the basis for its financial strategy. The scenarios over the three-year planning period are shown in table 1.

Table 1

| Forecast Gap | 2026/27 £000 | 2027/28 £000 | 2028/29 £000 | Total £000 |
|--------------|-----------------|-----------------|-----------------|---------------|
| Optimistic | £21,160 | £18,243 | £17,976 | £57,380 |
| Envisaged | £23,923 | £21,721 | £21,820 | £67,464 |
| Pessimistic | £24,825 | £23,656 | £24,033 | £72,514 |

- 8.4 When compared to the December outlook, the envisaged three-year budget gap has reduced from £80.905m to £67.464m. This reflects adverse movements in Social Care demand and Prescribing costs, offset by improved funding settlements from both partners. The most material change is the increased grant-aided expenditure received by NLC following the updated distribution methodology, resulting in an additional £13.502m being approved for transfer to the Partnership.
- 8.5 As shown in Table 1 the envisaged forecast budget gap over the three-year planning period is **£67.464m** with the 2026/27 forecast being **£23.923m**. The details of this are provided in Appendix 4.

9. SAVINGS PROGRAMME 2026/27

- 9.1 Work has been ongoing over recent months to develop a savings programme capable of addressing the forecast budget gap for 2026/27 and supporting the ongoing financial sustainability of the Partnership. The updated financial outlook has confirmed the scale

of the savings required, necessitating a balanced approach that delivers immediate efficiencies while strengthening the longer-term financial position.

- 9.2 Of the total £23.923m savings requirement, 95% has been identified on a recurring basis, providing a more sustainable position for future years. Non-recurring savings of £1.196m have been identified within Health Services across a range of smaller non-pay budgets. The recurring savings have been grouped into three categories: Medicines, Modernisation and Efficiency, and Transformation, as outlined in Table 2.

Table 2

| ENVISAGED BUDGET SCENARIO | 2026/27 | | |
|----------------------------------|-------------------|-----------------|-----------------|
| | SOCIAL CARE £m | HEALTH £m | TOTAL £m |
| Total Expenditure | 38.714 | 33.627 | 72.341 |
| Total Income | (26.871) | (21.547) | (48.418) |
| BUDGET GAP | 11.843 | 12.081 | 23.923 |
| SAVINGS PROGRAMME | | | |
| <u>Non Recurring Solutions</u> | | | |
| Non-Pay in year underspends | - | (1.196) | (1.196) |
| REVISED BUDGET GAP | 11.843 | 10.884 | 22.727 |
| <u>Recurring Savings Options</u> | | | |
| Medicines - Prescribing Review | - | (4.416) | (4.416) |
| Modernisation and Efficiency | (0.943) | (3.545) | (4.488) |
| Transformation | (10.900) | (2.923) | (13.823) |
| Total Savings Options | (11.843) | (10.884) | (22.727) |
| | | | |
| BALANCED BUDGET | 0.000 | 0.000 | 0.000 |

- 9.3 The recurring savings options have been developed using a risk-based approach, with each proposal assessed against a red–amber–green matrix to consider operational and clinical risk. Only options rated as green or amber are being presented for approval. Each proposal carries associated risks and impacts, which are detailed in Appendix 5, along with proposed mitigations and next steps. The options also set out how they align with the new priorities outlined in the Strategic Commissioning Plan.
- 9.4 The savings programme is ambitious, and while every effort will be made to deliver the full savings in year one, any in-year shortfalls will be managed through the prudent use of contingency and risk-based reserves.
- 9.5 To oversee delivery of the savings programme, a Savings Board will be established. This group will meet monthly and will be chaired by the Chief Officer, with senior managers reporting on progress, actions taken, and any emerging risks to achieving the targets. Where it becomes evident that a saving will not be delivered, alternative

solutions, either recurring or non-recurring, will be identified as appropriate. Progress will be reported to Board members through the quarterly financial monitoring reports presented to the Performance, Finance and Audit Committee.

10. RESERVES STRATEGY

- 10.1 Adequate reserves are critical to sustaining the IJB's financial stability and enabling delivery of strategic priorities in the face of future pressures. Holding reserves supports long-term planning and mitigates financial risk, in line with statutory obligations for prudent financial management.
- 10.2 As highlighted in section 9.4, given service redesign and savings plans require time to implement, contingency and risk-based reserves may be required to manage any short-term funding gaps while these changes are embedded. Using reserves in this way provides a controlled and time-limited mechanism to support delivery of planned savings and maintain financial stability during the transition period. The reserves position as at 31 January, which underpins this approach, is set out in Table 3 and shows forecast useable reserves of £35.655m

Table 3

| SUMMARY | Forecast at 31-Mar-26 £m |
|-------------------------|---|
| Ring-Fenced Reserves | 14.521 |
| Earmarked Reserves | 23.207 |
| | 37.729 |
| Risk-Based Reserves | 21.536 |
| Contingency Reserves | 14.119 |
| Useable Reserves | 35.655 |
| | |
| Total | 73.383 |

- 10.3 A separate paper is being presented to the March meeting seeking approval to use £0.667m per year for three years from the usable reserves to support preventative early-years work through the North Lanarkshire Community Planning Partnership. Further detail is set out in the *Population Health Framework and Community Planning – Funding Proposal* paper.
- 10.4 Proposals are also being developed to utilise risk and contingency reserves to secure dedicated project management support to accelerate the implementation of the service redesign and transformation required to deliver the approved savings programme. This support will help ensure that changes are implemented effectively, risks are managed, and benefits are realised at pace. Further details and costings will be brought forward for members' consideration in due course.
- 10.5 A full review of reserves balances is currently underway to ensure that all earmarked reserves remain aligned to their original purpose, where reserves are no longer required, they will be closed and the balances transferred to risk and contingency reserves.

11. LONG TERM FINANCIAL OUTLOOK

- 11.1 The MTFP assumptions have been extended for a further seven years to provide a Long-Term Financial Outlook (LTFO) through to 2035/36. As shown in Table 4, this analysis identifies cost pressures of **£52.393m** in 2029/30, reaching **£69.026m** over the full planning horizon. These projections reflect the scale of the financial challenges that may materialise as demographic trends, demand growth and cost inflation continue to place upward pressure on health and social care services.

Table 4

| Long term Forecast | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | 2032/33 | 2033/34 | 2034/35 | 2035/36 |
|------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Contractual Pressures | 11.959 | 13.338 | 14.309 | 14.946 | 16.071 | 17.288 | 18.605 | 20.031 | 21.574 | 23.247 |
| Pay Pressures | 10.806 | 7.033 | 7.203 | 7.376 | 7.554 | 7.737 | 7.924 | 8.116 | 8.312 | 8.514 |
| Social Care Demand | 14.557 | 15.285 | 16.050 | 16.691 | 17.359 | 18.054 | 18.776 | 19.527 | 20.308 | 21.120 |
| Purchase of Healthcare | 1.478 | 1.507 | 1.538 | 1.582 | 1.619 | 1.656 | 1.694 | 1.733 | 1.773 | 1.813 |
| Health Development Pressures | 15.778 | 6.802 | 6.802 | 6.912 | 7.050 | 7.191 | 7.335 | 7.481 | 7.631 | 7.784 |
| Prescribing | 8.637 | 5.628 | 4.653 | 4.886 | 5.130 | 5.387 | 5.656 | 5.939 | 6.236 | 6.548 |
| Others | 9.127 | - | - | - | - | - | - | - | - | - |
| Total | 72.341 | 49.593 | 50.555 | 52.393 | 54.783 | 57.312 | 59.990 | 62.827 | 65.834 | 69.026 |

- 11.2 Both the MTFP and LTFO are underpinned by a range of demand and cost-driven assumptions informed by local and national intelligence. However, forecasting over an extended period remains inherently uncertain, particularly given the potential for policy change, economic volatility and wider system pressures. Despite this uncertainty, it is essential that the IJB adopts a long-term perspective to ensure it can identify emerging risks early and take proactive steps to safeguard financial sustainability.
- 11.3 On this basis, the IJB must continue to plan for a range of potential outcomes, maintaining sufficient flexibility to respond as risks evolve. Beyond 2025/26, the scale of the projected pressures reinforces the need for ongoing savings, service redesign and transformation. Sustained change in how services are delivered will be critical to ensuring the Partnership can continue to provide modern, sustainable and high-quality services that meet the needs of service users and their families over the longer term.

12. IMPLICATIONS

121 NATIONAL OUTCOMES

| | |
|--|--------------------------|
| People are able to look after and improve their own health and wellbeing and live in good health for longer | <input type="checkbox"/> |
| People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community | <input type="checkbox"/> |
| People who use Health and Social Care Services have positive experiences of those services, and have dignity respected | <input type="checkbox"/> |
| Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services | <input type="checkbox"/> |
| Health and Social Care Services contribute to reducing health inequalities | <input type="checkbox"/> |
| People who use Health and Social Care Services are safe from harm | <input type="checkbox"/> |

| | |
|--|-------------------------------------|
| People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide | <input type="checkbox"/> |
| Resources are used effectively and efficiently in the provision of Health and Social Care Services | <input checked="" type="checkbox"/> |

12.2 ASSOCIATED MEASURE(S)

Each partner is required to remain within their approved budgetary provision.

12.3 FINANCIAL

This paper has been reviewed by Finance:

| | | | | | |
|-----|-------------------------------------|----|--------------------------|-----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|-----|--------------------------|

12.4 RISK ASSESSMENT/RISK MANAGEMENT

The strategic financial risks detailed in the IJB Risk Register have also been updated where necessary.

| Relevant Risk Register Details | Current Risk Level | Risk Owner |
|--|--------------------|--------------|
| Financial Challenges | Very High | Nicola Scott |
| Prevention and Detection of Fraud, Bribery and/or Corruption | Low | Claire Rae |
| National Set-Aside Budget | High | Claire Rae |
| Hosted Services | Medium | Claire Rae |
| Prescribing Activity and Costs | Very High | Claire Rae |
| Pharmacy Pressures within Prison Service | High | Claire Rae |
| Third and Voluntary Sector | Low | Claire Rae |
| Ineffective Governance Arrangements | Low | Claire Rae |

12.5 ENGAGEMENT & PARTICIPATION

Please tick the engagement and participation objectives that link(s) with this piece of work and provide further details on the engagement and participation that was undertaken.

| Objectives | Further details |
|--|---|
| <input checked="" type="checkbox"/> Involve stakeholders in the development work aimed at achieving the national outcomes | The Director of Finance of NHSL and the Chief Officer (Finance) of NLC both continue to be consulted on the financial position of the NL IJB. |
| <input type="checkbox"/> Provide stakeholders with information on how to get involved | |
| <input type="checkbox"/> Ensure a diverse range of engagement and participation and opportunities are in place to suit different needs | |
| <input type="checkbox"/> Measure how well we involve community stakeholders in the planning, design, and delivery of our services | |

| | |
|--|---|
| <input checked="" type="checkbox"/> Provide regular feedback on how stakeholder engagement and participation is shaping and influencing service development and delivery | Financial information is shared with stakeholders on a regular basis and is provided to the PFA and IJB on a quarterly basis. |
| <input checked="" type="checkbox"/> Provide support to enable stakeholder representatives to participate meaningfully and confidently at meetings | |
| <input type="checkbox"/> Develop participation guidelines to ensure a common understanding and set of expectations for both stakeholders and partnership staff | |
| <input checked="" type="checkbox"/> Support engagement planning and participation in localities, taking account of other engagement activity and local plans across the Community Planning Partnership | IJB Financial Plan and Reserves Strategy aligns and supports the IJB Strategic Commissioning Plan to ensure robust financial monitoring and scrutiny. |

12.6 INEQUALITIES & FAIRER SCOTLAND DUTY

Equality and Diversity Impact Assessment Completed & Fairer Scotland Impact Assessment Form Completed:

| | | | | | |
|-----|--------------------------|----|--------------------------|-----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|-------------------------------------|

13. BACKGROUND PAPERS

[Medium Term Financial Outlook 2026 - 2029: September](#)

[Medium Term Financial Outlook 2026 - 2029: December](#)

14. APPENDICES

Appendix 1 Strategic Commission Plan 2026-2029 Emerging Priorities

Appendix 2 Key Facts - Accounts Commission Integration Joint Boards Financial Bulletin 2024/25

Appendix 3 Assumptions applied in the MTFP

Appendix 4 MTFP Envisaged Budget Scenario

Appendix 5 Savings Programme

Nicola Scott

Nicola Scott

Chief Finance Officer

Members seeking further information, please contact Nicola Scott on 07581 007187.

STRATEGIC COMMISSIONING PLAN 2026 – 2029

EMERGING PRIORITIES

1. **Prevention-Focussed System** A whole-system transition toward early intervention and proactive support to reduce high demand across acute, primary and social care.

This includes expanding anticipatory care, embedding trauma-informed and strengths-based practice, and investing in community-based early-help pathways.

2. **Tackling Inequality** Targeting resources toward communities most affected by poverty and poor health.

Key actions include support for financial inclusion, income maximisation, cost-of-living mitigation, and investment in local initiatives that strengthen fair work, stability and wellbeing.

3. **Places and Communities** Strengthening community assets and local infrastructure by:
 - investing in community anchor organisations,
 - developing place-based prevention models,
 - enhancing community hubs, and
 - supporting volunteering, community capacity and the Getting It Right For Everyone (GIRFE) approach.







4. **Enabling Healthy Living** Supporting healthier lives through local programmes focused on healthy weight, physical activity, nutrition and addiction recovery.

Mental wellbeing is embedded as a core priority, supported by whole family and whole life course approaches.

5. **Equitable Access to Health Care** Ensuring fair, accessible and person-centred services by reducing inequalities in access, building flexible and responsive local models of care, and strengthening integration across health, social care and third sector partners.

KEY FACTS – ACCOUNTS COMMISSION JOINT BOARDS FINANCIAL BULLETIN

Key facts

| | | |
|---|----------------------|--|
|  | 2.3% | Real-terms increase in IJB funding between 2023/24 and 2024/25 |
|  | £12.5 billion | Net cost of services for IJBs in 2024/25 |
|  | 78% | Proportion of planned savings achieved by IJBs in 2024/25 |
|  | 12% | Reduction in total reserves since 2023/24 |
|  | £404 million | Total IJB reserves remaining at the end of 2024/25, £316 million of which is earmarked |
|  | £449 million | The budget gap at the time of budget setting for 2025/26 |

2

ASSUMPTIONS APPLIED IN THE MEDIUM-TERM FINANCIAL PLAN

| Contractual Pressures | |
|--|---|
| National Care Home Contract | The National Care Home Rate will not be known until Spring. An annual 10% increase has been included. |
| Contract Inflation for Care at Home Provision | This represents the increases to the Scottish Living Wage to £1.45. However, the Scottish Government weightings are not yet known therefore an average of the 2025/26 weightings has been applied. |
| Inflation | Inflationary pressures are based on the OBR's Economic and Fiscal Outlook as at November 2025. |
| Pay Pressures | |
| Pay Award | <p><u>2026/27</u></p> <p>NHSL agreed at 3.75% fully funded by Scottish Government NLC agreed at 3.5% of which 0.5% funded by Scottish Government.</p> <p><u>2027/28 and 2028/29</u></p> <p>2% provision for NHSL and 3% for NLC as negotiations have not yet taken place.</p> |
| Demand Pressures | |
| Social Care | Demand on social care services continues to increase which has been well reported through the 2022 census information. A provision of 5% has been included over the next 3 years. |
| Purchase of Health Care & Development Pressures | |
| Service Level Agreements and Resource Transfer | Inflation increases applied. |
| Development Pressures | |
| National and Regional and Scottish Government Allocations | These costs are fully funded developments from the Scottish Government and are based on the allocations released by them. |
| Prescribing | |
| Price increase and demand | 5% increase has been applied to the forecast costs as at September 2025. A further 5% has been applied to both 2027/28 and 2028/29. |

MEDIUM-TERM FINANCIAL PLAN ENVISAGED BUDGET SCENARIO

| ENVISAGED BUDGET SCENARIO | 2026/27 | | | 2027/28 | | | 2028/29 | | |
|---|-------------------|-----------------|-----------------|-------------------|-----------------|-----------------|-------------------|-----------------|-----------------|
| | SOCIAL CARE £m | HEALTH £m | TOTAL £m | SOCIAL CARE £m | HEALTH £m | TOTAL £m | SOCIAL CARE £m | HEALTH £m | TOTAL £m |
| EXPENDITURE | | | | | | | | | |
| Contractual Pressures | 11.532 | 0.427 | 11.959 | 12.941 | 0.396 | 13.338 | 13.905 | 0.404 | 14.309 |
| Pay Pressures | 3.498 | 7.308 | 10.806 | 2.877 | 4.157 | 7.033 | 2.963 | 4.240 | 7.203 |
| Social Care: Demand | 14.557 | - | 14.557 | 15.285 | - | 15.285 | 16.050 | - | 16.050 |
| Purchase of Healthcare | - | 1.478 | 1.478 | - | 1.507 | 1.507 | - | 1.538 | 1.538 |
| Health: Development Pressures | - | 15.778 | 15.778 | - | 6.802 | 6.802 | - | 6.802 | 6.802 |
| GP Prescribing | - | 8.637 | 8.637 | - | 5.628 | 5.628 | - | 4.653 | 4.653 |
| Others | 9.127 | - | 9.127 | - | - | - | - | - | - |
| TOTAL EXPENDITURE | 38.714 | 33.627 | 72.341 | 31.103 | 18.490 | 49.593 | 32.917 | 17.638 | 50.555 |
| INCOME | | | | | | | | | |
| Scottish Government Settlements | | | | | | | | | |
| Real Living Wage & FPNC | (11.460) | - | (11.460) | (12.104) | - | (12.104) | (12.785) | - | (12.785) |
| NLC Pass through - Distribution Methodology adjustments | (13.502) | - | (13.502) | - | - | - | - | - | - |
| NLC Pass through - pay award and Children's SLW | (0.746) | - | (0.746) | - | - | - | - | - | - |
| General Health Allocation | - | (7.462) | (7.462) | - | (7.612) | (7.612) | - | (7.764) | (7.764) |
| SG Allocation | - | (6.776) | (6.776) | - | (6.776) | (6.776) | - | (6.776) | (6.776) |
| SG Allocation - Pay Award AFC | - | (6.438) | (6.438) | - | - | - | - | - | - |
| SG Allocation - Pay Award Other | - | (0.870) | (0.870) | - | - | - | - | - | - |
| Charges Uplifts | (0.073) | - | (0.073) | (0.077) | - | (0.077) | (0.081) | - | (0.081) |
| Resource Transfer | (1.090) | - | (1.090) | (1.303) | - | (1.303) | (1.330) | - | (1.330) |
| TOTAL INCOME | (26.871) | (21.547) | (48.418) | (13.484) | (14.388) | (27.872) | (14.195) | (14.540) | (28.735) |
| BUDGET GAP | 11.843 | 12.081 | 23.923 | 17.619 | 4.102 | 21.721 | 18.722 | 3.097 | 21.820 |

SAVINGS PROGRAMME

| | |
|--------------------------------|-----------------|
| TOTAL RECURRING SAVINGS | £22.727m |
|--------------------------------|-----------------|

| No. | TITLE | LEAD | RISK RATING | AMOUNT (£M) |
|------------|--------------|-------------|--------------------|--------------------|
|------------|--------------|-------------|--------------------|--------------------|

| | | | | |
|------------------|--|--|--|----------------|
| Medicines | | | | £4.416m |
|------------------|--|--|--|----------------|

| | | | | |
|----|--------------------------------|-------------------------|-------|--|
| 1. | Medicines – Prescribing Review | Medical Director - HSCP | Amber | |
|----|--------------------------------|-------------------------|-------|--|

| | | | | |
|-------------------------------------|--|--|--|----------------|
| Modernisation and Efficiency | | | | £4.488m |
|-------------------------------------|--|--|--|----------------|

| | | | | |
|---|---|----------------|-------|---------|
| 2 | Workforce Review – Health Clinical Services | Head of Health | Amber | £3.056m |
|---|---|----------------|-------|---------|

| | | | | |
|---|--------------------------------|--|-------|---------|
| 3 | Workforce Review – Social Care | Chief Officer (Adult Social Work Services) | Amber | £0.300m |
|---|--------------------------------|--|-------|---------|

| | | | | |
|---|-----------------|----------------|-------|---------|
| 4 | Non-Pay Budgets | Head of Health | Amber | £0.489m |
|---|-----------------|----------------|-------|---------|

| | | | | |
|---|-----------------------------|--|-------|---------|
| 5 | Equipment & Contract Review | Chief Officer (Adult Social Work Services) | Green | £0.643m |
|---|-----------------------------|--|-------|---------|

| | | | | |
|-----------------------|--|--|--|-----------------|
| Transformation | | | | £13.823m |
|-----------------------|--|--|--|-----------------|

| | | | | |
|---|--------------------|--|-------|---------|
| 6 | Individual Budgets | Chief Officer (Adult Social Work Services) | Amber | £3.000m |
|---|--------------------|--|-------|---------|

| | | | | |
|---|--|--|-------|---------|
| 7 | Home First Approach – Review of Independent Care Homes | Chief Officer (Adult Social Work Services) | Amber | £4.900m |
|---|--|--|-------|---------|

| | | | | |
|---|-----------------------|--|-------|---------|
| 8 | Home Support Redesign | Chief Officer (Adult Social Work Services) | Amber | £3.000m |
|---|-----------------------|--|-------|---------|

| | | | | |
|---|-------------------|----------------|-------|---------|
| 9 | Locality Redesign | Head of Health | Amber | £2.736m |
|---|-------------------|----------------|-------|---------|

| | | | | |
|----|----------------------------------|----------------|-------|---------|
| 10 | Bladder and Bowel Service Review | Head of Health | Amber | £0.187m |
|----|----------------------------------|----------------|-------|---------|

| Prescribing | | | | | | |
|--|--|-------------------------------------|---------------------------------------|--|---------------------------------|---|
| No. | 1 | Savings Option | Prescribing Review | | Lead | Medical Director - HSCP |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input checked="" type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input type="checkbox"/> | |
| Option Summary (scope) | Continue to maximise cost reductions resulting from savings. This will be done through various workstreams including Polypharmacy Reviews, Scriptswitch, Medicines of Low Clinical Value, Practice Switches, Care Home Team reviews non medicines reviews, special clawback, Renal Switch and any other opportunistic reviews that develop | | | | Forecast Savings 2026/27 | £4.416m |
| | | | | | 2025/26 Budget | £81.464m |
| Risks & Impact | <ul style="list-style-type: none"> PQES not backfilled for long term absences and secondments, and staff can be redeployed to other workstreams at short notice. This impacts resources to deliver the service and the savings proposed. It also impacts on development and sustainability of workforce/service. Currently diverting pharmacy resource from PQES to co-codamol management to avoid patients going into withdrawal this may impact on the efficiency schemes which have been progressing well | | | | | |
| Mitigations | <ul style="list-style-type: none"> Ongoing monitoring of PQES workforce issues at the weekly Primary Care Sustainability meeting. Review of S&V progress and any risks at the Medicines S & V meeting that occurs every 6 weeks. | | | | | |
| Further Consultation / Reporting or Delegation to Officers | <ul style="list-style-type: none"> Ongoing discussions with General Practice and Pharmacy teams re progress and further proposals development Continue to implement nationally driven directives for medicine switches | | | | | |

| Modernisation and Efficiency | | | | | | |
|---|--|-------------------------------------|--|--|-------------------------------------|---|
| No. | 2 | Savings Option | Workforce Review – Health Clinical Services | | Lead | Head of Health |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input checked="" type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input checked="" type="checkbox"/> | |
| Option Summary (scope) | Review and redesign infrastructure across Clinical Services to streamline portfolios and reduce posts as they become vacant. | | | | Forecast Savings 2026/27 | £3.056m |
| | Of the £3.056m forecast, £0.590m has already been achieved. | | | | 2025/26 Budget | £42.177m |
| Risks & Impact | <ul style="list-style-type: none"> Reducing direct delivery staffing levels could impact on ability to meet demand, professional governance and standards Redeployment of staff There is a potential impact on overall performance Reputational risk | | | | | |
| Mitigations | <ul style="list-style-type: none"> Low risk vacancies currently held to mitigate reduction in staffing Review of skill mix Phased implementation | | | | | |
| Further Consultation / Reporting or Delegation to Officers | <ul style="list-style-type: none"> Work with NHSL HR services – consideration of redeployment policies Consultation with staff and trade unions Officers to deliver as operational measure following consultation with staff and trade unions | | | | | |

| Modernisation and Efficiency | | | | | | |
|---|---|-------------------------------------|---------------------------------------|--|---------------------------------|--|
| No. | 3 | Savings Option | Workforce Review – Social Care | | Lead | Chief Officer (Adult Social Work Services) |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input checked="" type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input checked="" type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input type="checkbox"/> | |
| Option Summary (scope) | Review and redesign infrastructure across Social Care to streamline portfolios and create more efficient practice to support operations there will be less demand in some areas and opportunity to skill mix. As this develops vacant posts will be reviewed. | | | | Forecast Savings 2026/27 | £0.300m |
| | | | | | 2025/26 Budget | £6.140m |
| Risks & Impact | <ul style="list-style-type: none"> Reducing staffing levels could impact on ability to meet demand, professional governance and standards Restructuring area wide will reduce the support to locality teams. | | | | | |
| Mitigations | <ul style="list-style-type: none"> Review of skill mix Phased implementation | | | | | |
| Further Consultation / Reporting or Delegation to Officers | <ul style="list-style-type: none"> Work with NLC HR services – consideration of redeployment policies Consultation with staff and trade unions Officers to deliver as operational measure following consultation with staff and trade unions | | | | | |

| Modernisation and Efficiency | | | | | | |
|---|---|-------------------------------------|---------------------------------------|--|---------------------------------|---|
| No. | 4 | Savings Option | Health Non-Pay Budgets | | Lead | Head of Health |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input checked="" type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input type="checkbox"/> | |
| Option Summary (scope) | Removal of non-pay budgets previously used for non-recurring project costs that are no concluded. | | | | Forecast Savings 2026/27 | £0.489m |
| | | | | | 2025/26 Budget | £3.226m |
| Risks & Impact | Reduces flexibility for unforeseen short term expense response support | | | | | |
| Mitigations | Any arising new costs will be risk managed via the aligned leading sector and/or unit | | | | | |
| Further Consultation / Reporting or Delegation to Officers | N/A | | | | | |

| Modernisation and Efficiency | | | | | | |
|---|--|-------------------------------------|---------------------------------------|--------------------------|--|-------------------------------------|
| No. | 5 | Savings Option | Area Wide Equipment & Contract Review | Lead | Chief Officer (Adult Social Work Services) | |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input checked="" type="checkbox"/> | <i>Tackling Inequality</i> | <input type="checkbox"/> | <i>Place & Communities</i> | <input checked="" type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input type="checkbox"/> | <i>Equitable Access to Healthcare</i> | <input type="checkbox"/> | | |
| Option Summary (scope) | Review the infrastructure across area wide social work services by considering; utilising the recurring underspend within the EAS service; utilise saving from recent end to contractual arrangements for community-based day support services and explore commissioning arrangements for Carers and Advocacy contracts within already set exit points. | | | | Forecast Savings 2026/27 | £0.643m |
| | | | | | 2026/27 Budget | £8.241m |
| Risks & Impact | <ul style="list-style-type: none"> Reducing community-based services will place more pressure on statutory services. Due to contractual requirements the saving from Carers and Advocacy won't be achieved until 2028/29. Reducing support for Carers and Advocacy will add more pressure to locality teams Reduction in capacity to provide support with equipment could result in people needing a greater level of direct support Challenges with applying the principles of Getting it Right for Everyone and a place-based approach | | | | | |
| Mitigations | <ul style="list-style-type: none"> Community based day support services have already been given contract end notices. Legal exit points already built into Carers and Advocacy contracts within the 3-year period Recurring underspend on equipment and adaptations | | | | | |
| Further Consultation / Reporting or | <ul style="list-style-type: none"> Consultation with stakeholders, carers and communities re review/realignment/reduction in capacity of commissioned services Consultation with teams re area wide service review / re-prioritisation/ focus and function | | | | | |

| Transformation | | | | | | |
|---|---|--------------------------|---------------------------------------|--|-------------------------------------|---|
| No. | 6 | Savings Option | Individual Budgets | | Lead | Chief Officer (Adult Social Work Services) |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input checked="" type="checkbox"/> | |
| Option Summary (scope) | <p>It is proposed that the work to review Individual Budgets will continue. The work that has been undertaken has demonstrated that by adopting a strengths-based approach and working with families and communities' people can be supported at home through a broad range of community resources. There will be an emphasis on early intervention and promoting independence for as long as possible utilising resources to compliment individual, paid support.</p> <p>This proposal will Review of Individual Budget Care Packages across Social Care. The saving will be apportioned across each locality.</p> | | | | Forecast Savings 2026/27 | £3.000m |
| | | | | | 2025/26 Budget | £114.016m |
| Risks & Impact | <ul style="list-style-type: none"> • Indicative budgets often come in lower than the final assessed budget • Pressure across in-house provision and delays also impacts on individual package costs as independent providers are asked to pick up packages of support without full assessments being completed. This can result in increased cost. • Care package costs vary significantly • Providers report to struggling financially due to current agreed price points and increased central costs. • Reduction to care plans required to meet the savings is 81 packages using an average cost forecast | | | | | |
| Mitigations | <ul style="list-style-type: none"> • Improving first point of contact experience as well as assessment and planning being supported by a Home First approach through an enabling approach will ensure that individuals receive the right support • Investment in early intervention and prevention • Shifting from traditional service led provision to utilising a wide range of community resources to compliment paid support • Full roll out of the Adult Guided Self Assessment (GSA) should mitigate the risk of Indicative budgets often come in lower than the final assessed budget | | | | | |
| Further Consultation / Reporting or Delegation to Officers | <ul style="list-style-type: none"> • Consultation with service users, carers and families • Consultation with staff and trade unions • Officers to deliver as operational measure following consultations | | | | | |

| Transformation | | | | | | |
|---|--|--------------------------|--|--|-------------------------------------|---|
| No. | 7 | Savings Option | Home First Approach – Review of Independent Care Homes | | Lead | Chief Officer (Adult Social Work Services) |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input checked="" type="checkbox"/> | |
| Option Summary (scope) | Fully implement a Home First approach supporting people at home for as long as possible, thus reducing the length of stay per resident. Development of community services to provide a range of support to ensure inclusiveness, reduce isolation as well as being able to access specialist support for those who are frail and/ or living with a long term condition to age well. | | | | Forecast Savings 2026/27 | £4.900m |
| | | | | | 2025/26 Budget | £48.939m |
| Risks & Impact | <ul style="list-style-type: none"> • Costs of care home placements vary and without robust assessments, providers can seek to increase charges to support additional needs identified by them. • Care Homes report to struggling financially due to current agreed price points. • Reduction to care plans required to meet the savings is approx. 138 care plans using an average cost forecast however this could also be delivered through the reduction in the length of stay. | | | | | |
| Mitigations | <ul style="list-style-type: none"> • Robust assessments will be undertaken to identify care needs prior to admission to avoid additional costs determined by the provider • Robust financial assessments will be completed within an agreed period to establish available capital from individuals • Reviews will be completed and invoices cease when the placement ends to avoid overpaying and the challenge of recouping costs • Solutions should improve outcomes allowing individuals to remain safely in their homes or a homely setting for longer | | | | | |
| Further Consultation / Reporting or Delegation to Officers | <ul style="list-style-type: none"> • Further details on proposal to be presented to Board including details of transformation timeline with project support • Consultation with staff, trade unions and independent sector | | | | | |

| Transformation | | | | | | |
|---|--|--------------------------|---------------------------------------|--|-------------------------------------|---|
| No. | 8 | Savings Option | Home Support Redesign | | Lead | Chief Officer (Adult Social Work Services) |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input checked="" type="checkbox"/> | |
| Option Summary (scope) | Finalise the Home Support operating model focussing on Home Assessment with a reablement ethos to ensure those requiring ongoing paid support have the right support. In addition, develop and embed work practices that deliver more efficient practices and utilise resource more effectively. This will remove duplication and align staff teams and budgets appropriately. | | | | Forecast Savings 2026/27 | £3.000m |
| | | | | | 2025/26 Budget | £59.131m |
| Risks & Impact | <ul style="list-style-type: none"> Reducing direct delivery staffing levels could impact on ability to meet demand, professional governance and standards. There may be an impact on flow across the system | | | | | |
| Mitigations | <ul style="list-style-type: none"> Review underspends on basic pay against overspends on overtime and consider realignment of budgets Maintain a robust review of absence management Consider support for Carers to enable them to continue in their caring role and reduce the need for statutory intervention. Service improvement and developments such as dynamic scheduling tool, assistive technology, proportionate care will reduce duplication Finalise the review on shift patterns | | | | | |
| Further Consultation / Reporting or Delegation to Officers | <ul style="list-style-type: none"> Work with NLC HR services – consideration of redeployment policies Consultation with staff and trade unions | | | | | |

| Transformation | | | | | | |
|---|---|-------------------------------------|---------------------------------------|--|-------------------------------------|--|
| No. | 9 | Savings Option | Locality Redesign | | Lead | Head of Health |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input checked="" type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input checked="" type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input checked="" type="checkbox"/> | |
| Option Summary (scope) | <p>Transformation and redesign of community-based health services will be progressed through HSCP led change activity, aligned to NHS Lanarkshire system wide improvement priorities. Proposals will be developed through partnership working with South Lanarkshire University Health and Social Care Partnership, with opportunities for cross Lanarkshire alignment and joint working explored where appropriate to support consistency, sustainability and equitable access.</p> <p>As part of this programme, redesign of locality services, including Treatment Rooms, Health Visiting, Community Nursing, Mental Health and Integrated Day Services, will be progressed collaboratively to deliver sustainable, preventative and needs led provision within available resources.</p> | | | | Forecast Savings 2026/27 | £2.736m |
| | | | | | 2025/26 Budget | £44.910m |
| Risks & Impact | <p>Service review and redesign will be considerate of staffing review of skill mix to meet current demands. Current staff alignment has been difficult to maintain across all areas due to recruitment challenges within some care pathways. The impact of review is hopeful that the Partnership can attract and recruit candidates capable of filling gaps and additionally creating a positive development pipeline for people to pursue professionally registered roles in future.</p> | | | | | |
| Mitigations | <ul style="list-style-type: none"> • Some vacancies current held to mitigate reduction in staffing. These vacancies have been historically difficult to fill from traditional workforce • Review of skill mix that ensure continuity and quality assurance of service delivery within localities. • Redesign will be considerate of staff attrition norms. • Balancing of staff across all localities will be considerate and committed to delivery of same through agreed organisational process. | | | | | |
| Further Consultation / Reporting or Delegation to Officers | <ul style="list-style-type: none"> • This work will be delivered collaboratively with HR, Staff Side and Professional colleagues to ensure appropriate workforce governance and professional assurance are not breached. • Transparent communication will be developed to assure ongoing commitment to continuance of service delivery with minimal impact to our valued staff group who deliver these services. • The Integrated HSW managers for localities (who manage both budgets) will be mindful of balance between proposed changes in social care and the delicate balance to be struck in timing of redesign implementation across health and social care simultaneously. | | | | | |

| Transformation | | | | | | |
|---|---|-------------------------------------|---------------------------------------|--|-------------------------------------|---|
| No. | 10 | Savings Option | Bladder and Bowel Service Review | | Lead | Head of Health |
| Link to Strategic Priority: 2026- 2029 | <i>Prevention Focussed System</i> | <input type="checkbox"/> | <i>Tackling Inequality</i> | | <input type="checkbox"/> | <i>Place & Communities</i> <input type="checkbox"/> |
| | <i>Enabling Healthy Living</i> | <input checked="" type="checkbox"/> | <i>Equitable Access to Healthcare</i> | | <input checked="" type="checkbox"/> | |
| Option Summary (scope) | Commission a review of the bladder and bowel service. Which will include a review and skill mix of the current staffing model. Also look to move to quarterly delivery of products to care homes as well as a review of products currently supplied to patients across Lanarkshire. | | | | Forecast Savings 2026/27 | £0.187m |
| | | | | | 2025/26 Budget | £2.550m |
| Risks & Impact | <ul style="list-style-type: none"> • SLHSCP may not engage with process • Over supply of patients • Storage concerns within care home and patient's homes • Impact of increasing product costs <p>Impact</p> <ul style="list-style-type: none"> • More control of product and provision. • SL HSCP and NL may require to split costs to deliver savings | | | | | |
| Mitigations | <ul style="list-style-type: none"> • Strengthen partnership working across Lanarkshire between NL and SL HSCP's • Review of skill mix • Phased implementation | | | | | |
| Further Consultation / Reporting or Delegation to Officers | <ul style="list-style-type: none"> • Work with NLSL HR services – consideration of redeployment policies • Consultation with staff and trade unions | | | | | |

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref: NLC-CPT-25-131

Date: 19 May 2026

Contract Award for the Framework Agreement for Taxi and Private Hire Provision

From Diane Fraser, Chief Officer (Adult Social Work Services)

E-mail fraserdi@northlan.gov.uk

Executive Summary

In accordance with the councils General Contract Standing Orders (GCSOs), Committee is asked to approve the award of a framework agreement for Taxi and Private Hire Provision (the 'Framework Agreement') following the undertaking of a procurement procedure as detailed within this report below.

Recommendations

It is recommended that Committee:

- (1) Approves the award of the Framework Agreement to the "Contractors" stated in Appendix 1 of this report at the maximum value of Three Million Six Hundred and Seventy Five Thousand Pounds Sterling (£3,675,000.00) exclusive of VAT across the Framework Agreements full term which is made up of an initial period of 24 months that is anticipated to commence on 01 July 2026 with the council reserving the right to extend the Framework Agreement for additional periods up to a maximum of a further 24 months in two x 12 month periods.

The Plan for North Lanarkshire

| | |
|---------------------------|-------------------------|
| Priority | All priorities |
| Ambition Statement | All ambition statements |
| Programme of Work | All Programmes of Work |

1. Background

- 1.1 To enable the delivery of key and critical service provision, there is a requirement for the council to purchase taxi and private hire provision for a variety of purposes including but not limited to: transport of older adults to day services, wider social care provision, housing, homelessness, education staff and pupils, and corporate requirements e.g. council staff, elected members etc.

- 1.2 Given service demand cannot be guaranteed and to ensure an appropriate and flexible contract arrangement can be implemented, a multi lot and multi supplier framework agreement was identified as the most appropriate style of contractual arrangement to put in situ.
- 1.3 The Framework Agreement comprises of two “Lots”, each comprising of multiple “Sub-Lots” to ensure appropriate coverage throughout the councils’ geographical area whilst recognising the supply markets local presence and areas of demand.
- 1.4 Lot 1 – Integrated Day Support (IDS) Transport Services of the Framework Agreement shall be used to facilitate the scheduled transport of service users from defined pick-up points to the council’s older adult day service centres including a return journey at the end of the day where required. Pre-tender, Lot 1 of the Framework Agreement had a maximum value of £1,300,000 with the value further broken down within five Sub-lots in line with the council’s social work locality areas as detailed below:
- Lot 1A – IDS Transport Services – Airdrie Locality
 - Lot 1B – IDS Transport Services – Bellshill and Motherwell Locality
 - Lot 1C – IDS Transport Services – Coatbridge Locality
 - Lot 1D – IDS Transport Services – Cumbernauld Locality
 - Lot 1E – IDS Transport Services – Wishaw Locality
- 1.5 Lot 2 – Ad-hoc Taxi and Private Hire Provision of the Framework Agreement shall be used to facilitate a mixture of scheduled and ad-hoc transport for all service provision. Lot 2 of the Framework Agreement has a maximum value of £2,700,000 and is further broken down within three Sub-Lots to match the Councils Licensing Zones as detailed below:
- Lot 2A – Ad-hoc Taxi and Private Hire – Northern Zone
 - Lot 2B – Ad-hoc Taxi and Private Hire – Central Zone
 - Lot 2C – Ad-hoc Taxi and Private Hire – Southern Zone
- 1.6 Given the scale of the Framework Agreement, and to maximise service offering, the Framework Agreement has been created on the premise of multiple contractors being appointed. For Lot 1, a maximum of one Contractor could be appointed to each of the five Sub-Lots whilst for Lot 2, a maximum of four Contractors could be appointed to each of the three Sub-Lots.
- 1.7 The approach detailed above was applied to give the council certainty and options when services are required whilst giving service users who require ongoing and scheduled transport a sense of familiarity wherever possible. Additionally, and to ensure Contractors have the possibility of continuous business opportunities, a limit on the number of Sub-Lots a Contractor could be appointed to was set within the procurement procedure. Tenderers could bid for a single, multiple or all Sub-Lots however would only be permitted to be appointed to a maximum of two Sub-Lots within each Lot of the Framework Agreement.
- 1.8 Recognising those who may be required to access the services via the Framework Agreement, as well as the services to be delivered, appropriate legal provision in regard to the Protection of Vulnerable Groups (Scotland) Act 2007 and Data Protection Act 2018 are prevalent within the Framework Agreement. Additionally, the council has licensing obligations for the taxi and private hire industry as set out in the Civic Government (Scotland) Act 1982, and the Equality Act 2010 have also been applied.

- 1.9 The requirements within the Framework Agreement are currently under contract with four separate contractors. This arrangement is due to expire on 30 June 2026 with the Framework Agreement detailed within this report due to supersede it.
- 1.10 To enable appropriate development and execution of the procedure required to form the Framework Agreement, a panel of technical and procurement representatives (the “User Intelligence Group (UIG)”) was formed.
- 1.11 The UIG consisted of representation and collaboration from multiple service areas and departments and were responsible for developing the required internal contract strategy (the “Contract Strategy”) for the Framework Agreement. The Contract Strategy sets out the parameters and approaches the council would apply within the procurement, tendering, contracting and end of life stages of the Framework Agreement following appropriate analysis, research and investigation to ensure the council achieves maximum benefit where possible. In accordance with GCSO 4.4, the Contract Strategy for the Framework Agreement was approved on 30 October 2025.
- 1.12 Whilst developing the Contract Strategy, the UIG engaged with the councils Fleet Services to ascertain whether all or part of the services required within the Framework Agreement could be delivered internally utilising the councils existing assets and vehicle fleet. Whilst it was determined that services required within Lot 2 of the Framework Agreement could likely not be delivered internally due to their ad-hoc reactive nature, services within Lot 1 potentially could be. Accordingly, the Framework Agreement includes appropriate provisions for the council to explore the possibility of delivering required services within Lot 1 internally on a temporary, partial or complete basis and appropriate dialogue between council officers from relevant departments continues in this regard.
- 1.13 Furthermore, as part of the development of the Contract Strategy, the council undertook a number of pre-tender / market engagement activities to assist in shaping the Framework Agreement, these tasks included the publication of Prior Information Notice to alert the market to the upcoming opportunity whilst also requesting the completion and submission of an online market questionnaire to assist the council in shaping the Framework Agreement whilst raising any potential improvements, considerations etc. for the council to include in its details of requirements. Additionally, the council engaged with the Supplier Development Programme Scotland to undertake appropriate support and training for those interested in submitting a tender within the procurement procedure.

2. Report

- 2.1 The initial estimated value of the Framework Agreement dictated that the opportunity be considered as a “Higher Threshold Regulated” procurement procedure. On 22 January 2026 a Contract Notice for the opportunity was published on the Public Contracts Scotland and the UK Find a Tender (FTS) website. Additionally, and to maximise exposure of the opportunity, the council’s social media team posted on the council’s social platforms to advise the opportunity was live and direct interested parties to the published contract notices.
- 2.2 As determined within the Contract Strategy, the procurement procedure was undertaken as an “Open Procedure”. The Open Procedure is a single stage competitive procurement procedure where following the publication of the Contract Notice, any interested party could submit a tender.

- 2.3 Based on the evaluation criteria and scoring methodology set out in the procurement procedure, an evaluation of tenders received was completed by members identified by the UIG as having the technical knowledge and experience to evaluate tenders in a professional and fair manner.
- 2.4 Following completion of the procurement procedure in line with the terms, conditions and processes contained within, the recommended Contractors (as detailed in Appendix 1) have been evaluated as submitting the most economically advantageous tender.
- 2.5 Appendix 2 provides a summary of the procurement procedure undertaken including the key considerations and outcomes.

Financial / Budget Consideration

- 2.6 The pre-tender whole life estimate budget for the Framework Agreement is Four Million Pounds Sterling (£4,000,000.00). However, as per the appendices detailed below, Lot 1B within the Framework Agreement is not being awarded resulting in a final budget of Three Million Six Hundred and Seventy-Five Thousand Pounds Sterling (£3,675,000.00). The costs associated with delivery of the Framework Agreement will be contained within multiple budgets for numerous departments and services areas throughout the council.

Price Stability

- 2.7 All services to be delivered under this Framework Agreement shall be delivered and costed in strict accordance with the councils "Fixed Meter Rates". Any amendments to the councils Fixed Meter Rates shall be applied within the Framework Agreement as and when confirmed and applied by the Councils Licensing / Legal Team. The council shall not pay any additional charges, rates etc. over and above that of the applied Fixed Meter Rate throughout the entire duration of the Framework Agreement.

Community Benefits

- 2.8.1 The council is committed to maximising the delivery of community benefits. The procurement included a community benefit requirement; this approach is designed to deliver local community benefits where possible.
- 2.8.2 Within their tender, the recommended Contractor committed to deliver community benefits as detailed within Appendix 2 of this report:
- 2.8.3 The community benefits committed as part of the Framework Agreement includes the possible creation of jobs or apprenticeships.
- 2.8.4 Given that service demand and spend cannot be guaranteed within the Framework Agreement, Contractors shall only be obligated to deliver a proportion or all their committed Community Benefits as and when they obtain specific spend thresholds.

Fair Work First and Payment of the Living Wage

- 2.9.1 Within tender submissions, recommended Contractors intimated that they would commit to the following areas of the Scottish Governments "Fair Work First" initiative:

- Further information on the Living Wage status of the recommended Contractors is detailed in Appendix 1.

2.9.2 Further information on the Living Wage status of the recommended Contractor is detailed in Appendix 1.

Contract Management

2.10 Officers from various departments and service areas will be responsible for managing the Framework Agreement which will be undertaken in accordance with the contract and supplier management conditions applied within the Framework Agreement.

3. Measures of success

3.1 The Framework Agreement will deliver the following outcomes;

- Best Value will be demonstrated as outlined in Appendix 2,
- the appointment of Contractors who have the experience and capability to deliver a high quality and responsive transport solution for the council,
- the procurement procedure was compliant with the procurement legislation and internal procedures,
- the Agreement secured a range of community benefits, and
- a collaborative approach to the procurement of the requirement, minimising the burden on internal resource whilst exploring insourcing opportunities and leveraging the economies of scale.

4. Supporting documents

4.1 **Appendix 1** Contractor Appointments

4.2 **Appendix 2** Summary of Procurement Procedure



Diane Fraser

Chief Officer (Adult Social Work Services)

5. Impacts (<http://connect/report-template-guidance>)

| |
|---|
| <p>5.1 Public Sector Equality Duty and Fairer Scotland Duty Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide a brief summary of the impact?</p> <p><u>Public Sector Equality Duty (PSED)</u></p> <ul style="list-style-type: none">• Where necessary, vehicles must be accessible to pupils with disabilities (e.g. wheelchair access, ramps, seatbelt adaptations).• Drivers and escorts should have awareness of disability and additional support needs.• Services must not discriminate against pupils based on protected characteristics (disability, religion/belief, etc.).• Consideration of reasonable adjustments to ensure inclusivity. <p><u>Fairer Scotland Duty</u></p> <ul style="list-style-type: none">• Ensuring affordable and fair access to transport across different social sectors, schools and communities.• Supporting pupils from disadvantaged backgrounds by reducing barriers to attending trips, events, or short courses (e.g. swimming lessons).• Contract design that does not unintentionally disadvantage certain groups of pupils or communities (e.g. rural vs urban access). <p>If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p>5.2 Financial impact Does the report contain any financial impacts? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, have all relevant financial impacts been discussed and agreed with Finance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If Yes, please provide a brief summary of the impact?</p> |
| <p>5.3 HR policy impact Does the report contain any HR policy or procedure impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If Yes, have all relevant HR impacts been discussed and agreed with People Resources? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide a brief summary of the impact?</p> |
| <p>5.4 Legal impact Does the report contain any legal impacts (such as general legal matters, statutory considerations (including employment law considerations), or new legislation)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, have all relevant legal impacts been discussed and agreed with Legal and Democratic?</p> |

Yes No

If Yes, please provide a brief summary of the impact?

All procurement procedures will have potential legal implications however throughout this Framework Agreement, compliance with the councils General Contract Standing Orders and the relevant procurement regulations has been maintained with advice from colleagues in Corporate Procurement and Legal Services sought as and when required.

The Agreement align with the Equality Act 2010 (Public Sector Equality Duty) and the Fairer Scotland Duty, ensuring that equality and socio-economic considerations are embedded in the procurement process. In addition, relevant transport legislation, licensing requirements, and safeguarding obligations under the Disclosure (Scotland) Act 2020 and Protection of Vulnerable Groups (Scotland) Act 2007 will apply.

5.5 Data protection impact

Does the report / project / practice contain or involve the processing of personal data?

Yes No

If Yes, is the processing of this personal data likely to result in a high risk to the data subject?

Yes No

If Yes, has a Data Protection Impact Assessment (DPIA) been carried out and e-mailed to dataprotection@northlan.gov.uk

Yes No

5.6 Technology / Digital impact

Does the report contain information that has an impact on either technology, digital transformation, service redesign / business change processes, data management, or connectivity / broadband / Wi-Fi?

Yes No

If Yes, please provide a brief summary of the impact?

Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)?

Yes No

5.7 Environmental / Carbon impact

Does the report / project / practice contain information that has an impact on any environmental or carbon matters?

Yes No

If Yes, please provide a brief summary of the impact?

The Agreement may affect carbon emissions through vehicle use. In line with Scotland's net zero targets, the specification should encourage low-emission vehicles and efficient route planning. While ad hoc journeys have a smaller footprint than daily transport, suppliers should demonstrate sustainable practices where possible.

5.8 Communications impact

Does the report contain any information that has an impact on the council's communications activities?

Yes No

If Yes, please provide a brief summary of the impact?

5.9 Risk impact

Is there a risk impact?

Yes No

If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?

5.10 Armed Forces Covenant Duty

Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)?

Yes No

If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.

5.11 Children's rights and wellbeing impact

Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these?

Yes No

If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC).

The Agreement will support the safe and reliable transport of children and young people for educational purposes, including school trips and activities. This contributes to their learning experience, wellbeing, and inclusion. The specification will include safeguarding measures, such as PVG compliance for drivers and escorts, and adherence to health and safety standards to protect all passengers

If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?

Yes No

Appendix 1 – Contractor Appointments

| Contractor Registered Name | Contractor Registered Local Authority | Contractor Size | Paying the Living Wage | Living Wage Accredited | Appointed to Sub-Lot | | | | | | | |
|---|---------------------------------------|-----------------|------------------------|------------------------|----------------------|-----------------|----|----|----|----|----|----|
| | | | | | 1A | 1B ¹ | 1C | 1D | 1E | 2A | 2B | 2C |
| Airdrie Taxis Limited | North Lanarkshire | Small | Yes | Yes | ✓ | | ✓ | | | | ✓ | |
| Central Cab Company (Cumbernauld) Limited | North Lanarkshire | Small | Yes | No | | | | ✓ | | ✓ | | |
| Lanarkshire Private Hire Limited t/a Penny Cars | North Lanarkshire | Small | Yes | No | | | | | | ✓ | ✓ | |
| United Maxis Taxis (Wishaw) Limited | North Lanarkshire | Small | Yes | No | | | | | ✓ | | | ✓ |

¹ As can be seen from the above and below in Appendix 2, the council received no compliant Tenders for Lot 1B. Accordingly, and further to section 1.12 above, appropriate dialogue has commenced to identify possible internal delivery solutions for this locality utilising the councils existing vehicle fleet and drivers. Additionally, and on an interim / short term basis, associated services associated to Lot 1B may be delivered via Lot 2C.

Appendix 2 – Summary of Procurement Procedure

| | | | | | | | | | |
|---|---|---|------------|-----------------|-----------|--------------------------------------|-------------------|-----------|-----------|
| Overview | Reference | NLC-CPT-25-131 | | | | | | | |
| | Title | Framework Agreement for Taxi and Private Hire Provision | | | | | | | |
| | Classification | Services - Standard | | | | | | | |
| | Responsible Chief Officer and Position | Diane Fraser, Chief Officer (Adult Social Work Services) | | | | | | | |
| Competition and Framework Agreement Overview | Governance by Value | Higher Threshold - Public Contracts (Scotland) Regulations 2015 | | | | | | | |
| | Route to Market | Open Procedure | | | | | | | |
| | General Overview | Total / Maximum Value | £3,675,000 | | | Contract Duration (Months) | 48 (24 + 12 + 12) | | |
| | Award Criteria | Quality Weighting | 100.00% | | | Price Weighting | 0.00% | | |
| | Interest | Total Expression of Interest (Eol) | 32 | | | Eol from NLC Based Businesses | 21 | | |
| | Sub-Lot Reference | 1A | 1B | 1C | 1D | 1E | 2A | 2B | 2C |
| | Total No. of Tenders Received | 3 | 2 | 5 | 3 | 3 | 5 | 6 | 5 |
| | No. of Tenders from SME's | 3 | 2 | 5 | 6 | 3 | 5 | 6 | 5 |
| | No. Tenders from NLC Based Businesses | 3 | 2 | 5 | 6 | 3 | 5 | 6 | 5 |
| | Tender(s) Excluded / Withdrawn | 2 | 2 | 3 | 2 | 2 | 3 | 4 | 4 |
| | Compliant Tenders to be Evaluated | 1 | 0 | 2 | 1 | 1 | 2 | 2 | 1 |
| | Successful Tender(s) | 1 | 0 | Page 180 of 132 | 1 | 1 | 2 | 2 | 1 |

| | | | | | | | | | |
|---------------------------|--|---|-------|--------|--------------------|---|-----------------|------------------|--------------------|
| | Successful Scores | 100.00% | N / A | 99.50% | 86.80% | 50.73% | 86.80% - 87.80% | 87.80% - 100.00% | 54.40% |
| | Unsuccessful Score Range | N / A | N / A | 74.80% | N / A | N / A | N / A | N / A | N / A |
| | Max Sub-Lot Value | £125k | £325K | £200K | £350K | £300K | £900k | £900k | £900k |
| | Additional Comments | As can be seen from above, several Tenderers were considered non-compliant and were either excluded from the procurement procedure or the Tenderer withdrew themselves. The main reason for this was regarding mandatory licensing requirements stated within the councils Details of Requirements. | | | | | | | |
| | How Has “Best Value” Been Demonstrated? | <p>It is anticipated that the Framework Agreement shall demonstrate Best Value as it:</p> <ul style="list-style-type: none"> • explored opportunities to mobilise and utilise the councils existing knowledge, experience, assets and vehicle fleet to potentially deliver required services internally wherever possible. • was procured in the form of a competitive procurement procedure which has been aided by significant internal collaboration and external market engagement. • shall enable the continuous delivery of key services to older people, school children and teachers, vulnerable people, staff, elected members etc. • provides an opportunity to enable economies of scale and cashable savings to the councils’ requirements by standardising the service offerings across the organisation. • should lead to a reduction in purchase to pay transactions therefore creating an efficiency in the number of invoices the council is required to progress. • ensure appropriate legal and safeguarding provisions are in situ i.e. vehicle standards, licensing obligations, data protection, protection of vulnerable groups etc. • allows the council the opportunity to explore how requirements could be delivered in an environmentally friendly manner in line within the council Climate Action Plan 2030 whilst also seeking alternate ways for the disposal of associated items; and • resulted commitment of additional benefits to the North Lanarkshire community encourage the application of Fair Work First to all appointed Contractors. | | | | | | | |
| Community Benefits | Overview of Community Benefits | Community Benefit Outcome | | | Qty Offered | Community Benefit Outcome | | | Qty Offered |
| | | Business Event / Briefing to promote supply chain opportunities | | | 1 | Business Mentoring and Advice to support to an SME / Social Enterprise / Voluntary organisation | | | 5 |

| | | | | | | | | | | | | |
|-----------------------------|---|--|-------------------------|--|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|-----------------------------------|--------------------------|---|-------------------------------------|
| | | Educational Sponsorship | 3 | Educational Support and Skills Transfer | 3 | | | | | | | |
| | | Educational Visits | 5 | Educational Workplace Visit | 1 | | | | | | | |
| | | Financial Support for a Community Project / Organisation | 6 | MCR Pathways 1-2-1 Mentoring Programme (or equivalent Programme) | 3 | | | | | | | |
| | | New Job for an Apprentice from a Priority Group (Full Time) | 3 | New Job for an Apprentice from a Priority Group (Part Time) | 1 | | | | | | | |
| | | New Job for an Individual from a Priority Group (Full Time) | 7 | New Job for an Individual from a Priority Group (Part Time) | 3 | | | | | | | |
| | | New Job for an Individual not from a Priority Group (Full Time) | 9 | Non-financial Support for a Community Project / Organisation | 9 | | | | | | | |
| | | Work Experience Placement for an individual aged 14 to 16 years of age | 2 | Work Experience Placement for an individual 16+ years of age | 1 | | | | | | | |
| | | Work Experience Placement to obtain a "Foundation Apprenticeship" | 1 | | | | | | | | | |
| Additional Comments: | Given the multi contractor / multi lot structure of the Framework Agreement, each Contractor shall only be required to delivery community benefits as and when specific spend thresholds are exceeded. Accordingly, the community benefit outcomes above detail the possibilities of what could be delivered, not what shall be delivered as part of the Framework Agreement. | | | | | | | | | | | |
| Impacts Summary, | Public Sector Equality Duty and Fairer Scotland Duty | <input checked="" type="checkbox"/> | HR Policy Impact | <input type="checkbox"/> | Data Protection Impact | <input checked="" type="checkbox"/> | Environment / Carbon Impact | <input checked="" type="checkbox"/> | Risk Impact | <input type="checkbox"/> | Children's Rights and Wellbeing Impact | <input checked="" type="checkbox"/> |
| | Financial Impact | <input checked="" type="checkbox"/> | Legal Impact | <input checked="" type="checkbox"/> | Technology / Digital Impact | <input type="checkbox"/> | Comms Impact | <input type="checkbox"/> | Armed Forces Covenant Duty | <input type="checkbox"/> | | |