

# 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

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### 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 01<sup>st</sup> October 2025 to 31<sup>st</sup> 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.

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## **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 01<sup>st</sup> October 2025 to 31<sup>st</sup> 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.

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## **3. Measures of success**

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

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## **4. Supporting documentation**

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



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

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## 5. Impacts

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

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

## 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)<br>71.4% (Stage 2) | 60.0% (Stage 1)<br>76.9% (Stage 2) | 92.1% (Stage 1)<br>76.5% (Stage 2) | 78.8% (Stage 1)<br>92.9% (Stage 2) | 86.8% (Stage 1)<br>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                                | 776                                | 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><b>Narrative &amp; Corrective Action</b></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><b>Narrative &amp; Corrective Action</b></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> |   |                        |            |            |  |  |            |

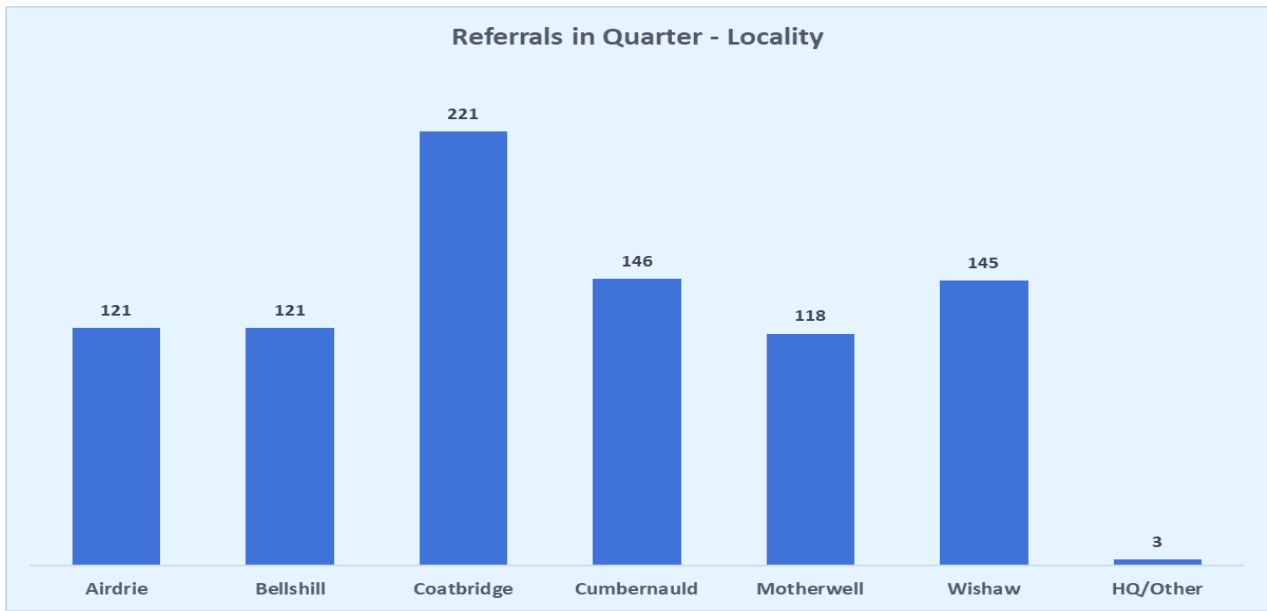
| 3.  | Care Homes                         | Target 2025/26 | 2025/26 Q2 | 2025/26 Q3 | Performance Compared to Previous Quarter | Performance Compared to Same Quarter Previous Year | RAG Status |
|---|------------------------------------|----------------|------------|------------|--|--|------------|
|   | Care Home - Average Length of Stay | 865            | 881        | 978        | ↓  | ↓  | RED        |
| <p><b>Narrative &amp; Corrective Action</b></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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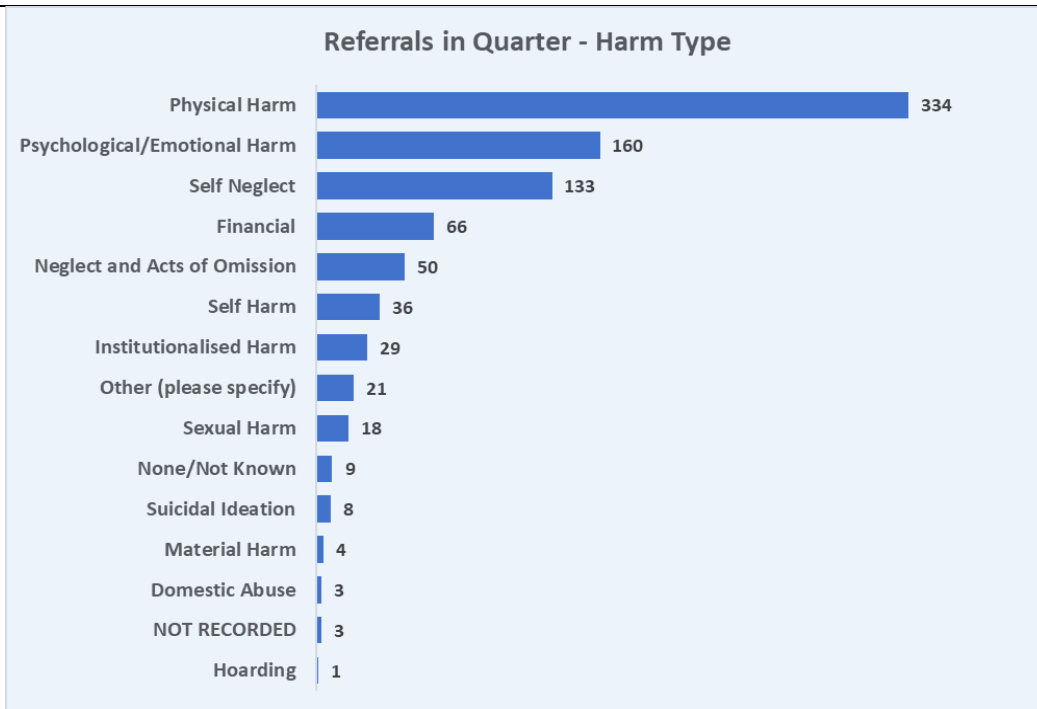
| 4. | Adult Protection   | Target 2025/26 | 2025/26 Q2 | 2025/26 Q3 | Performance Compared to Previous Quarter | Performance Compared to Same Quarter Previous Year | RAG Status |
|----|--|----------------|------------|------------|--|--|------------|
|    | For Referrals in Period, Proportion Going 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><b>Narrative &amp; Corrective Action</b></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> |   |                |            |            |  |  |            |