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2 May 2025

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

Chief Executive's Office

Rachel Blair
Chief Officer (Legal & Democratic)
Civic Centre, Windmillhill Street,
Motherwell ML1 1AB
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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, 13 May 2025 at 14:00 PM which you are requested to attend.

The agenda of business is attached.

Rachel Blair
Chief Officer (Legal & Democratic)

Members :

M McCulloch, A McCrory, C Barclay, B Baudo, M Boyd, G Brennan, B Burgess, J Cairns, W Goldie, H Gray, M Hughes, J Jones, P Kelly, K Larson, B McCulloch, R McKendrick, C McManus, C Quigley, N Shevlin, L Stubbs, R Sullivan, J Toner, C Williams, N Wilson, G Woods.

Agenda

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

Performance

- 2 **From Back-to-Basics to Getting It Right For Everyone** 5 - 26

Submit report by Chief Officer (Planning, Performance and Quality Assurance) outlining the work being taken to getting it right for everyone in North Lanarkshire with reports being provided to future committee cycles detailing the overall approach. .

- 3 **Adult Social Care Performance Report – Quarter 3 2024/25**

Submit report by Chief Officer (HSCP) (copy to follow)

Financial

- 4 **Revenue & Capital Budget Monitoring Report: Adult Social Care Period 12: 01/04/2024 to 28/02/2025** 27 - 38

Submit report by Chief Officer (Planning, Performance and Quality Assurance) providing 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, for the period 1 April 2024 to 28 February 2025.

- 5 **Health & Social Care Partnership Medium Term Financial Plan 2025/26 – 2027/28** 39 - 62

Submit report by Chief Finance Officer (HSCP) outlining the challenges and opportunities for the partnership over the coming 3 years along with details of the Long Term Financial Outlook which estimate the longer-term financial position in respect of funding levels and rising costs and demands.

- 6 **Charges for Non-Residential Services, Community Alarms, Meals Provision, Independent Sector Care Homes & Respite Care** 63 - 68
- Submit report by Chief Officer (HSCP) advising of the charging levels to be applied for non-residential services, community alarms, meals provision, independent sector care homes and respite care in 2025/26.

Contracts

- 7 **Contracts awarded below Committee approval threshold** 69 - 74
- Submit report by Chief Officer (Assets and Procurement) notifying of the contracts awarded since the last meeting of the Committee with a value below the financial threshold requiring approval.

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref MD

Date 13/05/25

From Back-to-Basics to Getting It Right For Everyone

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

E-mail dendym@northlan.gov.uk

Telephone

Executive Summary

The landscape of health and social care is changing and services, supports and responses need to change to continue to improve the lives of people who live in North Lanarkshire and who work in North Lanarkshire. This report sets out the work that has been done to adopt a human learning approach, to focus more on people and less on systems and process to use resources to their best effect and make the most positive impact on lives. The report outlines the next steps and key actions for 2025 and sets the context for future reports giving specific detail of how different services and supports are changing to work effectively within the whole system, place-based approach.

Recommendations

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

- (1) Endorse the approach being taken to getting it right for everyone in North Lanarkshire, including the public and staff
- (2) Anticipate that there will be a range of reports to future committee cycles that provides detail to the overall approach

The Plan for North Lanarkshire

Priority	Improve the health and wellbeing of our communities
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	Resilient People

1. Background

- 1.1 The landscape of health, social work, and social care is changing. Demographic changes and increasing pressure on financial resources including the impact of changes in the cost of living, means that “more of the same” is not the right response.

A whole system approach is not only desirable but essential. This report explores what is being done locally to focus on people, on learning how to get it right first time by intervening early and effectively, responding proactively rather than in crisis, and working whole system.

1.2 The 2022 census provides important comparisons to the 2011 census which demonstrate the potential for demographic change to overwhelm services and supports without change to the approach:

- Between 2011 and 2022, the 25 to 44 age group saw a percentage decrease (-7.3%), in contrast the 75 and over age group saw a percentage increase (+21%).
- Although the population is projected to decrease from 2028 to 2043 by 1.2% there is a forecast increase of 71.4% in the age group 75 years and over across the same timescale.
- 20% of North Lanarkshire's data zones are within the 20% most deprived in Scotland.
- Individuals who reported themselves as "not in good health" has grown by 24.6% (+6039).
- Individuals who reported themselves as 'in fairly good health' as opposed to 'good health' has grown by 15% (+7036).
- Individuals who reported themselves as having 'long term health conditions' has grown by 30.6% (+43,943).
- Individuals self-reporting mental health issues has grown by 158.6% (+24,903)
- Individuals self-reporting as providing informal / unpaid care has grown by 31.6% (+10,877).

1.3 The Integration Joint Board approved the Strategic Commissioning Plan 2023-2026 at its meeting on 22 March 2023, setting out how the Health & Social Care Partnerships plans and delivers services for North Lanarkshire over the medium term and how these arrangements help to contribute towards achieving the national health and wellbeing outcomes through focus on five core strategic ambitions:

- First-time resolution
- Prevention-focused community partnerships
- Future-ready workforce development
- Enhanced mental health and wellbeing support
- Whole family approach

1.4 As previously reported, the partnership has been adopting a learning as management approach, also known as a Human Learning System approach, working with academic and national partners including Healthcare Improvement Scotland to make learning and experimentation the key driver of our work. This paper provides more information to Committee of the approach taken and anticipates a range of papers to follow in future cycles with the detail relating to specific services and responses.

2. Report

Enabling Approach

2.1 A key element of the learning approach has been the development of a Whole System Enabling Approach strongly embedded within each of the six locality teams, sometimes described as a place-based approach.

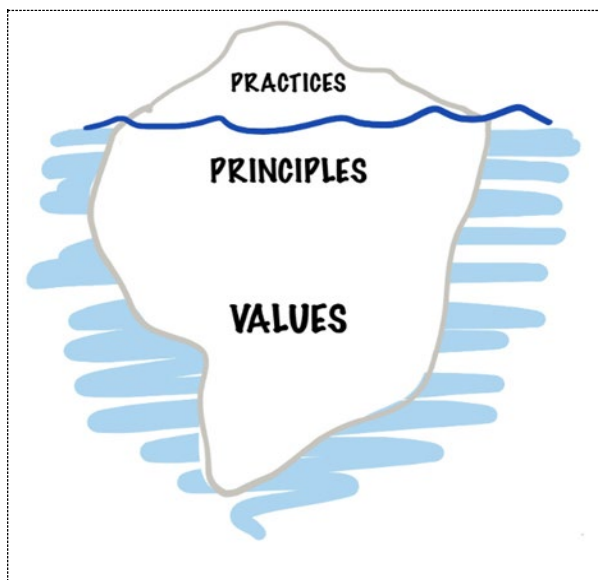
- 2.2 Overarching this work is making sure that when people contact our services the response is quick and effective, with a focus on helping people to help themselves first.
- 2.3 By focusing on a back-to-basics approach, the simplicity of Assess, Plan, Intervene or Deliver then Review has helped to strip back and value the key tasks.
- 2.4 We know from national and local participation and engagement, and most recently as part of the Scottish Government Getting It Right for Everyone pathfinder work, through engagement sessions, that people want a quick and effective response which involves telling their story once. North Lanarkshire is a Getting It Right for Everyone pathfinder lead for frailty.
- 2.5 To support this approach, we operate a fair and equitable arrangement to accessing services building on the values of Getting it Right for Everyone:
- I have the information I need to make decisions about my own life
 - The people who support me take the time to listen and understand me
 - What matters to me and my choices will be respected
 - Kindness, dignity and respect are the foundation of my health and social care
 - People work together with me to share information and understand how to support me well
- 2.6 Our Enabling Approach helps us understand and consider how all parts of the Health and Social Care system interact and influence each other. We want to support people to thrive by providing targeted services that are tailored to reflect their diverse needs. Keeping people central to the decisions that affect them helps us plan actions that support positive outcomes for those who access our services. By adopting a “sticky person” approach, which is to identify a lead person not only to assess need but to engage others to ensure the right response where needed, rather than pass on, we can safeguard against long waits, by waiting well and getting to the right response quickly. This approach builds confidence and trust between people and practitioners which enhances the quality of work done to achieve outcomes.

Principles informing the Enabling Approach

- 2.7 The importance of leadership in implementing an enabling approach is paramount. We want to operate on principles rather than rules and recognise the importance of relationships and trust. The principles noted below have been developed and refined through the active engagement with locality leaders of health and social care services over the last 18 months.
- 2.8 **Do no harm** – recognises the importance of getting the support for people right, too much as well as too little support can be harmful and reduce rather than increase or maintain people’s abilities and independence.
- 2.9 **Home First** – why not home, why not now underpins the approach to supporting people home from hospital at the earliest opportunity, as well as maintain people at home as far as possible.
- 2.10 **Empower people** – a robust focus has been on how we help people help themselves first. Access to good information, self-management and self-care as well as self-assessment.
- 2.11 **Focus on prevention** – as resources become tighter it is sometimes hard to protect the responses focused on prevention, but responding before people reach more difficult

circumstances is not only better for the person and their family, it is a cost-effective intervention. Yech solutions, minor adaptations and equipment often become a key change for people managing well in their own home.

- 2.12 **Whole system** – has been a key focus of the work. Working as a place-based team of people across sectors including the community and voluntary colleagues as well as independent sector providers. The focus has been on building relationships, building strong virtual teams and making best use of responses together.
- 2.13 **No waits** – creating a “no wrong door” approach to accessing the right response when it is needed, not just having a person’s name added to a waiting list. The driver to this work has been on improving the lives of people in North Lanarkshire and their families, but it has also been on improving the working lives of staff. A key factor to achieving this as a reality for both is being able to respond at a time that makes sense, when people reach out, without having to wait for a service or response. The use of Community Hubs, open access, good triage, excellent outward facing information, are all leading to an improved picture of responding now.
- 2.14 The Practices, Principles and underpinning Values have been captured in the graphic below:



Practices

- Assessment
- Planning
- Intervention/delivery
- Review

Principles

- Do no harm
- Home first
- Empower people
- Focus on prevention
- Whole system
- No waits

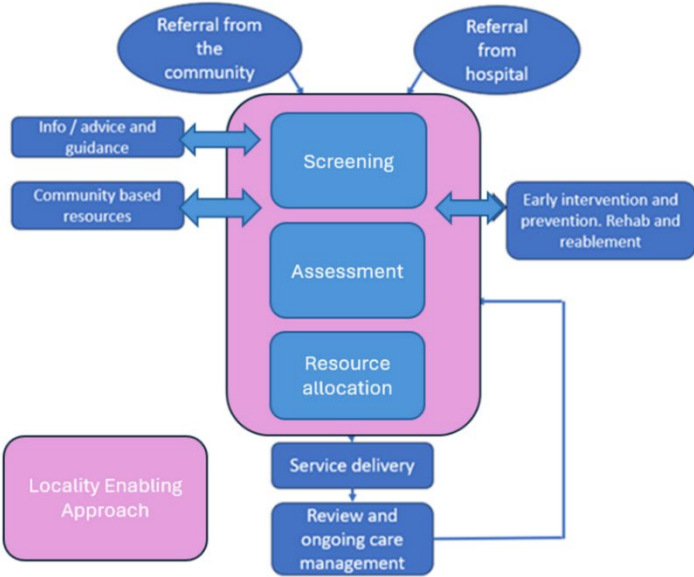
Values

- I have the information I need to make decisions about my own life
- The people who support me take the time to listen and understand me
- What matters to me and my choices will be respected
- Kindness, dignity and respect are the foundation of my health and social care
- People work together with me to share information and understand how to support me well

Locality Enabling Approach

- 2.15 By clearly defining the journey for people accessing services, we can provide better clarity across the whole system on the route from referral to assessment and through to service delivery including in-house provision or commissioned services.

2.16 Journey Map



2.17 The overall ambition is to have a system that is streamlined, supports fewer repeat actions and touch points/onward referrals for people and makes best use of resources by using them in a more effective and productive way. This will ensure that not only are we offering people the right support, at the right time, and so increasing their quality of life, we are also increasing the quality of experience for staff in work satisfaction. To achieve this across the whole system, each locality will be responsible for their local population, which means decisions will be made closer to people. This approach will help support robust connections across all local stakeholders to Locality Planning Groups (LPGs), Local Outcome Improvement Plans (LOIPs) and Community Boards (CBs).

2.18 **Referral and Screening Pathway** To realise our ambition, we need to understand how people currently access services through the variety of referral pathways that exist. Work is currently underway to review and establish a clear pathway that works for everyone.

2.19 **Risk and Prioritisation** National standards are in place to support the criteria around risk and prioritisation. The categories defined within those standards are critical; substantial, moderate and low. To ensure resources are directed at those in most need or at most risk, people with needs assessed as moderate or low will be offered advice, guidance, support with income maximisation and signposted to universal, community or voluntary services. This will avoid unnecessary waiting lists and ensure people continue to maximise their own independence

2.20 **Applying an Enabling Approach** To ensure the right approach to understanding and meeting an individual’s identified need, each locality has introduced an enabling approach. As we transition to this Locality Enabling Approach, teams started from where they were at and refined the approach as it developed over 2024. Across all six localities, to support and operate a Locality Enabling Approach, stakeholders operated as a multi-disciplinary team, to facilitate comprehensive assessments by ensuring good conversations that enables clarity about how people will achieve their outcomes, that if

required can be included in robust support planning for people in the locality to reach the right support, at the right time. By scoping and using the full range of people and financial resources available within and available to that locality, reducing hand offs and multiple actions around a person, there is capacity to respond quickly and effectively. There is a focus on how teams, team leads and practitioners across stakeholders work increasingly more effectively together.

2.21 The Enabling Approach has considered how best to organise for regular assessment, connecting at least weekly for resource allocation, with the frequency of meetings ultimately determined by demand.

2.22 The Enabling Approach will have a clear focus on assessment and on resource allocation. Membership has included (when required) representation from the following disciplines/teams:

LSWM	IDS
Health Service Manager	LSS
Home Support SDM	Education & Families
Quality Assurance	Senior Nurse
IRT/OT lead	Pharmacy
HAT Senior Social Worker	Community Connectors
Access	Hospital at Home
Resource Worker (Tech Team)	Hospital Social Work
Quality Lead GP	Health Improvement

2.23 **Resource Allocation** As important as the focus on assessment is determining and accessing the right support, at the right time that maximises outcomes for people, ensures consistency and helps people to remain at home for as long as possible.

2.24 Resource allocation is considered when an assessment has identified a need for ongoing supports.

2.25 Resource allocation is about how services are used to their best effect within each locality but also relates to the process of identifying an individual budget where this is evidenced as required through assessment.

2.25 An individual budget is designed to facilitate planning which empowers people to achieve choice and control in their own lives, there should be an openness and transparency about the financial resource or individual budget available to them to organise their support. The Enabling Hub will also be responsible for local decision making currently undertaken through the Locality Enabling Group and Social Work Enabling Group process. Both of these forums are now deleted from each locality.

2.26 Consideration in the future can be given to creating a **Provider Alliance** in each locality, to work with locality teams to plan and allocate where resource is required and/or will be more effective. This will support decision making closer to people and support financial oversight at locality level.

2.27 **Involving People** Participation and engagement with individuals, their carers and families, communities and our partners is important to us and keeping people central is paramount to getting it right for everyone. The process of assessment, care planning and review is a joint effort, based on collaboration and communication with the person at the centre. The process must also take account of their carer/family views and understand what contribution they can make to supporting the person. The person's

own priorities and preferences on how their needs might be met and the resources available to them, must be evident. Where possible, people should have a choice about how their needs will be met.

- 2.28 **Maximising Income** Most people will not need an individual budget to live well at home as their personal resources, family friends and community resources already help meet needs, or can be mobilised to do that. There needs to be a robust focus on maximising personal resources to increase choice and control for a person and their family. Supporting people to maximise their income where possible, should be a feature of every social work intervention. This approach is especially important to ensure that resources are focus on those in greatest need. People with low level need and those with need that does not require social work support will be signposted to alternative resources. In addition to prompting people to check benefit entitlement, staff should direct people to the Tackling Poverty Team, for more specialist assistance, as appropriate.

The Enabling Approach supporting change

- 2.29 Supporting change is critical to the health and wellbeing of individuals and supports progress towards positive outcomes. To support people effectively, we need to listen, understand their needs and communicate the benefits of change clearly. Through a series of available interventions noted below, we can support recovery.

Early Intervention & Prevention

- 2.30 Early Intervention and Prevention can positively influence health and wellbeing by preventing or delaying health and other problems arising or getting worse. Operating on the principles of Getting it Right for Everyone and taking a Human Learning System approach creates opportunities to develop teams, work across the whole system rather than in silos, support decision making closest to the person and help practitioners remain autonomous and accountable.
- 2.31 There will be some people whose needs are changing frequently or rapidly and whose level of service will need to change accordingly. Where current assessment places need in a category that would not warrant services being provided, consideration should be given to provision as a preventive measure or in anticipation of an imminent need for increased service, rather than wait until the situation deteriorates. This applies particularly when admission to hospital or a care home.

The role of the practitioner with closes contact to the person

- 2.32 The role of the practitioner is to work alongside people to help them build resilience, maintain hope and optimism and develop their strengths and abilities. Practitioners must meet people on their own terms, in their own environment whilst retaining the professional detachment needed to help people who use services to understand, come to terms with or change their behaviour. The quality of the therapeutic relationship between practitioner and individual or family is critical to achieving successful outcomes. The therapeutic approach and the working alliance that goes with it are key elements in developing a personalised approach to helping those with the most complex needs gain control of their lives and find acceptable solutions to their problems.

Integrated Rehabilitation, Home Assessment and Reablement Teams

- 2.33 The locality-based teams are made up of a variety of health and social care professionals who provide a change focus to people in their own homes or to facilitate return to their own home. Focusing on rehabilitation and reablement, direct support can also be provided to individuals for a relatively short time to support change. These teams contribute to the assessment process by observing and supporting individuals within their own home, to determine the potential to maximise the individual's ability rather than observing ability while the person is in an unfamiliar setting such as hospital or a care home.
- 2.34 Following this assessment at home, the assessing practitioner will either cease support if assessed as not required or may determine that further reablement support or longer-term supports may be needed and will define the need going forward.

Intensive Support Team

- 2.35 For a limited time this team provides intensive support to enable stability, more in depth assessment and help from staff with a particular skill set. The intensive home support team will work alongside existing home support already provided. It will augment the existing service rather than replace it. This team can consider specifically in circumstances where:
- Last weeks of life care is required.
 - There is significant risk of readmission to hospital.
 - Support needs require co-ordinated multidisciplinary packages.
 - Short term this team will complete a full assessment in complex, unstable or contentious situations.
 - Where vulnerable people have complex care needs with little or no other natural support networks.
 - Supporting the prevention of admission to care home/hospital when this can be avoided and is the expressed wish of the service user.
 - Supporting people at points of crisis e.g., Carer breakdown.
 - Where a person is reluctant to engage with existing support services.
 - There is a need for continuity of care for a person that moves from longer term to intensive and back again.
 - Planned hospital discharge where there is a clear assessed need for this specific type of intervention.
 - Limited natural supports result in a requirement for more flexible home support

Assistive Technology

- 2.36 The Assistive Technology Team help people and services to 'think tech first'. The team works across North Lanarkshire's six localities to provide technology solutions to help people live independently, and safely, in their own home. The team researches and advises on self-purchased equipment as well as council provided equipment. They also provide a person-centred evaluation and advice.

Community Nursing

- 2.37 District Nurses, Community Mental Health teams and assistant practitioners provide a further layer of support for the multi-disciplinary teams working in the community. They are vital, highly valued members of the community health and care workforce, supporting the rising demands for community services, assistant practitioners bridge the gap between healthcare support workers and registered nurses.

GP and Pharmacy

- 2.38 GPs are often the first point of contact for people experiencing difficulties. Whilst their role is crucial in clinical assessment, the multidisciplinary team and the local teams working as an enabling team, offer much more flexibility and responsiveness as part of the whole system. Community pharmacies provide a range of local services to meet the needs of the local population. They help by improving healthcare access for the public as they do not need an appointment to see their pharmacist, meaning people can access advice and assistance quicker. They support GPs by providing Minor Ailment, Public Health, Acute & Chronic Medication Services, thus freeing up GPs to see patients with more serious complaints.

Community Support

- 2.39 Carers are entitled to an Adult Carer Support Plan (ACSP) or a Young Carer Statement (YCS). We recognise that unpaid Carers of all ages play a vital role in the lives of the people they care for, and we are committed to supporting Carers to ensure they can continue to provide that care for as long as they wish. A range of supports are delivered via our commissioned services. In addition, there are several initiatives included Carer Breather, the Hospital Support Programme and Short Breaks.
- 2.40 Advocacy plays a vital role in helping to safeguard people who may be at risk of being treated unfairly because of individual, social, and environmental circumstances that make them vulnerable and is available to anyone who needs it. Our commissioned independent advocacy services support people to have their voices heard and their rights and interests protected.
- 2.41 Community Connectors support vulnerable people in the community. Community Connectors promote local opportunities for and with people, avoiding the need for more formal services for longer. The Community Connectors also play an important role in the transitional arrangements for people at the point they may need more formal responses from the HSCP. The approach supports conversations with Older Adults, Younger Adults and Carers and ensures a link to the Community Consortia.
- 2.42 Community Solutions is a cross-sector health and social care investment and improvement programme for North Lanarkshire, which directs resources to local community organisations to help improve people's health, wellbeing, quality of life and equality. These community-led initiatives build community, family and individual strengths and resources and have a focus on prevention and early intervention.

Health Improvement

- 2.43 The Health Improvement team strives to improve the health and wellbeing of individuals and communities by creating healthier opportunities, as well as addressing underlying influences on health such as poverty, discrimination and social isolation.
- 2.44 Working alongside NHS staff, local authorities, and third sector organisations and groups within the community, the team addresses health inequalities and improve the health and wellbeing of the Lanarkshire population, with the most vulnerable communities at the core of the discipline.

The Enabling Approach - Support Planning and Service Delivery

- 2.45 The right type of Service Delivery should be identified through robust support planning, following assessment. The planning process in organising support should be built

around the persons wishes, needs and aspirations. People should be in control of the support they need to live the life they choose, so where relevant an individual budget should be considered.

- 2.46 Where appropriate and following assessment, support can be delivered within the community, utilising universal, community and voluntary services and therefore maximising people's independence.
- 2.47 When it is assessed that a person's needs require support from an ongoing service, the following may be relevant.

In-House Home Support Service

- 2.48 Home support is a critical service that enables people to live at home for as long as their health and social care needs permit. To ensure that citizens in our communities are allocated the right support at the right time the service must safeguard capacity to provide this to those people who have been assessed as having critical or substantial priority need. Demand for social care is high therefore criteria is crucial to manage demand thus ensuring that available resources are utilised effectively to deliver the right support to the right person at the right time.

Commissioned Services – Framework Providers

- 2.49 Commissioned services provide support to individuals in line with the Self-Directed Support Framework and help people to understand and manage their individual budgets. Individual budgets are designed to be flexible so that support can be arranged in a way that meets the persons' outcomes and promotes greater choice and control on how someone is supported to live at home. Care at Home Providers support people with all aspects of personal care, continence support, eating, drinking and medication assistance.
- 2.50 With older adults specifically, their needs and circumstances can change frequently. In these instances, we need to better promote the level of flexibility in utilising a proportion of the allocated budget to meet immediate need. Individual Budgets are designed to be flexible, with payments made over 13 equal instalments to allow for short term variances. Training should be re-established to emphasise support should be delivered around the needs of the person rather than be task orientated.
- 2.51 Utilising the revised GSA to accurately reflects a price point that creates stability in the system, supports market facilitation, provider sustainability and offers choice and control for people in relation to their support.
- 2.52 Consideration to source a Provider should also be given when:
- A person who has been assessed as requiring longer term support requests this as an Individual budget.
 - Where all other options have been explored and there remains unmet need to support with light housework, shopping, or regular laundry tasks.
 - Where periods of respite are assessed for a carer break.
 - Support is required to manage or attend appointments, provide support to assist with pet care or provide supports to reduce social isolation.
 - Where specialist knowledge or skills are required and extended visit times are identified

Direct Payment

- 2.53 If a person has been assessed as requiring community care services, they may be able to choose to receive payments instead of the services. This is a Direct Payment and allows a person to receive cash payments from their local authority instead of care services. This can offer the person much more flexibility and greater control of the support package as they can use it to arrange their own care services.

Integrated Day Service

- 2.54 Integrated Day Services comprise of staff from health and social care working together to provide care and support for older people, recognising that older people often have complex and overlapping needs that require support, care and treatment from a range of professionals at the same time. Carers are actively encouraged to be involved in developing and providing support for the person on an individualised basis. The service may be provided as support through our outreach respite-at-home service or at an integrated day service centre.

Locality Support Service

- 2.55 Locality support services assist people to be as independent as they can be in their community: to travel independently and to access services, activities and facilities in their local area. They support people to identify and work towards goals or outcomes, have greater independence and to lead healthier, safer, happier lives. Support to live independently can include learning to manage money, staying safe and well at home and thinking about technology and equipment to replace direct support from someone who is paid to provide support with tasks. The team are well connected and can support people to access services that provide support into employment, groups for people with an interest and opportunities for health improvement.

Care Home

- 2.56 Care homes in North Lanarkshire are commissioned to provide residential or nursing care, or both and have staff on duty 24 hours a day to look after residents. They provide accommodation and personal care for people who need extra support in their daily lives. Many care homes provide specialist services for those who require higher levels of care.

The Enabling Approach - Reviewing and Care Management

- 2.57 Assessment, care planning and review are all captured within the term 'care management'. Each locality is responsible for their local population, ensuring appropriate care management processes are in place.
- 2.58 **One** robust single assessment/ reassessment/ review process that clearly sets out ongoing care management should be in place to ensure we operate within the principles of Getting it Right for Everyone and keep people central and included in decisions that affect them. Having a robust assessment and planning process will ensure people get the right support at the right time and by undertaking reviews in an appropriate timely manner, we will ensure oversight of complex cases or protection concerns and that reviews are person centred and financially robust.
- 2.59 Our current approach to allocating provision has been described as too paternalistic. We need to work together to change the culture and avoid a continuation of the current process, which is more reflective of a tick box exercise.

- 2.60 Outstanding and future reviews across our in-house home support service should be managed and actioned by the home support teams.

What we are learning from the Enabling Approach

- 2.61 The Healthcare Improvement Scotland reflection on our journey is attached at appendix 1 and demonstrates the achievements since the beginning of 2024.
- 2.62 The key learning points over the last year are summarised as:
- 2.62.1 Right first time: If we join up our responses and think about getting it right for people rather than simply moving people through a range of services and supports, there are better outcomes for people, less pressure on individual services, and a general feeling of being better.
- 2.62.2 Culture: Culture has been a significant focus in 2024, and the benefits are reflected in the building of relationships, trust and improved discussions in relation to people. Developing a more detailed operating procedure with the shift in culture will make much more sense of focusing on getting it right for everyone.
- 2.62.3 Language: Language is important. In this report you will have read reference to whole system enabling approach, placed based approach, enabling approach, getting it right for everyone and back to basics. The language used most frequently within services is back-to-basics. We recognise the need to use plain English / everyday language because it works better to describe what we want to achieve and how we will do that. We are seeking to move the language from back-to-basics to getting it right for everyone on the basis that we should be doing the basics and more, and we should be aspiring to getting it right for everyone. There is a propensity in health and social care services to use acronyms, we are also keen that the getting it right for everyone approach is not shortened to GIRFE to keep it accessible and logical.
- 2.62.4 Communication Plan: A communication Plan is being finalised to support the ambition described in the report including the language, aspiration and operation to achieve change. The comms plan will address the need for public communication as well as how to inform and empower staff.
- 2.62.5 Confident practice: The quality of the relationship with people and their families, determines the success of the interventions that follow in achieving the lifestyle people want and in meeting their needs. Practitioners want to work with autonomy, flexibility and creativity. A refreshed programme of training and development of assessment practice is underway and will be rolled out across the health and social care partnership.
- 2.62.6 No Waits: No waits is something that enthuses staff as well as the public. It incorporates the work in relation to no wrong door, work across the seven days of the week and into the evening, and the use of community hubs. The ambition will see changes in the short, medium and longer term in relation to reaching out and responding differently.
- 2.62.7 Technology in business and in care: Changes to business systems will improve how information is recorded, accessed and analysed, increasing the opportunity for robust data led decision making. Tech in care is making a significant difference and is often reflected on in engagement sessions with locality staff. The potential to increase the use of high-street and more bespoke tech to enhance people's lives will continue to grow and develop at an exciting pace. The tech team supporting local confidence is a key asset.

3. Measures of success

Next Steps – from back to basics to getting it right for everyone

- 3.1 **Operating Model:** We are currently engaging with stakeholders across North Lanarkshire through 12 discussion sessions to help refine the content of an operating model. The operating model will protect the focus on people but will guide and support new and existing staff with the articulation of what that means locally.
- 3.2 **Performance and achievement measures:** articulating the operating model, promoting consistency and really clarifying what we want to achieve as a whole system, facilitates a revision to the performance framework to build the data analysis into the process on a day-to-day basis.
- 3.3 **Specific plans and service developments:** as this is a whole system approach, there is a lot to focus on and much change across services, supports and responses that are needed to achieve and sustain change. There will be future reports providing the more detailed position across that range.
- 3.4 **Study Visit:** The developments locally have been enriched through learning from elsewhere in Scotland, the UK and wider. Visits to and engagement with colleagues in Tayside, Sheffield, Tyneside and Plymouth specifically have enhanced our thinking. As part of active network focusing on the Human Learning System Approach and Relational Public Policy, a Study Visit to North Lanarkshire is taking place on the 25 and 26th June 2025, which is an exciting opportunity to offer something back to the collective learning as well as recognise the achievements locally. Detail is attached at Appendix 2.

4. Supporting documentation

- 4.1 **Appendix 1** Healthcare Improvement Scotland, Recap of 2024: Summary of 'Back to Basics' to date.
- 4.2 **Appendix 2** North Lanarkshire Leading by Learning Study Visit.



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 content of this report informs the Medium Term Financial Plan for the Health and Social Care partnership.</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 checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact? Whilst the content of the report does not impact on any specific role at this stage, the Trade Unions have been involved from the start in understanding the approach and inputting to the stepped change towards improved outcomes for the public and our staff.</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 checked="" 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 checked="" type="checkbox"/> No <input 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 checked="" 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 checked="" 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> <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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact? The Health and Social Care partnership communications lead is actively involved in supporting a revised communications plan recognising the need for clear, effective and regular communications for the public as well as the directly employed staff as well as the staff of partners and stakeholders.</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? The actions contained in the report mitigate existing risks relating to sustainability of services and the potential negative impact of the cost of living on existing contracts.</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"/></p>

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



On behalf of the Healthcare Improvement Scotland team, We would like to thank you for attending the 'Back to Basics' session celebration on 22 January 2025.

It was a fantastic session, and we are grateful to you all for your input, time and effort in supporting the event. We found it provided a space to reflect, learn and engage with you about the work that has taken place across North Lanarkshire over the past year. The following provides a summary of the session and the next steps.

Recap of 2024:

Summary of 'Back to Basics' to date

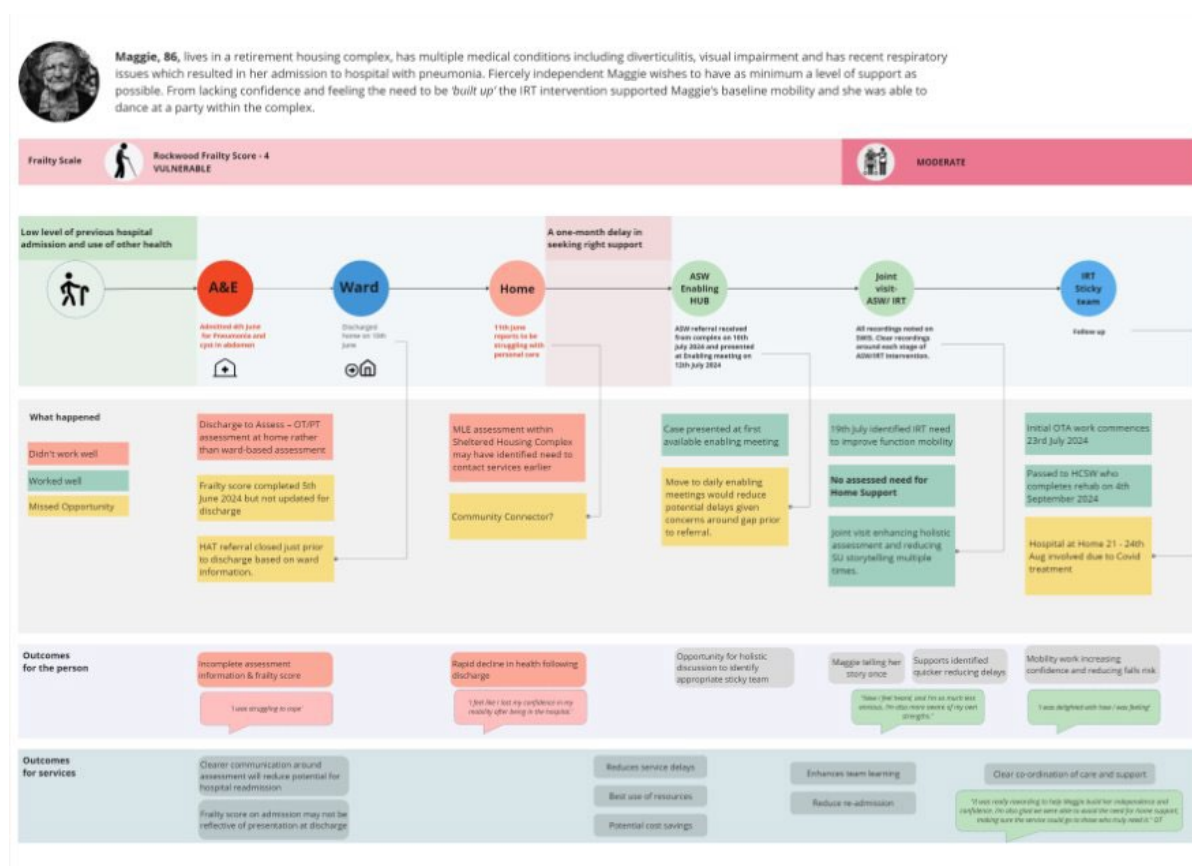
When we started working with you in 2024 you had a clear vision for changing the way to provide services to the people of North Lanarkshire. Including, supporting better conversations, reducing overprescribing, working in a more integrated way, streamlining referrals and moving to a more relational approach. It is our view that you have made significant and meaningful steps to achieve these aims. As you move into phase two, we hope that our reflections here and the learning report to be published will support you to continue to make outstanding progress.



Journey mapping

We reflected with you using a series of Journey Maps which we had developed through reflective conversations with each locality. These Journey Maps captured the cultural, process and experiential changes that have been achieved through the 'Back to Basic' approach. The discussion using Maggie's story reflected the commitment to learning and curiosity which has been a feature of working with North Lanarkshire.

Action: For next steps, we agreed that you would continue to use Journey Maps as a tool for capturing case studies, key insights and the views of service users – and find ways to incorporate this information into your ‘Back to Basics’ process.

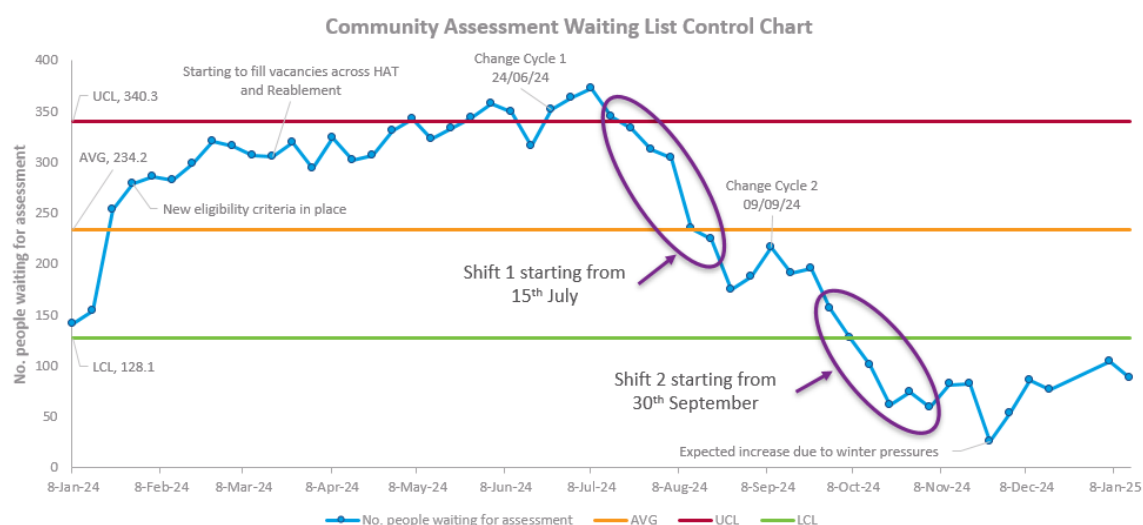


Data Analysis

We reflected on the change to waiting times for community assessment. We looked at the data you shared with us and demonstrated a statistically significant reduction in the amount of people waiting for community assessments in North Lanarkshire. This pattern mirrored the feedback we had received from your teams that working in this way felt better for people and colleagues.

Action: For next steps, we asked you to explore further what this data meant in the context of the wider health and care system in North Lanarkshire, to ensure the pattern was sustainable using balancing measures and to understand further the impact of the changes.

Waiting List for Community Assessment



Your experience

We reflected with you that from our engagement over the past 12 months, we have seen a clear change in the language used by colleagues at all levels of the organisation. We have seen and heard multiple anecdotes and case studies (see journey maps) of change in action. On the day, we asked you a series of questions against your objectives:

- Did you feel more confident using learning as an approach?
- Did you feel you were more person-centred?
- Did you feel you work more in partnership?
- Did it feel better working this way?

In every case, you said you had seen improvement.

Action: To support the learning report, we have developed a self-reflection questionnaire (link: [HIS System Change Development Tracker](#)). Please take the time to complete this; it is intended to support your learning and capture the changes to practices in 2024.

Next Steps:

Healthcare Improvement Scotland will:

- Publish the ‘Back to Basics’ Learning Report in partnership with North Lanarkshire.

Healthcare Improvement Scotland and North Lanarkshire will:

- Prepare for hosting the Human Learning Systems Visit in Spring 2025

North Lanarkshire will:

- Continue to develop Journey Maps: Trial new ways of using Journey Maps as part of future 'Back to Basic' events.
- Continue to work on Data Analysis: Complete quantitative data submission asks.
- Capture and implement a consistent way of recording enabling hub data based on learning from each other for Phase 2.
- Review methods of systematically gaining feedback to test within hubs in Phase 2
- Continue to capture your insights: Complete the MS Forms questionnaire.

Useful Links:

- [Design Community of Practice | Healthcare Improvement Scotland - Design Community of Practice](#)
- [Strategic Planning in Health and Social Care | HIS Engage](#)
- [CEIM: Experience Improvement Model](#)
- [What Matters to You?](#)
- [Scottish Approach to Change | HIS Engage](#)

Hold the Date

North Lanarkshire

Leading by Learning Study Visit

Dates – 25th/26th June

Location – Civic Square, Motherwell, North Lanarkshire, Scotland

Event Capacity – 40 attendees

We are pleased to invite you to the third in the series of study visits to locations across the UK where learning-based approaches are being used to drive change and improvement across complex systems.

The location this time is North Lanarkshire and the visit will be hosted by University Health and Social Care North Lanarkshire. This will be an opportunity to hear both a local and a national story.

Local – North Lanarkshire

You will hear how the Health and Social Care system across North Lanarkshire is changing, as well as the wider public and community sectors:

- H&SC Place Based Enabling Approach – whole person needs and whole system response
- Podiatry Services – call today and be seen today
- Community Wealth Building – putting wealth back into local communities
- Enterprise Development – by using “sticky person” inward investment is happening more quickly and easily
- Community Solutions and Community Connectors – building on strong communities and joining the dots
- Community Hubs – spaces that communities value and respond to What Matters
- Ethical Commissioning – how services are planned and purchased locally with a person centre, human rights approach, focusing on outcomes

National - The Scottish Approach to Change

You will also hear how Healthcare Improvement Scotland are using the learning from North Lanarkshire as we develop the Scottish Approach to Change. This is a pivotal part of the NHS Renew agenda in Scotland and supports the health and care system to do change well. It brings together different change methods into a single approach and translates theory into a practical tool. Importantly, the Scottish Approach to Change uses simple accessible language. This means everyone can achieve high quality change. Following this approach to change will help services become:

- high quality
- effective
- safe
- person-centred

We will be dedicating time not only to hearing about this range of exciting developments but importantly to exploring through discussion what each mean on their own, and critically, how they link together as part of real system and social change at a place and national level. There is such a wide range of people looking to attend this visit that we are keen to draw on the collective knowledge and expertise to think about how we can build on what we have now.

So, please note and hold the dates in your diary and at this point we are expecting up to 3-4 people from each organisation who have expressed interest in attending. To help us with planning can you confirm through the person sending you this invite, how many places you would wish to have. This will help us to make sure as many people as want to attend, can attend. Please respond by: 18th April 2025

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 13/05/25

Revenue & Capital Budget Monitoring Report: Adult Social Care Period 12: 01/04/2024 to 28/02/2025

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

E-mail hendryp@northlan.gov.uk **Telephone** Paula Hendry, Business Finance Manager, 07471321768

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 2024 to 28 February 2025 (Period 12) and includes projected outturn forecasts for the financial year ended 31 March 2025, 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 £274.462m and is currently projecting an underspend of £3.778m. This favourable variance is predominantly the result of the non-recurring underspend of £6.9m on pension costs resulting from the reduced contribution rate to the Strathclyde Pension Fund coupled with underspends due to vacancies. This is offsetting overspends within Overtime, Transport Costs and Payments to Other Bodies. This underspend represents a positive movement of £2.381m since the previous committee report. The movement is predominantly the result of anticipated reductions in spend in home support overtime, Care Homes and 'Care at Home' costs.

The Social Work capital programme has a total budget of £2.171m and is anticipated to outturn with slippage of £0.171m.

Recommendations

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

- (1) Acknowledge the revenue financial outturn position,
- (2) Acknowledge the capital financial outturn position,
- (3) Approve the virement request as detailed in paragraph 2.16 of the report.

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 approved its General Revenue Fund Budget on 15 February 2024, and the Integration Joint Board (IJB) approved its Financial Plan on 27 March 2024. The approved Gross Expenditure Budget for the H&SCP – NL (Adult Social Care and Housing) is £274.462m.
- 1.2 The Council approved its new 5-year Strategic Capital Investment Programme on 14 March 2024. Financial Year 2024/25 is the first year of the programme, with £2.200m approved for Social Work for the current year. Net reprofiling from 2023/24, results in a revised budget of £2.171m, as demonstrated by Appendix 4.

2. Report

Revenue: Analysis of Significant Variances

- 2.1 Within Employee costs, the Service currently anticipates an underspend of £6.560m. This is in relation to the non-recurring reduction of employer's superannuation costs, coupled with slippage in relation to the recruitment of posts across the Service. Both of which being partially offset by higher than anticipated costs in relation to home support staffing costs.
- 2.2 Property Costs are anticipated to be overspent by £0.351m. This is predominantly due to higher than anticipated spend on Care of Gardens and Adaptations, via the HRA budget, all of which is offset by higher contributions from NLC Housing, shown as income
- 2.3 Supplies and Services are anticipated to be underspent by £0.366m. This is mainly due to lower than anticipated spend in equipment and adaptations and across 'other' supplies.
- 2.4 Transport and Plant is anticipated to be overspend by £0.362m. This is mainly due to higher than anticipated costs in relation to estimated running costs associated with vehicles for use across the Service.
- 2.5 Administration costs are anticipated to be underspend by £0.239m. This is mainly due to in-year slippage in relation to Carers budgets.
- 2.6 Payments to Other Bodies and Transfer Payments are detailed in Appendix 2. This expenditure accounts for £167.984m of the annual budget and is forecast to have an in-year net overspend of £3.165m (1.9%). 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.
- 2.7 The Service anticipates a total over recovery of income of £0.472m. An over-recovery of £0.270m relates to Care of Gardens and Adaptations as highlighted in section 2.2, £0.081m relates to returned private sector housing grants and £0.196m relates to contributions from NHS Lanarkshire; these are partially offset by an under-recovery of £0.085m which is mainly as a result of lower than anticipated income from charges relating to the Integrated Day Services.

Revenue: Savings

- 2.8 The Financial Plan of the Health & Social Care Partnership was approved by the Integrated Joint Board in March 2024 which identified an overall cost pressure for 2024/25 of £22.856m of which £11.402m relates to Adult Social Care.
- 2.9 To address this cost burden the Service has developed a savings delivery plan which aims to deliver this saving value over two financial years: 2024/25 and 2025/26. In order to spread these savings over two years the Service is using the non-recurring pension underspend and reserves to offset the shortfall in year 1.
- 2.10 The plan includes the following areas:
- Reducing current overspends to align with allocated budgets.
 - Review of all Registered Social Landlords services in North Lanarkshire keeping with the approach taken by other local authorities
 - Review of all overtime and agency costs
 - Review of non-traditional respite, advocacy and community services.
 - Review of whole system approach to ensure that when people contact the services the response is quick and effective, with a focus on helping people to help themselves first.
 - Review of all vacant posts.
- 2.11 Updates on these savings will be provided in future reports however Members should note that the current projected underspend should continue to grow as progress towards the achievement of these savings is made.

Revenue: Earmarked Reserves

- 2.12 The Integration Joint Board have reserves of £24.804m for specific Adult Social Care commitments as detailed in Appendix 3.
- 2.13 It is anticipated that £6.022m of the earmarked reserves will be used during 2024/25.
- 2.14 The remaining £18.782m will be carried forward to 2025/26. Of this, £8.829m has been assessed by the Service and set aside for specific projects and initiatives as detailed in Appendix 3. This leaves a balance of £9.952m, 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.
- 2.15 All expenditure to be met from reserves are excluded from the outturn position.

Revenue: Virement Request

- 2.16 Due to ongoing variances reported during this financial year, a review of both "equipment and adaptations" and "private sector housing grants" was undertaken during period 9 and 10. In order to reflect budgets accurately and against the recurring spend profile, a budget virement is recommended.
- 2.17 The proposed virement requires a recurring budget transfer of £0.200m between supplies and services and payments to other bodies.
- 2.18 The projections included within this monitoring report reflect the spend in the correct budget areas and assume the application of this virement, therefore approval is being sought to action this, on a recurring basis, before the end of the financial year.

Capital: Analysis of Significant Variances

- 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. The Service currently anticipates an outturn, with minimal slippage, of £0.171m.
- 2.20 Following on from the pandemic, 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 5 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	Capital – Budget Movements 2024/25
Appendix 5	Capital – Summary Expenditure by Thematic Category



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

5. Impacts

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<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>
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<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>
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<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, self-directed support 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 2024 - 28 February 2025)
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	94,042,784	87,482,052	6,560,732 FAV	7.0%	633,601	Anticipated underspend mainly as a result of the non-recurring reduction of employer's Superannuation costs, coupled with slippage in relation to recruitment across the Service. Both of which partially offset by higher than anticipated costs in relation to home support staffing costs
PROPERTY COSTS	3,163,701	3,515,207	(351,506) ADV	(11.1%)	(75,341)	Higher than anticipated spend on Care of Gardens and Adaptations (Housing)
SUPPLIES & SERVICES	6,880,706	6,514,338	366,368 FAV	5.3%	(46,718)	Underspends in equipment and adaptations and 'other' Supplies areas
TRANSPORT & PLANT	1,782,480	2,144,559	(362,079) ADV	(20.3%)	185,688	Projected overspend in relation to Internal Transport charges, partially offset by underspends in Vehicle Contract Hires
ADMINISTRATION COSTS	579,052	339,951	239,101 FAV	41.3%	33,067	Underspends in general admin across the Service and in-year slippage in relation to Carers budgets
PAYMENTS TO OTHER BODIES	60,418,196	61,037,754	(619,558) ADV	(1.0%)	668,855	Please refer to Appendix 2 for analysis
TRANSFER PAYMENTS	107,566,341	110,112,102	(2,545,761) ADV	(2.4%)	773,536	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	10,595	18,263 FAV	63.3%	88	
TOTAL EXPENDITURE	274,462,118	271,156,559	3,305,559 FAV	1.2%	2,172,776	
NLC CONTRIBUTION	(208,023,791)	(208,023,791)	0	0.0%	0	
NLC CONTRIBUTION - HOUSING	(2,229,010)	(2,499,689)	270,679 FAV	(12.1%)	95,679	In relation to higher than anticipated spend on Care of Gardens and Adaptations
INCOME FROM HEALTH FEES AND CHARGES	(58,579,415)	(58,776,077)	196,662 FAV	(0.3%)	129,900	In relation to recently received 'Winter Planning' funding, offsetting expenditure incurred
OTHER LOCAL AUTHORITIES BUDGETED USE OF IJB RESERVES	(2,706,056)	(2,706,056)	0	0.0%	0	
OTHER INCOME	(1,508,679)	(1,590,597)	81,918 FAV	(5.4%)	(54,621)	Overrecovery in relation to returned private sectors housing grants and recharge income from other Council Services
INCOME	(274,462,118)	(274,934,743)	472,625 FAV	(0.2%)	208,834	
NET EXPENDITURE	0	(3,778,184)	3,778,184 FAV	0.0%	2,381,610	

NORTH LANARKSHIRE COUNCIL
Revenue Budget Monitoring Report - Payments to Other Bodies & Transfer Payments Analysis
Period 12 (01 April 2024 - 28 February 2025)
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)	106,789,258	109,630,874	(2,841,616) ADV	(2.7%)	770,936	Demand led activity.
Independent Care Homes	47,092,736	48,998,363	(1,905,627) ADV	(4.1%)	182,237	Demand led activity.
Payments to NHS Lanarkshire	2,351,117	2,261,846	89,271 FAV	3.8%	45,648	Position reflects anticipated in year payments
Non Traditional Respite	335,283	96,702	238,581 FAV	71.2%	2,715	Position reflects anticipated Locality demand
Other Local Authorities - General	127,909	125,224	2,685 FAV	2.1%	0	Position reflects anticipated in-year demand
Voluntary Organisations & Payments to Other Bodies - Gen	8,818,070	7,820,658	997,412 FAV	11.3%	530,214	Position reflects anticipated in-year demand
Housing Support (RSL's)	777,083	481,228	295,855 FAV	38.1%	2,600	Position reflects projected contract levels
Locality Flexibility	218,068	171,595	46,473 FAV	21.3%	2,696	Position reflects anticipated Locality demand
Private Sector Housing Grants	1,352,378	1,352,378	0	0.0%	4,193	Position reflects anticipated in-year demand
Medical Fees	122,635	97,946	24,689 FAV	20.1%	6,151	Position reflects Service's approach to absence management
Agency Fees	0	113,043	(113,043) ADV	0.0%	(105,000)	Position reflects anticipated in-year payments, mainly Mental Health Officers (funded by Winter Planning funding)
Other	0	0	0	0.0%	0	
TOTAL EXPENDITURE	167,984,537	171,149,856	(3,165,319) ADV	(1.9%)	1,442,390	

NORTH LANARKSHIRE COUNCIL
Revenue Budget Monitoring Report - Status of Earmarked Reserves
Period 12 (01 April 2024 - 28 February 2025)
Adult Social Care & Housing - INTEGRATED

DESCRIPTION OF EARMARKED RESOURCE	Approved Reserve Total	2024/25	2025/26	No Longer Required	TOTAL
Contract Monitoring Staff	87,351	0	87,351	0	87,351
22/23 Saving: Muirpark	27,485	11,867	15,618	0	27,485
Carers Act 2018 - Support	2,595,745	174,226	2,421,519	0	2,595,745
Social Care Demand risk	12,682,932	2,730,368	9,952,564	0	12,682,932
Tech digital Improvements	389,719	77,829	311,890	0	389,719
Increase Advocacy provider	65,667	46,500	19,167	0	65,667
Discharge to assess/ PDD	109,196	56,597	52,599	0	109,196
Adapations Funding	308,571	178,039	130,532	0	308,571
Tech Improvements - SWIS	700,000	148,420	551,580	0	700,000
Tech Improvements - Comm Alarms	464,604	220,368	244,236	0	464,604
Tech Improvements - Home Scheduling System	3,698,423	371,966	3,326,457	0	3,698,423
Adult Protection Contribution	50,000	39,715	10,285	0	50,000
MH 2 NL10s	161,633	22,259	139,374	0	161,633
Cost of Living Helpline	359,993	217,413	142,580	0	359,993
HS resilience	656,188	91,782	564,406	0	656,188
Staff Training Academy "grow your own"	1,128,466	424,654	703,813	0	1,128,466
Building Capacity Funding Across The Ip Sector (part of Business Case)	1,318,958	1,210,636	108,322	0	1,318,958
The Winter Planning & Enhanced supports Business Case					
TOTAL	24,804,931	6,022,638	18,782,293	0	24,804,931

NORTH LANARKSHIRE COUNCIL
Capital Budget Monitoring Report - Budget Movements 2023/24
Period 12 (01 April 2024 - 28 February 2025)
Social Work Capital Programme

BUDGET MOVEMENTS 2024/25	£	Period	Division	Thematic Category	Theme
Approved: Year 1 budget (5 year Capital Program 2024/25 to 2028/29) Reprofiling from 2023/24	2,200,000 (28,677)	Included in opening budget	Social Work	Key Ambition	Integrated equipment & adaptations
REVISED CAPTIAL BUDGET 2024/25	2,171,323	0	0	0	

NORTH LANARKSHIRE COUNCIL
Capital Budget Monitoring Report - Summary Expenditure by Thematic Category
Period 12 (01 April 2024 - 28 February 2025)
Social Work Capital Programme

Theme	BUDGET	ACTUAL	COMMITTED	UNCOMMITTED	FINAL OUTTURN	OUTTURN VARIANCE
Social Work: Integrated Equipment and Adaptations	2,171,323	1,576,871	1,782,351	217,649	2,000,000	171,323
TOTAL	2,171,323	1,576,871	1,782,351	217,649	2,000,000	171,323

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref CR/NS Date 13/05/25

Health & Social Care Partnership Medium Term Financial Plan 2025/26 – 2027/28

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

E-mail scottn@northlan.gov.uk **Telephone** 07581 007187

Executive Summary

The Medium-Term Financial Plan (MTFP) 2025/26 – 2027/28 and Long-Term Financial Outlook (LTFO) 2025/26 – 2034/35 were approved by the Integrated Joint Board (IJB) on 19th March 2025.

The MTFP provides a medium-term view of the challenges and opportunities facing the partnership over the coming 3 years and the LTFO provides an estimate of the longer-term position against a background of funding not keeping pace with increasing costs and demands.

The MTFP estimates a budget gap of £72.749m over the next three years, with the gap in 2025/26 being £35.624m. To address this, a number of non-recurring solutions have been identified which reduce the gap to £14.729m, of which Social Care represents £10.386m. To meet the requirement on the Partnership to set a balanced budget, a package of savings have been identified.

The LTFO identifies cost pressures in 2028/29 of £40.020m rising to £58.075m in 2034/35.

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 proposals to meet the savings gap in 2025/26 as outlined in Section 8 of Appendix 1.
- (3) Acknowledge the Long-Term Financial Outlook for 2025-2035 as highlighted in section 9 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 19th March 2025 the MTFP and LTFO of the University Health & Social Care Partnership (the Partnership) was approved by the Integrated Joint Board.
 - 1.2 The MTFP outlines the financial challenges the Partnership faces over the next three years and provides a framework which will support the Partnership to remain financially sustainable. The LTFO provided board directors with a longer-term view on the projected demand profile and the resulting financial pressures from 2025 to 2035. The plan highlights that the Partnership is operating in an increasingly challenging environment with funding not keeping pace with increasing costs and demand. The full financial plan is included at Appendix 1.
 - 1.3 The challenges outlined in the plan are supported by the findings published in a recent bulletin by the Accounts Commission. Using data from the 2023/24 annual accounts, the bulletin highlights the precarious financial position IJB's have found themselves in over the last number of years and continue to do so.
-

2. Report

Financial Outlook

- 2.1 Looking into 2025/26 and beyond, it is anticipated that the public sector in Scotland will continue to face a number of challenges in the years ahead. There is significant uncertainty over what the scale of this is likely to be and it is therefore important that the Partnership plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner over the coming years.
- 2.2 In addition, it is clear from North Lanarkshire Council and NHS Lanarkshire financial outlooks, that both partners anticipate they will be subject to significant pressure over the coming years with a further period of constraint and reduction in core funding. In this context, there is a greater risk that future uplifts in funding to the Partnership similar to that provided in previous years may not be deliverable.

Local & National Context

- 2.3 Health & Social Care Partnerships operate in a complex, challenging and changing environment where national issues can have an impact on what and how services are delivered along with the financial resources, they have available to meet this. The MTFP has considered a number of key issues, some of which are out with the Partnership's control, and those internal issues which the Partnership has the ability to influence.
- 2.4 These factors are detailed within section 4 of Appendix 1 however there are a number of statistics which compare the 2022 census data to 2011 which are pertinent to highlight as they will have a significant impact of demand over the coming years:
 - Between 2011 and 2022, the 25 to 44 age group saw a percentage decrease (-7.3%), in contrast the 75 and over age group saw a percentage increase (+21%).
 - Although the population is projected to decrease from 2028 to 2043 by 1.2% there is a forecast increase of 71.4% in the age group 75 years and over across the same timescale.
 - Individuals who reported themselves as "not in good health" has grown by 24.6% (+6039)
 - Individuals who reported themselves as 'in fairly good health' as opposed to 'good health' has grown by 15% (+7036)

- Individuals who reported themselves as having 'long term health conditions' has grown by 30.6% (+43,943)
- Individuals self-reporting mental health issues has grown by 158.6% (+24,903)
- Individuals self-reporting as providing informal / unpaid care has grown by 31.6% (+10,877)

Medium Term Financial Plan

- 2.5 The 2024/25 budget is the baseline for the financial plan, this baseline is shown in section 5 of Appendix 1 and highlights that 60% of the Partnership's resources come from NHS, 26% are from NLC with the remainder from the set aside budget and South Lanarkshire hosted services.
- 2.6 Following the same financial planning principles as the council, a range of risk-based scenarios, envisaged, pessimistic and optimistic with regards to total pressures was established. Based on this, the recommendation to the IJB was to progress a financial strategy based on the envisaged scenario. In doing so the funding gap is £72.749m over the next 3 years, as shown in Table 1.
- 2.7 The 2025/26 funding gap is £35.624m, to address this a number of non-recurring solutions have been identified including one off funding from the Scottish Government, one off savings on pay and non-pay budgets within Health, the superannuation savings within Social Care and the use of reserves, resulting in a remaining gap of £14.729m, of which £10.386m is specific to Social Care Services.

Table 1

	2025/26 (£000)	2026/27 (£000)	2027/28 (£000)	Total (£000)
FUNDING GAP	35.624	18.322	18.804	72.749
Non-recurring solutions identified	20.895	0	0	20.895
Remaining Gap	14.729	18.322	18.804	51.854

- 2.8 Further detail on the cost pressures and funding solutions are provided in section 7 of Appendix 1.
- 2.9 In order to meet the funding gap and achieve a balanced budget next year, the service redesign and transformation that has taken place over the last number of years will need to continue. Whilst it is becoming increasingly challenging to deliver savings on a recurring basis the Partnership must focus on the budget available, of over £800m, and how services can best be delivered and priorities achieved within that financial envelope rather than focussing on the savings that have to be implemented.
- 2.10 Section 8 of Appendix 1 outlines the service redesign that is planned across the Partnership. With regards to social care this focuses on 3 main areas:

Home Support: focus on redesign of shift patterns and service provision and further develop the enabling approach.

Independent Care Homes: focus on reducing length of stay and number of placements.

Care at Home: review of the guided self-assessment process.

- 2.11 It is recognised that service redesign and savings plans take time to implement therefore, to mitigate this risk to the Partnership, contingency reserves may be needed to fund the gap until the full savings can be realised. Section 10 of Appendix 1 details the reserves strategy and highlights that the Partnership is projected to have £30.185m risk based and contingency reserves as at 31st March 2025.

Long Term Financial Outlook

- 2.12 The MTFP details the pressures up to 2027/28, however an LTFO was also presented to the IJB which demonstrates the impact of cost and demand pressures arising from employee costs, inflationary cost pressures, demographic growth and demand, local cost pressures and legislative and policy developments up to 2034/35.
- 2.13 These pressures are shown in section 9 of Appendix 1 and range from £40.020m in 2028/29 to £58.075m in 2034/35. While the continuing changing financial environment means that the reliance that can be placed on these figures decreases the further into the future the projections go it provides both IJB Directors and Committee Members with an indication of the challenges to come.

Risks & Uncertainties

- 2.14 There are risks and uncertainties inherent in any financial planning process therefore the key risks are outlined in section 11 of Appendix 1. These will be monitored over the coming months and assumptions will be updated as necessary.

3. Measures of success

- 3.1 The Service operates within the approved budget during 2025/26

4. Supporting documentation

- 4.1 Appendix 1 - Medium Term Financial Plan 2025/26 – 2027/28, Incorporating the Long Term Financial Outlook.

Nicola Scott

Nicola Scott
Chief Finance Officer University Health & Social Care Partnership

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?</p> <p>The financial plan has been developed in conjunction with the Finance Team and all assumptions and savings proposals have been discussed with them.</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)?</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 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>The risks are detailed in section 11 of Appendix 1. These will be regularly reviewed as part of the Partnerships Risk Monitoring process and will be reported to the Performance Finance & Audit Committee as well as the quarterly IJB meetings.</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).

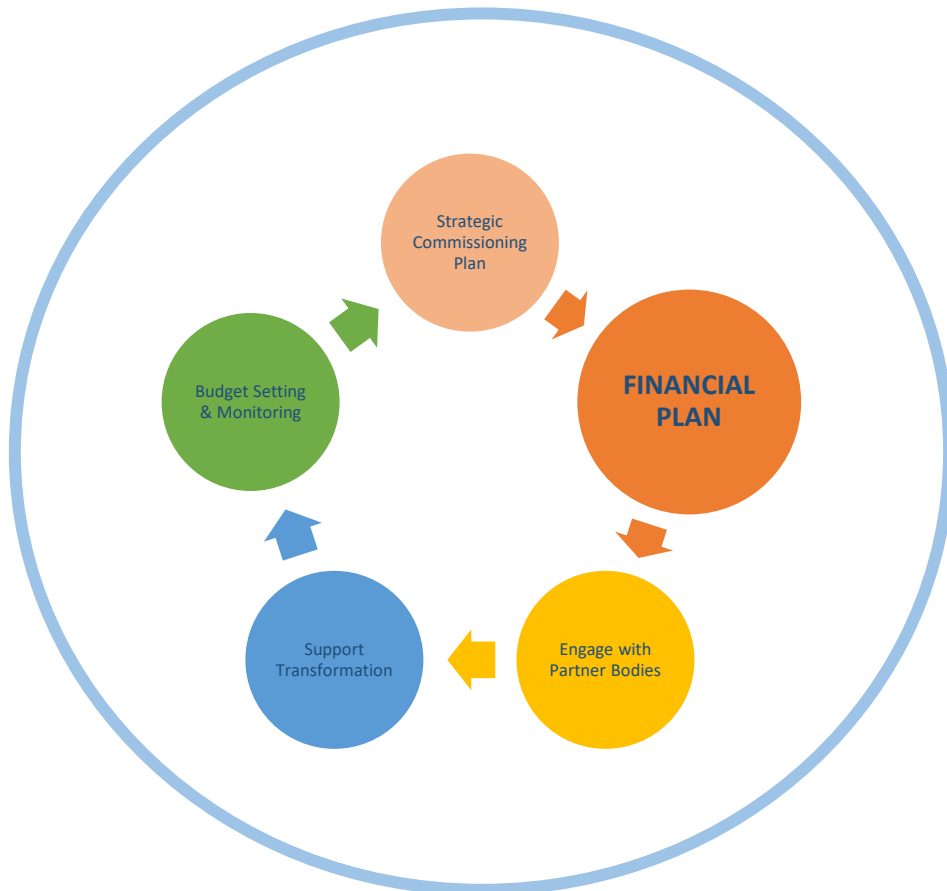
If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?

Yes No



Medium Term Financial Plan 2025/26 – 2027/28

INCORPORATING THE LONG TERM FINANCIAL OUTLOOK



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1. INTRODUCTION

The North Lanarkshire Integration Joint Board (IJB) 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.

The North Lanarkshire University Health and Social Care Partnership (the Partnership) is responsible for the operational delivery of the IJB strategic directions. This includes the services we are required to provide, the funding allocated and the monitoring of performance. The services include:

- Accident and emergency services provided in a hospital
- Inpatient services related to general, respiratory and rehabilitation medicine
- Palliative care services
- Community health services including Lanarkshire wide hosted services
- Social care services.

2. EXECUTIVE SUMMARY

The Medium Term Financial Plan (MTFP) 2025/26 – 2027/28 provides a medium term view of the challenges and opportunities facing the IJB and considers what the implications of this are for the finances of the organisation. A robust MTFP will support the priorities and ambitions as outlined in the Strategic Commissioning Plan whilst ensuring the organisation remains financially sustainable.

The Partnership is operating in an increasingly challenging environment with funding not keeping pace with increasing costs and demand, therefore the Long Term Financial Outlook (LTFO) 2025/26 – 2034/35 provides an estimate of the longer term position against this backdrop. In May 2023 the Scottish Government published an updated Medium Term Financial Strategy for the period 2023/24 to 2027/28, providing insight into future funding and spending priorities at a national level. The move to multi-year settlements however remains an aspiration which means the uncertainty which is currently impacting on strategic commissioning activity across Partnership will continue.

Both the MTFP and LTFO provide an overview of the financial planning assumptions in relation to projected cost pressures arising from demographic growth, legislative and policy developments, employee costs and inflation alongside potential partner funding contributions in future years.

The MTFP estimates a budget gap of **£51.854m** over the 3-year planning period 2025/26 to 2027/28, of which **£14.729m** relates to 2025/26. Therefore, to meet the requirement on the Partnership to set a balanced budget, a package of savings has been identified to meet the 2025/26 gap. Any in year shortfalls will be met by reserves, as permitted in the IJB Reserves Strategy.

The LTFO identifies cost pressures in 2028/29 of **£40.020m** rising to **£58.075m** in 2034/35, however due to the uncertainty in funding beyond the 3 year medium term planning period no assumptions have been made on the likely income receipts to meet these pressures.

The long term financial constraints will require the Partnership and both partners to make difficult decisions in the years to come. Therefore, the whole system approach and working collaboratively with carers, third parties and independent providers is essential. An effective communication strategy is also essential to ensure public confidence is maintained.

3. PURPOSE

The long-term vision for the Partnership was set out in the original Strategic Plan 2016- 2026 and continues as the over-arching vision of the Strategic Commissioning Plan 2023-26. This states that the people of North Lanarkshire will achieve their full potential through:

- Living safe, healthy and independent lives in their communities.
- Receiving the information, support and care they need, efficiently and effectively, at the right time, in the right place and in the right way.
- Ensuring North Lanarkshire is the best place in Scotland to grow up.

In order to implement this vision, the Partnership has 6 key ambitions which were revised in 2023, following engagement with stakeholders, taking experience gained since 2016 and looking at the current and future challenges facing the Partnership.

KEY AMBITIONS

- ❖ Do the right thing first time
- ❖ Increased focus on prevention, early intervention and tackling inequalities by working with communities and people
- ❖ Develop and support a workforce for the future
- ❖ Improve mental health and wellbeing
- ❖ Support people through a whole family approach

Longer term planning is integral to the Partnership's Financial Strategy and strategic approach to budgeting. Effective decision making relies on robust financial planning and the MTFP and LTFO assist in ensuring resources are aligned to the key priorities and ambitions highlighted above.

With limited resources and increasing pressures on the Partnership's services it is there is a need to adapt and change to be more efficient, responsive, and sustainable. A co-productive approach therefore needs to be adopted that fully involves communities in decisions ensuring an approach that supports and empowers them when a different model of service delivery is proposed.

It is therefore essential that service re-design and transformation is delivered in a planned and holistic manner, rather than reactive cuts to services. The adoption of a medium to long term approach for financial planning enables this approach.

4. NATIONAL & LOCAL CONTEXT

Health & Social Care Partnerships operate in a complex, challenging and changing environment where national issues can have an impact on what and how services are delivered along with the financial resources they have available to meet this. The MTFP has considered a number of key issues, some of which are out with the Partnership's control, and those internal issues which the Partnership has the ability to influence. Both internal and external influences need to be considered with key variables modelled to guide the IJB decisions about the future.

External Influences (out with the Partnership's control)

- Increase in demand
- Interest rate fluctuations
- Level of funding from partners and Scottish Government
- National pay agreements
- Supply chain issues associated with the wider economy
- Further financial and economic impacts and potential future pandemics
- National Care Service.

Internal Influences (within the Partnership's control)

- Community engagement, partnership working and co-production of service delivery models
- Working to clear priorities as set out in the Strategic Commissioning Plan
- Transformational change programmes to improve outcomes
- Effective people planning and wellbeing
- Use of robust performance data to drive improvement
- Use of digital technologies to improve services and reduce cost
- Effective risk management to keep risk levels within tolerance
- Effective financial planning to ensure best value for the resources available

There are multi-faceted factors that impact on this budget and the demand for health and social care services across North Lanarkshire which include:

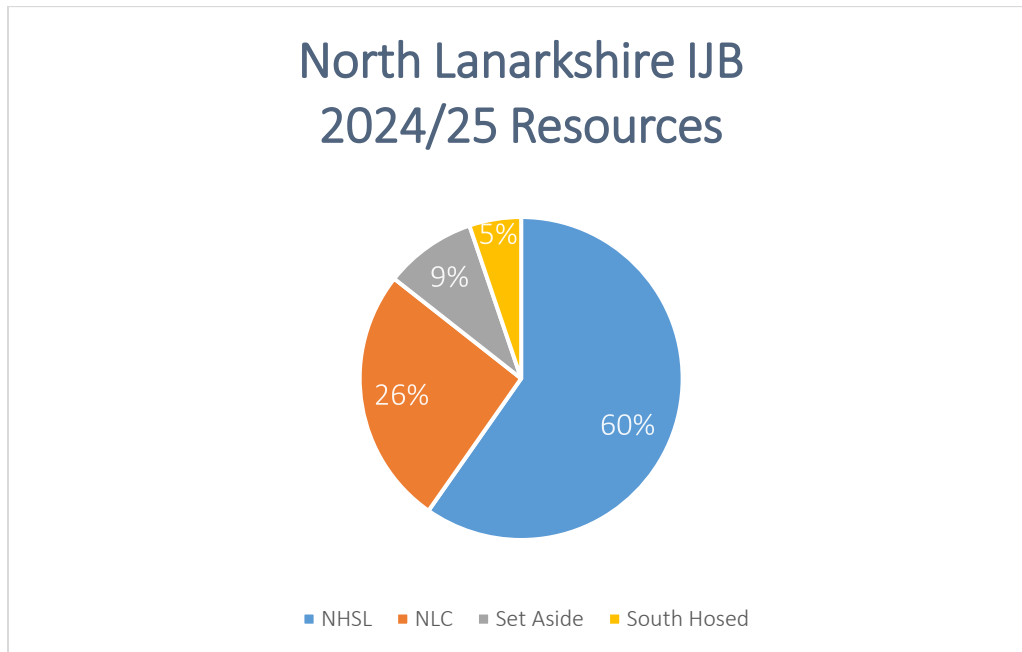
- North Lanarkshire is the 4th largest area in Scotland. It is also the 5th most populated with a population of 341,890.
- Between 2011 and 2022, the 25 to 44 age group saw a percentage decrease (-7.3%), in contrast the 75 and over age group saw a percentage increase (+21%).
- Although the population is projected to decrease from 2028 to 2043 by 1.2% there is a forecast increase of 71.4% in the age group 75 years and over across the same timescale.
- 20% of North Lanarkshire's data zones are within the 20% most deprived in Scotland.

-
- The number of people income deprived in North Lanarkshire is 50,897, a reduction of 3% from SIMD 2016 data.
 - The unemployment rate is currently 3.3% which is the lowest in period between 2005 and 2024. However, the 2022 census reports that the amount of people who are long term sick or disabled has grown by 6%.
 - The 2022 census also provides the following comparisons to the 2011 census:
 - Individuals who reported themselves as “not in good health” has grown by 24.6% (+6039)
 - Individuals who reported themselves as ‘in fairly good health’ as opposed to ‘good health’ has grown by 15% (+7036)
 - Individuals who reported themselves as having ‘long term health conditions’ has grown by 30.6% (+43,943)
 - Individuals self-reporting mental health issues has grown by 158.6% (+24,903)
 - Individuals self-reporting as providing informal / unpaid care has grown by 31.6% (+10,877)
 - There remains significant ongoing pressure in all health and social care systems across Scotland. High demand and patient acuity, coupled with increased flu numbers in recent months has placed even greater demand on the system. In Lanarkshire, there is a genuine whole-system focus to the resilience response and there has been a tremendous effort across the whole system, including third and independent sectors, communities, carers, and public partners in the continued response to increased pressures and demand.
 - Whilst many older people are expected to enjoy better health than their predecessors did at an equivalent age, they will still have significant health needs, living with potentially multiple and complex conditions. The impact of this will be a steadily increasing demand on health and social care services, including care at home, care homes, increases in demand for community-based healthcare, equipment and adaptations and an increased demand for GP services and medication.

5. FINANCIAL CONTEXT

The Partnership delivers and commissions a range of health and social care services to the local population. This is funded through budgets delegated from both NHSL and NLC.

The baseline for the MTFP and LTFO is the 2024/25 budgets; the total resources available during this year has been **£810m**.



This includes funding from NHSL of £483.74m and £209.52m from NLC.

Also included is a 'Large Hospital Service' (Notional Set Aside) budget totalling £74.54m. This budget is in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area. The Set Aside resource for delegated services provided in acute hospitals is determined by apportioning the hospital expenditure to individual patient episodes, separating out episodes for services delegated to the IJB from those that are not, and assigning these to the relevant IJB based on postcode. The IJB is responsible for the strategic planning of these services but not their operational delivery.

Finally, £42.05m represents a number of delegated services where South Lanarkshire IJB acts as the lead host on behalf of North Lanarkshire Partnership. The value consumed by North Lanarkshire equates to 52% of South Lanarkshire IJB hosted budget.

6. FINANCIAL PLANNING ASSUMPTIONS

Financial planning requires assumptions to be made about future demand and cost pressures which could be faced by the Partnership and our partners. This MTFP focuses on the likely cost pressures that the Partnership can reasonably expect over the next three years which has then been extended to look at the following seven years for the LTFO up to 2034/35. These assumptions have been informed by the local and national context within which the Partnership operates.

It is widely expected that the public sector in Scotland will continue to face a very challenging financial outlook for the foreseeable future.

The cabinet Secretary for Finance and Local Government announced the Scottish Government's budget for 2025-26 in Parliament on 4th December 2024. The Director of Health & Social Finance said this budget provides:

“a platform for the health and social care system to focus on reform and innovation. We must work as a whole system and across organisational boundaries to improve outcomes and deliver the best possible care within our available resources”

The Draft Local Government Financial Settlement confirmed the position at individual Council level, for North Lanarkshire this presented a more favourable position than previously assumed in their MTFP in June 2024. However, the Accounts Commission, in its Local Government in Scotland Financial Bulletin 2023/24 published in January 2025, highlighted that *‘despite the Scottish Government’s budget proposals in December 2024 indicating a further real terms uplift in funding for 2025/26 the financial outlook for Scotland’s councils remains challenging’*.

The same can be said for NHSL, the headline increase to baseline funding is 3% however there remains significant pressures across the system which require to be addressed. Therefore, whilst the provision of recurring investment and non-recurring reserves will help, there remains significant uncertainty over increasing cost pressures and what the scale of the likely reduction in available funding will be over the term of this plan.

It therefore remains important that the Partnership ensures sufficient flexibility to manage, in a sustainable manner, the position which emerges over the coming years, with the likely scenario that a significant level of further recurring savings will be required. Consequently, the Partnership's financial planning arrangements remains subject to active review using a scenario-based approach in recognition of the significant uncertainty over rising costs and the scale of variability in the potential funding available to the Partnership in future years.

The key variables which have been considered in preparing the MTFP & LTFO are detailed in Appendix 1. This is not an exhaustive list of variables, however, the assumptions identified are considered to be the core issues which require to be included in this plan. Adjusting for these key variables will give the Partnership a robust approach to ensuring the board remains financially and operationally sustainable, and in doing so ensures that it meets its statutory obligations, its policy aspirations, and the needs of local communities.

7. MEDIUM TERM FINANCIAL PLAN 2025/26-2027/28

As outlined in section 5, the 2024/25 budget is the baseline for the MTFP updated with the financial planning assumptions outlined in Appendix 1. A range of risk-based scenarios have been considered, resulting in envisaged, pessimistic and optimistic positions with regards to total pressures as shown in Table 1.

Table 1: Estimated Cost Pressures

Financial Year	Total Pressures Envisaged (£000)	Total Pressures Pessimistic (£000)	Total Pressures Optimistic (£000)
2025/26	60.803	65.712	57.219
2026/27	36.905	44.096	33.016
2027/28	37.737	46.607	33.063
Total	135.445	156.415	123.297

Based on these projections the Chief Financial Officer (CFO) recommends that the Partnership progress with a financial planning strategy based on the envisaged scenario, this is shown in Table 2 with the estimated funding envelope available for 2025/26 to 2027/25 and results in a budget gap of **£14.729m** for the forthcoming financial year.

Table 2: Estimated Cost Pressures and Funding (Envisaged Scenario)

	2025/26 (£000)	2026/27 (£000)	2027/28 (£000)
<u>Pressures:</u>			
Contractual Pressures	10.922	11.328	12.081
Demand Pressures	11.922	7.182	7.434
Pay Pressures	14.611	8.577	8.834
Local Cost Pressures	10.998	1.283	0.000
Prescribing	12.350	8.535	9.388
Total Pressures	60.803	36.905	37.737
<u>Recurring Funding:</u>			
Social Care Spend Reductions	4.804	0.000	0.000
NLC & NHSL Contributions	20.375	18.583	18.933
<u>Non Recurring Funding</u>			
Reduction in Employers Superannuation	6.961	0.000	0.000
Budget Management - Pays & Non Pays	4.982	0.000	0.000
Prescribing Reserve	4.361	0.000	0.000
Additional sustainability funding	4.591	0.000	0.000
Total Funding	46.074	18.583	18.933
FUNDING GAP	14.729	18.322	18.804

Opportunities to redesign services, remove duplication and achieve efficiency savings have been implemented over the last number of years and in order to achieve a balanced budget and meet the budget gap in 2025/26 this service transformation will need to continue over the coming 12 months. There is no doubt it is becoming increasingly challenging to deliver further savings on a recurring basis however, the focus should be on the budget available to the Partnership of over £800m and how services can best be delivered and priorities achieved within that financial envelope rather than focussing on the savings that have to be implemented. Table 3 highlights the financial Strategy for 2025/26.

Table 3: 2025/26 Financial Strategy

North Lanarkshire IJB	
Financial Plan 2025/26	
	£000
Total Pressures - Envisaged Outlook	60.803
Financial Strategy to address Funding Pressures:	
	£000
Social Care Budget Management	-4.804
NLC & NHSL Funding Contributions	-20.375
Reduction in Employers Superannuation Contribution	-6.961
Budget Management - Pays & Non Pays	-4.982
Prescribing Reserve	-4.361
Additional sustainability funding	-4.591
Service Redesign and Transformation	-14.729
Total Financial Strategy	-60.803

More detail is provided on the proposed service transformation and redesign opportunities in section 8 'The Response'.

8. THE RESPONSE

The Partnership is operating in an increasingly challenging environment with funding not keeping pace with increasing costs and demand for services. This is reflected in the MTFP which has identified a £51.854m funding gap over the next 3 years.

In order to remain sustainable in future years, the Partnership will need to make significant changes to its operating model, by continuing to explore new ways to deliver services that better meet the needs of the people in the community. The focus of a whole system approach is to reduce inequalities, build community capacity and resilience and thereby decrease demand for services in other parts of the system.

The response to this challenge is to propose service review and redesign which will result in efficiencies that meet the £14.729m funding gap in 2025/26.

SERVICE REDESIGN & TRANSFORMATION		£14.729m
Health		£4.343m
<u>Budget Management Non-Pays</u>	£0.247m	
A review of budget lines including (but not limited to) travel, training and printing costs.		
<u>Prescribing</u>	£4.096m	
A review of prescribing will be undertaken with a 5% savings target being applied.		
Social Care		£10.386m
<u>Home Support</u>	£2.838m	
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.		
<u>Independent Care Homes</u>	£4.710m	
Focus the strategic direction to reduce both the length of stay in care homes and the number of people being placed.		
<u>Care at Home</u>	£2.838m	
A review of the guided self-assessment process to align with a more strategic assessment and planning practice.		

9. LONG TERM FINANCIAL OUTLOOK 2025/26 – 2034/35

The table below gives an estimated impact of cost and demand pressures arising from employee costs, inflationary cost pressures, demographic growth and demand, local cost pressures and legislative and policy developments for the next ten years.

Unlike the MTFP, it does not include a financial strategy to address these cost and demand pressures or any mitigation to reduce the gross cost through budget uplifts; recurring savings plans or funding from other sources. Table 4 details the estimated long term pressures.

Table 4: Estimated Long Term Cost Pressures

Pressure on Base Budget (Envisaged Outlook)	2025/26 (£000)	2026/27 (£000)	2027/28 (£000)	2028/29 (£000)	2029/30 (£000)	2030/31 (£000)	2031/32 (£000)	2032/33 (£000)	2033/34 (£000)	2034/35 (£000)
Pressures:										
Contractual Pressures	10.922	11.328	12.081	12.900	13.786	14.746	15.785	16.911	18.133	19.458
Demand Pressures	11.922	7.182	7.434	7.694	7.963	8.242	8.530	8.829	9.138	9.458
Pay Pressures	14.611	8.577	8.834	9.099	9.372	9.654	9.943	10.242	10.549	10.865
Local Cost Pressures	10.998	1.283	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Prescribing	12.350	8.535	9.388	10.327	11.360	12.495	13.745	15.120	16.631	18.295
Total Pressures	60.803	36.905	37.737	40.020	42.481	45.137	48.004	51.101	54.451	58.075

As previously stated, due to the continuing changing financial environment the Partnership is facing, the reliance which can be placed on the financial estimates decreases the further into the future the projections relate to. The CFO will continue to update and refresh the assumptions as new financial information, including future funding and savings plans becomes available.

10. RESERVES STRATEGY

The Partnership has the same legal status as a local authority and is therefore able to hold reserves under section 106 of the Local Government (Scotland) Act 1973. A reserves strategy was developed to provide security against unexpected cost pressures and to aid financial stability. The use of reserves must be prudent and controlled and are generally held for the following purposes:

- To create a working balance to help cushion the impact of uneven income flows
- To create a contingency to cushion the impact of unexpected events or emergencies
- To create a means of building up funds, to meet known or predicted liabilities
- To fund non-recurring costs and to help with payment profiles straddling more than one year
- To enable the implementation of longer-term savings proposals.

The reserves strategy for 2025/26 is being presented to the IJB in March 2025 and summarises the reserves position as at 31 January 2025 as detailed in Table 5.

Table 5: Reserves as at 31 January 2025

SUMMARY	Balance at 31 January 2025 £m
Ring-Fenced Reserves	24.529
Earmarked Reserves	19.006
Risk-Based Reserves	17.045
Contingency Reserves	13.140
TOTAL	73.720

It is recognised that service redesign and savings plans take time to implement therefore, to mitigate this risk to the Partnership, contingency reserves may be needed to fund the gap until the full savings can be realised. Updates, tracking savings achieved against target, will be presented to the board throughout the year as identified savings options are implemented.

11. RISKS & UNCERTAINTIES

Given the current political climate and the associated economic uncertainty, it is important to note that projections made within this MTFP and LTFO may potentially be subject to significant variation. The assumptions applied to income and expenditure models are based on the best information available at the time of writing.

There are also a number of risks inherent in this MTFP which will require to be monitored over the coming months.

Financial Risks & Uncertainties

- Future funding levels from partner organisations and Scottish Government.
- Continued increasing costs and raising inflation including future pay awards.
- Increasing costs of equipment and adaptations
- The outcome of the negotiations for the national care home rate
- The impact of the increase to national insurance contributions for both direct staff and commissioned services and the potential lack of additional funding to support these
- Impact of rising costs of commissioned services with providers outwith the national frameworks asking for significantly above inflation increases.
- The level of non-recurring solutions included to meet the 2025/26 cost pressures.

Operational Risks & Uncertainties

- Impact of proposed savings options which could include an increase to delayed discharge figures and bed delays.
- The ability to recruit and retain quality staff to continue to deliver services and manage increasing demand.
- Unexpected shortage of supplies and materials.
- Increasing level of complex care packages materialising that are currently unknown.
- Volatility of the external care market and the support required in order to provide stability.
- Increased numbers of providers seeking to set up separate companies and exit the National Care Home Contract which would lead to individual placement and price negotiations.
- Operational impact of the increased contract prices from providers leading to issues with placement of clients.
- Changing political factors which influence the UK and Scottish Government priorities and policy initiatives.

The Partnership maintains a strategic risk register and both partners maintain operational risk registers. Strategic and operational risks are regularly monitored and updated by the board and senior management to mitigate against key risks and uncertainties.

APPENDIX 1 – Financial Planning Assumptions

<p>Anticipated Scottish Government Funding Levels</p>	<p>The Scottish Government finance settlement for both partners will significantly influence the funding contribution each partner can make to the IJB. The Scottish Government has historically provided one year funding settlements which has impacted on the ability to plan over the longer term with certainty. Single year settlements have required assumptions in the MTFP & LTFO from year 2 to 10.</p> <p>For financial year 2025/26 another one-year settlement was provided in December 2024, however there is still a commitment from Scottish Government to move to multi-year settlements in the future.</p>
<p>Assumptions on Inflation</p>	<p>Consumer price index (CPI) and retail price index (RPI) inflationary increases are assumed for a range of contractual commitments and purchasing of supplies and materials. The Office for Budget Responsibility (OBR) published its latest Economic and Fiscal Outlook alongside the UK Government’s budget, which indicated that CPI/ RPI inflation is anticipated to remain higher for longer than previously expected. The OBR figures have been used throughout the plan.</p>
<p>National Care Home Contract</p>	<p>A significant cost pressure relates to the National Care Home Rate Contract (NCHR) which is negotiated annually. The level for this year is currently unknown, work remains ongoing within the sector to agree this rate. The primary factor influencing this has been the decision in October of the Chancellor to change the Employers National Insurance Contribution (eNICs) which will have an impact on the agreed NCHR.</p> <p>It is prudent to assume, based on past year trends and the on-going cost of living crisis that this is likely to increase significantly over the life of this plan therefore a 10% increase has been included.</p>
<p>Pay Increases</p>	<p>Employee costs represent a large portion of IJB net budgets with any increase in pay awards impacting directly on current and future cost pressures. The Scottish Government has set the Public Sector Pay Policy (PSPP) at a maximum of 9% over the next 3 years therefore an estimated 3% has been assumed for staff employed in NLC in both the MTFP and LTFO. This increase has also been assumed for NHSL staff over the lifetime of the plan, in line with previous years, full funding is expected for pay uplifts to NHSL staff. In the event of an uplift greater than that estimate and no additional government support, the forecasted gap could potentially change materially.</p> <p>Consideration is also given to the challenges of recruiting and whether pay settlements are keeping pace with industry standards. As future pay agreements are confirmed, these assumptions will be updated in the model.</p>

<p>Increase to National Insurance Contributions</p>	<p>As part of the UK Government’s Budget on 30 October 2024 it was announced that there would be changes to employer National Insurance Contributions (eNICs). The increase to the pay bill is estimated at 2.2% for direct staff and early indications on the increases likely to be seen on commissioned services could range from 2.2-2.5%.</p> <p>While it is understood that Public Bodies will receive funding to support this additional cost pressure, such funding will be insufficient to meet the overall cost. For Social Care Services it is currently estimated that funding to Local Authorities will be c.60% for direct staff therefore the unfunded element of 40% is included in the 2025/26 plan. However, uncertainty over funding for commissioned services means that this cost has not been included and will be funded from reserves until more is known.</p> <p>NHSL have been advised by Scottish Government that funding may be available to them therefore the assumption in the plan is that this will be fully funded. The full recurring impact will be included in future MTFP updates.</p>
<p>Assumptions on Increased Demand for Services Including Prescribing</p>	<p>Health and social care services are experiencing increasing demand due to demographic growth, an ageing population, complexity of care needs, deprivation, and health issues. This increase has been factored into the financial plan over the full 10 year period to ensure that costs are adjusted in line with forecast demand, however, close monitoring is required to ensure that demographic growth is in line with assumptions made. If investment in this area is insufficient over a number of years, this could destabilise services whilst an over-provision of growth would mean the resources available would not be effectively allocated in line with need and priority.</p> <p>The amount and cost of drugs prescribed usually increases year on year. The price of drugs is set nationally and influenced by factors such as supply and demand, currency movements and patents. Prescribing activity is a clinical decision made by a qualified health professional. At the time of writing, the current prescribing budget is projected to overspend by year end 2024/25. Based on this trend, a volume and price uplift has been included in future projections to mitigate against deteriorating health within the population and the continuing uncertainties experienced in supply and demand due to fluctuating market conditions.</p>
<p>Investment in Local Priorities Including IT Improves and Upgrades</p>	<p>A range of local priorities are included in the LTFO including digital and IT technology improvements, investing in home support and tests of change pilots. Depending on when the cost commitment is expected to be incurred and expected duration, the cost pressures will be recognised in the year it is forecast to materialise.</p>

Legislative and National Policy Decisions	There are a range of legislative and policy developments which have and are continuing to be implemented across the partnership. To date, additional funding has been made available by the Scottish Government to take these policies forward and it is assumed that the expenditure will be contained within the funding available. Recognising this, no variation in the cost projection is therefore considered, however, if future funding from Scottish Government is withheld or withdrawn, the financial forecast could change.
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North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref JC/PMCA/MS Date 13/05/25

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 **Telephone** 07866 787044

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 2025/26.

The Council's charging policy has been updated for 2025/26 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 £284 for single people and £434 for couples.
- (2) The hourly rate for home support of £20.07.
- (3) The daily rate for attending an Integrated Day Service of £11.03.
- (4) The weekly rate for a Community Alarm of £3.75.
- (5) The charge for meals provided in day services of £5.68.
- (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 £248.70 to £254.60 and £111.90 to £114.55.

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. In 2024/25, the Tackling Poverty Team generated benefit income in the region of £1,062,569 for people receiving a non-residential service.
- 1.4 The Council's charging policy has been updated for 2025/26 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 2025/26 will be £284 per week for a single person and £434 for couples (2024/25 £273 and £417). 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 £300 per week after deductions would have their charge assessed as follows:

Income	£300
Threshold	£284
Disposable Income	£6
Client charge = £6 x 50% =	£3
- 2.3 The hourly rate for Home Support Services will increase to £20.07.
- 2.4 The charge applied for attending an Integrated Day Service will increase to £11.03 per day.
- 2.5 Charges for meals provided in an Integrated Day Service will increase to £5.68 per day.
- 2.6 The Community Alarm charge will increase to £3.75 per week however remaining one of the lowest in Scotland.

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 2025/26, effective from 7th April (commencement of the tax year for pension uprating), are as undernoted:
- **Nursing Care Rate per person per week - £1,013.05** (2024/25 £957.57)
 - **Residential Care Rate per person per week - £881.98** (2024/25 £825.94)
- 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 £12.60 per 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 2025, this is £12.21 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 (£135.00 in 2024/25) will rise in line with increases in pensions and allowances to £140.55 for 2025/26.

Free Personal Care

- 2.13 The rates to be applied to free personal care and nursing care for people in residential homes for 2025/26 will rise in accordance with the Scottish Government directive from £248.70 to £254.60 for free personal care and £111.90 to £114.55 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"/>
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? Discretionary rates have increased by 5% in line with Discretionary Fees & Charges Policy agreed at Committee on 28 th September 2023.
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 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 JMcK/CPT

Date 13/05/25

Contracts awarded below Committee approval threshold

From James McKinstry - Chief Officer (Assets and Procurement)

E-mail McKinstryJ@northlan.gov.uk **Telephone** 07939 281 102

Executive Summary

In accordance with the Council's [General Contract Standing Orders \("GCSOs"\)](#), GCSO 21.10 requires a summary report be presented to members with details of contracts awarded since last committee, specifically for the spend range:

- over £50,000 but below £500,000 for supplies or services; and,
- over £500,000 but below £2,000,000 for works.

Recommendations

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

- (1) Acknowledge the contract awards made since last committee reporting cycle.

The Plan for North Lanarkshire

Priority All priorities

Ambition statement All ambition statements

Programme of Work Statutory / corporate / service requirement

1. Background

- 1.1 The Local Government (Scotland) Act 1973 section 81 requires local authorities to “...make standing orders with respect to the making by them or on their behalf of contracts for the supply of goods or materials or for the execution of works.”
- 1.2 The Council's [General Contract Standing Orders \(“GCSOs”\)](#) set out the council's specific procurement procedures and responsibilities at all spend levels, and include the reporting requirements of procurement activity, including contracts awards, to committee for either approval or acknowledgement.
-

2. Report

- 2.1 In accordance with GCSO 21.10, this report summarises the contract awards since last committee, specifically for the spend range:
- over £50,000 but below £500,000 for supplies or services; and,
 - over £500,000 but below £2,000,000 for works.
- 2.2 If you require further information regards the contract awards reported, please refer to the lead service area / Chief Officer detailed in the appendix.
-

3. Measures of success

- 3.1 All requirements contracted contribute to either the council's programme of work and/or fulfil a statutory requirement.
- 3.2 All contract awards secure best value for the council in accordance with their evaluation criteria.
- 3.3 All necessary diligence has been undertaken in the evaluation and appointment of contractors.
- 3.4 All contract awards are logged in the council's contract register.
-

4. Supporting documentation

- 4.1 Appendix 1 – Summary of contracts awarded.

James McKinstry
Chief Officer (Assets and Procurement)

5. Impacts

- 5.1 Impacts considered as part of the contract award procedures are recorded in the individual contract award reports held by the lead service area.

Appendix 1 – Summary of Contracts Awarded

Contract	Ref	NLC-SLP-24-090				
	Title	Community Alarm Digital Devices				
	Classification	Supplies				
	Lead Service Area / Chief Officer	Diane Fraser, Chief Officer (Adult Health & Social Care)				
Competition	Governance by Value	The Framework terms & conditions, with adherence to the council's GCSO 13 on 3rd party frameworks				
	Procurement Route	Call-off following Direct Award using Third Party Framework				
	No. of Framework Contractors	12				
	Award Criteria	Best Value assessment, in accordance with the Framework Information				
	Comments	This has been procured via Direct Award approach, considering the relevant information on Framework Contractors technical and commercial proposals available through the Scotland Excel Framework for Technology Enabled Care Goods (0622), Lot 1 - Digital Dispersed Alarm Units.				
Award Details	Value	£494,846				
	Contract Duration	One Off Purchase				
	Contractor Name	Legrand Electric Limited				
	Contractor Size	Large Company				
	Contractor Location	Northumberland, UK				
	Status - Payment of Living Wage?	Yes				
	Status - Living Wage Accredited?	No				
Impacts <i>this section highlights which impacts were considered for this contract award procedure</i>	Public Sector Equality Duty and Fairer Scotland Duty <input type="checkbox"/>	HR Policy Impact <input type="checkbox"/>	Data Protection Impact <input checked="" type="checkbox"/>	Environment / Carbon Impact <input type="checkbox"/>	Risk Impact <input checked="" type="checkbox"/>	Children's Rights and Wellbeing Impact <input type="checkbox"/>
	Financial Impact <input checked="" type="checkbox"/>	Legal Impact <input type="checkbox"/>	Technology / Digital Impact <input checked="" type="checkbox"/>	Communications Impact <input type="checkbox"/>	Armed Forces Covenant Duty <input type="checkbox"/>	
	Further details regarding these impacts can be obtained from the Lead Service Area / Chief Officer					

Contract	Ref	NLC-SLP-24-075				
	Title	Provision of a Shared Alarm Receiving Centre (ARC) Technology Solution				
	Classification	Services				
	Lead Service Area / Chief Officer	Diane Fraser, Chief Officer (Adult Health & Social Care)				
Competition	Governance by Value	The Framework terms & conditions, with adherence to the council's GCSO 13 on 3rd party frameworks				
	Procurement Route	Call-off following Direct Award using Third Party Framework				
	No. of Framework Contractors	1				
	Award Criteria	Best Value assessment, in accordance with the Framework Information				
	Comments	This has been procured via Direct Award approach, using the Scotland Excel Framework Ref: 04/22 for Digital ARC. This is a sole Contractor Framework; Scotland Excel leveraged the buying power of its members base to secure best value for all members.				
Award Details	Value	£412,183.20				
	Contract Duration	Initial period of 4 years, with option to extend by up to 24 months.				
	Contractor Name	Chubb Fire & Security Limited				
	Contractor Size	Large Company				
	Contractor Location	Lancashire				
	Status - Payment of Living Wage?	Yes				
	Status - Living Wage Accredited?	No				
Impacts <i>this section highlights which impacts were considered for this contract award procedure</i>	Public Sector Equality Duty and Fairer Scotland Duty <input type="checkbox"/>	HR Policy Impact <input type="checkbox"/>	Data Protection Impact <input checked="" type="checkbox"/>	Environment / Carbon Impact <input type="checkbox"/>	Risk Impact <input checked="" type="checkbox"/>	Children's Rights and Wellbeing Impact <input type="checkbox"/>
	Financial Impact <input checked="" type="checkbox"/>	Legal Impact <input type="checkbox"/>	Technology / Digital Impact <input checked="" type="checkbox"/>	Communications Impact <input type="checkbox"/>	Armed Forces Covenant Duty <input type="checkbox"/>	
	Further details regarding these impacts can be obtained from the Lead Service Area / Chief Officer					

Contract	Ref	NLC-CPT-24-023				
	Title	Advocacy Service Children & Young People				
	Classification	Services - Social & Specific				
	Lead Service Area / Chief Officer	Alison Gordon, Chief Social Work Officer (Education, Families, Justice and Integrated Practice)				
Competition	Governance by Value	Lower Threshold Regulated Procurement, procured in accordance with The Procurement Reform (Scotland) Act 2014 AND The Procurement (Scotland) Regulations 2016				
	Procurement Route	Direct Award for a Health or Social Related Service without advertising				
	No. of Contractors invited	1				
	Award Criteria	Best Value Approach				
	Comments	As permitted by the rules for commissioning health and social related services and within this spend threshold, the Service Area are able to award directly with consideration of the needs for the service users and to provide continuity of service. The appointed Contractor already provides this service, and this contract continues further provision for 12 months while legislative changes are in progress.				
Award Details	Value	£241,000.00				
	Contract Duration	12 months				
	Contractor Name	Who Cares? Scotland				
	Contractor Size	Small				
	Contractor Location	Glasgow				
	Status - Payment of Living Wage?	Yes				
	Status - Living Wage Accredited?	Yes				
Impacts <i>this section highlights which impacts were considered for this contract award procedure</i>	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 type="checkbox"/>	Risk Impact <input type="checkbox"/>	Children's Rights and Wellbeing Impact <input checked="" type="checkbox"/>
	Financial Impact <input type="checkbox"/>	Legal Impact <input type="checkbox"/>	Technology / Digital Impact <input type="checkbox"/>	Communications Impact <input type="checkbox"/>	Armed Forces Covenant Duty <input type="checkbox"/>	
	Further details regarding these impacts can be obtained from the Lead Service Area / Chief Officer					

