

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref CR/SF Date 13/05/25

Adult Social Care Performance Report – Quarter 3 2024/25

From Claire Rae, Chief Officer, North Lanarkshire HSCP

E-mail Claire.Rae@lanarkshire.scot.nhs.uk **Telephone** 01698 858143

Executive Summary

The purpose of the report is to provide an update to the Committee on the performance of key areas of activity within Adult Health & Social Care for the period 01st October 2024 to 31st December 2024, Quarter 3 2024/25.

Recommendations

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

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

The Plan for North Lanarkshire

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

1. Background

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

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

2. Report

- 2.1 The purpose of the report is to provide an update to the Committee on wider performance of key areas of adult social care delivery, in addition to the performance areas for improvement which have been identified as part of the Chief Executive Quarterly Performance Review for the period 01st October 2024 to 31st December 2024, Quarter 3 2024/25.
- 2.2 The performance data for Quarter 3 and associated trend information is included as Appendix 1.
- 2.3 Areas for improvement and planned actions are agreed and developed on an exception basis (i.e., for those indicators which are amber or red, based on tolerance thresholds). These are detailed as Appendix 2 of this report.

3. Measures of success

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

4. Supporting documentation

- 4.1 Appendix 1: Adult Social Care Dashboard
- 4.2 Appendix 2: Areas for Improvement 01st October 2024 to 31st December 2024, Quarter 3 2024/25.



Claire Rae
Chief Officer North HSCP

5. Impacts

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

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

Yes No

5.7 Environmental / Carbon impact

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

Yes No

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

5.8 Communications impact

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

Yes No

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

5.9 Risk impact

Is there a risk impact?

Yes No

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

5.10 Armed Forces Covenant Duty

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

Yes No

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

5.11 Children's rights and wellbeing impact

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

Yes No

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

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

Yes No

Appendix 1 – Adult Social Care Dashboard

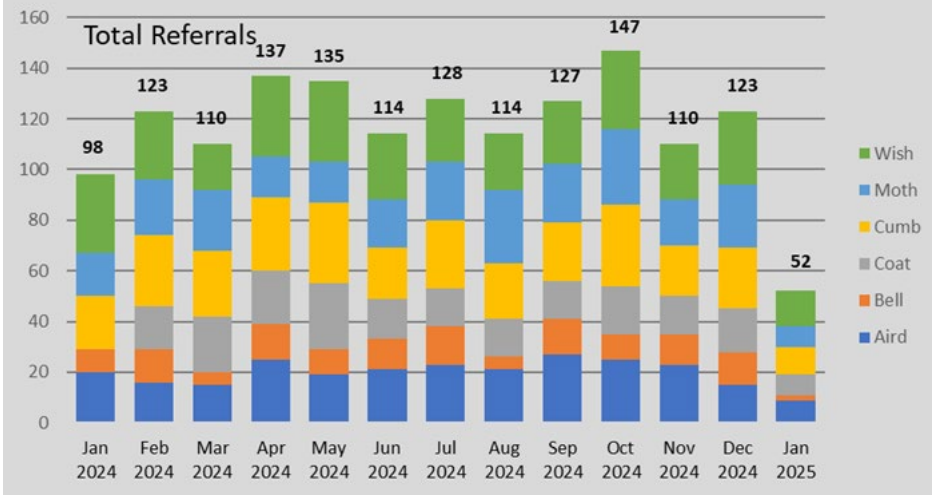
PLEASE NOTE FOR ALL INDICATORS UPWARDS ARROWS DENOTE POSITIVE PERFORMANCE

Ref.	KPI	Target 2023-24	2023/24 Q3	2023/24 Q4	2024/25 Q1	2024/25 Q2	2024/25 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	Current Performance
2.15	Assistive Technology - Number Of People With Technology (0-17 yrs)	1,452	31	31	35	36	34	↓	↑	
2.16	Assistive Technology - Number Of People With Technology (18-64yrs)		618	624	632	617	627	↑	↑	
2.17	Assistive Technology - Number Of People With Technology (65+)		856	858	905	860	893	↑	↑	
2.18	Reablement - Number Of People Completing Reablement Process	2000 (500 per quarter)	1355	2011	527	987	1387	↓	↑	
2.19	Reablement - % Of New or Increased Home Support Packages Which Are Reablement	70%	70.0%	60.8%	61.1%	57.1%	56.5%	↓	↓	
2.2	Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process	70%	58.8%	58.5%	62.6%	58.1%	63.6%	↑	↑	
2.22	IEAS - % Deliveries Achieved Within 7 Working Days Quarterly	80%	53.5%	63.4%	87.1%	65.8%	60.1%	↑	↑	
4.2	Complaints Processed Within Timescale (NLC)	85%	81.3% (Stage 1) 100% (Stage 2)	92.9% (Stage 1) 100% (Stage 2)	81.1% (Stage 1) 87.5% (Stage 2)	84.6% (Stage 1) 63.6% (Stage 2)	90.3% (Stage 1) 71.4% (Stage 2)	↑	↑	
4.3	Care Home Placements At End Of Quarter - Per 1000 Popn 65+	24	21.9	22.0	22.1	22.2	22.0	↑	↓	
4.4	Care Home Placements At End Of Quarter - Per 1000 Popn 75+	50	45.6	45.9	46.3	46.6	46.1	↑	↓	
4.5	Care Home - Average Length of Stay	865	835	834	708	789	966	↓	↓	
4.6	Number Of People With Self Directed Support	1,000	2092	2089	2054	2114	2119	↑	↑	

Ref.	KPI	Target 2023-24	2023/24 Q3	2023/24 Q4	2024/25 Q1	2024/25 Q2	2024/25 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	Current Performance
4.7	Number Of People With A Direct Payment	240	357	379	355	365	377	↑	↑	
7.21	% Of Adult Protection Referrals Passed To Care Team For Investigation	20%	12.7%	20.1%	24.7%	30.6%	34.7%	↑	↑	
7.23	Adult Protection - % Of Referrals With Decision Within 5 Days	60%	76.3%	81.7%	80.3%	83.6%	82.5%	↓	↑	
7.24	% of Adult Protection Referrals Which Did Not Go On To Investigation Or Other Service	50%	75.9%	71.5%	66.0%	57.4%	56.4%	↓	↓	
9.4	Breakeven Position - Projected Outturn (NLC)	>=0	3.112m Underspend	£3.331m underspend	£0.059m underspend	£1.270m underspend	£1.396m projected underspend
9.6	Sickness Absence (NLC) - days lost per person	9.22	10.29	13.74	3.48	6.34	9.52	↓	↑	□

Appendix 2 – Areas for Improvement

1.	Reablement and Rehabilitation	Target 2024/25	2024/25 Q2	2024/25 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	Reablement - Number Of People Completing Reablement Process	2000 (500 per quarter)	987	1387	↓	↑	RED
	Reablement - % Of New or Increased Home Support Packages Which Are Reablement	70%	57.1%	56.5%	↓	↓	RED
	Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process	70%	58.1%	63.6%	↑	↑	RED
	IEAS - % Deliveries Achieved Within 7 Working Days Quarterly	80%	65.8%	60.1%	↑	↑	RED
<p>Narrative & Corrective Action</p> <p>The indicators for Reablement presented in the CE Scorecard have not met the targeted levels of performance. During 2023/24, the number of people completing the Reablement process increased, however in 2024/25 there has been a reversal of this trend. The percentage of new or increased HS packages that are Reablement is relatively stable around but below the targeted level of 70%. However, the percentage of people with no, or reduced Home Support at the end of the Reablement process has failed to meet the targeted level of performance for some time.</p> <p>Additional data/information on Reablement is available from the HAT and IRT datasets.</p> <p>Home Assessment Team</p> <p>Since its inception, the HAT service has accepted a total of 2902 referrals. During Q3, 123 referrals were accepted in December, which was an increase from November when 110 were accepted. The highest number of referrals in Q3 was in October, when 147 were accepted. December was the eleventh consecutive month were more than 100 referrals were accepted.</p>							



Referrals by Locality and Source

- **Wishaw:** Accepted an average of 27 referrals per month in the past year, accounting for 22% of the total referrals.
- **Motherwell:** Accepted an average of 22 referrals per month, accounting for 18% of the total referrals.
- **Cumbernauld:** 21% of the total referrals.
- **Airdrie:** 17% of the total referrals.
- **Bellshill:** 9% of the total referrals and this has remained stable over time.
- **Coatbridge:** 14% of total referrals and this has remained stable over time.

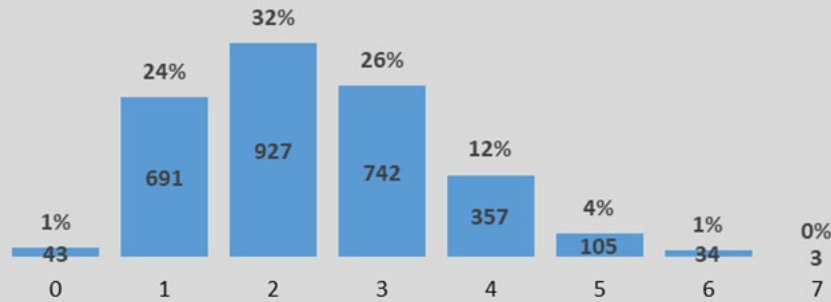
Referral Sources

- **UH Wishaw:** 1428 referrals (49%)
- **UH Monklands:** 1379 referrals (48%)

HAT Input and Output Services

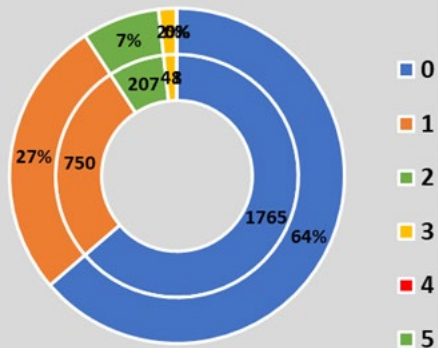
The average number of input services for HAT cases has increased over time.

Number of Input Services



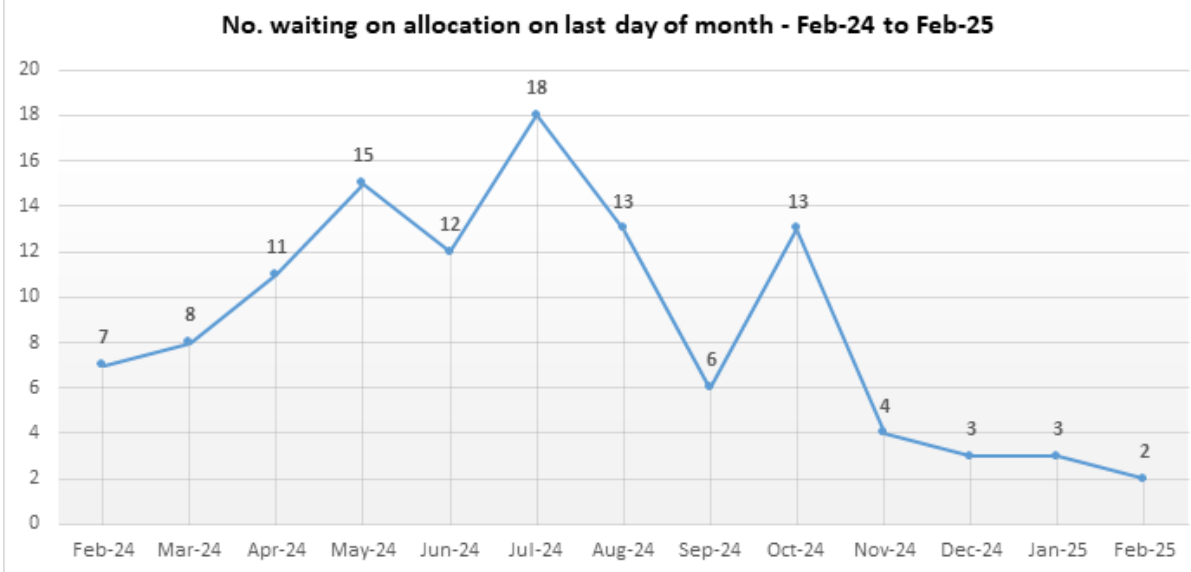
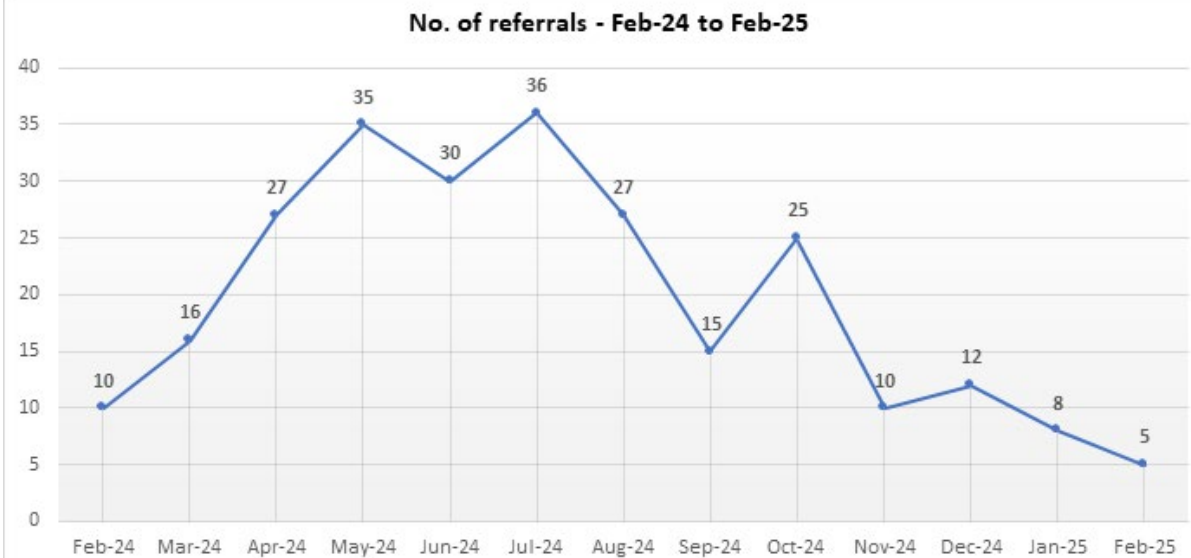
It is recorded that 14% of people completing the HAT process were re-admitted to hospital at the end of the process; this is a significant proportion of those completing HAT and further investigation is required to understand how best this cohort of people can be supported. For those people who were recorded as having completed the HAT process, 64% required no further service with 36% noted as having at least 1 service delivered.

Number of Services at Completion



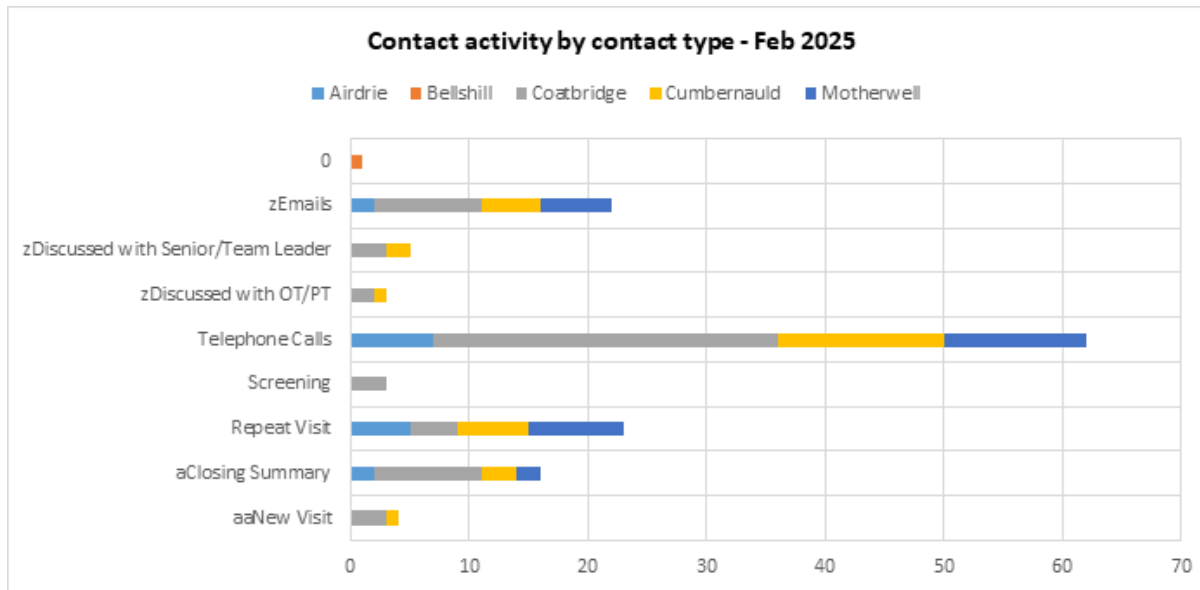
IRT Reablement

Throughout 2024/25, the overall number of IRT/Reablement referrals has decreased, however it should be noted that this decrease follows a notable and significant increase in the volume of referrals at the start of the financial year. There is no target set for this metric, however it complements the Reablement information presented above and should be considered in the context of a wider system of Reablement, Rehabilitation and Home Support.



The overall number of waits has decreased in-line with the decrease in referrals; the number of people waiting for IRT Reablement allocation is at the lowest level experienced in financial year 2024/25.

Detailed activity information is available in the IRT dataset. The contact activity for IRT Reablement in February 2025 presented below shows that the most prevalent contact type is telephone call.



Home Support Redesign

Several products have been produced in support of the Home Support Redesign Programme. Service Specifications and a Workforce Profile have been produced, with Demand/Capacity data modelling also provided to support decision making and service design.

The redesign is focussed on Home Support that achieves individual outcomes for people using the service and their families. The redesign is based on core principles that are aligned with B2B, SDS and developments in Hospital Flow. The proposal is for a “Living Well” service that provides Home Support to achieve individual outcomes for the people using the service and a distinct “Assessment & Planning” service, to include Rehabilitation and Reablement services, ensuring that people receive a holistic assessment of their need and are provided with the most appropriate services to meet the individual outcomes.

IEAS - % Deliveries Achieved Within 7 Working Days Quarterly

Change and Improvement work within the Equipment & Adaptation Service is governed by the Equipment & Adaptation Service (EAS) Governance Board. This ensures coordinated planning and communication, particularly in relation to performance management.

The “Lanarkshire Equipment Ordering Service” (ELMS2) is now live and has replaced the MICES system.

Whilst the system is live and in active use, continuous improvements in the configuration and reporting are being made to facilitate improved management and performance information and easier integration of data with wider partnership systems.

New performance indicators are in development that better reflect the four level priority system used in the service, however further work is required to facilitate reporting in this way.

2.	Care Homes	Target 2024/25	2024/25 Q2	2024/25 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	Care Home - Average Length of Stay	865	789	966	↓	↓	RED
<p>Narrative & Corrective Action</p> <p>North Lanarkshire HSCP is committed to ensuring that people receive timely and effective care that enables them to live in a home, or homely setting. Associated with this commitment, is a clear target for the length of stay that people have in Care Homes, with the aim to keep the length of stay in such settings as short as possible and for only those people for whom other options are not appropriate.</p> <p>Significant work has taken place as part of the Back 2 Basics and TOM to ensure appropriate assessment for people; this has involved significant levels of engagement with both Acute and Locality colleagues to improve the quality and timeliness of information gathered and recorded to facilitate an assessment of need and make informed decisions for people who may require more intensive support.</p> <p>The North Lanarkshire Strategy for Preventing and Managing Frailty (2024 – 2029) outlines several initiatives aimed at addressing the wider challenge in North Lanarkshire. Frailty affects a significant portion of our elderly population, particularly those in care homes. Our vision is to support every older person in Lanarkshire with, or at risk of, frailty to be healthier, remain independent for longer, and live their best lives.</p> <p>We have implemented a range of measures to enhance support in care homes, including the establishment of a Care Home Assurance Team and expanding the number of Care Home Liaison nurses. The Care Home Assurance Team is intended to evolve to a wider supporting team, reflecting a shift from inspection to a model of assurance based on appreciative inquiry and clinical support. The appointment of a Practice Development Educator for care homes to deliver an initial six-month education programme for care home staff will further enhance the quality of care provided.</p> <p>A multi-disciplinary approach is being encouraged, with a model for Frailty MDT meetings in care homes piloted and further developed. This pilot project will inform the expansion of the Care Home MDT model, with the aim to expand to 24 care homes across North Lanarkshire. Additional AHP support, including care home pharmacist sessions to review and optimise polypharmacy, reducing the use of medicines associated with falls and harm, are being introduced with the aim of moving toward the recruitment of dedicated care home pharmacists providing a realistic medicine approach for all new residents</p> <p>While we have made significant strides in enhancing care home support, we acknowledge that more work is needed to meet our target for reducing the length of stay. Our ongoing and future initiatives are designed to address this challenge, ensuring that residents receive the highest quality of care and support to return to their homes or community settings as swiftly as possible.</p>							
3.	Sickness Absence	Target 2024/25	2024/25 Q2	2024/25 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	Sickness Absence (NLC) - days lost per person	9.22	6.34	9.52	↓	↑	RED
<p>Narrative & Corrective Action</p> <p>The Partnership continues to work towards reducing sickness absence rates as part of the Adult Social Care Services Savings Delivery Plan and the Health Care Services Savings Delivery Plan. These reviews, which began in April 2024, will run through the 2024/25 and 2025/26 financial years. Despite ongoing efforts, sickness absence remains an issue, and actions are being taken to reduce the rate. The wider NHSL Board remains above the national average for this metric. A dedicated work stream within the Sustainability and Value Workforce Optimisation Group is focusing on reducing sickness absence. Within the partnership, long and short-term sickness absence</p>							

continues to be managed in accordance with the relevant organisational policies and monitored at service level. Attendance Management Reviews are taking place as required and local General Managers are complying with the requirements of the policy. Managers are focussing on cases that have breached sickness absence triggers and other long-term absences, whilst there remains a wider focus on the Health and Wellbeing of staff as a key contributing factor to levels of sickness absence.

Within Adult Social Work, significant work has been undertaken to address the levels of absence experienced. Investment has been made in the form of a dedicated team, with more robust review and arrangements at both the local and sector level. This work has been supported with a training programme led by ER colleagues.

Detailed data and information regarding sickness absence is held on the iTrent system. Some extracts are presented below for information.

Sickness Absence levels in Adult Health & Social Care increased from November 2024 to December 2024. The absence levels in Adult Health & Social Care remains significantly higher than the Council average at 12.41 FTE days lost per employee, year to date.

Service	Apr	May	Jun	Q1	July	Aug	Sept	Q2	Oct	Nov	Dec	Q3	*Mthly Target	Mthly Avg.	Annual Target	YTD Total 2024/25	Projected Year End Total 2024/25
Council	0.87	1.12	0.96	2.95	0.63	0.78	0.94	2.35	0.96	1.09	1.01	3.06	0.91	0.92	10.99	8.34	11.09
Single status – All	1.02	1.23	1.09	3.34	0.88	0.97	1.06	2.91	1.11	1.13	1.08	3.32	1.04	1.06	12.49	9.55	12.73
Adult Health & Social Care	1.31	1.39	1.38	4.08	1.5	1.36	1.41	4.26	1.35	1.3	1.42	4.07		1.37		12.41	16.52

Adult Health & Social Care saw an increase in FTE days lost from November of 9.23%

December	FTE Days Lost 2024/25	FTE Days Lost 2023/24	% Increase	% FTE Long Term Days Lost	% FTE Short Term Days Lost	No of Long-Term Absences	No of Short-Term Absences	Total No of Absences
Council	13225.26	13608.35	-2.82%	68	32	840	1387	2227
Adult Health & Social Care	2584.87	2329.93	10.94%	75	25	172	180	352

You're not happy with the quality of service	1	3	0	2	1	2	1	10
We didn't provide a service	3	0	0	1	1	0	1	6
We dealt with you in a way that you think was unfair or wrong	4	1	0	0	2	1	0	8
You're not happy with the conduct of staff members	2	0	1	2	1	0	0	6
You're not happy with our policy or procedures	1	0	0	0	0	0	0	1
Total	11	4	1	5	5	3	2	31

Stage 1 Complaints by Outcome

	Airdrie	Bellshill	Coatbridge	Cumbernauld	Motherwell	Wishaw	HQ	Total
Escalated to stage 2	2	1	0	1	1	0	1	6
Not upheld	3	1	0	1	1	1	0	7
Partially upheld	5	0	1	2	0	0	0	8
Resolved	0	2	0	1	2	2	0	7
Upheld	1	0	0	0	1	0	1	3
Total	11	4	1	5	5	3	2	31

Stage 2 Complaints by Reason

	Airdrie	Bellshill	Coatbridge	Cumbernauld	Motherwell	Wishaw	HQ	Total
We didn't provide a service on time or quickly enough	0	0	0	0	0	0	0	0
You're not happy with the quality of service	0	0	0	0	0	1	0	1
We didn't provide a service	3	0	0	0	0	0	1	4
We dealt with you in a way that you think was unfair or wrong	0	0	0	0	0	0	0	0
You're not happy with the conduct of staff members	0	0	0	1	0	0	0	1
You're not happy with our policy or procedures	1	0	0	0	0	0	0	1
Total	4	0	0	1	0	1	1	7

Stage 2 Complaints by Outcome

	Airdrie	Bellshill	Coatbridge	Cumbernauld	Motherwell	Wishaw	HQ	Total
Escalated to stage 2	0	0	0	0	0	0	0	0
Not upheld	1	0	0	1	0	0	0	2
Partially upheld	1	0	0	0	0	0	0	1
Resolved	1	0	0	0	0	1	0	2
Upheld	1	0	0	0	0	0	1	2
Total	4	0	0	1	0	1	1	7