



# Complete Agenda

Democratic Services  
Swyddfa'r Cyngor  
CAERNARFON  
Gwynedd  
LL55 1SH

Meeting

**CARE SCRUTINY COMMITTEE**

Date and Time

**10.30 am, THURSDAY, 20TH FEBRUARY, 2025**

Location

**Hybrid Meeting – Siambr Hywel Dda, Council Offices, Caernarfon, Gwynedd,  
LL55 1SH and virtually through Zoom**

**\* NOTE**

**This meeting will be webcast**

[https://gwynedd.public-i.tv/core//en\\_GB/portal/home](https://gwynedd.public-i.tv/core//en_GB/portal/home)

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(DISTRIBUTED 12/02/25)

## **CARE SCRUTINY COMMITTEE**

### **MEMBERSHIP (16)**

#### **Plaid Cymru (10)**

##### Councillors

Menna Baines  
Linda Ann Jones  
Gwynfor Owen  
Einir Wyn Williams  
John Pughe  
(Vacant seat)

Rheinallt Puw  
Linda Morgan  
Meryl Roberts  
Jina Gwyrfai  
Sian Williams  
(Vacant seat)

#### **Independent (6)**

##### Councillors

Elwyn Jones  
Eryl Jones-Williams  
Angela Russell

Anwen J. Davies  
Beth Lawton

#### **Labour/Liberal (1)**

Councillor  
Gareth Coj Parry

#### **Ex-officio Members**

Chair and Vice-Chair of the Council

#### **Other Invited Members**

Councillor Dilwyn Morgan  
Councillor Menna Trenholme  
Councillor Paul John Rowlinson

# **A G E N D A**

**1. ELECT VICE-CHAIR**

To elect Vice-chair for 2024-2025

**2. APOLOGIES**

To receive any apologies for absence.

**3. DECLARATION OF PERSONAL INTEREST**

To receive any declarations of personal interest.

**4. URGENT BUSINESS**

To note any items that are a matter of urgency in the view of the Chairman for consideration.

**5. MINUTES**

4 - 13

The Chairman shall propose that the minutes of the meetings of this committee held on the 21<sup>st</sup> November 2024 to be signed as a true record. (attached)

**6. CARE INSPECTORATE WALES AND WALES AUDIT OFFICE JOINT INSPECTION - OCTOBER 2024** 14 - 51

To submit the inspection's findings and the Council's response to the Committee

**7. QUESTIONS FOR THE CHIEF EXECUTIVE, CHAIR AND AREA MANAGER OF THE BETSI CADWALADR UNIVERSITY HEALTH BOARD** 52 - 53

Questions to ask the Betsi Cadwaladr University Health Board

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## CARE SCRUTINY COMMITTEE 21/11/24

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### Attendance:

### COUNCILLORS:

Beth Lawton (Chair), Councillor Anwen Jane Davies, Jina Gwyrfai, R. Medwyn Hughes, Dewi Jones, Elwyn Jones, Linda Ann Jones, Eryl Jones-Williams, Linda Morgan, Gareth Coj Parry, John Pughe, Meryl Roberts, Angela Russell and Einir Wyn Williams.

### Officers Present:

Llywela Haf Owain (Senior Language and Scrutiny Adviser) and Sioned Mai Jones (Democracy Team Leader).

### Also in attendance:

Councillor Craig ab Iago (Cabinet Member for Housing and Property), Carys Fôn Williams (Head of Housing and Property), Hedd Tomos (Assistant Head of Housing and Property), Gareth Wyn Parri (Commissioning Team Leader), Sion Hughes (Director of Policy and Delivery, Adra Housing Association), Claire Shiland (Director of Operations, North Wales Housing), Melville Evans (Chief Executive, Grŵp Cynefin) and Edward Hughes (Executive Director of Care and Support, Tai Clwyd Alyn).

## 1. APOLOGIES

Apologies were received from Councillors: Menna Baines and Rheinallt Puw.

## 2. DECLARATION OF PERSONAL INTEREST

A statement of personal interest was received from Councillors Eryl Jones-Williams and Gareth Coj Parry as they were Social Housing tenants. The interest was not prejudicial so they did not withdraw from the meeting.

## 3. URGENT ITEMS

None to note.

## 4. MINUTES

The Chair signed the minutes of the previous meeting of this committee held on 26 September, 2024 as a true record.

## 5. SOCIAL HOUSING FIELD

### (a) To consider the report on the Social Housing Field

The report was submitted by the Head of Housing and Property Department. It was explained that an invitation had been extended to the housing associations that are operational in Gwynedd, namely Adra, Clwyd Alyn, Grŵp Cynefin and North Wales Housing, to join the meeting to respond to the Members' questions regarding the implementation of the Housing Allocations Policy. It was noted that the Allocations Policy had been scrutinised twice over the past two years.

The discussion was commenced by asking whether it was possible to receive a percentage of all housing allocations from the sample of 200 applications that had been received from the Housing Department. It was confirmed that the percentage was approximately between 15-20%. It was noted that the applications had been selected at random and that detailed work had followed to see what the local connection of individuals was, as well as their connection with the community where they had a social property. It was believed that the figures taken from the sample showed a clear pattern and gave assurances and credibility to the work completed. It was added that the 95% who were eligible were in the Gwynedd connection category due to their residency and that the rest was a small number, i.e. to provide or receive support from a person or provision in Gwynedd and it was asked for this to be evidenced. It was added that the Housing Department could provide the exact figure for the Members.

It was asked what the wait time was for bungalows in the Gwynedd and Meirionnydd area, emphasising their importance when releasing houses for families who genuinely needed them.

- It was noted that the figures on the demand for bungalows were not available today, but that the Housing Department would collect this information and provide it to the Members, as well as the list of the number of bungalows that the housing associations had so that there was a comparison between the demand and the supply.

It was noted that the Gwynedd social housing waiting list was long and it was asked why no more social housing were being built.

- In response to the question, it was explained that Gwynedd had joint social housing development plans which were prosperous and were acknowledged as a successful plan. It was noted that £50 million was being spent every year on social housing in Gwynedd. It was acknowledged that the number of houses that could be built were subject to funding and the availability of lands. It was hoped that the Local Development Policy would address these restrictions and that more funding would be available from the Government.

In terms of homelessness in Gwynedd, it was noted that the Housing Action Plan was worth £180 million and that a substantial proportion of this money had been earmarked for building and re-purposing houses for homelessness needs. In addition, it was noted that approximately 88 support units were being built in Gwynedd currently, with the hope of being able to remove people from unsuitable emergency accommodation. It was acknowledged that the housing crisis continued and that the Housing Department was seeking to address all housing needs.

In response to a question about the number who were currently on the waiting list for social housing, it was noted that around 2,000-2,500 applications were on the register. It was added that the waiting list had been static with these numbers over the last decade so there had not been any recent increasing pressures. It was emphasised that these were not individuals, but rather applications for a unit. It was reported that it was possible to receive the figure in terms of individuals, if the Members wished to receive this. It was added that although the figures were static, the needs were higher and more complicated and that plans were in the pipeline in order to respond to the needs.

In terms of specific areas and housing needs on a local level, it was noted that it was possible to identify the figures for the wards in Gwynedd on the Cyngor Gwynedd website. It was proposed to provide a link to a relevant section of the website. It was noted that the data was being extracted from the system periodically and so it was up-to-date and reliable.

- The Housing Department was asked to check this link, which was to be seen on the Members' Intranet, to make sure that it worked as there had been a problem with the link.

In response to a question on the numbers of people who were homeless in Gwynedd, it was noted that the figures were around 500-600 at present. It was added that the local connection to Gwynedd was also relevant for homeless presentations and that the local connection to the area had to be acknowledged before the person could be accepted as homeless in the County. It was added that some exceptions existed, e.g. individuals escaping violence. It was noted that the Housing Department could provide the exact figures on the number who are homeless and the connection to Gwynedd for Members; a desire to accept this information was expressed. It was emphasised that the term homeless meant people who sofa-surfed with friends or family or stayed in bed and breakfast accommodation, and did not sleep on the streets.

Concern was expressed that the Welsh Government did not like the emphasis on local connection in the Gwynedd Allocations Policy and members asked about the control that Government had over the Gwynedd Allocations Policy.

- In response, it was agreed that Gwynedd prioritised local people within the Allocations Policy. It was noted that it the Welsh Government intended to introduce a white paper on homelessness and that this could impact who could present as homeless in Gwynedd and consequently, it could affect the Allocations Policy. It was noted that there would be a need to wait and see what the impact would be as the new requirements had not yet been confirmed and it was hoped that more would be learnt over the next 12 months. Members were reminded of the intention to come back to the Care Scrutiny Committee to scrutinise the Allocations Policy at that time.

In response to a question on the process of applying for a social property, it was explained that one application form and one Allocations Policy had existed since 2012, when the Housing Options Team was established. It was explained that after that the application process had been centralised. It was noted that there was no longer a restriction on the number of areas that applicants can choose to be eligible for a property; applicants can note 1 area only if that is their wish, or they could note 20 areas. It was emphasised that individuals were required to prioritise and that there was a risk for individuals to be penalised if they refused the offer of a property in an area that was one of their choices.

A question was asked about the procedure once people had been included on the waiting list for social housing in Gwynedd. It was highlighted that the individual applications on the list were being prioritised in line with the Allocations Policy. It was explained that the Council's role did not look into the background of tenants, it was only to assess their needs. It was noted that the Housing Options Team was creating a waiting list in line with the Policy's priorities. It was explained that the housing associations did the follow-up work of signing the tenancy once an individual accepted an offer and did the affordability work and established the relationship with the new tenant.

It was asked whether it was possible to obtain assurances that follow-up help and support would be available for individuals who had presented as homeless whilst they were staying in bed and breakfast accommodation, specifically for any concerns they had about mental health.

- In response, it was noted that full support was being given to individuals presenting as homeless if they needed the support. Reference was made to specific officers within the homelessness team who dealt with mental health issues, noting that the support continued throughout the stay in the emergency accommodation.

In terms of Tai Teg, it was asked who the landlord was and who was maintaining these houses. It was also asked about the houses the Council bought as rented housing and for

a further explanation about these houses. In addition, it was asked about the Housing Department's opinion on house swaps.

- In response, it was noted that the housing associations and the Council used Tai Teg and that it was a system that was run to let intermediate housing on behalf of the housing associations and came under Grŵp Cynefin.
- It was highlighted that the Council also purchased intermediate housing and that Adra, as one of the Council's partners, managed the building and the tenancy but that the Council received an element of the rent. It was elaborated that Cyngor Gwynedd are the owners of these houses but that the control of the houses had been transferred to Adra for a specific period of time. It was confirmed that there were two lists, namely social housing and the Intermediate Housing list (Tai Teg).
- In terms of the views of the Housing Department on swapping social housing, it was reported that the Department did not have an opinion on house swaps, as it was the law and therefore they had no choice. The statutory act approved the right for tenants to swap with the tenant of any other social property in England and Wales and there was no right to refuse the swap without a good reason.

It was asked how many were on the Tai Teg list. The Head of Housing and Property Department noted that it would be possible to send the information to Members. The importance of raising awareness about the Tai Teg list and intermediate housing was reiterated.

In response to a question about who made the final decision about who would receive a property, it was explained that the purpose of the Allocations Policy was to avoid a final decision by an officer. It was elaborated that by following the Policy that a list was being created based on priorities and the expectation was that in the formal agreement between the Council and the housing associations the list would be followed. It was explained that sometimes there would be rare exceptions when a tenant on the top of the list was not completely suitable for a specific property; at that time conversations would be held between the Council and the housing associations.

- It was asked whether there was a monitoring process to see how minor these exceptions were. It was reported that this data was available and that there were ongoing meetings on an operational and strategic level where these exceptions will be discussed. It was agreed that the Housing Department would do a piece of work and would share this information about the exceptions (by-passes) with the Members.

**(b) Questions to ask the Housing Associations (Adra, Clwyd Alyn, Grŵp Cynefin and North Wales Housing)**

The representatives of the housing associations were invited to the meeting. They ran through the questions that had been asked to the housing associations in the order in which they appeared on the Committee's Agenda, giving an opportunity for the representatives of the housing associations to respond and for the Members to ask further questions.

Implementing the Housing Allocations Policy

It was explained that the housing associations worked in partnership with Cyngor Gwynedd and that the housing associations had been part of the drawing up of the current Housing Allocations Policy back in 2019 with the Council and co-funding the Housing Options service. It was noted that the Adra housing association let 95% of their properties through the Allocations Policy and that the other 5% were allocated through internal controlled transfers due to reasons such as under-occupancy or the need for adaptations. It was also reiterated that a small percentage of tenancies commenced due to succession rights, which was a legal right.

North Wales Housing added that they had Supported Housing projects in Gwynedd and occasionally they would do an internal management transfer to move a tenant from the Supported Housing to a social property without going through the housing register. It was noted that this happens when a tenant is ready to move on from the Supporting property and as a result frees up space in the Supported property for someone who needs this provision. Reference was made to other exceptions where allocations would be made outside the Policy, e.g. a risk to life because of domestic violence.

The comments from all housing associations were reiterated that the Allocations Policy was being implemented in full and that there was an honest and transparent working relationship between the Council and housing associations.

#### Waiting List

It was expressed that the applications to exclude some people from the waiting list were rare. Attention was drawn to part 3.47 of the Allocations Policy which identified why a person would be excluded from the register, e.g. historical criminal behaviour or attacking a member of housing association staff, as well as intensive anti-social behaviour and misuse of the property. It was also explained that it was also possible to exclude applicants from the housing register on a temporary basis and that this was the majority of cases, compared with the numbers that were permanently excluded.

It was reported that housing associations usually offered a property to the Local Authority's first nomination; but if unable due to valid reasons, e.g. a local matter relating to a specific allocation, this reason would be conveyed to the Local Authority and discussions would happen before coming to an agreement. It was emphasised that cases like these were very rare. The observation was reiterated by adding some reasons for not offering to the first applicant on the list (by-pass), e.g. the necessary support was not there for a tenant and the broader neighbourhood and did not work. It was noted that a risk assessment of the tenancy would be carried out and that the housing associations would do the background work. It was added that the housing associations sought to secure sustainable tenancies that would enable the tenants to settle in the community.

In response to a comment that the Housing Associations were undermining good work by changing the list, it was emphasised that these were exceptions that were made for the right reasons, e.g. affordability reasons as well as those noted above, in order to ensure that the tenant obtained a property that was suitable for them.

The Commissioning Team Leader added that by-passes were not supposed to happen but it was acknowledged that it was inevitable on some occasions when there were valid reasons. It was noted that the list being produced by the Housing Options Team reflected the priorities of the Allocations Policy but discussions and constructive conversations took place should there be a disagreement, and that this was a reflection of the close relationship between the Council and the housing associations. It was acknowledged that there were concerns at times due to the expectation that the Policy was being followed but there was a need to acknowledge that there were differences between various organisations and that disagreements would arise occasionally. It was reported that the Housing Options Team monitored when this happened. It was noted that the Members could see the magnitude of the problem when they would receive the data from the Housing Department.

The views of the housing associations on the Government's White Paper were sought, expressing concern that the White Paper would impact local allocations and the priority given in Gwynedd to local connections.

- In response, the housing associations were not overly concerned as the local Allocations Policy was in place which ensured that the people of Gwynedd were



given priority. It was added that when the final White Paper was published and when it would be timely to review, the housing associations would do that jointly and in partnership with the Council.

A desire for the housing associations to discuss allocations was expressed, particularly new sites, with Local Members, so that the Members could encourage people to register and put their names forward within their wards. It was believed that such discussions would avoid animosity in the community.

#### House Swaps

It was noted that the housing associations' tenants had a Secure Occupancy Agreement, which meant that they had the right to house swap. It was elaborated that the housing associations had a right to refuse in some cases, e.g. anti-social behaviour, adapted properties or the swap would cause under-occupancy. The process where an application would be received and then the appropriate checks being completed, was explained. Statistics were shared, e.g. that 50 swaps had taken place in Adra housing associations in the past year, i.e. 25 cases of mutual swaps. It was noted that 46 of these had been within Adra stock in Gwynedd. It was noted that there was 1 case in Conwy and 3 cases further afield. It was explained that the tenants of housing associations had a legal right to do this.

Grŵp Cynefin reported a similar pattern with 20 swaps that had taken place over the past 3 years, with the majority within the County and 2 from outside. It was confirmed that 2 was the number of swaps in Gwynedd for North Wales Housing. It was noted that housing associations could refuse when there was a local agreement (s106) on the property, which gave priority to local people for the property; they could refuse under the Renting Homes Act and work within this legal framework.

A request was made for a further explanation on Adra data. It was expressed that the swap figures were 135 for the next three years in Adra, and 50 since November 2023. A comment was made that swaps worked well for many tenants and could be beneficial.

Members expressed concern about swaps from outside Wales and it was asked whether these swaps could be stopped. It was reiterated that this was a Government decision and housing associations did not have the right to refuse without a valid reason. It was suggested that a clause should be included in the Allocations Policy, noting the need for tenants to communicate with housing associations as an initial step and seek to swap locally. It was believed that there was room to encourage tenants to move within their communities.

#### Tenant support, under-occupancy and homelessness

It was acknowledged that under-occupancy was a problem as it was not possible to force tenants to leave their homes but it was explained that the housing associations had incentives to seek to encourage tenants to move to a smaller property, e.g. help with moving costs. An explanation of the challenges was given, such as not wanting to leave, and if tenants were able to cope with and afford their existing home, the housing associations could not force them to move. It was explained that Grŵp Cynefin were looking to create a Policy to address the challenges around under-occupancy.

It was explained that 13 years was the length of an average tenancy with Adra housing association and that the property was an individual's home, therefore it can be understood why many are unprepared to move. It was reported that the housing associations sought to secure plans that encouraged tenants to move, such as Stad Frondeg, Pwllheli, or Plas Penrhos, Penrhosgarnedd. It was reported that these new buildings gave tenants an incentive to move and targeted under-occupancy in specific areas which help release properties. It was highlighted that the bedroom tax did not affect pensioners in Wales.

It was added that support was being provided by the housing associations in order to prevent homelessness by the Tenancy Support Officers or Welfare Officers who often visit vulnerable tenants and assess the sustainability of the tenancy. It was explained that financial advice was being provided as well as support for tenants to maintain their tenancies. It was explained that there was close collaboration with the Council, and particularly the Housing service and Social Services this was essential in order to support tenants, as well as direct services by the housing associations such as Gorwel services from Grŵp Cynefin. It was acknowledged that there may be room to do more but the current arrangements worked well and it was believed that the housing associations managed to meet the needs of tenancies.

Further details were provided on the energy and heating support service being provided jointly between some of the housing associations in order to address the challenges facing their tenants. It was expressed that the housing associations had a substantial fund to assist tenants with living costs.

It was added that eviction was the last option and that support and advice was always offered before reaching that step. It was emphasised that time and effort was being spent to collaborate with tenants in order to ensure that they were able to stay in their tenancies.

The Housing Department was asked to provide under-occupancy figures to the Members.

- The Commissioning Team Leader expressed that under-occupancy within the social housing stock was a priority within the Housing Allocations Policy and was one of the emergency Housing needs, if it financially put the tenancy at risk, therefore cases of under-occupancy brought applicants close to the top of the list.

It was asked how many houses the housing associations had in Gwynedd.

- In response, it was noted that Adra had 7,300 properties in their housing stock and that 90% of their stock was in Gwynedd. It was noted that North Wales Housing had 900 stock in Gwynedd, which included Extra Care Housing and Supported Housing properties, as well as social properties. It was reported that Grŵp Cynefin had 1,900 properties in Gwynedd, which was a mix of social rented properties, supported housing, Extra Care schemes and part-ownership and intermediate housing properties. Clwyd Alyn noted that they only had the stock in Penrhos, Pwllheli, in Gwynedd at present.

It was asked how much money housing associations had in the fund to help prevent homelessness and where that money came from.

- In response, it was noted that funds were being created internally and that a sum of money was being allocated internally to the poverty funds or the under-occupancy funds which came from money being created by the income of the housing association.
- It was added that the Council received a Housing Support Grant from the Government every year, which was a substantial grant, and that the Council commissioned services from the housing associations which provided support to individuals and avoided homelessness. It was expressed that there was very close collaboration with partners to ensure the existence of projects which contributed to these objectives.

It was asked about how much difference that new buildings, e.g. the 28 new flats in Frondeg, Pwllheli, was making to the waiting list.

- In response, it was noted that 8 had been transferred to the flats in Frondeg, Pwllheli as internal controlled transfers as they were under-occupying and lived in 2-3 bedroom houses. It was noted that this had released an element of pressure

but it had not made a big difference to the figure of 2,000-2,500 who were on the waiting list, but that every scheme helped.

It was suggested that the housing associations should collaborate on a campaign in the new year to raise awareness of the incentives for tenants to move to smaller properties. It was also suggested that there was room to be creative and consider different schemes such as the home share scheme that was being used by the Council to help with homelessness. The housing associations gave thanks for the idea and expressed that they could collaborate on the campaign around reducing the size of properties.

#### Housing quality and maintenance work

It was reported that a backlog of maintenance work continued in the housing associations since Covid times. Reference was made to the new WHQS (Wales Housing Quality Standard) which listed what was mandatory for the housing associations to do and what was required by the Welsh Government since this year. It was noted that there were new standards that the housing associations had to comply with and others that would require planning. It was expressed in general that the stock profile of the housing associations were old.

Adra referred to the investment they had made in their properties and reported that they had made a £60 million investment in their stock during the last three years. These investments included building new houses, investing in existing houses and improving the customer care service. It was noted that it currently cost £12,000 on average to bring a property that had become vacant back into use and up to standard before a new tenant could move in.

It was highlighted that every social property had to be carpeted before being re-let and that the kitchen and toilet had to meet the Wales Housing Quality Standard, e.g. sockets in specific places, etc. It was noted that it was essential for housing association properties to be standardised to facilitate arrangements should regular or emergency repair work arise in the property.

In response to a question on how easy it was for Members to contact the housing associations, North Wales Housing noted that they had a website and that their phone number and e-mail address could be found on the website. They added that they were happy to discuss with local members and were open to suggestions on how to improve the contact. Clwyd Alyn said that they had a specific contact number for Members, as well as a contact centre and a clear complaints procedure. Reference was made to the Councillor-specific e-mail address that Adra had, and that many members used it.

- A suggestion was made for the Council to prepare a bespoke form to use when there was a problem in a property, so that Councillors could fill it in accordingly. Members also asked to receive a contact form including the phone numbers and e-mail addresses of different departments within the Housing Associations so that they could make direct contact with the most suitable person.

In response to a question about selling stock, Adra reported that they had sold 7 of their properties since 1 January 2020, and in that same period they had built hundreds of new houses. It was highlighted that the money received from property sales went towards building new Houses in the County. It was detailed that this property went on the market with a 106 agreement (s.106) in order to encourage local buyers. It was added that the housing associations did not sell properties on a whim, and only considered this as the final option.

In response to a question on the waiting time for repairs to be completed and complaints from some of the County's residents regarding the process, Adra noted that a specific timetable existed within the housing association to complete maintenance work. It was

elaborated that there was flexibility within the timetable if the tenant was vulnerable. It was noted that they dealt with 20,000 repairs requests every year and that the satisfaction of their tenants with their repairs service was 90%. In order to improve this figure and the communication within Adra, it was reported that a cross-departmental corporate project was in the pipeline in terms of the maintenance service and that every element of communication within the process would receive attention over the coming year.

North Wales Housing elaborated on their targets to complete repairs and reported on some of the challenges that existed, e.g. tenants not allowing them access to the property or a delay in obtaining parts or materials that are essential to complete the repair, and other factors that could lead to a delay. It was added that they had an in-house repairs team and that the tenants appreciated this service.

Reference was made to the Government's expectation for all social properties to have an 'A' EPC rating by 2035, noting that housing associations would have a programme of continuing improvement; however, this would not happen at pace. It was reported that there was an element of flexibility in terms of meeting this target, therefore there was no huge pressure on housing associations at present; however, it was acknowledged that there was not much time to meet the targets. It was noted that the housing associations would work through their plans before submitting them to the Welsh Government in March 2025 and then they would see the way forward following this.

It was questioned whether the way that some of the tenants lived led to problems in the properties, e.g. drying laundry inside the house, not allowing the house to breathe, which led to damp and mould. In response, it was believed that some rendering and insulation work would improve the property's EPC but it was believed that there was room to ensure that an element of educating took place to accompany the work, i.e. to make the best of the property in terms of its performance and in to prevent damp and mould.

Data was sought from the Adra housing association in terms of how many properties had damp and mould. In response, the Adra representative reported that the data was being reported to the Government every quarter and they would provide that data to Members. Members were asked to refer specific cases forward to the housing associations outside this Committee, ensuring that their enquiries would receive attention.

#### Empty houses and buying houses

It was reported that North Wales Housing currently had one long-term empty property and 31 empty properties within the operational empty period; 13 of these were in Gwynedd. It was noted that properties were currently empty for an average period of 25 days and this was mainly due to the WHQS standards that had to be complied with before a new tenant moved in. Clwyd Alyn reported similar figures, noting that they took 28 days on average to bring an empty property back into use. It was added that specific needs, e.g. the need to carpet or install new floors at a property could add time to the process, or if the property needed a new kitchen or bathroom, this could mean that the property was empty for more time before it was ready for the new tenant. It was noted that every property was assessed individually and that work was completed as quickly as possible.

The national average figure of empty social housing stock in Wales at any time was given, namely 2%. It was noted that the average for Gwynedd was 1.6%. It was added that 1.7% of Adra's housing stock were currently empty, which equated to 100-120 empty houses, which was less than the national average. It was noted that it took 2 months on average to get a property ready to re-let as substantial work was usually done to improve the property. It was noted that 96% of the tenants who received a property were satisfied with the condition of the property.

In response to the question about whether the housing associations had bought former Council houses in the last 3 years, there was consensus amongst the housing associations that they tended to invest capital funding in new houses and that this was their focus. Adra noted that they had bought 3-4 Council properties in the last 3 years, because of the challenges of buying old houses and bringing them up to WHQS standards.

#### Communication and complaints

It was reported that the housing associations had Complaints Policies but they tried to deal with matters before they became formal complaints. It was noted that housing associations aimed to respond to tenants within 10 working days of receiving a complaint. Clwyd Alyn noted that they had a Complaints Panel which was a mix of housing association staff and residents and that this Complaints Panel met every quarter to look for potential improvements within the complaints procedure.

North Wales Housing noted that their complaints figures were very low and therefore they were currently doing some work to ensure that complaints were recorded correctly and to promote the complaints process. It was noted that complaints could be positive in order to improve and reflect the service being provided. Adra noted that they had one officer who was a point of contact for the complaints.

It was asked whether it was possible for Members to receive a copy of the general tenancy agreements of housing associations in order to assist them when they received complaints by the public regarding social housing tenants.

- In response, the housing associations offered to share a copy of the Anti-social Behaviour Policy with the Members. It was noted that if Members received complaints about cases of law-breaking, the Police were the first point of contact. It was noted that if members received any other complaints for them to contact the usual point of contact, and the complaints would be forwarded to the Area Team which dealt with cases of anti-social behaviour.

Reference was made to an example of good practice from Grŵp Cynefin recently where a Member received an e-mail listing what houses would become empty over the coming weeks, and asking the Councillor to encourage the residents to make contact. All housing associations were encouraged to follow this example. This attention was supported by the Members, noting that it would be good for Councillors to know when a house would become empty in their ward, and a further message noting when those houses have been allocated.

An appeal was made for Adra to loosen their Members policy somewhat. It was acknowledged that it was great to have a single point of contact most of the time, but Members felt that it would be valuable to have a chat with a Team Leader or Head of Department in Adra on some occasions, instead of the single officer who was a point of contact for Members. It was believed that this would be valuable in order to be able to build a relationship and educate Members for the reasons behind things that were more technical in nature.

- In response, Adra noted that the single point of contact worked well and that they were still eager for this to continue, particularly with initial enquiries or less complicated enquiries. It was noted that Catrin Thomas had been appointed to lead that team recently, and this feedback from Members would be fed back to the company in order to see whether the process could be reviewed. It was added that Adra would attend the four Area Forums soon in 2025, and that the arrangements were in place to give Members an opportunity to receive information on a more local level.

The housing associations were thanked and they noted that today's discussion had been an eye-opener and that the Members had learnt a lot about the procedure. The housing associations were thanked for their honesty, reporting that the meeting had been very educational. It was hoped that the housing associations received more money from the Welsh Government over the coming years in order to be able to increase the numbers of social properties and hopefully reduce the waiting lists. The housing associations were thanked for their observations and for their time.

## **RESOLVED**

- 1. To accept the report, noting the information and thanking the Housing and Property Department for the comprehensive information submitted.**
- 2. To request additional information from the Housing and Property Department regarding:**
  - **The numbers on the waiting list for bungalows in Gwynedd and in the Meirionnydd area.**
  - **The Homelessness figures and how many of these do not originate from Gwynedd.**
  - **A link to the page on the Members' Intranet which provides ward-level data on the Housing Register.**
  - **Data on housing exchange numbers (mutual exchanges).**
  - **Data about the Tai Teg register and the figures.**
  - **The under-occupancy figures.**
  - **The exceptions to the Allocation Policy over the past 5 years stating the reasons.**
- 3. To express concern regarding:**
  - **The lack of input from the Council when Housing exchanges take place.**
  - **The potential future implications of the White Paper for Gwynedd's Allocations Policy.**
  - **The lack of a reduction in the numbers on the Common Housing Register over the last ten years.**
  - **The homeless numbers in the County.**
  - **Communicate with the Housing Associations and suggest that the Housing Department should provide a standard form for Members to complete on behalf of tenants when maintenance is required including the provision of points of contact for the various Housing Association Departments.**
- 4. To accept the information received from the Housing Associations and their responses to members' questions that will be summarised in the Committee's minutes.**

The meeting commenced at 10.30 and concluded at 15.45.



<b>MEETING</b>	Care Scrutiny Committee
<b>DATE</b>	20/02/2025
<b>TITLE</b>	<b>Care Inspectorate Wales and Wales Audit Office Joint Inspection - October 2024</b>
<b>REASON TO SCRUTINISE</b>	To submit the inspection's findings and the Council's response to the Committee
<b>AUTHOR</b>	Aled Davies, Head of Adults, Health and Well-being Department
<b>CABINET MEMBER</b>	Dilwyn Morgan

## 1. Why it needs scrutiny?

When a broad inspection of care department services in Gwynedd is undertaken by the Care Inspectorate Wales (CIW), it is customary for the inspectors' representatives to be invited to the Care Scrutiny Committee to submit their report and the findings. Alongside this, the relevant department responds to the findings and recommendations by submitting a work programme to enable the Committee to scrutinise its content and suitability.

Normally, reports on audits of the Council's work and processes carried out by the Wales Audit Office (WAO), are submitted to the Governance and Audit Committee. There is a similar arrangement for submitting the response of a specific service or department to their findings and recommendations, in the form of a specific template.

In September 2024, the Council received correspondence from the CIW and WAO, informing us that they intended to carry out a joint inspection of services in the Adults Department. In the correspondence, it was explained that the CIW inspection work would specifically address the progress made since the previous inspection in 2022. It was explained that the WAO's inspection work would focus on matters relating to the provision and commissioning of internal and external domiciliary care.

Alongside this work, a notification was received that the CIW was carrying out an inspection of the Council's internal domiciliary care registered service under the RISCA (Regulation and Inspection of Social Care (Wales) Act 2016) legislation and guidelines. Inspections of internal and private registered services are regularly undertaken. Usually, the inspections carried out under this legislation are submitted for the attention of the Governance and Audit Committee.

The joint inspection was held in mid-October 2024.

The Department/Council is grateful for the opportunity it had to discuss and make observations on the letters/draft reports of both inspection bodies and the final reports/letters were received earlier this month.



## **2. What exactly needs scrutiny?**

As the inspection work was carried out jointly, and the reports/letters were published in parallel and considering the timing of their publication, it was believed that it would be beneficial for them to be submitted together to the Care Scrutiny Committee.

The RISCA investigation report on the internal registered domiciliary care service will follow the usual reporting pathway to the Governance and Audit Committee.

Therefore, the following documents are submitted for the attention of the Care Scrutiny Committee:-

- i. Improvement Check visit to Cyngor Gwynedd – Adult services – (Letter from Care Inspectorate Wales)
- ii. Response to Care Inspectorate Wales letter – Cyngor Gwynedd's Adults, Health and Well-being Department's programme of work
- iii. Domiciliary Care – Cyngor Gwynedd – (Wales Audit Office Report)
- iv. Response to the Wales Audit Office report – Cyngor Gwynedd's Adults, Health and Well-being Department's programme of work

## **3. Next Steps**

After discussing and obtaining the views of the Care Scrutiny Committee, the Cabinet Member and the Head of Adults, Health and Well-being Department will give appropriate priority to ensure that the Department's services implement the work programme to respond to the findings and recommendations arising in the CIW and WAO letters/reports.

Huw Dylan Owen  
Cyngor Gwynedd

Dyddiad / Date:06/02/2025

Dear Director,

### **Improvement Check visit to Cyngor Gwynedd – adult services**

This letter describes the findings of the Improvement Check visit to adult services (the service), Cyngor Gwynedd (CG) between 14 and 16 of October 2024. This followed the Performance Evaluation Inspection (PEI) in September 2022.

#### **1. Introduction**

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014; key lines of enquiry; and the quality standards in the *Code of Practice in relation to the performance and improvement of social services in Wales*. This helps us determine the effectiveness of local authorities in supporting, measuring and sustaining improvements for people and in services.

The Improvement Check focussed on the progress made in the following areas identified for improvements during our PEI in September 2022.

<b>Principle</b>	<b>Areas of improvement identified from PEI in September 2022.</b>	<b>Progress identified at Improvement Check</b>
People	The needs of people requiring care and support at home must be met in a timely manner. This includes the extent associated pressures on	Some improvements made – further action required.

	<p>carers and hospital services are mitigated.</p> <p>Sufficient staffing resources must be in place to ensure people's care and support needs are being met effectively, particularly Occupational Therapists and Approved Mental Health Practitioners.</p> <p>Carers must be consistently offered an assessment in line with statutory duties.</p> <p>Provision of direct payments must be prioritised to ensure their accessibility for people.</p>	<p>Some improvements made – further action required</p> <p>Some improvements made – further action required</p> <p>Some improvements made – further action required</p>
Prevention	<p>People must receive the correct care and support in a timely manner. Reviews of care and support plans must be undertaken in a timely manner.</p>	<p>Some improvements made – further action required</p>
Well-being	<p>Adult safeguarding practice, including record keeping, must comply with the Wales Safeguarding Procedures (WSP).</p> <p>Practice must meet statutory duties in accordance with the Mental Capacity Act (2005).</p>	<p>Improvements made – must be sustained</p> <p>Improvements made – must be sustained</p>
Partnerships	<p>The local authority must continue to work towards improving strategic relationships with Betsi Cadwaladr University Health Board, to promote people's independence and well-being.</p>	<p>Improvements made – must be sustained</p>

## 2. Glossary of Terminology and Quantity Definitions

A glossary of terminology is contained in Appendix one and a table of quantity definitions in Appendix two.

### **3. Summary of Improvement Check Findings**

#### Adult Services

3.1 There is a stable and experienced leadership team in adult services, who have instigated and implemented some positive changes since the last PEI.

3.2 There has however been limited progress in minimising delay in assessments and review of people's care and support plans.

3.3 People also continue to have to wait for care and support at home. Despite the reduction in the number of people waiting for domiciliary care since the last PEI, there remain high numbers of people who continue to have to wait and for long periods.

3.4 Leaders are aware further work is required to improve practice and the availability of care and support. Workplans in place must be prioritised to further drive improvements. Leaders are frustrated with the lack of progress made in some areas which has not been at the pace they would have preferred. An increasing demand for care and support, in addition to recruitment difficulties in rural areas, has contributed to the challenges.

3.5 Practitioners feel well supported by both leaders and colleagues.

3.6 Leaders equally are appreciative of practitioners and describe them as the best resource they have.

3.7 Leaders have a clear vision about how people can be supported in their communities taking a strength and outcomes-based approach, as highlighted in its recently published report, Llechen Lân. Some leaders acknowledge that not everyone's practice is yet fully reflective of the approach, and work is in progress to support a culture change.

3.8 There is increased stability in professional roles such as social workers and occupational therapists within the service. The local authority however, continues to face challenges in relation to ensuring sufficient domiciliary care workers.

3.9 The service's professional workforce in relation to social workers and occupational therapists comprises all local authority employed staff. This negates reliance on agency staff and means a more consistent service for people. People also benefit from the professional workforce being able to offer a service through the Welsh language.

3.10 People and providers describe difficulties in contacting the service. Leaders are aware improvements are required in relation to people being able to contact the service, and work is in progress to address this challenge.

### **4. Key Findings and Evidence**

Key findings and some examples of evidence are presented below in line with the four principles of the Social Services and Well-being (Wales) Act 2014.

## **People – We asked:**

How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them?

### **Strengths**

4.1 Leaders are experienced, provide stability of leadership and practitioners describe them as visible and approachable.

4.2 Leaders value practitioners' dedication. Practitioners are committed and go above what would be expected to support people. They clearly know the people they support very well.

4.3 Positively, as highlighted in the last PEI, practitioners continue to feel well supported. 94% of the practitioners who completed our survey noted they 'agreed' or 'strongly agreed' they are well supported by colleagues and leaders.

4.4. There is increased stability in professional roles in the service, which includes Occupational Therapists and Approved Mental Health Practitioners (AMHP). As regards increasing the number of Occupational Therapists, several work streams are in place which include training schemes, a programme for upskilling social work practitioners and the establishment of a Carers Academy. The intention with the Carers Academy is to attract carers to deliver care for the service for a period, with opportunities for further career development into specialist workers in the future. The service has successfully increased the grading of AMHP's, and utilised funds from Welsh Government to train additional staff during 2024 and 2025. Whilst providing AMHP cover can still be challenging, it is anticipated the steps taken can alleviate the position in the longer term.

4.5 Practitioners benefit from regular supervision, both formal and informal, with a focus on their learning and development needs.

4.6 The service has worked hard to recruit, retain and develop staff across all parts of the service. This includes targeted recruitment campaigns, a workforce restructure resulting in reviewing of grades, and "grow your own" schemes. The service has also established a Care Academy to recruit care workers and provide clear opportunity for career progression.

4.7 There has been a small increase in the number of people receiving a direct payment. This means more people benefit from having control over how their care and support is delivered. A family member spoken with described how receiving direct payments assisted in ensuring their relative was able to continue living at home with support.

4.8 There is a support worker for unpaid carers available, albeit not in every service across all areas of the County. An unpaid carer described the benefit of a support worker used as a source of direct support for them specifically, and they described how they felt valued as they were listened to. **This is an example of good practice, which would benefit more unpaid carers if the service was more consistent.**

### **Areas for Improvement**

4.9 Whilst practitioners are consistently clear there are opportunities to reflect on practice with a focus also on their well being, there is limited and inconsistent evidence of this in supervision files with a focus on case discussion. **The local authority must ensure that consistent supervision records with members of staff are available across the service, in accordance with its supervision policy. It should ensure these records are specific and consistently demonstrate the focus in place on staff well-being and reflection on their practice.**

4.10 Whilst there are good examples of people's wishes, feelings and outcomes referenced in assessments, and care and support plans, this practice is inconsistent. There are other examples where evidence of people's voice and choice is limited. Assessments, and care and support plans also do not routinely reflect strengths and outcome-based practice, as well as existing support. **In line with Code of Practice, Part 3 (assessing the needs of individuals), assessments must include the five key elements and reflect strengths-based conversations with people to identify what matters to them. They must also include the personal outcomes they wish to achieve and what contribution they and their family, friends and local community can make to achieving those outcomes.**

4.11 The service is continuing to experience challenges in recording data about assessments and support for unpaid carers. Practitioners are confident they offer assessments to unpaid carers, and we saw examples of carers assessments having been undertaken and of unpaid carers benefitting from support provided. However, it is not consistently clear from social care records viewed whether all unpaid carers have been assessed in a timely manner, or whether such an offer is made. In very few carers assessments, where a formal care and support plan was not required, there was either no or limited information about what was available to meet the potential future needs of the unpaid carers. **The local authority must improve the data it collates about assessments and support for unpaid carers. This is essential to ensure it meets its statutory duty of assessing whether a carer has needs for care and support (or is likely to do so in the future) and if so, what those needs are likely to be. Leaders must also ensure people and unpaid carers are appropriately signposted to information, advice, assistance or other preventative and community-based services to include third sector services, whether or not they have a formal care and support plan.**

4.12 There is variable evidence in social care records of an offer of direct payments being made. The practice of offering a direct payment as an option for meeting assessed eligible needs is inconsistent. It is noted plans are in place to improve arrangements for direct payments and there has been small progress in the number of people choosing this option. **Nevertheless, the local authority must ensure people are consistently offered a direct payment where there are eligible care and support needs, and whereby a direct payment could enable personal outcomes to be achieved. A clear record must be made of an offer for this option, along with details of refusal if that is the case.**

4.13 Just under a third of people who completed CIW's survey of people who completed our people survey indicate they experience issues contacting the service. Examples of comments made include calls not being answered, taking a long time to be answered, and not being returned promptly. The service intends to create a simplified first point of contact system to improve people's experience. **The local authority must ensure information, advice and assistance is promptly offered in a manner which is accessible.**

#### **Prevention – We asked:**

To what extent is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?

#### **Strengths**

4.14 Good quality and timely statutory reviews are being undertaken to assess whether people's care and support plans remain appropriate. However, there are also examples of people having to wait for a review which is sometimes undertaken outside of the statutory timeframe. The service recognises a formal statutory review is an important means of ensuring care and support plans remain appropriate and relevant to people's eligible needs.

4.15 The service has increased the number of micro carers it has to 17. This provides an alternative care and support option to traditional domiciliary care. **There is a practitioner employed by the local authority specifically to support and train people to establish a micro enterprise which is good practice. The local authority should continue with its work to promote the availability of care and support options to include the numbers of micro carers available, in line with its duty to provide information, advice and assistance and preventative services.**

4.16 The local authority is focussed on improving outcomes for people receiving a domiciliary care service and has obtained specific funding to support with this. They

are piloting a different way of working utilising technology and apps to improve communication between a care provider, individual and their family for example. The full evaluation of this is yet to be completed.

### **Areas for Improvement**

4.17 The timeliness of assessments is variable. People continue to have to wait for occupational therapy, social work and carers assessments and in some examples, the wait is too long. Leaders are confident with current arrangements for practitioners to monitor people's circumstances and manage risks whilst they are awaiting an assessment. **The local authority must ensure people receive a proportionate and timely response which enables them to achieve their personal well-being outcomes.**

4.18 The local authority has taken positive steps to improve review timeliness to include creating additional capacity specifically to undertake reviews. However, challenges remain and not all additional short-term posts created have been filled, meaning the benefit of this additional resource is yet to be fully realised. **The local authority should continue to review the effectiveness of the steps taken, and ensure it is meeting its duty in relation to reviewing care and support plans in accordance with statutory timeframes.**

4.19 At the time of the last PEI, the local authority was moving to a single, internal or external, local provider of domiciliary care in 13 sub areas, whilst sharing provision in three other sub areas. The service has made progress and experienced a reduction in the numbers of people awaiting domiciliary care. However, there are concerns about the numbers of people who continue to wait for domiciliary care with a risk of people's choice and well-being outcomes being compromised. This also places pressure on unpaid carers and hospital resources. It is noted the local authority is looking at its data accuracy to ensure a greater understanding of waiting times for domiciliary care. The service has implemented a domiciliary care project board with different workstreams to reduce the waiting list for domiciliary care. The workstreams also align with the service's vision reflected in the Council Plan 2023-2028 and recommendations of the Llechen Lan report, ensuring clarity and consistency of expectations. **The local authority must prioritise its workplan for reducing the wait for domiciliary care. This to ensure people, and unpaid carers, receive timely support and to prevent escalation of need.**

4.20 At the end of 2023, the local authority instigated an internal audit in response to overspend in the commissioning of independent domiciliary care services. The report concludes that some commissioned services were not always being delivered in line with contractual arrangements, and that this was not addressed in a timely manner. As a result, there have been missed opportunities to support a greater number of people and reduce the wait for domiciliary care support. Workplans have been created under the umbrella of the domiciliary care project to improve commissioning arrangements and provide more robust oversight. **The local authority must ensure**



**commissioning arrangements are based on meaningful data and comply with the principles and requirements of the National framework for commissioning care and support: code of practice.**

4.21 Whilst the local authority has a draft Quality Assurance (QA) strategy, the focus is specifically on monitoring the quality of commissioned services. The strategy does not currently extend to monitoring and quality assuring direct practice. The QA process is underdeveloped and requires a full review in terms of its delivery and impact in helping improve outcomes for people. **The local authority must implement and embed a robust quality assurance framework. These improvements are essential to enable scrutiny of data to drive forward service improvements and ensure managers have greater oversight of front-line practice, ensuring it aligns with the service's vision and practice recommendations as highlighted in the Llechen Lan report.**

### **Well-being – We asked:**

To what extent is the local authority ensuring people are protected and safeguarded from abuse and neglect and any other types of harm?

### **Strengths**

4.22 Practice in adult safeguarding has improved. People are appropriately safeguarded from the risk of harm or abuse through effective multi agency arrangements. Practice aligns with the expectations of the Wales Safeguarding Procedures. People's voice is mostly central in the safeguarding process, and their wishes are identified and considered.

4.23 Practice in relation to assessing people's mental capacity has improved. People's mental capacity to make decisions regarding their care and support is consistently considered. Overall, capacity assessments are of good quality, adhering to the principles of the Mental Capacity Act (MCA) (2005) and Code of Practice. **In the best examples, there are good recordings of the discussions and of a person's verbatim responses which is good practice.** Relevant training, peer supervision, team discussions and MCA Champions in some teams promote workforce confidence and practice in relation to mental capacity assessments.

4.24 People feel they are treated with respect by the service. Eighty three percent of people who completed CIW's survey indicated they feel this is true 'all of the time' or 'most of the time'.

### **Areas for Improvement**

4.25 Records did not consistently reflect whether a person subject of a duty to report has been informed of the outcome. **The local authority should ensure consistent**

**records are made to evidence people are informed of the outcome of safeguarding referrals.**

### **Partnership – We asked:**

To what extent is the local authority able to assure itself effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?

### **Strengths**

4.26 At an operational level there are examples of good joint working with partners including health, police and third sector, to support good outcomes for people.

4.27 The board to develop Community Resource Teams has been re-established, chaired by leaders in strategic positions within the local authority and Betsi Cadwaladr University Health Board (BCUHB). The focus is on further developing the work of the CRTs.

4.28 There are clear ambitions in the service's work plan to further improve communication with providers. One example being domiciliary care providers consistently becoming part of CRTs, aiding discussions and communication.

4.29 There continue to be challenges in working with the BCUHB on a strategic level due to frequent changes within BCUHB's key strategic roles, and changes within professional roles and responsibilities. There are examples of continued joint working such as joint discussions which have commenced about hospital discharge processes with consideration as to how to improve processes and broadening the role the third sector. A further example is discussions and work around a new innovative nursing, residential and extra care provision.

### **Areas for Improvement**

4.30 The local authority has identified that improvements in joint commissioning with BCUHB is required. **The local authority should continue with its existing efforts to work in partnership with the Betsi Cadwaladr University Health Board in the interest of improving outcomes for people through the delivery of effective, integrated services.**

### **5. Next Steps**

CIW expects the local authority to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority. Where relevant, we expect the local authority to share the positive practice identified

with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

## **6. Methodology**

### **Fieldwork**

- Most inspection evidence was gathered by reviewing the experiences of 12 people through review and tracking of their social care record. We reviewed eight social care records and tracked four.
- Tracking a person's social care record includes having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.
- We engaged, through interviews with two people receiving services and/or their carer.
- We engaged, through interviews and/or focus groups with 13 local authority employees. This included social workers, team managers, head of commissioning, assistants to the head of service, head of service, and director of social services.
- We reviewed a sample of staff supervision files.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services practitioners, providers and people.

Our Privacy Notice can be found at <https://careinspectorate.wales/how-we-use-your-information>.

## **7. Welsh Language**

CIW is committed to providing an active offer of the Welsh language during its activity with local authorities.

The active offer was accepted on this occasion. We carried out interviews with local authority employees as well as people who had received a service and/ or their carers through the medium of Welsh during this improvement check.

## **8. Acknowledgements**

CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

Yours sincerely,



**Lou Bushell-Bauers**  
Head of Local Authority Inspection  
**Care Inspectorate Wales**

## Appendix 1

### Glossary of Terminology

<b>Term</b>	<b>What we mean in our reports and letters</b>
<b>Must</b>	Improvement is deemed necessary in order for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.
<b>Should</b>	Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.
<b>Positive practice</b>	Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.
<b>Prevention and Early Intervention</b>	A principle of the Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.

<b>Voice and Control</b>	A principle of the Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.
<b>Well-being</b>	A principle of the Act which aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about supporting people to achieve their own well-being and measuring the success of care and support.
<b>Co-Production</b>	A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
<b>Multi-Agency working</b>	A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
<b>What matters</b>	'What Matters' conversations are a way for professionals to understand people's situation, their current well-being, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them.
<b>Llechen Lân report</b>	A report compiled by CG considering the challenges they face in supporting the adult population in terms of social care. They make recommendations as to how they can respond to the challenges. <a href="#">LLechen Lân: gwasanaethau cymdeithasol pobol hŷn i'r dyfodol</a>
<b>Grow Your Own (GYO)</b>	This refers to how local authorities attract and recruit people into their services, and then assist existing employees to develop their knowledge and skills and progress UP to the next level.

## Appendix 2

### Quantity Definitions Table

<b>Terminology</b>	<b>Definition</b>
Nearly all	With very few exceptions
Most	90% or more
Many	70% or more
A majority	Over 60%
Half	50%
Around half	Close to 50%
A minority	Below 40%
Few	Below 20%
Very few	Less than 10%

**Gwynedd Adults, Health and Well-being Department Work Programme in response to Gwynedd Adult Services Report by Care Inspectorate Wales (CIW) – October 2024**

<b>Theme: People</b>				
<b>Area for strengthening</b>	<b>Plans already in place or new plans</b>	<b>Comments / Blockages</b>	<b>Who leads</b>	<b>Timetable</b>
The Council's support worker arrangements are an example of good practice and would benefit more unpaid carers if the service was more consistent.	<ul style="list-style-type: none"> <li>Discussions have started to establish a more stable line management / arrangement for the team, so that supervision arrangements are more robust. The hope is to be able to offer a more consistent service across the County.</li> </ul>	<ul style="list-style-type: none"> <li>Local government financial circumstances are likely to limit the ability to extend the provision, at least in the short term.</li> </ul>	SEJ/RhG	30/09/2025
The local authority must ensure that consistent supervision records with members of staff are available across the service, in accordance with its supervision policy. It should ensure these records are specific and consistently demonstrate the focus in place on staff well-being and reflection on their practice.	<ul style="list-style-type: none"> <li>Message has been shared with the team leaders reminding them to ensure that they record the supervision conversation in the case records. This to be monitored as part of a file audit procedure.</li> <li>Circulate a copy of the supervision policy with all practitioners and to be discussed at team meetings and 1:1 supervision.</li> <li>Supervision agreement template to be circulated and discussed at team/supervision meetings.</li> <li>Reflective Practice Training for Practice Educators and Mentors is scheduled for February 2025.</li> <li>Mentoring Principles training arranged for care professionals.</li> </ul>		SEJ/MWJ/ MET	31/03/2025
In line with Code of Practice, Part 3 (assessing the needs of individuals), assessments must include the five key elements and reflect	<ul style="list-style-type: none"> <li>Assessment form review task group has been formed. There will be a focus on strengthening the 5 key elements and personal outcomes.</li> <li>Re-introduce the personal outcomes guide</li> </ul>	<ul style="list-style-type: none"> <li>File audit procedure started January 2025. An agreement that each team and the relevant Assistant Heads of Department complete one</li> </ul>	SEJ/MWJ/ MET	31/03/2025

<p>strengths-based conversations with people to identify what matters to them. They must also include the personal outcomes they wish to achieve and what contribution they and their family, friends and local community can make to achieving those outcomes.</p>	<p>to all staff.</p> <ul style="list-style-type: none"> <li>• Training on collaborative conversation and outcome-based training for staff.</li> <li>• External consultant to conduct an audit of the learning disability service's day support with a view to working together to focus on the individual's voice and strengths.</li> <li>• Trial new procedure for file auditing. Document compiled and discussed with team leaders.</li> </ul>	<p>audit every month.</p>		
<p>The local authority must improve the data it collects about assessments and support for unpaid carers. This is essential to ensure it meets its statutory duty of assessing whether a carer has needs for care and support (or is likely to do so in the future) and if so, what those needs are likely to be. Leaders must also ensure people and unpaid carers are appropriately signposted to information, advice, assistance or other preventative and community-based services to include third sector services, whether or not they have a formal care and support plan.</p>	<ul style="list-style-type: none"> <li>• A carers' data group has been formed to ensure that the Adults and Children's services consistently record and report on carers' assessments including joint assessments.</li> <li>• A task and finish group has been formed to review the assessment form and strengthen elements relating to carers.</li> <li>• Carers training is part of the Department's annual programme.</li> <li>• File audit form has been modified to ensure Carers' issues are scrutinised.</li> <li>• Work programme for reviewing the Adults, Health and Well-being Department's front door arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Funding to pay for an additional resource to support the work has ended.</li> </ul>	<p>AGW/SG SEJ/MWJ/ MET</p>	
<p>Nevertheless, the local authority must ensure</p>	<ul style="list-style-type: none"> <li>• As part of the assessment form review, attention will be paid to how we can</li> </ul>		<p>MWJ/MET/ SEJ/AGW</p>	<p>30/06/2025</p>



<p>people are consistently offered a direct payment where there are eligible care and support needs, and whereby a direct payment could enable personal outcomes to be achieved. A clear record must be made of an offer for this option, along with details of refusal if that is the case.</p>	<p>incorporate the 'question' about direct payments so that there is a record of the offer and the reason why the option was not taken up.</p> <ul style="list-style-type: none"> <li>• The file audit procedure will check that the Direct Payments offer has been recorded and the reason for refusal.</li> <li>• Direct payment training to be arranged for the workforce to coincide with guidelines that have been developed, so that we can assure ourselves that everyone knows what the procedure is.</li> <li>• Staff guidelines and information booklet for individuals compiled.</li> <li>• The Direct Payments support service has been internalised and has started to develop a closer relationship with the social services teams.</li> <li>• Existing direct payment recipients have transferred to different payroll providers and have the right to move to another provider if they wish, this gives people a voice and control over their own DPs.</li> <li>• There is an increase in the number of micro companies set up to support people who need support through direct payments.</li> <li>• A DP flow has been developed, which highlights the steps that need to be taken in order to establish a care and support package under the DP system.</li> <li>• We have identified various other areas where further development will need to be considered (e.g. support for PAs including various training).</li> </ul>			
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<p>The local authority must ensure information, advice and assistance is promptly offered in a manner which is accessible.</p>	<ul style="list-style-type: none"> <li>• Task group already set up to review the IAA arrangements.</li> <li>• Review the website and our information forms/pamphlets etc., seeking to ensure consistency in style etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Local government financial circumstances are likely to limit the ability to strengthen capacity to achieve all desired improvements, at least in the short term.</li> </ul>	<p>SEJ/MWJ/ MET</p>	
<b>Theme: Prevention</b>				
<p>The local authority should continue with its work to promote the availability of care and support options to include the numbers of micro carers available, in line with its duty to provide information, advice and assistance and preventative services.</p>	<ul style="list-style-type: none"> <li>• Continue to promote the service to establish and support micro carers. Incorporate this role with the role of developing a register of personal assistants to be available to support people through direct payments.</li> <li>• Continue to promote the work of the community hubs.</li> <li>• Continue to expand the technology options available to promote independence, contributing to the development of artificial intelligence in care in Wales.</li> </ul>	<ul style="list-style-type: none"> <li>• A number of preventive/community schemes are funded by short-term grants.</li> <li>• Lack of recognition nationally of the resource needed to put into the development of artificial intelligence in Welsh.</li> </ul>		
<p>The local authority must ensure people receive a proportionate and timely response which enables them to achieve their personal well-being outcomes.</p>	<ul style="list-style-type: none"> <li>• A programme of work to improve the front door arrangements of the service has been put in place.</li> <li>• Monitor through supervision arrangements and file audits.</li> <li>• A review programme of work to ensure that care provision is suitable and proportionate and to consider alternative ways of meeting objectives (technology, community provisions etc.).</li> <li>• Consider 'active' and 'inactive' case-load procedures across Adult services to ensure that individuals who are already known to us are appointed to a familiar/long-term worker, receive prompt attention and</li> </ul>	<ul style="list-style-type: none"> <li>• Work pressures and resulting waiting lists.</li> <li>• Local government financial circumstances are likely to limit the ability to strengthen capacity to achieve all desired improvements, at least in the short term.</li> </ul>	<p>SEJ/MWJ/ MET</p>	

	prevent them going through the system as a new case every time there is a change in their situation.			
The local authority should continue to review the effectiveness of the steps taken, and ensure it is meeting its duty in relation to reviewing care and support plans in accordance with statutory timeframes.	<ul style="list-style-type: none"> <li>The task group reviewing the review form has concluded its work. An increase in the number of reviews that have been undertaken since the new form was introduced.</li> <li>New temporary review posts in place for 2024/25.</li> <li>Consideration of 'active and 'inactive' case-load system as it is more likely to highlight cases that need to be reviewed, and by a worker who is known to them</li> </ul>	<ul style="list-style-type: none"> <li>Work pressures and resulting waiting lists.</li> <li>No certainty of the budget to continue with additional review posts after the end of the financial year.</li> </ul>	SEJ/MWJ/ MET	Ongoing
The local authority must prioritise its workplan for reducing the wait for domiciliary care. This to ensure people, and unpaid carers, receive timely support and to prevent escalation of need.	<ul style="list-style-type: none"> <li>The Domiciliary Care Project Group has already established a work programme with specific work streams to address the challenges facing domiciliary care on every operational level of the system. A report was submitted to the Council's Cabinet on 11/02/2025, recommending modifying the Caring Gwynedd Council Plan section to address the appropriate priority to the need to respond to these challenges. The adaptations will be included in the Plan for 2025/26 and beyond and the progress will be monitored and scrutinised through the established performance challenge arrangements.</li> <li>Ensure arrangements and roles are in place to constantly monitor and check waiting lists as part of the daily work of adult teams.</li> <li>Ensure that adult teams and domiciliary care providers work together effectively to identify opportunities to free up domiciliary</li> </ul>	<ul style="list-style-type: none"> <li>Local government financial circumstances are likely to limit the ability to extend the provision at least in the short term.</li> <li>Staffing capacity in the field is a challenge.</li> </ul>	AD/AGW/ SEJ/RhG	30/09/2025

	care hours to reduce the waiting list.			
The local authority must ensure commissioning arrangements are based on meaningful data and comply with the principles and requirements of the National framework for commissioning care and support: code of practice.	<ul style="list-style-type: none"> <li>• Resume the Adult data group to address the standard and accuracy of our data.</li> <li>• Ensure that our commissioning arrangements are based on evidence of the need. This process has started with the third sector and in domiciliary care.</li> </ul>		AGW	30/09/2025
The local authority must implement and embed a robust quality assurance framework. These improvements are essential to enable scrutiny of data to drive forward service improvements and ensure managers have greater oversight of front-line practice, ensuring it aligns with the service's vision and practice recommendations as highlighted in the Llechen Lân report.	<ul style="list-style-type: none"> <li>• Many of the QA elements exist but need to bring these all together in a framework.</li> <li>• A task group has been formed to produce a QA framework for the Department.</li> <li>• Use the file audit as a key part of achieving this.</li> <li>• Ensure that the whole Department takes ownership of the framework through Departmental Management Team discussions and activity.</li> </ul>		AD/MET/ MWJ/SEJ/ RhG/AGW	31/03/2025
<b>Theme: Well-being</b>				
Mental capacity – Ensure that there are quality capacity assessments with good records of the discussions and verbatim identification of the person's response.	<ul style="list-style-type: none"> <li>• Ensure that mental capacity assessment is part of the Department's training programme each year.</li> <li>• Strengthen the ability to offer support to staff through supervision.</li> <li>• Strengthen collaboration arrangements to secure the support of the Legal Department in relation to DOLS and COP DOL cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Local government financial circumstances could limit ability to strengthen capacity, at least in the short term.</li> </ul>	MET/MWJ/ SEJ	Ongoing

	<ul style="list-style-type: none"> <li>• Conduct file audits to ensure the quality of mental capacity assessments.</li> <li>• Bid submitted to employ 2 Best Interest Assessors.</li> </ul>			
The local authority should ensure consistent records are made to evidence people are informed of the outcome of safeguarding referrals	<ul style="list-style-type: none"> <li>• Modified the safeguarding form to ensure that a record is made to evidence that the result of the referral is reported to the individual.</li> <li>• Regular monitoring through supervision arrangements and file audits.</li> </ul>		MET/MWJ/S EJ	30/09/2025
<b>Theme: Partnership</b>				
The local authority should continue with its existing efforts to work in partnership with the Betsi Cadwaladr University Health Board in the interest of improving outcomes for people through the delivery of effective, integrated services.	<ul style="list-style-type: none"> <li>• Continue to strive to maintain and strengthen the relationship with the Health Board in particular through:-</li> <li>1) TAC Development Group</li> <li>2) Cross-cluster Project Group</li> <li>3) Learning Disabilities Regional Partnership Board between the 6 Local Authorities and the Health Board</li> </ul>		HDO/AD	Ongoing

## Domiciliary Care – Cyngor Gwynedd

Audit year: 2024-25

Date issued: January 2025

Document reference: 4675A2025

This document has been prepared for the internal use of Cyngor Gwynedd as part of work performed/to be performed in accordance with Section 17 of the Public Audit (Wales) Act 2004, and Section 15 of the Well-being of Future Generations Act (Wales) 2015.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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## Why we did this audit

### Our audit duties

- 1 The Council has to put in place arrangements to get value for money for the resources it uses, and the Auditor General has to be satisfied that it has done this.
- 2 We undertook this audit to help discharge the Auditor General's duties under section 17 of the Public Audit (Wales) Act 2004, and section 15 of the Well-being of Future Generations Act (Wales) 2015.

### Our objectives for this audit

- 3 To provide assurance that the Council has proper arrangements to secure value for money in the use of resources for providing domiciliary care services.

## Our audit methods and when we undertook the audit

- 4 Our findings are based on document reviews and interviews with senior officers and councillors. The evidence we have used to inform our findings is limited to these sources. We undertook this work during September to November 2024. The work was delivered alongside Care inspectorate Wales who were reviewing the local authority's performance in exercising its social services duties and functions in line with legislation.
- 5 In October 2024, the Council's Cabinet adopted the Llechen Lân strategic direction and its Action Plan. During the same month, the Governance and Audit Committee received a 'Private Domiciliary Care' Internal Audit Report, and the Department's response is included in the 'Domiciliary Care Work Programme 2024'.

## What we found

- 6 Overall, we found that: **the Council has developed its understanding of the challenges facing its domiciliary care service (Service) but they have not been recognised as priorities in the current Adults Department Plan to deliver improvements in its effectiveness and efficiency.** We reached this conclusion because:
- 7 **The Council has invested in understanding the long-term demands facing the Service but its current Adults Department Plan does not recognise the challenge faced in terms of waiting lists and the Council does not have plans to ensure that sufficient resources are allocated to meet the demand.**

- 8 The Adults, Health and Wellbeing Department (the Department) has an Adult Services Plan 2024-25. The plan is a brief document and includes a priority of 'embedding the new Domiciliary Care model in each sub-area' which has been in place since 2022. However, this does not recognise the challenges faced by the service which include a significant waiting list for domiciliary care and substantial overspend.
- 9 In October 2024 Cyngor Gwynedd's Cabinet adopted its research report Llechen Lân (A Clean Slate), which considers the expected increase in the percentage of older people to increase significantly over the next twenty years due to demographics. The report recognises the increase in demand along with associated workforce and financial challenges over the short, medium and long term.
- 10 Llechen Lân provides members and officers with a growing understanding of the gap between service availability and demand. The Department has drawn up a 'Llechen Lân Action Plan' in response to themes identified in the report. However, neither the Council nor the Department have expressed a clear intention accompanied by clear milestones to address its waiting lists for domiciliary care support in order to measure whether the intervention is successful.
- 11 **There are weaknesses in the Council's understanding of the performance of the domiciliary care service and it continuously spends over its allocated budget**
- 12 The Department collects the opinion of a sample of families and users to inform its understanding of what people think of its Service. Whilst a social worker maintains contact with individuals on the waiting list, the Council does not collect the opinions of individuals and families on the waiting list to understand and report on the impact the failure to deliver timely services has on them.
- 13 There are some examples where the Department uses benchmarking information to compare its service delivery and performance, but it appears that opportunities are being missed. The number of individuals on the waiting list for domiciliary care in Gwynedd is consistently the highest or second highest nationally and improvements are lagging behind most similar rural Local Authorities. During our interviews, hardly any examples were given of instances whereby the Council had identified which councils, rural or otherwise, have made the greatest inroads in terms of reducing their waiting lists and collected any learning opportunities from the experiences of others.
- 14 Officers and members described difficulty in obtaining a clear understanding of the performance of the Service. This finding is consistent with conclusions that officers have drawn from the Internal Audit report which identifies:
- fundamental weaknesses in contract management arrangements.
  - concerns around the reliability and consistency of waiting list data.
  - absence of ready access to patch-based demand and financial information.

The 'Domiciliary Care Work Programme 2024' recognises the issues raised in the report. However, the current Adults Department Plan does not recognise the importance of delivering against the issues recognised in the 'Domiciliary Care Work Programme 2024' and Llechen Lân action points.

- 15 Our review identified differences in the values for locally published and nationally submitted key demand measures, which is another example that indicates deficiencies in the departmental data quality.
- 16 Service planning does not ensure that plans and budgets are sustainable. **Exhibit 1** demonstrates that Revenue Outturn for 2024, and the latest 2025 Budget Monitoring Report disclose an overspend £1.2 million on a budget of circa £10 million for the Service.

**Exhibit 1: Comparison of the Services Expenditure to Budget**

	<b>Budget (£ millions)</b>	<b>Expenditure (£millions)</b>	<b>Overspend (£millions)</b>
Revenue Outturn for 2023-24	9.554	10.781	1.227
2024-25 forecast at Month 5 End of August	10.163	11.384	1.221

- 17 In addition to the overspend reported by budget monitoring reports, the Service performance reports recognise an additional waiting list which amounted to an extra 19% (157 individuals) of the service provided in 2023-24 and 13% (105 individuals) in 2024-25 (up to August). The cost of providing the undelivered service is over and above the position reported in budget reports. The Council believes that concerns about the quality of internal and national data mean that figures for waiting lists were not completely accurate or reliable as a basis for comparison.
- 18 The Council's systems and reporting do not provide integrated information about the demand for the service hand in hand with financial information. The financial information is reported separately to the demand information limiting members and officers ability to obtain a full understanding of service performance that is easily accessible. The Llechen Lân report combines demand and activity reporting with financial information and estimates the value of providing care for the individuals on the waiting list in 2023-24 to be £2.1 million, and the total cost of service demand £13.9 million. The Internal Audit review identifies inefficiencies in contract management practice which reduces the total cost of demand.
- 19 A review of the make-up of the 2024-25 budget in **Exhibit 2** clearly suggests that there is a significant disparity between the approved budget and Llechen Lân

identification of need, even after disregarding inefficient contract management arrangements identified by the internal audit.

**Exhibit 2: Gwynedd Council Home Care Budget Composition 2024-25**

	(£millions)
2023-24 Budget	9.553
Inflationary uplift	0.797
Departmental savings and transfers	- 0.687
Permanent revenue bid	£0.500
2024-25 Budget	10.163
2023-24 Assessment of need per Llechen Lân	13.900

- 20 The Council uses case studies and individual stories to demonstrate improved outcomes from providing the service to individuals. However, the council will not maximise improved outcomes whilst:
  - a. individuals are waiting for services on waiting lists that are consistently the highest or second highest nationally;
  - b. the Council is not making effective and efficient use of resources as outlined in the Internal Audit report; and
  - c. the Council does not have confidence in data, information and processes to support good decision making.
- 21 **The absence of a clear Department Plan with clear ambition and milestones to measure achievement prohibits effective oversight and scrutiny.**
- 22 The Department has developed a dashboard which reports on key indicators which allows it to monitor current performance and is used regularly for current performance reporting. However, the Adults Department Plan does not state the ambition, nor has it identified milestones for service recovery. This limits the service's ability to measure if interventions have been successful.
- 23 Llechen Lân and the Internal Audit report both subsequently published in October 2024 have identified a number of actions to respond to deficiencies and support service recovery. The Llechen Lân Action Plan recognises several work streams which contain SMART actions. However, as the Adults Department Plan does not state the intended outcomes, the Council is not placing itself in a position to be able to evaluate whether the investment has been successful and is providing value for money.
- 24 The departmental performance support and challenge meeting reports are circulated to a limited group of members limiting transparency and input from a wider representation of members.
- 25 The Council's scrutiny committees at the time of the review did not consider regular departmental performance reports. Two members of the scrutiny committees

attend some of the performance support and challenge meetings for the sole purpose of observing. The ability of the committee to effectively scrutinise the delivery of successful outcomes will be impeded by the absence of a clear service plan outlining the goals to be achieved accompanied by clear milestones.

- 26 The Care Scrutiny Committee in September 2024 reviewed the Service and noted concerns about waiting lists, requested data to facilitate comparison and requested an update from the Cabinet Member about reducing cost and improving quality of the data.
- 27 The Council's risk register has identified the Service as a risk, but the Council's and Department's intervention to date has not fully resolved the current challenges. The Departmental and Council risk register recognises 'If there is no adequate and efficient care provision for home care...' and mitigating actions include 'providing adequate care provision'. However, whilst the Council are of the view that mitigation action reduces the likelihood of the risk occurring, the risk is not reduced until the mitigation measures are successfully implemented.
- 28 When reviewing this risk, we identified the risk register is not regularly reported on publicly. We also noted risk management arrangements are not routinely monitored by the Governance and Audit committee.

## Our Recommendations to the Council

### Exhibit 3: recommendations

The table below sets out the recommendations that we have identified following this review.

<b>Recommendations</b>	
<b>Adult Services Plan</b>	
R1	The Council should develop an Adults Department Plan that recognises the challenges facing domiciliary care, that takes ownership of the work programme resulting from the Llechen Lân and Internal Audit reports, and set clear ambitions and associated milestones to provide clear goals and enhance the ability to track progress.
<b>Budgets</b>	
R2	The Council should review the service's budget, including additional resources to complete any action plans, to ensure that the services delivered can be delivered within the baseline budget to support the Council's financial sustainability.

## Recommendations

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### Information and Systems

- R3 The Council should develop its information, commissioning and financial processes and systems to provide robust integrated activity and cost information to support current and future service delivery and decision making.
- 

### Delivering Value for Money

- R4 The Council should develop its arrangements to assess if the resources it allocates are realising the intended benefits to evaluate if the service is delivering value for money and to improve decision making.

## Appendix 1 – Audit questions and criteria

Overall question: Does the Council have proper arrangements to secure value for money in the use of resources to deliver domiciliary care services?

### Level 2 questions

Does the Council have a clear understanding of the current and future demands on its domiciliary care services?

### Criteria

- Officers identify the projected demand over the short, medium and long term, along with the ability to meet the demand.
- An adopted service delivery plan recognises and responds to the challenges faced by the service.
- Members and senior officers understand and support the approach to responding to gaps between service availability and demand.
- The Council compares its service delivery and performance with other councils and considers a wide range of options to improve service delivery.
- Officers use present demand information and reasonable future demand assumptions to inform service planning.
- The Council identifies measures and milestones that supports service delivery.
- The Council models the anticipated impact to services over the medium to long term.

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Does the Council have a clear understanding of performance of its domiciliary care services?

- Individuals and families are involved in the design of its services.
- There is an understanding of what people think of its domiciliary care service.
- Service planning ensures that plans and budgets are realistic.
- Service performance information aligns activity with financial information.
- Performance information conveys an understand of the improved outcomes from providing the service, and the difference it is having.
- Officers utilise intelligence from trends and changes to reduce the demand on the service.
- Service plans include estimates of the resources required over short, medium and long-term.
- The Council has risk management arrangements in place including effective escalation processes.

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Do the Council's reporting arrangements support regular oversight of service performance?

- It is clear who is responsible for monitoring the domiciliary care service delivery, including its sustainability over the medium to long term.
  - The service's performance and financial reports are regularly submitted to members to enable oversight and scrutiny.
  - The service delivery plan includes the planned changes to the service, additional resources available and how much progress the service is making to respond to those challenges.
  - Members receive regular progress reports of proposed changes, transformations and savings to the service, to enable oversight and scrutiny.
-





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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

# Management Response Form



**Title of the report:** Review of Domiciliary Care - Cyngor Gwynedd

**Completion date:** January 2025

**Document Reference:** 4675A2025

<b>Ref</b>	<b>Recommendation</b>	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out when the planned actions will be complete	<b>Responsible officer (title)</b>
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Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out when the planned actions will be complete	<b>Responsible officer (title)</b>
R3	<b>Information and Systems</b> The Council should develop its information commissioning and financial processes and systems to provide robust integrated activity and cost information to support current and future service delivery and decision making.	<ul style="list-style-type: none"> <li>As a part of the Domiciliary Care Work Programme, specific attention is given to developing information systems and suitable and appropriate data and ensure ownership and management for the most relevant and operational roles in the domiciliary care field/system.</li> </ul>	01/04/2025	Assistant Head of Business and Commissioning / Assistant Head of Adults

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out when the planned actions will be complete	<b>Responsible officer (title)</b>
R4	<b>Delivering Value for Money</b> The Council should develop its arrangements to assess if the resources it allocates are realising the intended benefits to evaluate if the service is delivering value for money and to improve decision making.	<ul style="list-style-type: none"> <li>• Ongoing evaluation of the domiciliary care model to see the extent to which the intended advantages have materialised.</li> <li>• Re-visit and negotiate the level of domiciliary care hours in every patch, to ensure that sufficient levels of care are available in the patch, no more and no less.</li> <li>• Give more ownership to the workforce to influence decisions relating to domiciliary care in the patches.</li> <li>• Encourage a culture of enterprise, creativity and flexibility in the workforce and that such conversations take place locally with providers as full members of the CRT teams.</li> </ul>	30/09/2025  30/09/2025  30/09/2025  31/03/2026	Head of Adults, Health and Well-being Department -Assistant Head of Business and Commissioning / Assistant Head of Adults - Assistant Head of Internal Provider





## **Vision:**

- We've heard about the "Well North Wales" vision – can you explain what the vision is and how Gwynedd will benefit from this?
- What is BCUHB's vision for small hospitals – what do you think will be the role of small community hospitals in the future?

## **Doctors and other daily services (which are non-emergency services):**

- What is the Health Board going to do to enable patients to see local doctors more easily and therefore prevent individuals going to A&E for help?
- What does the Health Board see as the future for minor injury services, bearing in mind the context in which this can prevent individuals having to go to A&E for help and causing pressure on hospitals?

## **Pharmacies and dental surgeries:**

- Why is it taking longer to open some new pharmacies? There are examples of new communities getting a new pharmacy in a few months but others having to wait almost a year.
- Why is it difficult to get health service dentists in rural areas like Meirionnydd? What are you doing to try to resolve the situation?

## **Ambulance:**

- The ambulance service declared a critical incident over Christmas. What is the Health Board doing to reduce waiting times outside hospitals?
- Is the loss of the Air Ambulance base at Caernarfon going to have a negative impact on Ysbyty Gwynedd?

## **Centralisation of services**

- Are there plans to move more specialist services or departments from Ysbyty Gwynedd to hospitals in more urban areas?

## **Vascular service:**

- As a result of the change to vascular service provision which was based at Ysbyty Gwynedd some years ago, and which is now meant to be centralised at Glan Clwyd Hospital, we understand that a large number of patients are being transferred to Stoke and Liverpool for treatment. What is the Health Board's long-term strategy for the vascular service and keeping people local (avoiding long-distance travel for people, e.g. from Aberdaron)?

## **Mental health:**

- The integrated mental health service between Cyngor Gwynedd and the Health Board was discontinued. Can you explain what the new provision is from the Health Board, and whether it is better or worse than the previous service? How is it monitored and what do service users think of the service?
- Does the Health Board have plans to increase the capacity of Mental Health beds to prevent so many individuals having to go to hospitals across England?

- Are there plans to increase the number of section 12 doctors to facilitate timely completion of assessments under the Mental Health Act?
- Are there plans to increase the number of staff within the Community Mental Health Teams to address the waiting lists?

**Preventive intermediate services**

- Is the lack of occupational therapists and community physiotherapists for preventive intermediate services across Gwynedd being addressed?

**Continuing Healthcare:**

- Continuing Healthcare is a very important health service to support individuals with significant healthcare needs and their families. Why is the Continuing Healthcare process so complex and long-drawn-out, and why does the **Betsi Cadwaladr University Health Board** 'quality assurance' panel so often reject the recommendations of a professional multidisciplinary team (MDT)? This means that some people's circumstances have changed before decisions are made and there is a risk that this will lead to situations where individuals are not given the specialist health support they need.

**Improving systems and communication:**

- Is there a real appreciation of the contribution that reconciling data systems and communication between Health and Care can make to the effectiveness of the system as a whole? What are the Health Board's intentions for prioritising this?