

Domiciliary Care – Cyngor Gwynedd

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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

	Budget (£ millions)	Expenditure (£millions)	Overspend (£millions)
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:
- individuals are waiting for services on waiting lists that are consistently the highest or second highest nationally;
 - the Council is not making effective and efficient use of resources as outlined in the Internal Audit report; and
 - 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.

Recommendations

Adult Services Plan

- 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.

Budgets

- 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

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.
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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	Criteria
Does the Council have a clear understanding of the current and future demands on its domiciliary care services?	<ul style="list-style-type: none">• 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.

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.

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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