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University Health Board

Strategic Outline Business Case

Nursing and Residential Care Home at Penyberth, Penrhos
a Public Sector Partnership in Gwynedd



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CONTENTS

1. Executive Summary	1
Structure and Contents of the Document	9
2. Strategic Case	10
2.1 Organisation Overview	10
2.2 Strategic and Organisational Context	10
2.3 National policies and strategies	12
2.4 Local Policy and Strategies	18
2.5 The Case for Change	22
2.8 Scope and key service requirements	31
2.9 Benefits	32
2.10 Risks, Constraints and Dependencies	33
3. Economic Case	36
3.1 Critical success factors	36
3.2 Options	36
4. Commercial	40
4.1 Introduction	40
4.2 Required services	40
4.3 Potential for risk transfer	40
4.4 Personnel implications (including TUPE)	40
4.5 Procurement strategy and implementation timescales	41
5. Financial	42
5.1 Introduction	42
5.2 Capital Costs	42
5.3 Funding	43
5.4 Affordability: Impact on Financial Sustainability of the Project and on Partner Organisation's Revenue Positions	43
6. Management Case	45
6.1 Introduction	45
6.2 Project Management and Governance Arrangements	45
6.3 Professional Advisors	46
6.5 Risk Management	46

Tables

Figures

Appendices

Appendix A - Risk Register

Appendix B - Capital estimates

Appendix C - Revenue estimates

Appendix D – Equality Impact Assessment

Appendix E – Health Impact Assessment

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Synopsis

Currently there is an under-provision of nursing home places in Gwynedd, which is more acute in the Llŷn area, which has no nursing provision. As commissioners, the Local Authority and the Health Board are therefore keen to explore how they can improve the current situation by themselves becoming providers of a care home with nursing.

The new model of partnership working between Cyngor Gwynedd and Besti Cadwalader University Health Board (BCUHB) will support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.

The Partnership would see a new care home with nursing being built on the Penyberth, Penrhos site to accommodate 32 residential dementia beds as well as 25 nursing beds of which 15 would be prioritised for nursing dementia care.

This Strategic Outline Case looks to bid for £14.6million of IRCF funding from the Welsh Government to build the new care home, which would then be run by Cyngor Gwynedd and BCUHB through current revenue funding streams.

The care home would be built on the Penyberth site which houses new housing with care developments undertaken by Clwyd Alyn Housing Association. Both projects will be interdependent.

The Penyberth, Penrhos Care Home with Nursing is a new kind of partnership that recognises the importance of cross sector collaboration to deliver the best outcomes for local residents and communities. The project will be undertaken as a Partnership between Cyngor Gwynedd and Betsi Cadwalader University Health Board.

A local, sustainable, and quality provision of care homes is an essential part of any health and care system. Without such a provision, individuals will not be able to secure the best health and wellbeing possible; and the health and care system as a whole will be inefficient and ineffective in delivering on the health outcomes of the wider population.

As commissioners of care provision, Local Authorities and Health Boards therefore need to ensure that they have the appropriate number of homes in the right location and providing the right level and quality of care.

For older people services in Gwynedd, in-house, public-sector provision has been a cornerstone of residential and residential dementia services within care homes. However, for nursing provision in care homes, all provision is currently provided within the independent sector.

Currently there is an under-provision of nursing home places in Gwynedd, which is worse in some parts of Gwynedd, namely Llŷn and Meirionnydd. As commissioners, the Local Authority and the Health Board are therefore keen to explore how they can improve the current situation by themselves becoming providers of a care home with nursing.

The vision, objectives and scope of the project are closely aligned with the strategic objectives of the Welsh Government:

- **The Well Being of Future Generations (Wales) Act (2015)** - the collaborative partnership project described in this SOC is particularly well aligned with the five ways of working, and this is reflected in the project's Investment Objectives which are described in this SOC
- **A Healthier Wales: Our Plan for Health and Social Care** – the partnership will address the key aims of working collaboratively and making the best use of resources to deliver the care closer to home
- **Social Services and Wellbeing (Wales) Act** – the act states the need to promote co-operation and partnership working to promote integration of care and support. The act also gives the powers to local authorities, with permission or working in partnership with the Health Board, to provide residential and nursing care
- **Rebalancing Care and Support** – this project addresses the issues raised in the government White paper to rebalance the care and support market away from cost to quality and from outputs to outcomes.

They are also in alignment with a number of strategic and policy documents referenced below, which have a significant impact and influence on the current and future direction and design of services in Wales and for this development including:

- NHS Wales Planning Framework 2022 – 2025
- Decarbonising Social Care in Wales
- Health and Social Care Integration and Rebalancing Capital Fund (IRCF) – Priority 2
- Living Healthier Staying Well: Working in Partnership to Improve Health and Deliver Excellent Care across North Wales.

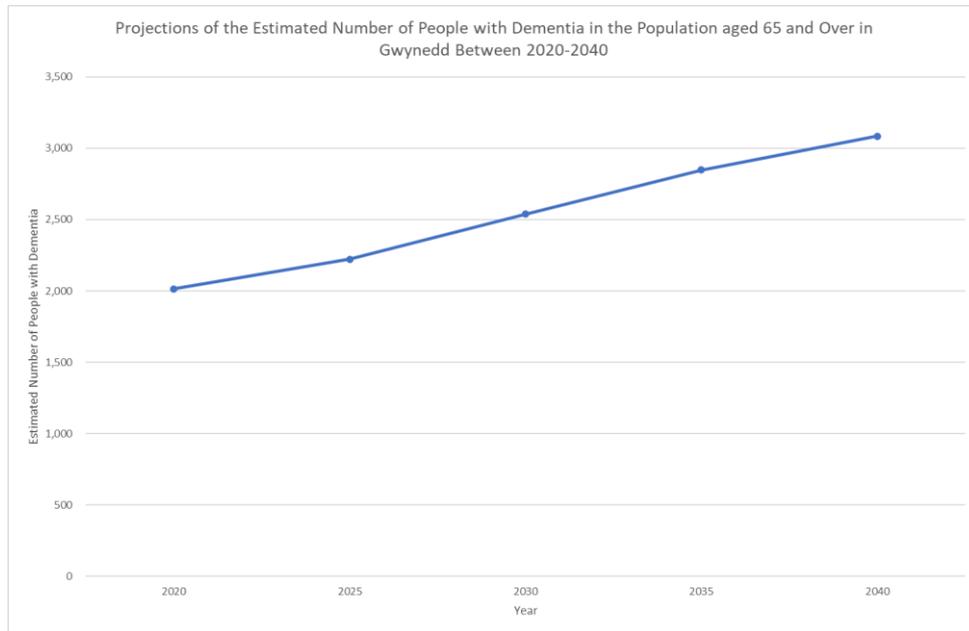
Gwynedd Population Needs Assessment

There are a total of 130 residential beds in the Llŷn and Eifionydd area but following the closure of the Penrhos Nursing Home at the beginning of December 2020 there is no provision of nursing beds in the Llŷn area.

This means that people must travel to find suitable and qualified provision, increasing pressure on housing in the areas they would move to. We also know that some individuals must look for locations outside the county which creates difficulty in terms of visiting and maintaining contact with families and it can be more difficult to receive a service in Welsh.

75% of the Llŷn residential provision can be provided in the Dwyfor area, a figure which falls to 45.5% for nursing provision. In the County, 58.7% of nursing provision can be provided within the area, so a

greater number of Llŷn residents must travel out of their home to receive nursing care. It is also likely that they must travel further to gain access. Llŷn is able to meet 75% of residential provision within an area, which is comparable to the County average of 75%.



This Council continuously reviews the care home provision across Gwynedd and the impact of this development at Penyberth will be monitored in the surrounding area

Workforce issues

It is acknowledged nationally that the care sector is facing huge challenges in staff recruitment and retention. This project will look at workforce best practice to ensure high quality staff in the Llŷn area.

Cyngor Gwynedd carries out recruitment campaigns regularly and uses various methods to do so. The campaigns are held locally by targeting specific areas and towns.

Alongside our partners Cyngor Gwynedd are constantly seeking to change the perception that exists in terms of jobs in the care sector. Cyngor Gwynedd take opportunities to seek to highlight the wide range of opportunities that exist, the flexibility of the contracts that are available and also the benefits for staff.

One aspect in particular that should be highlighted is the collaboration that is ongoing with partners to seek to further develop career pathways within the field. Cyngor Gwynedd appointed an officer in December 2021 to lead on this aspect and also to support the work programme in terms of holding events, various marketing methods, creating original and bespoke material, and identifying opportunities to improve work processes.

The Vision

The Llŷn community is known for its resilience and independence borne out of the surrounding geography and rurality. Traditionally, children have settled as adults nearby close to family members which has meant families have been able to step in to provide care for older relatives when necessary. However, this trend is becoming less prevalent and is likely to continue. This element of unmet need has to be considered within the overall service model.

There is also wide recognition that the former Penrhos Polish Home model of care was very innovative in terms of keeping its residents well, independent, and out of care. It will be important to maintain and build on this ethos in terms of the future plans for the site.

The service model should:

- Maintain the current overall ethos - promoting quality of life, maintaining independence, ensuring wellbeing and reducing reliance on dependent care for as long as possible;
- Deliver a spectrum of supported care - from minimal dependence (independent living apartments) to assisted living, with access to step-up/down care, to residential care and to nursing and end of life care, as determined by an individual's needs;
- Promote a flexible approach to the care home beds allowing flexibility in bed usage where possible to meet local needs rather than fixed / designated bed provision, thereby improving efficiency;
- Recognise the importance of relationships (contracting) with the Third Sector to ensure service resilience (for example Mental Health);
- Future-proof the overall provision taking into account older people population projections and current unmet need.

The project's vision is for a new kind of partnership, which thinks differently about the relationship between services and the community for the future.

Investment Objectives

The Investment Objectives for the project are:

Investment Objectives	
One	To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.
Two	To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.
Three	To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penyberth, Penrhos site.

Four	To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.
Five	To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.
Six	To deliver value for money through the efficient use of resources and delivery of environmentally sensitive accommodation that is carbon neutral.

Key service requirements

Key service requirements are the service changes required to meet the investment objectives described above. The key service requirements for this business case are summarised in the table below.

The site should be designed with flexibility for the future in mind.

	Requirement	Desirable
Residential requirements	<ul style="list-style-type: none"> ▪ 32 beds for dementia care ▪ 2 beds for respite care 	<ul style="list-style-type: none"> ▪ Space on site to accommodate future needs. ▪ Consideration given to Covid management, easy to isolate residents, air circulation, manage infection. ▪ Consideration to RNIB requirements. ▪ Toilet facilities close to communal areas but also private. ▪ Proximity to nursing station and staffing. ▪ Consideration given to planning for dementia residents, colour contrast etc ▪ Safe outside space and visual interest.
Nursing care requirements	<ul style="list-style-type: none"> ▪ 25 beds of which 15 would be prioritised for nursing dementia care ▪ 2 beds for respite nursing care 	<ul style="list-style-type: none"> ▪ A modular design approach to allow for Single Rooms and to be Dementia friendly ▪ Dedicated garden for walking and exercising / keeping fit ▪ Robust design for challenging behaviour. ▪ Generic design to meet requirements for Dementia and General Nursing to ensure flexibility in use, and to adapt in changes to demand and needs.

This project does not address the need for extra care housing, step down flat, sheltered housing, Discharge to Recover then Assess (D2RA) beds as they form part of the Penyberth, Penrhos Redevelopment Project. End of life beds would be offered at Bryn Beryl hospital.

The Benefits Criteria

The Benefits Criteria are aligned with the Investment Objectives and are shown below. These will be further developed at next stage business case.

Investment Objectives		Main Benefits Criteria
1	To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.	<ul style="list-style-type: none"> ▪ Securing of nursing provision in local area within LA and CHC rates ▪ Flexible health and care provision (“seamless care” as described in A Healthier Wales) ▪ Partnership approach between Health and Local Authority may provide further opportunities for integrated approaches
2	To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.	<ul style="list-style-type: none"> ▪ No-one stays longer than they need to in acute inpatient care. There are no “delayed transfers of care” due to lack of provision of residential and nursing beds
3	To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penyberth, Penrhos site.	<ul style="list-style-type: none"> ▪ By having public sector provision in nursing – ability to understand more acutely the pressures of sector and ability to support smaller providers
4	To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.	<ul style="list-style-type: none"> ▪ Employment opportunities for local residents ▪ Provide local residents with the right skills for long term employment ▪ Provide school leavers with career aspirations meaningful and long-term employment ▪ Local supply chain is supported and grown ▪ Ability to train and develop medical, nursing and care staff through secondment and shadowing opportunities within the provision ▪ Welsh language skills of all staff will be part of the recruitment policy of Council.
5	To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.	<ul style="list-style-type: none"> ▪ Resilient and more appropriate buildings and infrastructure ▪ The new development will be well integrated into the character of the surrounding area ▪ Providing a modern, accessible working environment that motivates different professional groups to operate collaboratively ▪ Provides a demonstrable vision for service integration

	<ul style="list-style-type: none"> ▪ Positive contribution towards decarbonisation / net zero agenda; Accommodation that meets current building recommendations (e.g. HBN / DDA / ventilation / infection prevention) ▪ Meets BREEAM aspirations.
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Preferred way forward

The Economic Case sets out the details of the option development and option appraisal process completed by the Project partners. A preferred way forward has been identified.

We have engaged with Lovelock Mitchell and Wakemans to do the initial design, planning and estimation. The Table below provides our best estimates for the overall project development, excluding VAT.

Description of Component Cost	£'000
New Build Care Home with Nursing	9,655
Other Costs (Pre-construction, Preliminaries – 15% of Construction cost)	1,284
Fit out	250
15% contingency and Optimism Bias	1,708
15% Inflation Uplift and Risk Allowance	1,498
OBC Development phase costs (Project Manager, Design, Planning, OBC development)	200
TOTAL COST	14,595

Note:

- A. Including Inflation Uplift and Risk Allowance, allowance for OBC development phase the total cost estimate amounts to **£14.6 Million**
- B. Seek grant funding of **£200,000** in 2023-24 (highlighted in red font in the table above) to develop a fully detailed plan, estimate and a comprehensive Outline Business Case.

Next steps and timescales

The next stage is for this Strategic Outline Case to be processed and submitted for approval and for the Outline Business Case to be developed which will examine the economic costs and benefits in more detail. In conjunction with this, detailed design and planning application processes will be instigated. A Full Business Case follows from this.

The following project timeline in terms of programme milestones is as follows:

#	Project Milestones	Indicative Dates
A	Partnership Approval of SOC	March 2023
B	WG review of SOC and approval to proceed	May 2023
C	Planning process commenced	August 2023
D	Outline Planning permission	May 2024
E	Completion of OBC inc. internal approval to proceed	July 2024
F	WG review of OBC and approval to proceed	September 2024
G	Formal Planning Application	September 2024
H	Completion of FBC inc. internal approval to proceed	March 2025
I	WG review of FBC and approval to proceed	April 2025
J	Construction, Completion and Handover	September 2025 – March 2027
K	Occupation	April 2027

Governance

The partners have established a Project Board to oversee the Care Home with Nursing project, and provide progress reports to the Programme Board as well as the North Wales Regional Partnership Board as required.

Existing partner organisation Boards retain the power to sign off the business case, at each stage of the development process through their organisational governance arrangements.

There are three key stages in the development of the business case for the Penyberth, Penrhos Care Home with Nursing development in the Llŷn area.

With the above in mind, this Strategic Outline Case (SOC):

- Establishes the strategic context;
- Makes a robust case for change; and
- Provides a suggested way forward, rather than a definitive preferred option.

The Outline Business Case (OBC): will identify the option which optimises value for money; prepares the scheme for procurement; and puts in place the necessary funding and management arrangements for the successful delivery of the scheme.

The Full Business Case (FBC): will set out the negotiated commercial and contractual arrangements for the delivery of the project, including the engagement and management of the construction supplier(s); demonstrates that it is 'unequivocally' affordable in capital terms on the basis of a guaranteed maximum contract price from the supplier(s) and in terms of revenue costs; and puts in place the detailed management arrangements for the successful delivery of the scheme.

This SOC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This approved format is the **Five Case Model**, and comprises the following:

- The **Strategic Case** - this sets out the strategic fit and case for change, together with the supporting investment objectives for the scheme;
- The **Economic Case** - this explores the suggested way forward – or how best to deliver the objectives of the scheme;
- The **Commercial Case** - this assesses the ability of the market place to deliver the required goods and services, and summarises the organisation's commercial strategy;
- The **Financial Case** - this gives outline estimates of the capital and revenue implications of the scheme, and a view of affordability
- The **Management Case** - this demonstrates that the scheme is achievable and can be delivered successfully in accordance with accepted best practice

At SOC stage the focus is on the Strategic and Economic Cases.

2. STRATEGIC CASE

2.1 ORGANISATION OVERVIEW

The Penyberth, Penrhos Care Home with Nursing is a new kind of partnership that recognises the importance of cross sector collaboration to deliver the best outcomes for local residents and communities.

The project has two key partners and they are briefly introduced below.



Betsi Cadwaladr University Health Board

The Betsi Cadwaladr University Health Board [BCUHB] is the largest health organisation in Wales, with a budget of £1.8 billion and a workforce of over 19,000 staff. It provides primary, community, mental health and acute hospital services for the population of North Wales.

As well as three main hospital sites at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital, it is responsible for community hospitals, health centres, clinics, mental health units, community teams, GP practices and other NHS services provided by dentists, opticians and pharmacists.



Cyngor Gwynedd

Cyngor Gwynedd (CG) is the governing body for the principal area of Gwynedd, made up of the ancient counties of Caernarfonshire and Merionethshire. Aside from its political and local government role, the Council operates a wide range of services through more than 10 Departments. These include:

- Adults, Health and Well-being
- Children and Supporting Families
- Economy and Community
- Education
- Environment
- Housing & Property.

2.2 STRATEGIC AND ORGANISATIONAL CONTEXT

A local, sustainable, and quality provision of care homes is an essential part of any health and care system. Without such a provision, individuals will not be able to secure the best health and wellbeing possible; and the health and care system as a whole will be inefficient and ineffective in delivering on the health outcomes of the wider population.

As commissioners of care provision, Local Authorities and Health Boards therefore need to ensure that they have the appropriate number of homes in the right location and providing the right level and quality of care.

The providers of such care can be varied, and indeed there are great benefits to having a mixed economy of care providers. However, relying on independent providers wholly for certain parts of the provision can place commissioners in a difficult position if said providers are unable or unwilling to provide in an area.

For older people services in Gwynedd, in-house, public-sector provision has been a cornerstone of residential and residential dementia services within care homes. However, for nursing provision in care homes, all provision is currently provided within the independent sector.

Currently there is an under-provision of nursing home places in Gwynedd, which is worse in some parts of Gwynedd, namely Llŷn and Meirionnydd. As commissioners, the Local Authority and the Health Board are therefore keen to explore how they can improve the current situation by themselves becoming providers of a care home with nursing.

This Strategic Outline Business Case considers the case for change and how feasible it is for the Council in partnership with the Health Board to provide in house care home with nursing for the future. Given the current opportunity at the Penyberth, Penrhos Site in Gwynedd, this SOC looks at this specific site, but many of the assumptions and policy context will apply to more than this specific site.

North Wales Market Stability Report (draft 2022)

Key Local Messages - Residential and nursing

- The demand for placements in care homes and care homes with nursing is likely to increase with a growing older population
- We are continuing to develop dementia units in the Council's residential care homes
- There is a need for specialist dementia care; there is no nursing / dementia provision in Meirionnydd nor Llŷn
- There is a lack of specialist residential and nursing placements for older people with a learning disability who also have physical health and dementia needs
- There is a need for sustainable and sufficient (independent sector) care home fees
- There is a lack of community support workers in the learning disability field
- There is no specialist mental health provision including severe mental illness
- There is a gap in residential and nursing care for young people with physical and sensory needs.

[Adroddiad blaen.pdf \(llyw.cymru\)](#) – Item 9

2.3 NATIONAL POLICIES AND STRATEGIES

2.3.1 The Wellbeing of Future Generations (Wales) Act (2015)

The Well Being of Future Generations Act (Wales) set out seven connected well-being goals for Wales, supported by five ways of working. These are summarised in figure below. The collaborative partnership project described in this SOC is particularly well aligned with the five ways of working, and this is reflected in the project’s Investment Objectives which are described in section 2.5.5 of this SOC.

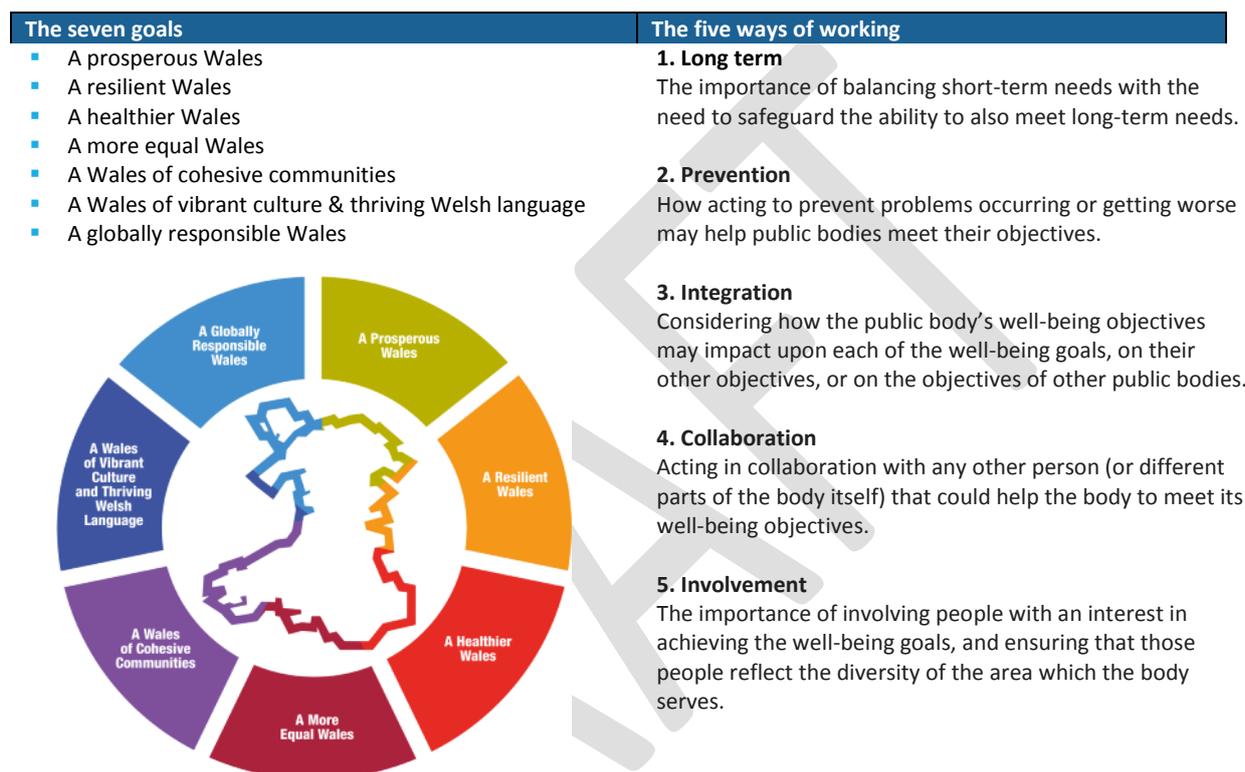


Figure xx: Summary of The Wellbeing of Future Generations Act (Wales) 2015

The goals		Alignment of the project to these goals
<ul style="list-style-type: none"> Prosperous Wales 	✓	This project will contribute to the employment of local residents and aim for a zero carbon building.
<ul style="list-style-type: none"> A Resilient Wales 	✓	Improving holistic wellbeing of the community including economic regeneration will contribute to building a more resilient local community in Llŷn.
<ul style="list-style-type: none"> A more equal Wales 	✓	The project will provide education and employment opportunities within the rural area of Llŷn.
<ul style="list-style-type: none"> A Healthier Wales 	✓	The care home will provide residents with access to care closer to home as well as involvement in a more engaged and involved community on the wider site.

<ul style="list-style-type: none"> • A Wales of Cohesive communities 		The project will focus on community well-being and work closely with community initiatives to ensure vulnerable people are not isolated.
<ul style="list-style-type: none"> • A Wales of vibrant culture and thriving Welsh Language 		The care home will provide a space to accommodate trainee Welsh speaking staff so that the care services can be offered in Welsh language by default in a sustainable way as well as promoting the Welsh and Polish heritage.
<ul style="list-style-type: none"> • A globally responsible Wales 		The project will ensure, through its procurement of services on site, that our supply chains are fair, ethical and sustainable whilst ensuring that financial decisions now enable future generations to thrive.

Alignment with the 5 ways of working are deeply embedded in the project right from its inception as a concept.

1. **Long Term** – The project by its very nature of being a community and care hub, is a long term investment, which will cater to the residents of Llŷn and Eifionydd for several years to come
2. **Prevention and Integration** – The project is driven by a partnership of the local Health Board and the Local Authority to ensure the provision of a robust, sustainable care facility in the Llŷn area to meet current and future local needs that meets the objectives of both partners
3. **Collaboration** – The project is a result of collaboration between the Local Authority and the local Health board over an extended period of time to ensure a local nursing and residential service fit for the future and meet the needs of local residents
4. **Involvement** – Public involvement through multiple engagements have shaped our views on the needs of the community. Our lived experiences of the challenges in our communities are also reflected in our vision and scope definition. The involvement of the Local Authority and the Health Board have further added to a sense of joint vision and ownership of this proposed development.

2.3.2 Social Services and Wellbeing (Wales) Act (2014)

The Social Services and Wellbeing (Wales) Act focuses on the need to enhance co-operation and partnership. The Act:

- Requires local authorities to make arrangements to promote co-operation with their relevant partners and others in relation to adults with needs for care and support, carers and children;
- Imposes a duty on the relevant partners to co-operate with, and provide information to, the local authorities for the purpose of their social services functions;
- Makes provision about promoting the integration of care and support with health services;
- Provides for partnership arrangements between local authorities and local Health Boards for the discharge of their functions;
- Makes provision for pooled funds which is made up of contributions by the authority and the relevant partner or partners concerned, and out of which payments may be made towards

expenditure incurred in the discharge of functions of the authority and functions of the relevant partner.

Section 47(6) of the Act states:

“a local authority may, despite subsections (1), (2), (4) and (5), arrange for the provision of accommodation together with nursing care by a registered nurse-

a. if the authority has obtained consent for it to arrange the provision of the nursing care from

i. whichever Local Health Board regulations require in the case of accommodation in Wales..., or

b. in an urgent case and where arrangements are temporary.”

Having received the legal advice, we have been given confirmation that the Council can provide Nursing care with the permission of the Health Board or by working in partnership with the Health Board. Therefore, it is considered possible, under the provisions of the Social Services and Wellbeing (Wales) Act 2015 to establish a collaborative procedure between the Council and the Health Board that will lead to a provision to include nursing care. Suitable and robust collaboration arrangements will need to be developed to support such arrangements. More detailed work will be part of the development of the Outline Business Case.

2.3.3 A Healthier Wales: our Plan for Health and Social Care (Welsh Government, 2018)

Welsh Government has announced its plans to introduce a strategic National Framework for care and support, which will set standards for commissioning practice, reduce complexity, and rebalance commissioning to focus on quality and outcomes. What matters to people will be at the heart of the Framework, and it will encourage partnership working at a cluster, local, regional, and national level. It is anticipated that the existing Social Services and Wellbeing (Wales) Act, Part 9 statutory guidance for co-operation and partnership, will be revised as part of the Framework.

Welsh Government have stated that when all partners work effectively together it improves outcomes for people. It also means that resources are used in the most effective and efficient way. The key aims of partnership and integration they describe as follows:

- To improve care and support, ensuring people have more voice and control;
- To improve well-being outcomes;
- To provide co-ordinated, person centred care and support; and
- To make more effective use of resources, skills, and expertise.

Responding to the Parliamentary Review, this strategy aims to address the wider influences on health and wellbeing, tackling the wider social and economic influences such as housing, parenting, education, and employability. The strategy explains the overall Welsh Government vision:

“We will build on the philosophy of Prudent Healthcare, and on the close and effective relationships we have in Wales, to make an impact on health and wellbeing throughout life. We will have a greater

emphasis on preventing illness, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and integrated health and social care services which are delivered closer to home.”

This plan sets out the Welsh Governments’ long-term vision of a ‘whole system approach to health and social care’, which is focussed on health and wellbeing, and on preventing illness. Of relevance to this business case:

- The health and social care system will work together so that people using them won’t notice when they are provided by different organisations. New ways of joined-up working will start locally and scale up to the whole of Wales.
- Shift services out of hospital to communities, with a greater focus on prevention, helping people manage their own health, and manage long term illnesses.

2.3.4 NHS Wales Planning Framework 2022-2025

Building on ‘Prosperity for All’, the cross-government national strategy, the NHS Wales Planning Framework 2021/22 reinforced the need for health organisations to focus on the populations for which they are responsible, with an emphasis on prevention and early interventions, reducing health inequalities and working with wider partners to deliver the best possible services for citizens in Wales. Integrated planning with partners that provides care closer to people’s communities and avoids admissions to hospital whenever possible should be the norm.

2.3.5 Rebalancing Care and Support (Welsh Government White paper)

There is growing need for care and support in all population groups. This relates to the biggest underlying challenge which is the sector’s funding position.

Social care in Wales is provided through a marketplace of over 1,000 providers, mostly from the independent sector, who often compete for the same contracts. People’s care and support is commissioned through Local Authorities, local Health Boards or directly by themselves. It is funded through national and local government and through fees and charges people may pay to their Local Authority or directly to a care provider. In this context of a fragmented system, partners working together is vital. There is evidence of good practice here, but equally there are concerns about the progress of integration. There is little space for social value organisations, and limited data sharing as a basis for system-wide learning. This is the system we have, rather than the system that would be designed by choice.

From the case for change, three critical areas emerge where focused action is needed to deliver improvement:

- refocusing the fundamentals of the care market – away from price towards quality and value;
- reorientation of commissioning practices – towards managing the market and focusing on outcomes; and
- evolution of integration mechanisms – simplifying joint planning and delivery.

Through action in these three areas, this White Paper seeks to rebalance the care and support market based on a clear national framework where services are organised regionally and delivered locally. In doing so we aim to rebalance social care so that there is neither an over reliance on the private sector, nor a monopoly in the other direction. This White paper defines ‘rebalancing’ broadly as a set of descriptions of the system change, we want to see.

Rebalancing means...

...Away from complexity. Towards simplification.

Away from price. Towards quality and social value.

Away from reactive commissioning. Towards managing the market.

Away from task-based practice. Towards an outcome-based practice.

Away from an organisational focus. Towards more effective partnership...

... to co-produce better outcomes with people.

2.3.6 Decarbonising Social Care in Wales

The UK Climate Change Act formally committed decarbonisation targets into law in 2008. This was later enacted within the Welsh legislation in the environment (Wales) Act in 2016.

The Welsh Government is committed to a carbon neutral public sector by 2030 and a 100% reduction in emission of greenhouse gases in Wales by 2050.

[Decarbonising Social Care in Wales | GOV.WALES](#)

Also, of note is the NHS Wales Decarbonisation Strategy Delivery Plan, which covers the period 2021 – 2030 and describes how the NHS will meet the net zero 2050 target in Wales

The strategic objectives of the sustainability strategy will be established at the next stage of the development and will include:

- Whole Life Approach;
- Decarbonisation;
- Reduction in Travel between Sites;
- Sustainable Procurement;
- Digital Integration;
- Workflow Optimisation;
- Agile Working.

This project offers an opportunity for embarking on a decarbonisation strategy. The design solution will seek to provide the optimum balance between the benefits in diminishing carbon emissions and the associated capital cost to ensure value for the public money invested.

[NHS Wales Decarbonisation Strategic Delivery Plan \(gov.wales\)](#)

BCUHB Decarbonisation Strategy and Action Plan

The Health Board has worked with the Carbon Trust and a Health Board wide stakeholder group to develop a five-year Decarbonisation Action Plan which proposes a list of actions and programmes of works to ensure that there is a robust and deliverable action plan in place to reduce carbon emissions by 2030 in compliance with Welsh Government's decarbonisation targets.

A decarbonisation programme board will lead the implementation of the action plan and will engage across BCUHB; spanning estates and facilities, planning, transport, procurement, clinical/nursing and other wider stakeholder groups. This will ensure that the actions and commitments contained within this Decarbonisation Action Plan are taken forward and implemented.

Cyngor Gwynedd Decarbonisation Strategy

Cyngor Gwynedd are currently working on their Decarbonisation Plan which will specifically address decarbonisation in the social care sector. New developments and refurbishments of social care buildings will be designed and built according to Net Zero Building standards.

2.3.7 Health and Social Care Integration and Rebalancing Capital Fund (IRCF)

The Health and Social Care Integration and Rebalancing Capital Fund (ICRF) is a new programme set up to directly support the Programme for Government (PfG) commitments of developing 50 integrated health and social care hubs and to support rebalancing the residential care market.

This project meets the second priority of the fund to:

“rebalance the residential social care market”.

Priority 2 - Rebalancing the residential care market

The White Paper to rebalance care and support sets out Ministerial ambitions to rebalance the sector away from cost to quality, from outputs to outcomes and from profit towards social value. Capital investment is available to support local authorities and not for profit organisations, including housing associations to make this shift in the following ways:-

- Investing in community settings/residential/nursing care premises to ensure they can meet individuals more complex needs closer to home i.e., nursing, allied health professional and intermediate care capacity. This could include Increasing access to NHS services, (such as community therapy, rehabilitation/ reablement and podiatry) for residents, recognising they remain members of the Health Board population

- Supporting and incentivising local authorities and not for profit providers to grow in house provision - which could include expansion of in-house care homes (additional beds), upgrades to facilities to bring them in line with regulation to enable them to be re-registered as a not for profit provision.
- Support for local authorities to bring failing provision back under local government management.
- Increasing residential and nursing care capacity where there are identified gaps/shortages of provision.
- Support for smaller independent care homes to borrow resources for investment (on a case by case basis - further advice to follow).

2.4 LOCAL POLICY AND STRATEGIES

2.4.1 Living Healthier Staying Well: Working in Partnership to Improve Health and Deliver Excellent Care across North Wales

BCUHB sets out its strategy for North Wales in two key documents: the 10 Year Strategy for Future Health, Well-being and Healthcare – ‘Living Healthier, Staying Well’ and its three-year rolling Plan. At time of writing a review and update of the three-year plan is underway. However, until such time as this is completed and signed off the current three-year plan is used to set the context for this SOC.

Living Healthier, Staying Well

This strategy is structured around three main programmes to be delivered through working in partnership with people and organisations from across North Wales. These programmes are:

- **Health Improvement and Health Inequalities** – focusing on the broader aspects of health improvement and prevention and seeking to support those with the greatest health needs first.
- **Care Closer to Home** - when people need support or health care to stay healthy, providing as much of this as close to people’s homes as it is safe and effective to do so. Care will be developed around local areas, which will form the building block of future planning. An equitable range of services will be provided for all, although the way they are delivered will be tailored to meet local circumstances or geography. Some services will cover more than one area.
- **Care for More Serious Health Needs** - when health needs are more serious and people need hospital care, or care from more specialist teams working in the community. People want the safest and highest quality of care possible and a good experience. They will be treated by the right person, in the right place, at the right time and with the right facilities

Three Year Plan

This Three-year Plan set out the challenges it faces in the coming years which will affect the way services are provided:

- People are living longer which is good.
- Health needs are changing and need to be responded to in a different way.
- People need support to make informed choices about a healthy lifestyle.
- More people have conditions like diabetes or heart disease.
- More people are experiencing mental health issues.
- More people are living with dementia.
- Waiting times are too long and patients need to be seen sooner.
- The workforce is changing and the Health Board faces challenges in recruiting staff in a number of specialties and staff groups.
- Public money is tight, so the Health Board needs to be efficient and spend wisely.

There are other challenges which are affecting all public services - such as poverty, inequalities, jobs and economic growth, and climate change. These make the context in which the Health Board is working more difficult and make it more important that the Health Board understands the impact of its actions on other organisations as well as the population.

2.4.2 Integrated Medium Term Plan 2022-25

Health Board support for the Penyberth, Penrhos Public Sector Partnership scheme is set out within the current year's Welsh Government approved IMTP.

2.4.3 A thematic review by CIW, Prevention and promotion of independence for older people, in September 2020

Based on inspections and fieldwork undertaken during 2019, found that progress towards partnership and integrated service delivery for older people remains very mixed. Strategic commissioning through population assessments and area plans is still in its infancy and delivering limited impact. The report says that partners do not share a clear strategic vision of sustainable health and social care services, and leaders and senior managers are still focusing on service delivery within their own areas of control, rather than on people and outcomes.

2.4.4 National review of care homes for people living with dementia (Care Inspectorate Wales)

CIW looked at the care received by people living with dementia in care homes in Wales, and how they are supported in this important stage of their lives (164 inspections were carried out in a range of care homes). They wanted to make recommendations to improve people's lives. They spoke to commissioners and providers of care home services as well as people living with dementia and their families, and they saw the care they received.

Recommendations

1. **Choice** – people need clearer information about the location and types of service available. People who arrange care in local authorities need to look at gaps in care home provision.
2. **Training** – people who provide care services, and those who arrange it in local authorities, need to make sure that training involves people living with dementia who receive care.
3. **Environment** – new care homes should be designed and built to give good care, based on information about what good care looks like.
4. **Welsh language** – there should be better information about how many staff speak Welsh in care homes; more staff should be able to speak Welsh.
5. **Antipsychotic medication** – groups who are involved with care for people should work together to improve the way that antipsychotic medication is given out and checked.
6. **Rights** – staff need better training around people’s rights when they receive care and support.
7. **Working together to provide support** – support from mental health services, and the way that people enter and leave hospital, should both be improved.

<https://careinspectorate.wales/our-reports/national-and-thematic-reports>

2.4.5 Review of healthcare support provided by BCUHB for older people living in care homes in North Wales (Joint Healthcare Inspectorate Wales and Care Inspectorate Wales review)

In response to “A Place to Call Home?”, Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW) decided to carry out a pilot project to review how they could work together to ensure the healthcare needs of older people living in care homes are met.

The aim of this work was to investigate:

- how Betsi Cadwaladr University Health Board (BCUHB) meets the healthcare needs of older people living in residential and nursing care homes, either directly through the provision of services, or through its contracting arrangements with primary care providers;
- the experience of care home managers in accessing healthcare support for people from the NHS;
- how CIW and HIW can work in a more integrated way to improve outcomes for people living in care homes.

This review has looked at the provision of healthcare support for care home residents from the perspectives of both health and social care providers. Feedback has been variable across most of the service areas considered, but some common issues have emerged across services which need to be addressed in order to provide seamless, good quality care, to individual residents and patients, specifically:

- **Clear roles and responsibilities:** the part that each organisation/ profession/ individual plays in the system of care and support needs to be clearly articulated and understood by all

- **Training:** training should be available to support everybody to play their part in the system effectively and every effort should be made to ensure that staff can be released to undertake that training
- **Access routes:** when additional advice or support is required in response to changing needs, access should be as easy as possible, and it should be clear to whoever requests the support the response they should expect
- **Feedback:** processes should be in place to enable ongoing feedback on issues and concerns in order that patterns can be identified, and matters resolved
- **Collaboration and partnership:** organisations should work together in the best interests of the populations they serve. When issues arise, they should be tackled collaboratively to achieve a practical and sustainable solution.

Areas for improvement

- The Health Board should work with the care home sector to identify and support the training needed for care home workers to maintain their confidence and competence to manage the routine health needs of residents and know how and when to seek additional support.
- Care home managers should ensure staff are able to attend relevant training, for example in relation to continence care.
- The Health Board must ensure that sufficient resources are made available to meet the needs of people with dementia accommodated within care homes and that services are provided in a timely and consistent way across North Wales, in line with the Health Board's recently published dementia care strategy.

[Review of healthcare support for older people living in care homes in North Wales | Care Inspectorate Wales](#)

2.4.6 Care Home Commissioning for Older People (Audit Wales report)

After recently completing a review of commissioning care-home placements for older people in North Wales, this report draws together issues of wider national significance and makes recommendations for the Welsh Government to consider.

The costs of care-home commissioning for older people in Wales run into several hundreds of millions of pounds each year and many thousands of people are affected.

Care-home commissioning is the result of assessing population need, planning, shaping, procuring, and sometimes providing care-home services. It should be undertaken with the aim of delivering good-quality care-home capacity to meet current and future need. It should focus on value for the taxpayer and outcomes for service users.

- Current arrangements for commissioning older people's care-home placements are not resolving some long-standing issues; the Welsh Government must assure itself that proposed policy reforms go far enough

- The Welsh Government expects Local Authorities and Health Boards to collaborate effectively as they deliver their care-home commissioning duties.

[Audit Wales](#)

2.5 THE CASE FOR CHANGE

2.5.1 Gwynedd Population Needs Assessment

The proportion of people over the age of 75 in Wales is projected to increase by more than 53 per cent by 2040. Likewise, those over 65 will rise to one in four of the population before 2050. Although future demand for formal care cannot simply be linked to an ageing population, the projected growth in the numbers of older people with complex care needs (including severe dementia) is highly likely to result in increased pressure on formal care services – for example, the number of older adults living with severe dementia is predicted to double to 53,700 by 2040¹.

Numbers of people with long term, life limiting, and chronic conditions are increasing, largely due to the ageing population. There will be a 57% increase in people age over 75 with life limiting long term illness by 2035. Older age is the leading cause of deaf/blindness, this is likely to increase as the over 85 population continues to grow. In the UK, 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role¹.

The population of Gwynedd is ageing, with the population over 65 years having increased by 28% in Gwynedd, and the population over 85 years having increased by 156% since the 1981 census.

It is a huge challenge to ensure that there is provision and support throughout the county for people to continue to live independently at home as the population ages, and we are aware of the significant problems that care providers face with barriers to recruiting high quality carers, which leads to gaps in provision. This is a big problem in Gwynedd and especially in the Llŷn area.

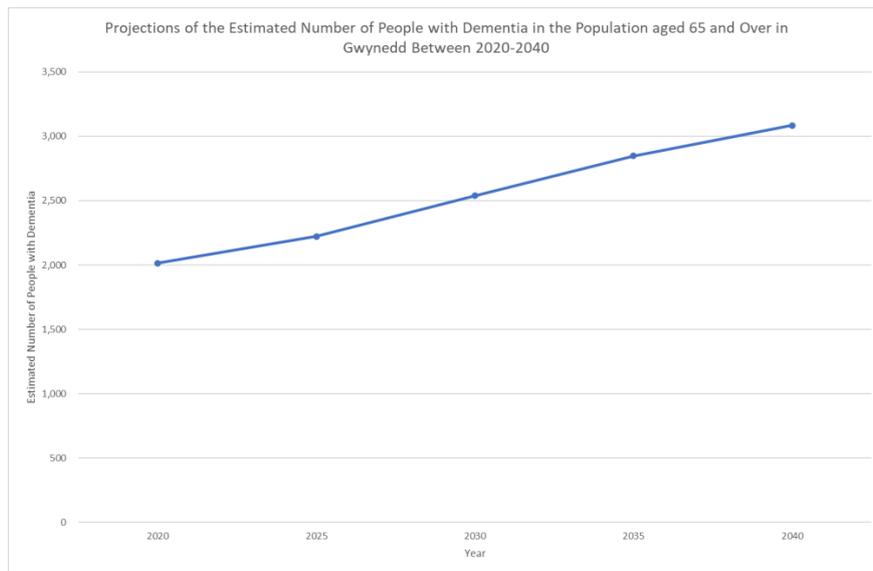
There is an aging population with implications for housing design and the support for people to live independently for as long as possible.

Dementia

Due to the nature of the condition (and the fact that symptoms manifest over time as the condition worsens, and a low rate of diagnosis) it is difficult to accurately calculate how many people live with the condition. There are national studies which estimate the proportion of the population of different age groups who have the condition and based on that and the age profile of Gwynedd, it can be estimated that there are 2,015 individuals with dementia in Gwynedd in 2020. The number of people with dementia aged over 65 years is expected to increase to 3,085 by 2040.

¹ [Rebalancing Care and Support White Paper](#)

The graph below assumes the growth in the population living with Dementia in Gwynedd between 2020 up to 2040.



In the future, as the older population increases, the numbers suffering from dementia will increase alongside this. Dementia UK has estimated that the current number with dementia in Britain will rise from 850,000 to 1,683,000 by 2039. Assuming dementia rates (by age group) remain the same, we project that the number with dementia in Gwynedd will rise from 2,049 to 3,494 by 2039 - an increase of over 70%. The projection presented here is driven by demographic ageing.

This increase will not only affect the quality of life of those who suffer from dementia but will also affect the main streams such as carers, health care and community care.

This Council continuously reviews the care home provision across Gwynedd and the impact of this development at Penyberth will be monitored in the surrounding area.

Key messages from the Gwynedd Population Assessment (2019)

Residential Care

- The number of people aged 65 and over in Gwynedd who receive residential services is expected to increase by 63% by 2035.
- Delays in the discharge of people aged over 65 from hospital lead to a loss of independence and cost the NHS significant sums. If they were released and had (short-term) care in a residential or nursing home, this would be beneficial.

Nursing Care

- There is a lack of care homes with nursing provision in some areas - and particularly in Llŷn.
- This means that people must move to other areas increasing the pressure and reducing provision in those areas.

- The average split of Continuous Health Care (CHC) to Funded Nursing Care (FNC) and Fast Track / end of life is: 50% CHC to 40% FNC to 10% Fast Track.

Dementia Care / Mental health

- There are no specialist nursing respite locations available in Gwynedd, nor any specialist assessment units.
- There is a gap in the availability of male carers to meet specific needs such as the challenging behaviour associated with the condition.

The Health Service needs to support specialist nursing homes to maintain the placement of individuals with intense needs and foster the ability of Community Psychiatric Nurses to work in the community to support and maintain people in the community.

The joint CIW and HIW report: Review of healthcare support provided by Betsi Cadwaladr Health Board for older people living in care homes in North Wales stated that:

- Waiting times for Community Psychiatric Nurse support were generally considered to be a problem, although the standard of care when support was available was well regarded. Discussions with care home managers illustrated the potential impact of delays on residents and relatives and it is important that systems are in place to ensure ongoing communication with the Health Board on incidents and issues in order to support service improvement
- The Health Board must ensure that sufficient resources are made available to meet the needs of people with dementia accommodated within care homes and that services are provided in a timely and consistent way across North Wales, in line with the Health Board's recently published dementia care strategy
- CIW inspectors interviewed 18 care home managers about their experience of accessing healthcare support. The timeliness of support being provided remained an issue for some and overall, support for people with continence and/or mental health or dementia needs remained the areas of greatest concern.

2.5.2 Current arrangements

There are a total of 130 Residential beds in the Llŷn and Eifionydd District but following the closure of the Penrhos Nursing Home at the beginning of December 2020 there is no provision of nursing beds in the Llŷn area.

This means that people must travel to find suitable and qualified provision, increasing pressure on housing in the areas they would move to. We also know that some individuals must look for locations outside the county which creates difficulty in terms of visiting and maintaining contact with families and it can be more difficult to receive a service in Welsh.

Map of current residential care homes and care homes with nursing in the Llŷn and Eifionydd area

Map yn Dangos Lleoliad Cartrefi Preswyl a Nyrso yn Llŷn

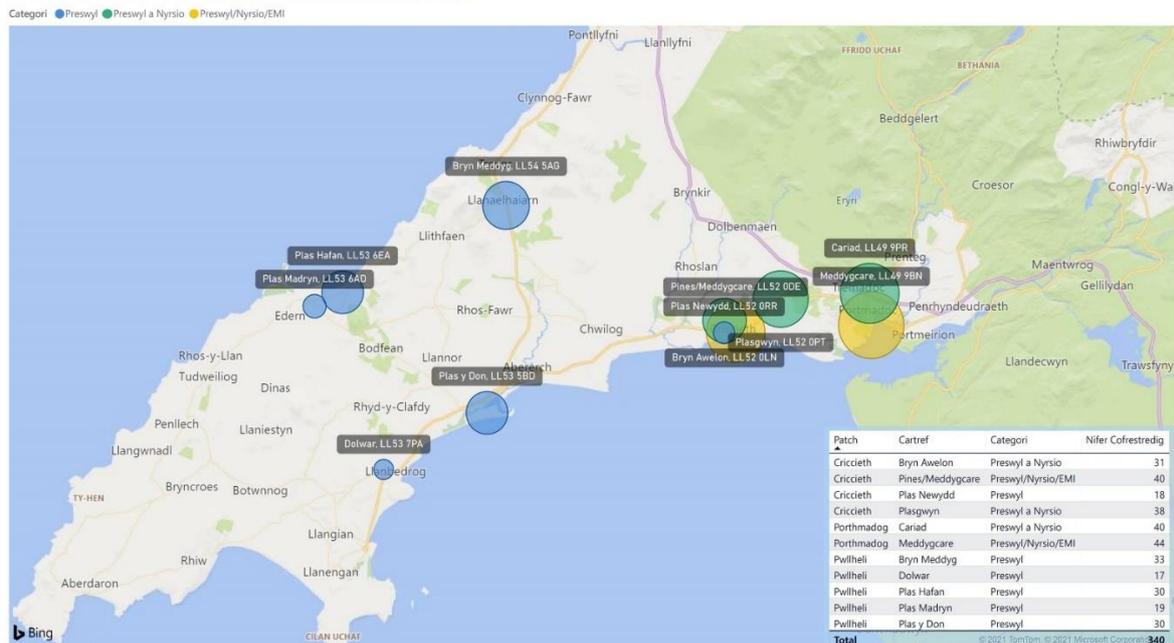


Figure xX :

75% of the Llŷn residential provision can be provided in the Dwyfor area, a figure which falls to 45.5% for nursing provision. In the County, 58.7% of nursing provision can be received within the area, so a greater number of Llŷn residents must travel out of their home to receive nursing care. It is also likely that they must travel further to gain access. Llŷn is able to meet 75% of residential provision within an area, which is comparable to the County average of 75%.

Current barriers to service provision

Waiting lists

The data on 25 October 2022 shows that 50+ were on waiting lists for residential and nursing beds in the Llŷn and Eifionydd area (data is incomplete as we do not have the full picture for private nursing beds). The 50 broken down as follows:

Number on waiting list	Bed Type
24	Residential
5	Dementia Residential
21	Nursing

Table XX:

Delayed Transfers of Care (DIOC)

We see problems arising in finding suitable locations for individuals in the community after spending time in hospital.

The main reasons for delay are:

- Patients waiting for residential or nursing beds
- Hospital unable to discharge patients to a safe environment
- No suitable Home Care package in place.

The following table shows the delay in transfer of care from Ysbyty Gwynedd to the Llŷn and Eifionydd area:

Waiting for a residential or nursing bed Period – 1 January 2021 – 31 December 2021						Waiting for a Home Care package
	Residential	Dementia residential	Nursing	Dementia nursing	Total	
Number in Llŷn area	28	7	15	7	57	130
Number in Eifionydd area	8	4	23	10	45	130

Table XX:

Over the above periods we see that many of the delays are in trying to discharge patients from the hospital, because they are waiting for a bed in a residential or nursing home setting. In addition, high numbers of people had to wait for a care package to enable them to live at home.

- We know that some Gwynedd residents were struggling to return home following a hospital stay, due to a lack of home carers as well as waiting lists for equipment.
- Delays in the discharge of the over 65s from hospital result in independence being lost at a significant cost to public services. If they were discharged and had (short-term) care in a care home, this would be beneficial.
- There is no care home with nursing provision in Llŷn. So, there is pressure on care homes with nursing in the area that is closest, as everyone wants to stay as close to their community as possible.

The current fragility of the care home sector is well recognised across North Wales, with the loss of over 150 beds since January 1st this year. Although we have not seen home closures in the West, the Health Board and Cyngor Gwynedd are being challenged weekly in relation to care home fees for all levels of care. We are also seeing high numbers of in-patients who are clinically optimised who are delayed in hospital due to awaiting care home placements. Delays in the West account for more than 63% of North Wales care home related delays (February 2023 Census data).

CARE HOME RELATED DELAYS (February 2023 Pathway of Care Delays Validated by LAs)

	Number of patients delayed	% of Care Home Delays	Number of Bed days lost	% of Delays
Anglesey	14	20%	337	
Gwynedd	30	43%	1052	
Conwy	7	10%	246	
Denbighshire	7	10%	281	
Flintshire	4	6%	101	
Wrexham	8	11%	450	
Total North Wales Number & %	70	33%	2467	35%

In terms of delayed hospital discharges, the census shows that there were a total number of 214 Pathways of Care Delays (validated) for February 2023, with care home delays accounting for 70 patient delays and totalling 2,467 bed days lost. The table below shows clearly that Gwynedd has by far the highest % of care home delays.

2.5.3 Workforce issues

Workforce sustainability - Rebalancing Care and Support (Welsh Government White paper)

The delivery of social care is rightly labour-intensive and the availability of a skilled workforce plays a key role in delivering high quality of care.

The social care workforce is typically ageing and gendered, with the vast majority of staff of commissioned care providers are female and over a half of the workforce is aged over 40.

The staff turnover rate for all of the adult social care workforce in Wales is reported by the ONS at 30 per cent in Wales. In addition to high turnover, current issues include high vacancy rates, costly recruitment and training of new staff, growing use of (more expensive) agency staff, and churn within the sector with staff frequently moving between employers often for financial incentives or improved working conditions. Recent research by the Welsh Institute for Health and Social Care noted there is competition from employers outside the social care sectors (e.g. retail). These employers are considered to provide similar or better pay, with roles carrying less responsibility. Competition within and between social care employers and the NHS was thought to contribute to retention problems in the social care workforce.

As part of the Fair Work Commission, the *Fair Work Wales* report noted that despite the sector being a core industry that contributes to individual and social well-being, it is a sector which displays various features associated with insecurity and poor working environment. In response to the recommendations of the report, the Welsh Government has recently convened a Social Care Forum which is considering how best to improve pay and other conditions of employment in the social care sector.

Research indicates that pay, terms and conditions are regarded as key factors that relate to job satisfaction, and there is an important link between job satisfaction, service quality and the achievement of outcomes. Improving pay, terms and conditions is considered to be an important part of attracting, recruiting and retaining workers in the sector.

The case for change underpinning the Project is based upon the need to firstly address the local challenges described in section 2.5 above, and secondly to support the delivery of the national and local strategies and wishes of local people described in the sections above.

2021 Census data

The first census results published in August 2022 stated that *“The population of working age has decreased in the last ten years – there were 64,900 people aged 20-64 in 2021, which was 55.3% of all usual residents. This compares to 68,800 or 56.4% in 2011. The population aged 20-64 in Wales as a whole in 2021 = 56.5%; in England and Wales = 58.4%”*.

Cyngor Gwynedd

For some years, social care staff recruitment and retention has been problematic and challenging. A report was submitted to the Scrutiny Committee on recruitment difficulties back in June 2019. Since then, the pandemic has exacerbated the situation, and we see that the pressures that staff have been under and continue to face has led to people leaving the sector.

A subsequent report was recently presented to the Cyngor Gwynedd Care Scrutiny Committee highlighting the issues and the gaps, and reports on what Cyngor Gwynedd are doing in response in order to limit the impact as much as possible.

What is being done to respond to the situation?

Cyngor Gwynedd carries out recruitment campaigns regularly and uses various methods to do so. The campaigns are held locally by targeting specific areas and towns.

Alongside our partners Cyngor Gwynedd are constantly seeking to change the perception that exists in terms of jobs in the care sector. Cyngor Gwynedd take opportunities to seek to highlight the wide range of opportunities that exist, the flexibility of the contracts that are available and the benefits for staff.

One aspect in particular that should be highlighted is the collaboration that is ongoing with partners to seek to further develop career pathways within the field. Cyngor Gwynedd appointed an officer in

December 2021 to lead on this aspect and to support the work programme in terms of holding events, various marketing methods, creating original and bespoke material, and identifying opportunities to improve work processes.

There is a recognition nationally that staff shortage has now reached crisis point. Cyngor Gwynedd have recently seen efforts made nationally such as the commitment to increase the salary levels of all care workers to the Real Living Wage of £9.90 an hour as well as one-off financial contributions. On a promising note, the latest pay settlement agreed in October 2022 i.e an additional £1,925 per annum. We have not seen such an increase in salaries for some time.

It should be noted that salaries in this field are recognised as a matter that needs to be addressed on a Wales and UK level. The problem is therefore not unique to Gwynedd and it should highlight that there is collaboration on a national level in Wales to seek to address these matters.

There are differences in the way other Local Authorities provide care services, with some of them mainly reliant on commissioning the independent sector, however we can report from ongoing discussions and collaboration that other authorities are also experiencing increasing difficulties in recruiting and retaining staff.

The report highlights that the situation has deteriorated in recent years, and it appears that the situation is not likely to improve any time soon. There is now a need for national guidance and intervention on the matter.

Key Messages: Case for Change

- **Social Services and Wellbeing (Wales) Act** – the act states the need to promote co-operation and partnership working to promote integration of care and support. The act also gives the powers to Local Authorities, with permission or working in partnership with the Health Board, to provide residential and nursing care.
- **Rebalancing Care and Support** – this project addresses the issues raised in the government White Paper to rebalance the care and support market away from cost to quality and from outputs to outcomes.
- **Current arrangements** – there is currently no nursing or dementia care provision in the Llŷn area so people have to travel to receive the care they need. It is anticipated an increase in the proportion of people over the age of 75, as well as an increase in the number of people living with dementia. There are currently waiting lists for residential and nursing care services in Llŷn and Eifionydd of over 50 people. There is also a high number of people seeing delayed transfers from hospital due to lack of provision in the Llŷn and Eifionydd area.
- **Workforce issues** – it is acknowledged nationally that the care sector is facing huge challenges in staff recruitment and retention. This project will look at workforce best practice to ensure high quality staff in the Llŷn area.

2.5.4 The vision

The Llŷn community is known for its resilience and independence borne out of the surrounding geography and rurality. Traditionally, adult children have settled nearby close to family members which has meant families have been able to step in to provide care for older relatives when necessary. However this trend is becoming less prevalent and is likely to continue. This element of unmet need has to be considered within the overall service model.

There is also wide recognition that the former Penrhos Polish Home model of care was very innovative in terms of keeping its residents well, independent and out of care. It will be important to maintain and build on this ethos in terms of the future plans for the site.

The service model should:

- Maintain the current overall ethos - promoting quality of life, maintaining independence, ensuring wellbeing and reducing reliance on dependent care for as long as possible;
- Deliver a spectrum of supported care - from minimal dependence (independent living apartments) to assisted living, with access to step-up/down care, to residential care and to nursing and end of life care, as determined by an individual's needs;
- Promote a flexible approach to the care home beds allowing flexibility in bed usage where possible to meet local needs rather than fixed / designated bed provision, thereby improving efficiency;
- Recognise the importance of relationships (contracting) with the Third Sector to ensure service resilience (for example Mental Health);
- Future-proof the overall provision taking into account older people population projections and current unmet need.

The project's vision is for a new kind of partnership, which thinks differently about the relationship between services and the community for the future.

Our vision can be summarised as follows:

Penyberth, Penrhos Vision

To provide high quality, energy efficient (low carbon) homes and health and care services in a unique village setting. The development will mainly provide homes for people with care/ healthcare needs; but will also provide some affordable housing for local people and for people who will work on site in the new care home.

2.5.5 Investment Objectives

The Investment Objectives are the 'targeted' outcomes for the project. They reflect the rationale for the project and are used as part of the option appraisal process described in the Economic Case. The Investment objectives for this business case are set out in the figure, below. These objectives:

- Support the achievement of our vision
- Respond to the Case for Change described above.

Investment Objectives	
One	To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.
Two	To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.
Three	To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penyberth, Penrhos site.
Four	To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.
Five	To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.
Six	To deliver value for money through the efficient use of resources and delivery of environmentally sensitive accommodation that is carbon neutral.

Figure XX: Investment Objectives

These investment objectives have been used throughout the SOC development process:

- As the option evaluation criteria for the capital option appraisal process described in the Economic Case.
- To help us to define and identify the programme benefits, described below and in the Economic Case.

Further work will be completed at Outline Business Case stage to quantify the investment objectives.

2.8 SCOPE AND KEY SERVICE REQUIREMENTS

Key service requirements are the service changes required to meet the investment objectives described above. The key service requirements for this business case are summarised in the table below.

The site should be designed with flexibility for the future in mind.

	Requirement	Desirable
Residential requirements	<ul style="list-style-type: none"> 32 beds for dementia care 2 beds for respite care 	<ul style="list-style-type: none"> Space on site to accommodate future needs. Consideration given to Covid management, easy to isolate residents, air circulation, manage infection. Consideration to RNIB requirements. Toilet facilities close to communal areas but also private. Proximity to Nursing station and staffing. Consideration given to planning for dementia residents, colour contrast etc Safe outside space and visual interest.
Nursing care requirements	<ul style="list-style-type: none"> 25 beds of which 15 would be prioritised for dementia care 2 beds for respite nursing care 	<ul style="list-style-type: none"> A modular design approach to allow for Single Rooms and to be Dementia friendly Dedicated garden for walking and exercising / keeping fit Robust design for challenging behaviour. Generic design to meet requirements for Dementia and General Nursing to ensure flexibility in use, and to adapt in changes to demand and needs.

Naturally with such a need for the number of beds the design will also consider the communal and additional areas required.

Table XX: Scope and Key Service Requirements

This project does not address the need for extra care housing, step down flat, sheltered housing, Discharge to Recover then Assess (D2RA) beds as they form part of the Penyberth, Penrhos Redevelopment Project. End of life beds would be offered at Bryn Beryl hospital.

2.9 BENEFITS

The Benefits Criteria are aligned with the Investment Objectives and are shown below. These will be further developed at next stage business case.

Investment Objectives	Main Benefits Criteria
1 To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.	<ul style="list-style-type: none"> Securing of nursing provision in local area within LA and CHC rates Flexible health and care provision (“seamless care” as described in A Healthier Wales) Partnership approach between Health and Local Authority may provide further opportunities for integrated approaches

2	To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.	<ul style="list-style-type: none"> No-one stays longer than they need to in acute inpatient care. There are no “delayed transfers of care” due to lack of provision of residential and nursing beds
3	To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penyberth, Penrhos site.	<ul style="list-style-type: none"> By having public sector provision in nursing – ability to understand more acutely the pressures of sector and ability to support smaller providers
4	To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.	<ul style="list-style-type: none"> Employment opportunities for local residents Provide local residents with the right skills for long term employment Provide school leavers with career aspirations meaningful and long-term employment Local supply chain is supported and grown Ability to train and develop medical, nursing and care staff through secondment and shadowing opportunities within the provision Welsh language skills of all staff will be part of the recruitment policy of Council.
5	To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.	<ul style="list-style-type: none"> Resilient and more appropriate buildings and infrastructure The new development will be well integrated into the character of the surrounding area Providing a modern, accessible working environment that motivates different professional groups to operate collaboratively Provides a demonstrable vision for service integration Positive contribution towards decarbonisation / net zero agenda; Accommodation that meets current building recommendations (e.g. HBN / DDA / ventilation / infection prevention) Meets BREEAM aspirations.

Table XX: Initial Benefits Analysis

2.10 RISKS, CONSTRAINTS AND DEPENDENCIES

As with any major project there are several strategic risks, which if they remain unmitigated might jeopardise the delivery of the project. The Project Group has completed an initial risk analysis and identified some high level mitigating actions that can be put in place to address these strategic risks. The full risk register is enclosed as [Appendix A](#) to this SOC and a summary of key strategic risks is included in Table below.

Risk description	Impact	Likelihood	Score	Mitigation	Mitigated score
<u>Workforce availability</u> – recruiting the staff (numbers and skills / competencies) required to support this model in a rural area (including nursing, primary care, therapies) will be a significant challenge, so an innovative, sustainable, and flexible approach is required which needs to ensure that further workforce problems are not exasperated in the home care sector.	5	4	20	A workforce subgroup is currently exploring a potential model. There is an opportunity here to ensure that nursing placements within care homes become a more integral part of the career of nursing staff. By seconding nursing staff to the employment of the Council, whilst retaining oversight by the Health Board's clinical staff would be essential in terms of governance.	3
<u>Capital Funding availability</u> – There is potential to access capital monies from WG funds for the care home - the Housing with Care Fund (HCF) and the Integration & Rebalancing Capital Fund (IRCF), as well as the option for Cyngor Gwynedd to take out a loan / part loan.	5	3	15	The Penyberth, Penrhos project has been included on the regional funding requirement list as well as regular conversations with the Welsh Government highlighting the need.	1
<u>Destabilisation of the Independent Market</u> – we need to fully understand the impact on local independent providers of nursing care of an intervention by a public sector partnership in terms of in-house nursing care provision and the potential for nursing home closures. However, by allowing this important provision to be delivered solely by the independent sector, it is creating a risk to the Health Board and the Local Authority and fails to build upon new opportunities set out by Welsh Government.	4	2	8	Robust communication and engagement plan to ensure that local care home providers are fully engaged. This is a new model of care providing a wider range of opportunities / choice for residents, families, staff.	2

Risk description	Impact	Likelihood	Score	Mitigation	Mitigated score
<u>Location / site availability</u> - The Penyberth, Penrhos site is extensive and initial plans from Clwyd Alyn show the various phases of development for supported and independent living apartments, affordable local housing, as well as a specific location identified for the future care home.	5	1	5	A site has already been identified for the Care Home, following an assessment of available land on the Penyberth, Penrhos site by Clwyd Alyn. The Penyberth, Penrhos site is now in the ownership of Clwyd Alyn and is of suitable size to meet the accommodation needs of the care home project. Heads of Terms agreed between Cyngor Gwynedd and Clwyd Alyn regarding the 2-acre site identified.	1
<u>Revenue Funding availability</u> – Whilst a financial assessment has not been completed to date, the proposal will need to demonstrate efficiencies and value for money and in affordability terms will need to be either revenue neutral or have a clear indication of where additional funding will come from. This will include an evaluation of CHC and FNC costs. <u>Viability</u> – it may be necessary to widen the catchment area for the proposed care home facility to ensure optimum occupancy levels and value for money.	3	1	3	Risk appetite to make this work	2

Table Xx: Summary of Strategic Risks and Mitigations

3. ECONOMIC CASE

3.1 CRITICAL SUCCESS FACTORS

Critical Success Factors (CSFs) are the attributes essential for successful delivery of the project, against which the options for the delivery of the project should be appraised, alongside the investment objectives. We considered the following Critical Success Factors:

Critical Success Factor	Description
Strategic fit and business needs	Meets agreed spending objectives, related business needs and service requirements. Align with local and national strategic direction.
Potential Value for Money	Optimises public value (social, economic, and environmental) in terms of potential costs, benefits, efficiencies and risks.
Potential achievability	The ability of the Cyngor Gwynedd / BCUHB partnership to deliver the required services and deliverables.
Supply-side capacity and capability	The partnership's ability to innovate, adapt, introduce, support, and manage the required level of change, including the management of associated risks. The partnership's ability to further develop progressive and collaborative working within and across boundaries.
Potential affordability	The partnership's ability to fund the required level of expenditure – namely, the revenue consequences associated with the proposed investment and service delivery model.

Table XX: Initial Benefits Analysis

3.2 OPTIONS

This project is a response to explore the opportunity for Cyngor Gwynedd and BCUHB to work in partnership to establish and maintain a care home with nursing at Penyberth, Penrhos, Llanbedrog. This site in particular has been identified following the transfer of the 'Polish Village' to Clwyd Alyn and the closure of the care home on the site.

The following simple scoring systems was used to evaluate the options against the Critical Success Factors and the Investment Objectives.

Rating	Description
Not met	Not met
Partially met	Partially met
Fully met	Fully met

The following options have been considered in the context of the current market namely, that the Health Board does not directly provide residential care with nursing and the lack of private providers in the Llŷn area.

Key		Option 1: Business as usual	Option 2: Commission all beds from a private provider	Option 3: Re- purposing community hospitals	Option 4: 24/7 home care for nursing and residential provision	Option 5: LA provider only, HB provider only or LA, HB, Private Provider partnership	Option 6: Partnership with LA and HB
	Not met						
	Partially met						
	Fully met						
Investment objectives							
Rebalancing the residential and nursing care market							
Support the provision of care closer to home							
Support sustainability of local residential and nursing care provision							
Develop an innovative workforce model							
Ensure purposefully designed accommodation which will meet the care needs of individuals							
Deliver value for money through the efficient use of resources							
Critical Success Factors							
Strategic fit and business needs							
Potential VFM							
Potential achievability							
Supply-side capacity and capability							
Potential affordability							

The Board reviewed this long list of options in order to create a shortlist of the options believed to best deliver the project scope and Service Requirements. The outcome of these shortlisting discussions is set out in the Table below.

Option	Strengths & Opportunities	Weaknesses & Threats	Decision
Option 1: Business as usual	<ul style="list-style-type: none"> Meets some of the service requirements 	<ul style="list-style-type: none"> Does not meet service requirements or deliver associated benefits 	Retain option for comparative purposes only
Option 2: Commission all beds from a private provider	<ul style="list-style-type: none"> Meets some of the service requirements 	<ul style="list-style-type: none"> No private provision currently in place in the Llŷn area Does not meet service requirements 	Ruled out
Option 3: Re-purposing community Hospitals	<ul style="list-style-type: none"> Meets some of the service requirements 	<ul style="list-style-type: none"> The Bryn Beryl site would have to be repurposed to ensure care closer to home 	Ruled out
Option 4: 24/7 home care for nursing and residential provision	<ul style="list-style-type: none"> Meets some of the service requirements 	<ul style="list-style-type: none"> Availability of workforce in the area to meet demand Risk of people with high needs living alone 	Ruled out
Option 5: LA provider only, HB provider only or LA, HB, Private Provider partnership	<ul style="list-style-type: none"> Meets some of the service requirements 	<ul style="list-style-type: none"> Cannot provide nursing care without the partnership of the Health Board 	Ruled out
Option 6: Partnership with LA and HB	<ul style="list-style-type: none"> Meets all of the service requirements 	<ul style="list-style-type: none"> Availability of capital funds Availability of workforce 	Explore further

Table XX: Summary of options shortlist

It was concluded that Options 1 and 11 should be further developed for more detailed evaluation against the Investment Objectives described in the Strategic Case and the Critical Success Factors set out in 3.1.

The following simple scoring system was used to evaluate the shortlisted options against the Critical Success Factors and the Investment Objectives.

Rating	Description
0	Negative or no impact on criteria
1	Substantially meets criteria
2	Fully meets criteria

A summary of the shortlisting exercise is set out on **Table XX**, below. This shows that at SOC stage the preferred way forwards is Option 11. This is a balanced investment option, which meets each of the Service Requirements.

	Option 1: Business as usual	Option 11: Partnership with Local Authority and the Health Board
Investment Objectives		
Rebalancing the residential and nursing care market	0	2
Support the provision of care closer to home	0	2
Support sustainability of local residential and nursing care provision	0	2
Develop an innovative workforce model	0	2
Ensure purposefully designed accommodation which will meet the care needs of individuals	0	2
Deliver value for money through the efficient use of resources	0	2
Critical Success Factors		
Strategic fit and business needs	0	2
Potential VFM	0	2
Potential achievability	0	2
Supply-side capacity and capability	0	2
Potential affordability	0	2

Figure XX: Options shortlist review

4. COMMERCIAL

4.1 INTRODUCTION

This section of the SOC outlines the proposed deal in relation to the preferred way forward outlined in the economic case. It gives a high level, preliminary view. Detailed analysis will take place within the next stage business case.

4.2 REQUIRED SERVICES

Given the estimated levels of capital expenditure, the scheme will procure within the guidance set out in the Notice for Framework Agreements the Welsh Public Sector (2017) by the Welsh Government.

4.3 POTENTIAL FOR RISK TRANSFER

This section provides an initial assessment of how the associated risks might be apportioned between the Project Partners and the contractor. The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM). **Figure XX** below outlines the potential allocation of risk, which is the standard distribution at this stage in the development of a scheme.

#	Risk Categories	Potential Allocation		
		Public	Private	Shared
1	Design			✓
2	Construction & Development			✓
3	Transition & Implementation			✓
4	Availability and Performance			✓
5	Operating	✓		
6	Variability of Revenue	✓		
7	Termination	✓		
8	Technology and Obsolescence			✓
9	Control	✓		
10	Residual Value	✓		
11	Financing	✓		
12	Legislative	✓		
13	Other Project Risks	✓		

Figure XX, Potential risk allocation

4.4 PERSONNEL IMPLICATIONS (INCLUDING TUPE)

It is anticipated that the TUPE – (Transfer of Undertakings Protection of Employment) Regulations 1981 – will not apply to this investment.

4.5 PROCUREMENT STRATEGY AND IMPLEMENTATION TIMESCALES

As partners both Cyngor Gwynedd and Betsi Cadwaladr University Health Board will be in a position to actively support the Project with their expertise. The former through the auspices of the Gwynedd Planning Department to support the planning application and the Property Department with their construction expertise and the latter through the BCUHB Estates Department.

Procurement will be aligned with the [Wales Procurement Policy Statement](#).

During the OBC stage we will be aiming for the BREEAM Excellent standard and will use the Community Benefits Measurement Toolkit to capture the full range of Community Benefits from the project.

Within an indicative funding envelope of £14.6m under the lead of Cyngor Gwynedd the commercial case and development of the Project will draw on all the skillsets and technical expertise of the respective partners.

Subject to agreement of the SOC, and Welsh Government (WG) approval with an approved realistic timeline committed, the implementation milestones will be as set out in the table below.

#	Project Milestones	Indicative Dates
A	Partnership Approval of SOC	March 2023
B	WG review of SOC and approval to proceed	May 2023
C	Planning process commenced	August 2023
D	Outline Planning permission	May 2024
E	Completion of OBC inc. internal approval to proceed	July 2024
F	WG review of OBC and approval to proceed	September 2024
G	Formal Planning Application	September 2024
H	Completion of FBC inc. internal approval to proceed	March 2025
I	WG review of FBC and approval to proceed	April 2025
J	Construction, Completion and Handover	September 2025 – March 2027
K	Occupation	April 2027

Table XX: Predicted Project Timeline and Implementation Milestones

5. FINANCIAL

5.1 INTRODUCTION

The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the economic case section) and the proposed deal (as described in the commercial case). The detailed analysis of the financial case, including affordability, is part of the development of the OBC/FBC.

5.2 CAPITAL COSTS

As outlined in the Economic Case, the capital costs of the scheme will depend on the final decision of the scope of services and the solution/s, which will be determined as part of the OBC stage.

Indicative design work has been undertaken on what is believed to be the maximum potential scope of the scheme as outlined in the Economic Case – i.e. new build on the Penyberth, Penrhos site.

The estimated total cost of this solution is **£14.6 million** excluding VAT. It is emphasised that this is intended to give an estimate of the maximum capital expenditure - and should not be regarded as the cost of the preferred option, which is yet to be determined. Further details can be seen in **Appendix B**.

Description of Component Cost	£'000
New Build Care Home with Nursing	9,655
Other Costs (Pre-construction, Preliminaries – 15% of Construction cost)	1,284
Fit out	250
15% contingency and Optimism Bias	1,708
15% Inflation Uplift and Risk Allowance	1,498
OBC Development phase costs (Project Manager, Design, Planning, OBC development)	200
TOTAL COST	14,595

Table XX: Estimated Capital Costs

Note:

- A. Including Inflation Uplift and Risk Allowance, allowance for OBC development phase the total cost estimate amounts to **£14.6 Million**
- B. Seek grant funding of **£200,000** in 2023-24 (highlighted in red font in the table above) to develop a fully detailed plan, estimate and a comprehensive Outline Business Case.

5.3 FUNDING

There are several sources of funding available to the partners and the development will need to be met through a package of capital and revenue funding, including grants and other contributions, with match funding from partner organisations where appropriate. The following are the likely sources of funding available:

- Health and Social Care Integration and Rebalancing Capital (IRCF)
- Cyngor Gwynedd
- Besti Cadwalader University Health Board.

5.4 AFFORDABILITY: IMPACT ON FINANCIAL SUSTAINABILITY OF THE PROJECT AND ON PARTNER ORGANISATION'S REVENUE POSITIONS

The affordability assessment will be conducted during the Outline Business Case and Full Business Case development process. The assessment will focus on determining:

1. Financial Sustainability of the proposed Development for its entire estimated life
2. Financial Impact on partner organisations' revenue positions.

This will be underpinned by the development of a financial governance agreement between Cyngor Gwynedd and BCUHB, which will set out the roles, responsibilities, duties, reporting arrangements, funding protocols, etc. It is anticipated that the proposal will be revenue-neutral or better for the Local Authority and the Health Board. At this stage the costs outlined so far and the assumptions made comprise the following:

- Clwyd Alyn will transfer the 2-acre piece of land to Cyngor Gwynedd at a nominal fee / peppercorn rent.
- Current trends show that in-house residential service provision within Cyngor Gwynedd is currently at an average occupancy level of 92%, and the previous Polish Care Home had an average occupancy level of 90%. The occupancy levels within the independent sector in Gwynedd is higher, at 95%.

Type of bed	17/18	18/19	19/20	20/21	Average
Residential beds	13.3	15.3	11.3	12.7	13.1
Nursing beds	24.9	24.1	25.6	23.3	24.5
Average Occupancy %	91%	94%	88%	86%	90%

Table XX: Data provided by the Polish Care Home, 42 beds

- The revenue model assumes 92% occupancy levels for the care home with nursing at a small surplus of £6k. Further work at the OBC stage will further evaluate revenue estimates to bring this to a break even position as well as evaluate the phased approach of opening the care home with nursing. The mix of beds will be further investigated during the OBC stage.
- The following estimates are based on the current weekly rates paid to the independent sector in Gwynedd. Further details can be seen in [Appendix C](#).

	92% occupancy	90% occupancy	80% occupancy	70% occupancy
	£000	£000	£'000	£'000
Total expenditure	£2,831	£2,831	£2,831	£2,831
Health Board contribution	£1,052	£1,035	£0,953	£0,871
Cyngor Gwynedd contribution	£1,785	£1,749	£1,588	£1,405
Surplus / Defecit	-£0,006	£0,047	£0,289	£0,554

Table XX: Income and Expenditure estimates for the Care Home

- Should occupancy fall below 92% the above table shows the order of magnitude of the defecit at differing occupancy levels.
- The revenue affordability position of the Health Board is dependent on delivering provision at or below current Local Authority and CHC rates.
- Nothing has been included in the calculations at this stage for cash-releasing revenue savings through a reduction in the number of Acute and Community Hospital beds being blocked by patients who require nursing home care. This is because, given the current high levels of bed occupancy, this project is more likely to result in improved patient flow than in cash-releasing bed closures. However, it may allow a reduction in spend on escalation beds within the Health Board. This will be fully explored as part of the development of the OBC.
- Depreciation for the new build at a cost of £9.5m, is calculated at £237,500 per annum. It is assumed that this will be fully funded by the Welsh Government.
- The asset would be owned outright by Gwynedd Council, which has confirmed that neither depreciation costs nor capital charges would be passed on to the Health Board.

6. MANAGEMENT CASE

6.1 INTRODUCTION

This section of the SOC addresses the achievability of the scheme. Its purpose is to set out the actions that will be required to ensure successful delivery.

6.2 PROJECT MANAGEMENT AND GOVERNANCE ARRANGEMENTS

It was agreed following initial feasibility to put formal project arrangements in place to ensure clarity of roles and responsibilities of each partner from the outset. Below is an outline of the structure and responsibilities at each level.

North Wales Regional Partnership Board

Regional Partnership Boards (RPBs) are a statutory health and care partnership, established as part of the Social Services and Well Being Act in order to:

- improve the well-being of the population
- improve how health and care services are delivered.

The North Wales RPB has recently taken on responsibility for administering a significant amount of capital on behalf of the Welsh Government, including the Integration and Rebalancing Care Fund (IRCF), from which the Project is seeking support. The RPB is currently producing a Strategic Capital Plan. The RPB will form a part of the pathway of approval at each business case stage.

Penrhos Programme Board

- Provide strategic leadership and overview of the project from the primary partners in the project
- Membership includes senior officers / managers from each partner organisation and key stakeholders
- Manages risks and ensures the project works towards reaching the identified goal.

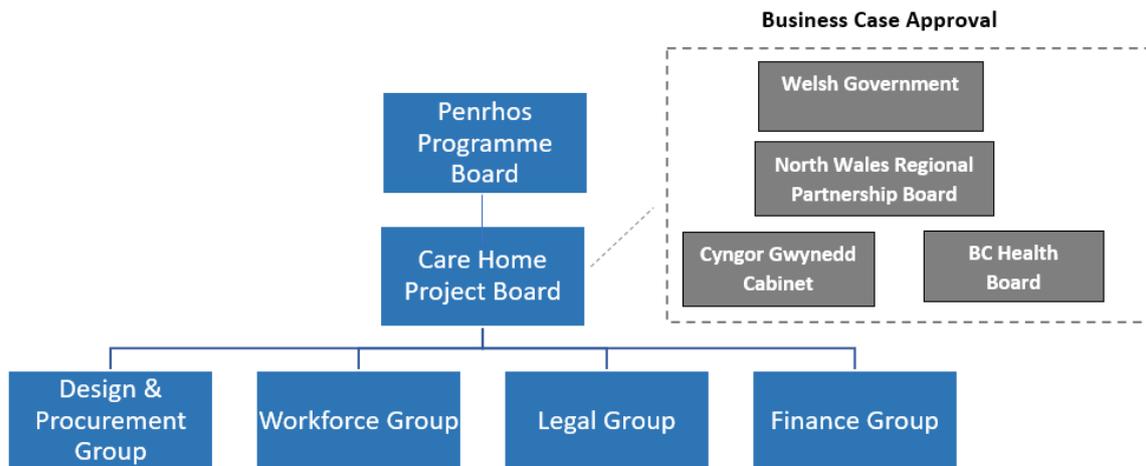
Project Board (Gwynedd Council and BCUHB)

- Led by Project Manager
- Co-ordinates and oversees the action plan led by individual work stream and its designated responsible officer
- Accountable to Penrhos Programme Board.

Existing partner organisation Boards retain the power to sign off the business case, at each stage of the development process through their organisational governance arrangements:

- Cyngor Gwynedd – Cabinet
- BCUHB – West IHC, Capital Investment Group, Executive Team, PFIG and Health Board.

The figure below sets out the Project Governance arrangements.



6.3 PROFESSIONAL ADVISORS

The Project Team is supported by a number of experienced external advisors. A list of current advisors and their role in supporting the project to date is summarised in the table below.

Provider	Responsibilities
Hugh James	Legal advice
Lovelock Mitchell	Architects
Wakemans	Cost Consultant

Table X: Project Advisors

6.5 RISK MANAGEMENT

A detailed risk register has been prepared, and is included in the appendices. The register identifies the likelihood of individual risks occurring, together with potential mitigation measures.