LLECHEN LÂN

(A CLEAN SLATE)

SOCIAL SERVICES FOR OLDER PEOPLE FOR THE FUTURE

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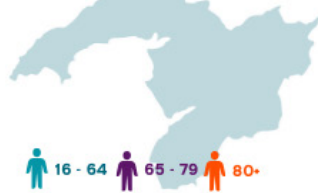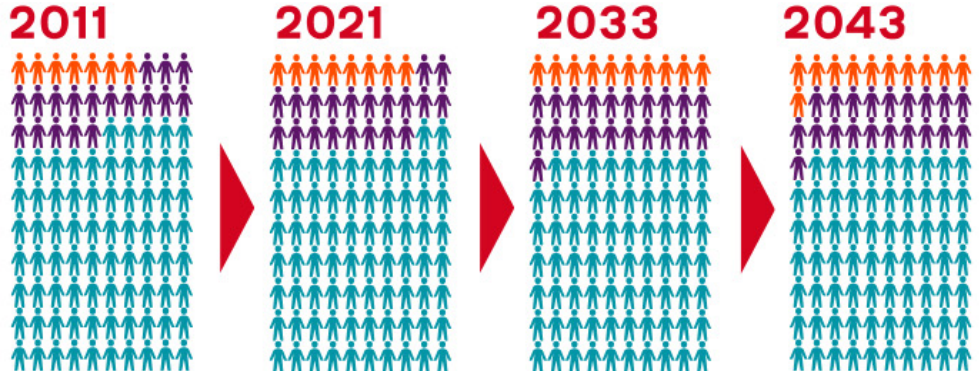
CYNGOR GWYNEDD

<u>Contents</u>

CLEAN SLATE: AT A GLANCE 👁

"The percentage of older people is expected to increase significantly over the next 20 years. The same increase is not predicted in the working age population."

% CHANGE IN POPULATION AGED 65+

- 16 - 64
- 65 - 79
- 80+

•As a % of the adult population of Gwynedd

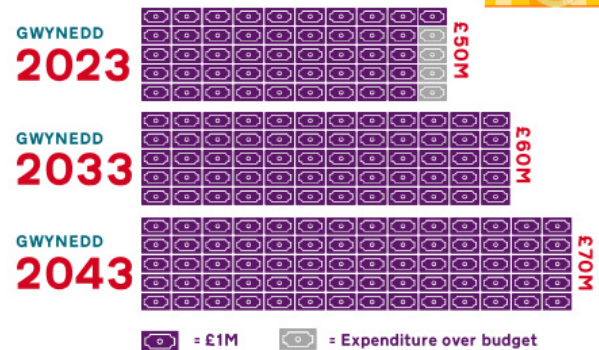**2011** → **2021** → **2033** → **2043**

"The increase in demand on Social Services will be huge. We are unable to provide for everyone within the current resource as it is."

THE WORKFORCE NEEDED TO PROVIDE CARE

GWYNEDD **2023** — 2,003
GWYNEDD **2033** — 2,434
GWYNEDD **2043** — 2,809

= 50 individual   = unable to provide

THE FUNDING NEEDED TO PROVIDE HOME, RESIDENTIAL AND NURSING CARE

GWYNEDD **2023** — £50M
GWYNEDD **2033** — £60M
GWYNEDD **2043** — £70M

= £1M   = Expenditure over budget

"If we don't change the way we operate, it won't be possible to provide social care. Some options are:"

- STRENGTH BASED WORK
- EXTRA CARE HOUSING
- TELECARE AND ROBOTICS
- COMMUNITY WORK
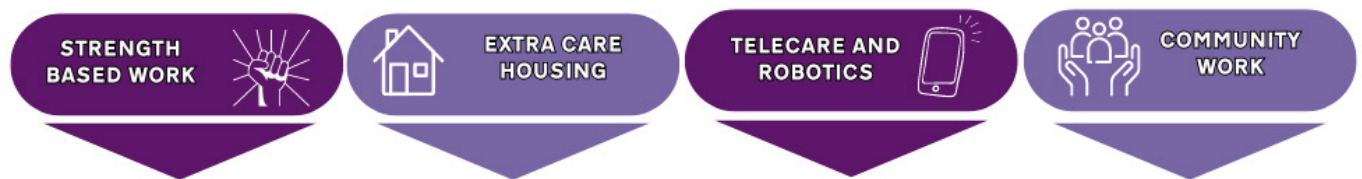
"If we were to act similarly to other rural counties in terms of current provision the gap would be reduced as follows:"

IMPACT OF POTENTIAL MITIGATION APPROACHES ON CARE WORKFORCE NEEDS 2043

- 2,809 — WITHOUT INTERFERENCE
- 2,401 — REASONABLE MITIGATION METHODS
- 2,119 — EXCEPTIONAL MITIGATION METHODS

The above was based on workforce percentages only. it does not include a possible increase in workforce when developing other services (such as telecare etc.)

THE IMPACT OF POSSIBLE MITIGATION METHODS ON THE NECESSARY FUNDING 2043

- £70M — WITHOUT INTERFERENCE
- £60M — REASONABLE MITIGATION METHODS
- £53M — EXCEPTIONAL MITIGATION METHODS

•These figures do not include inflation

Executive Summary

Introduction

In 1971, 4% of the population of Cardiff spoke Welsh. By the 2021 census it was seen that 34.7% of the population of Canton in central Cardiff spoke Welsh. Although it is difficult to provide hard evidence, it is not believed, unfortunately, that the development of Welsh-medium education in the city alone contributed to this increase. The accents of Gwynedd, Ceredigion and Carmarthenshire are heard on the majority of tongues, suggesting that significant emigration has reduced the working-age population in rural areas of the Welsh-language strongholds at the exact time that the older population is increasing. With the general population living older, along with immigration to rural Gwynedd, there has been an increase in the percentage of the population over the age of 65, and even more strikingly, in the population over the age of 85.

The impact of changes to the older population are seen in Gwynedd, with the demand for care services for the elderly increasing while the workforce available to meet the need has diminished. Therefore, a significant number of older people who need care have to wait for it and the pressure on services grows.

This report expands on the situation as it stands, current demographic challenges and projections over the next two decades, and the potential impact of that on the demand for care, on the ability to meet the need through increasing the workforce, and on the expected financial pressures.

Implementation Methods

A number of officers[1] were part of a task and finish group for a six-month period, gathering and analysing local, county, national and international information and data, in order to develop this report. Census data, budgets, services and population projections have been considered to understand what is forecast in the report.

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[1] Jessica Mullan, Manon Pritchard, Elin Jones, Lois Owens, Emyr Edwards, Gwyn Llŷn Parry, Alun Williams, Aled Davies, Dylan Owen

Having demonstrated and predicted the change in demand for services for the next two decades, and the implications of that, we will look at potential methods of relieving the pressures on the services in comparison with eight other rural counties in Wales.

Findings

Having considered the evidence of other counties, the report suggests that social services in Gwynedd would be able to reduce demand and pressure on services for older people by operating differently, but even then, a gap remains in the potential provision and in the funding and workforce available to provide it.

The graph below shows that Cyngor Gwynedd is currently (May 2023) failing to deliver 11% of the current demand and that it is predicted that the demand for services could increase by up to 56% more over the next two decades. If the service succeeded in innovating and changing its method of operation so that demand replicated the average in comparable rural counties in Wales, the increase could be reduced to just above 30%. Even if it was possible to provide as little care as those counties that provide the least in comparable rural counties (note that providing less does not necessarily reflect good and safe provision), the increase would be around 18%. What is evident is that the capacity of the services to provide the care is much lower and that the gap will continue in the future, therefore, radical ideas and national support are needed to tackle the challenge.

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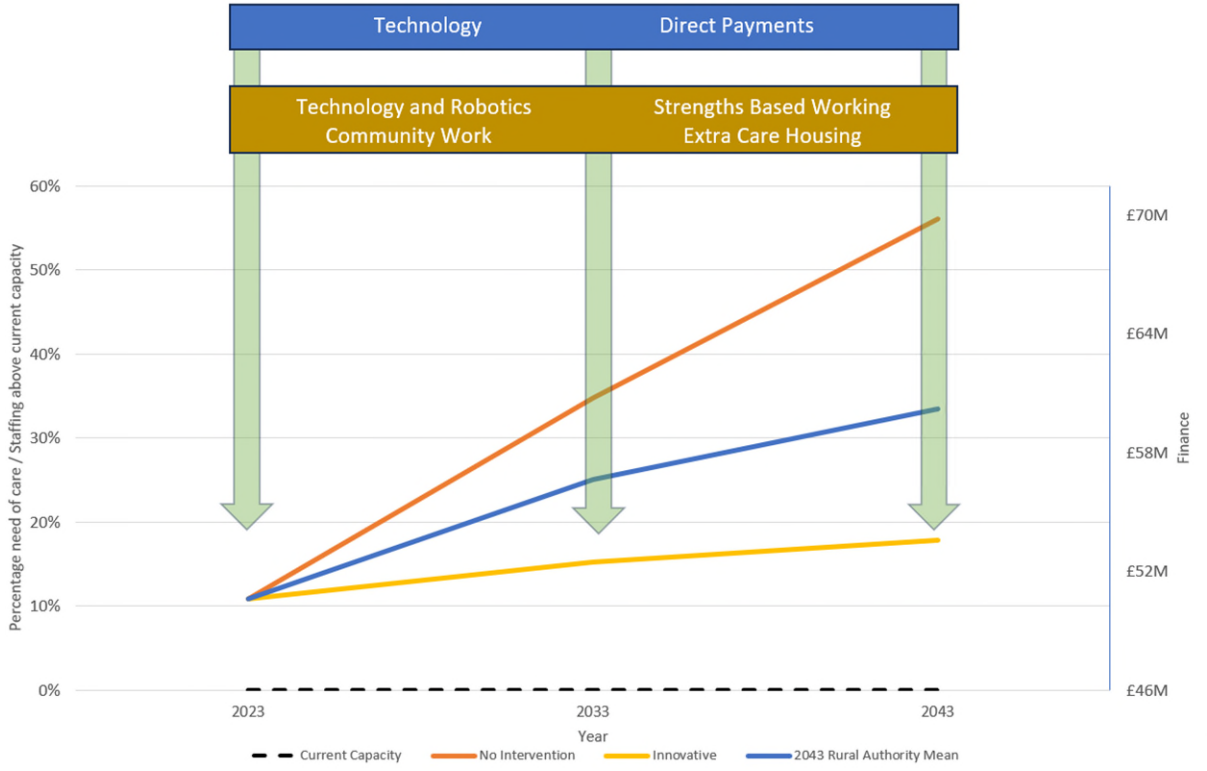| Technology	Direct Payments
Technology and Robotics Community Work	Strengths Based Working Extra Care Housing

Chart: The potential impact of working in accordance with best or innovative practice on domiciliary, residential, and nursing care needs in Gwynedd by 2043

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Recommendations

There are full recommendations in the report, and these have been **abridged and summarised** here:

Timetable	Recommendation	Responsibility
Short Term	Prepare and implement plans to operate innovatively: • Complete an assessment of older people's housing/accommodation needs; • Promote strength-based community working; direct payments; TEC (Technology Enabled Care); • Manage and commission care effectively and efficiently; • Provide an information service • Develop a care academy • Collaborate across the Council and across sectors to discover collective solutions	Heads of Adults and Housing Head of Adults Department Director of Social Services Head of Adults Department and the Corporate Management Team Social Services Training Unit Chief Executive, Director of Social Services, Head of Adults Department
	Ensure regular and careful oversight by Councillors and senior officers on this work over the next few years to keep track of progress.	Cabinet Member with responsibility for Adults Services, Chief Executive, Director of Social Services
	Develop evidence-based budgeting plans, in accordance with this report.	Head of Finance
Medium/Long term	Take collective proactive and preventive action across public and third-sector services	Director of Social Services, Head of Adults Department
	Collaborate across the Council to discover solutions to support individuals to live their best life in their native community.	Chief Executive, Corporate Management Team.
	Develop and expand support available to unpaid carers	Director of Social Services, Head of Adults Department

	Develop fiscal plans for the coming decades based on the information in this report and for future financial security for the Council.	Head of Finance
	Develop financial plans for the decades to come based on the information in this report and for future financial security for the Council.	Head of Finance
General	Raise awareness of the challenges and need for resources.	Councillors, Chief Executive, Director of Social Services.
	Promote and emphasise that the challenges of the future are wider than the Adults department, and that all council departments have contributions to make.	Chief Executive, Corporate Management Team.
	Take action to reduce youth emigration from the county.	Councillors, Chief Executive, Corporate Management Team.
	Plan budgets based on evidence and needs.	Head of Finance, Chief Executive.

1. <u>Introduction</u>

1.1   The Situation

It is known that:

1.1.1   Social Services for Gwynedd's older people are failing to provide care for every member of the most vulnerable population.

1.1.2   Social Services for Gwynedd's older people are failing to provide the necessary service within the funding currently available.

1.1.3   Gwynedd population demographic predictions suggest that the number of Gwynedd people of working age will remain fairly consistent over the coming years while Gwynedd's older population is expected to continue to increase significantly, particularly in the oldest age-groups (80 and over), who are more likely to need care.

1.1.4   Social Services for Gwynedd's older people provide traditional services more often than not and some other counties use a mixture of various alternative methods to support people to live independently.

1.2 Background

1.2.1 It is anticipated that the combination of the financial challenges, the impact of the demographic challenges on human resources, and the impact of the demographic challenges on the demand for services will create a scenario of failure for older people's services, unless something is done urgently to change the situation. The first step towards this is to recognise the challenge and fully comprehend it.

1.2.2 The graphic below (**Chart 1**) shows the inevitable increase in demand as the number of older people in Gwynedd grows, unless our provision is changed, while the number of people available to provide those services will decrease. The blue arrows symbolise the efforts required to operate through alternative means in order to promote an independent life without reliance on services where it is possible to do so (it does not represent a comprehensive list).
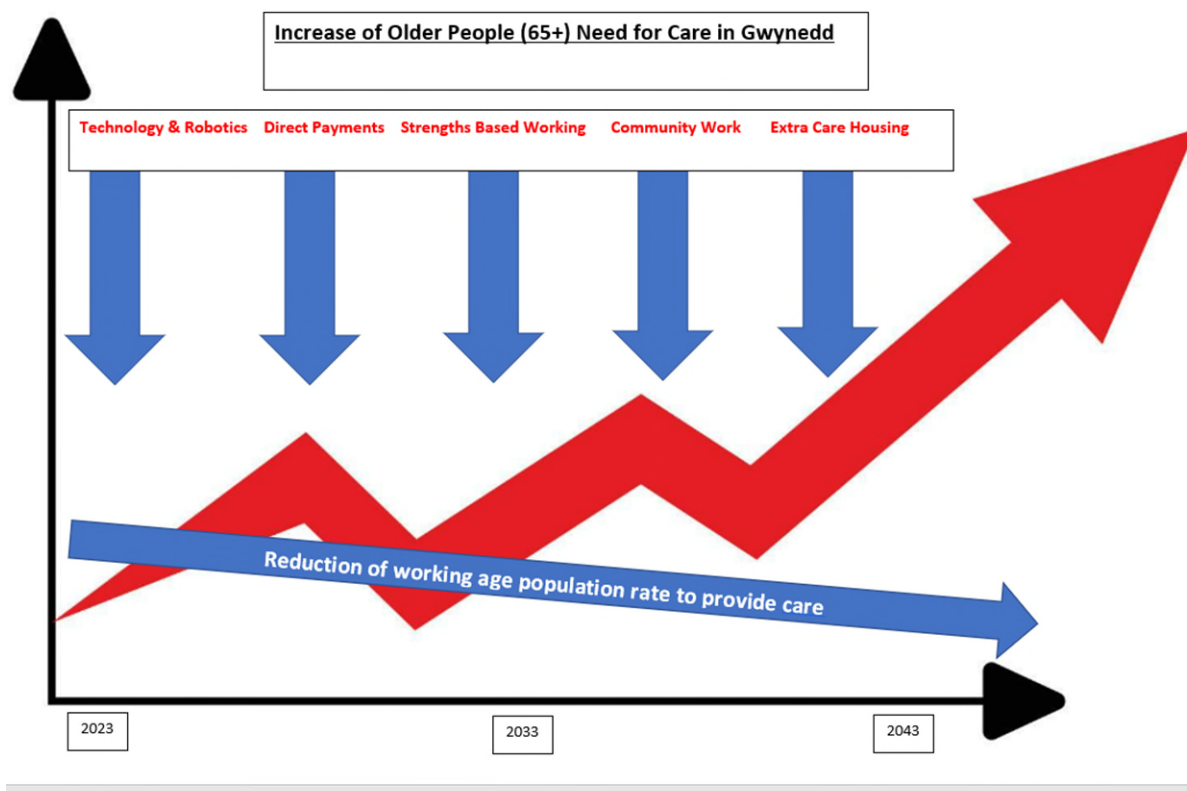

Chart 1: Graphic

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1.2.3 Human Resources - A Change in the Working Age Population

Cyngor Gwynedd is already experiencing problems attracting a suitable workforce to assess, support and provide traditional care within the county. This situation developed over a period of decades and by the beginning of 2024 there were approximately 100 people waiting for domiciliary care (approximately 1,000 hours per week). This is probably due to a combination of the increase in the number of older people needing support and the reduction in the working age population numbers. Similar challenges are also seen in residential care and nursing residential care provision, with many people having to travel long distances for services, or on waiting lists.

We can see from the information below (**Table 1**) that, on average over the decade, Gwynedd lost over 500 people of working age each year between 2011 and 2021 (or 42 each month for the decade).

Table 1: Change in the working age population of Gwynedd between 2011 and 2021

Age Group	2021	2011	+/- %
16-24 years old	14,260	16,723	-14.7%
25-34 years old	13,127	12,532	+4.7%
35-49 years old	18,659	22,808	-18.2%
50-64 years old	24,655	23,720	+3.9%
Total working age (16-64 years old)	**70,701**	**75,783**	**-6.7%**

Source: *Census, Office for National Statistics*

Also note that a large number of the population in 2021 are in the 50-64 years old category and are therefore likely to be leaving the world of work during the next decade. Also, over the same period (between 2011 and 2021) the under-16 population fell from 20,951 to 19,423 representing a reduction of 7.3%, which will leave another potential gap in the workforce into the future. There is a need to analyse, interpret and understand the impact of this reduction.

Looking at the historical pattern in Gwynedd (chart below), there has been a slight increase in the size of the working age population over the decades but, as seen above, this pattern changed over the last decade. The Welsh Government's population projections (based on 2018 data; dashed line on the chart) suggest that the situation could stabilise with a slight increase over the next two decades, but in light of the population decline in Gwynedd which emerged in the 2021 Census, it is likely that the new set of projections (published in 2025) will predict that the working age population will continue to decline. Either way, the working age population will not grow at the same rate as the likely growth in the older population requiring care, and this will lead to a probable gap in the available workforce.
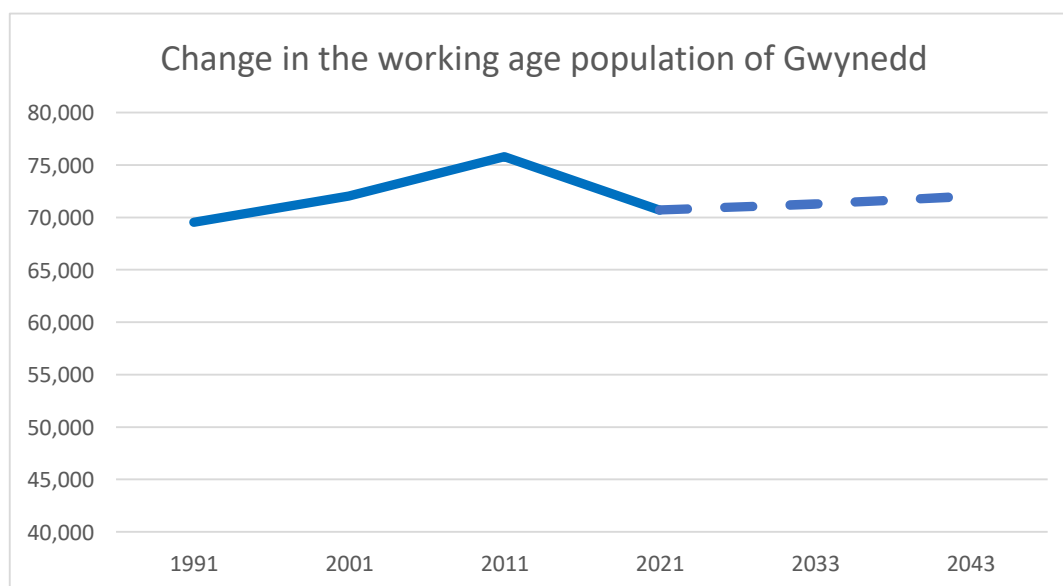

Chart 2: The working age population of Gwynedd between 1991 and 2021 and predictions until 2043.

1.2.4 **An Increase in the Demand for Services**

Since 2011, the population aged over 65 grew by 7.8% in Gwynedd, while the population aged between 15 and 64 decreased by 6.8%. There was also a reduction in the population of children under 15 years old (-7.3%), and therefore this is not regarded as a short-term challenge. Social Care Wales reports that Wales as a whole has more people over 85 than the rest of the United Kingdom and that the number is likely to double across Wales by 2045.

Furthermore, the Welsh NHS Confederation explains that Wales has the highest number of people with restrictive or chronic long-term conditions in the United Kingdom, with numbers increasing rapidly (from 105,000 people with restrictive or chronic long-term conditions in Wales in 2001/2 to 142,000 in 2010/11) and likely to continue to increase as the population ages further.

By the 2021 Census, there were more than 25,000 people over the age of 65 in Gwynedd, with around a third of them over the age of 80. Compared with Wales there are:

15.3% of people under 15 years old in Gwynedd a 16.5% in Wales;

23.5% of people over 65 years old in Gwynedd a 21.3% in Wales.

1.2.5 Budget

In 2023/24, Cyngor Gwynedd's budget level for the care of adults over 65 years old per capita of population aged 65 and over was £1,433.10, compared to a median of £1,126.41 across the nine most similar authorities in Wales (the nine most rural councils, which also have quite similar characteristics in terms of deprivation, demographics, etc.). This difference equates to £8.6 million. [Source: Cyngor Gwynedd Research Service analysis of Welsh councils' budget RA forms]. However, it is worth noting that there is concern that councils do not operate in the same way/include the same costs, and therefore that we are not comparing like-for-like.

Despite acknowledging the risks of placing too much emphasis on such comparisons, such a large disparity suggests – on the face of it – that Gwynedd either has higher

care needs (per relevant population) than the majority of similar authorities in Wales, and/or that Gwynedd meets those care needs through approaches that cost more than other similar authorities.

With resources dwindling and anticipated overspending increasing, alongside increasing demand for services, our services cannot be sustainable at present. We need to take prompt action to rethink how and what services are delivered so that we can improve the sustainability and longevity of our care services.

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1.3 Assessment

1.3.1 On 27 June 2023, the Directors of Social Services in Gwynedd submitted a report to the Leadership Team outlining the aim of the Llechen Lân scheme. Here are the objectives published:

*The objective of the **Llechen Lân** scheme is to find out the true cost and practicality of providing adult services this year and to forecast this over the next twenty years. To do this it will be necessary to understand and compare:*

- *Adult social services' best practice nationally on issues such as:*

  o *Number of employees by population size;*

  o *Budgets by population size;*

  o *Services provided by population size;*

  o *Outcomes by population size;*

  o *Changes to the demography of Gwynedd for the next twenty years;*

  o *Proposed changes to services (The Council Plan);*

  o *The feasibility of human resources and technical developments.*

The above information will need to be interpreted and triangulated to understand what the perfect balance is for Gwynedd in terms of the number of employees, budgets, services and outcomes that promote individuals' independence.

Having come to a conclusion on that, it will be necessary to:

- *Create a ten-year plan to change practices to reach the ideal service with the best outcomes;*

- *Understand the costs of providing that ideal service and profile for a period of ten years while the service changes its practices to achieve it.*

All could then be costed (without including inflation to begin with) so that we could recognise and anticipate the funding need for the next ten years.

1.3.2 Accommodation

To coincide with the above work, similar work is planned in collaboration with the Housing department to prepare a thirty-year plan for the housing needs of Gwynedd's older people. The intention is to map the whole of Gwynedd according to demographic needs, existing services, and existing accommodation provision options. That will enable us to plan knowledgeably for developments in extra care housing and residential/nursing homes, and in turn that work will further influence the Llechen Lân work.

This report presents point 1.3.1. above.

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1.4 Key Assumptions

1.4.1 'Older people' is defined as the population aged 65 and over, for consistency with policies and strategies such as ['Wales for Older People'](#) and the organisation of Council services, as well as consistency with different data sources. However, the detailed modelling is carried out based on specific age brackets within that (ages 65-69, 70-74, etc.) and the results are referenced according to detailed age group where appropriate.

1.4.2 In modelling care needs to the future, it is assumed that the proportion of the population aged 65 and over who receive care will remain consistent (therefore, as Gwynedd's population in a specific age group increases in the future, the number of people within that age group who will need to receive the different types of care will increase by the same proportion). The model does not therefore include any changes in care needs, e.g. should the overall health of the population worsen or improve, if there is an increase in the proportion of the population with a condition or disease.

1.4.3 The Welsh Government's latest population projections (based on 2018 population estimates) is used as the basis for the model, but re-basing the baseline to be consistent with 2021 Census population data. The Welsh Government plans to publish a new set of projections for Gwynedd around the beginning of 2025, which will fully reflect the latest demographic changes, including the trends seen in the Census. This may slightly change the detail of the figures (i.e., they may show slightly less, or slightly more, growth in the older population than current projections) but a major change in the overall direction of the predicted demographic changes is not expected.

1.4.4 In six Social Care service streams (Residential/nursing care; Dementia residential/nursing care; Domiciliary care; Telecare; Direct payments; Extra Care Housing) the current situation of service provision, workforce, and funding, was established based on the latest available data. The population projections were then used to estimate the number receiving the service in 2033, and in 2043, on the basis outlined above. Accordingly, we then modelled the workforce

implications and the funding implications, and created a coherent model of the impact of the changes that can be expected over the next 10 and 20 years.

1.4.5 There is already a waiting list for some of these services – namely care hours that cannot currently be provided due to a lack of capacity. Data for this has been incorporated into the model, i.e., the care needs modelled include meeting the current waiting list along with the impact of future demographic growth.

1.4.6 Generally, it is important to remember that this is a <u>model</u> which uses the best information available to produce high-level estimates of future demand for older people's care services. The results should be handled as a projection of what might happen rather than a precise calculation; it may be necessary to update projections in the future in light of experience or conduct further research to confirm certain aspects.

1.4.7 For complete information on the methodology and projections of this report, see Appendix 1.

2. 65+ Population Estimates

2.1 These are the latest population projections for Gwynedd from the Welsh Government (based on population data from 2018), slightly adjusted to reflect the reduction in Gwynedd's population in the 2021 Census (more information is contained in the methodology).

Table 2: Gwynedd's over 65 years old population projections in 2033 and 2043

Age	2021	2033	2043
65-69	7,090	8,617	6,922
70-74	7,299	7,590	7,710
75-79	5,434	5,623	6,777
80-84	3,650	4,594	5,422
85-89	2,310	3,256	3,266
90+	1,491	1,734	2,355
Total 65+	27,274	31,415	32,452

Increase in the 65+ age population in Gwynedd
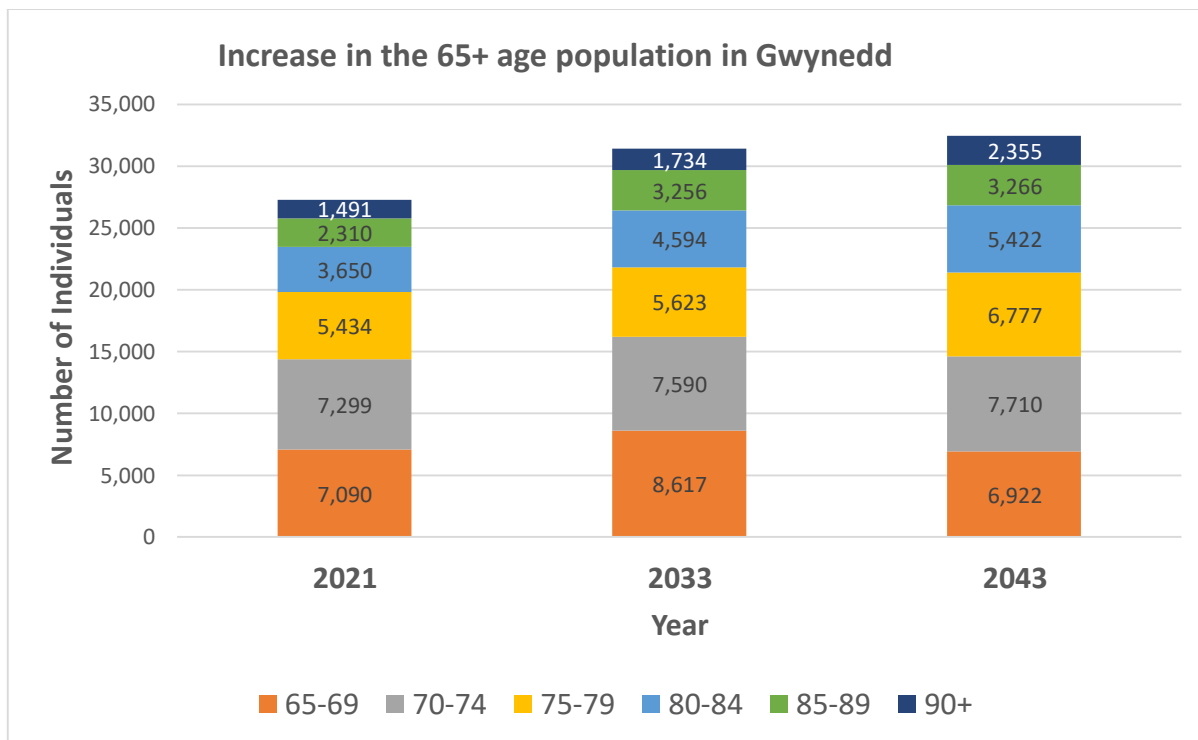
Chart 3: Gwynedd's over 65 years old population projections in 2023 and 2043

2.2 As a result of this growth in the older age population, and the fact (as seen in part 3 above) that the working age population has been declining and is not expected to increase much into the future, the older age dependency proportion (the population aged 65 and over, as a percentage of the population aged 18-64) has been increasing in Gwynedd and is expected to continue to increase into the future, as indicated in the chart below.

Chart 4: Change in the percentage of the population aged 65+ as a proportion of Gwynedd's 18-64 aged population over three decades

3. Conclusion of estimates without intervention

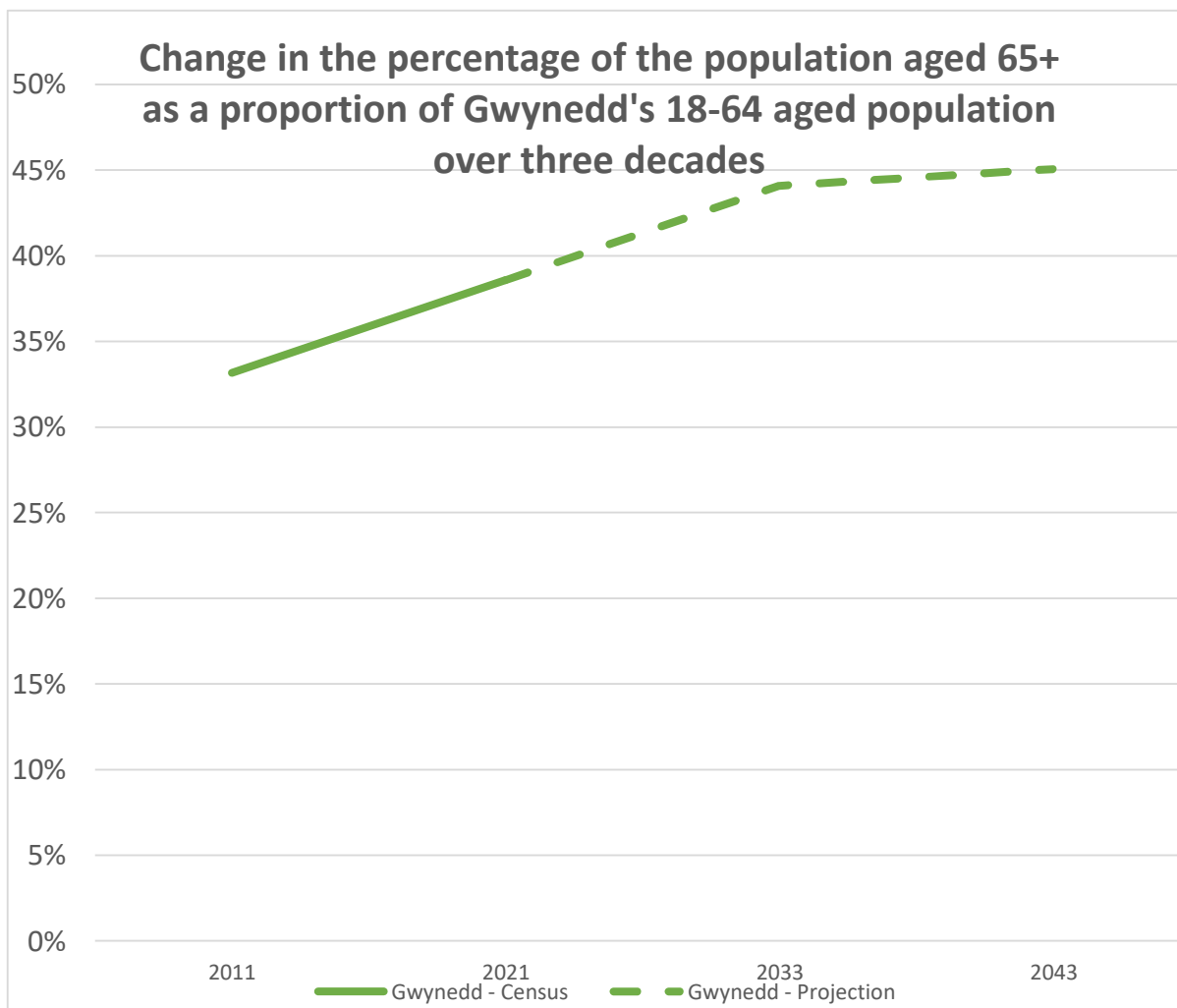> *"The average age at which major illnesses are projected to develop is 70 years. With the increase in life expectancy, the years spent with ill health will increase too." (Bevan Commission, 2024).*

3.0.1 In Section 4, data for the six Social Care Services is presented: Residential/nursing care; Dementia residential/nursing care; Domiciliary care; Telecare; Direct payments; Extra Care Housing. This data shows the baseline for each social care service, which is compiled by analysing the current weekly care hours for each Service (Telecare is measured by the number of users). (More information on the basis for the model can be found in Appendix 1.)

3.0.2 This section considers each service individually, explaining more about the service, before presenting a table and graph containing 2023 baseline data, and a prediction for 2033 and 2043 for each age group in Gwynedd.

3.0.3 Note that these estimates are based on changes in the population, e.g. an ageing society, and not lifestyle, health or technological changes. These estimates are also based on Gwynedd's social services operating in the same way as they currently do.

3.1 Residential/Nursing Care

3.1.1 Residential care offers a home for people in need of extra care and support (Social Care Wales, 2022). Residential homes must be registered with Social Care Wales. In Gwynedd there are 11 residential homes for older adults run internally by the Council, and 10 run by private companies. Currently, there are 292 beds in the internally-run homes and 198* in externally-run homes.

3.1.2 Nursing homes such as residential homes provide personal care, but in addition to that, one or more qualified nurses are on duty around the clock. These homes are for people who need extra care and support, possibly due to a physical disability, learning disability, or complex medical condition (NHS, 2022). In Gwynedd there are 10 nursing homes; these are all managed by private companies. There are currently 476* beds in Gwynedd nursing homes (these can be residential and nursing beds, and a few of these can be dementia beds).

3.1.3 During 2023-24, the regional residential homes fees model (North Wales Toolkit) set an assumption of the hours of care which are provided per bed. The assumption here is 22 hours per week for residential care and 26 hours per week for nursing care (excluding nursing hours). We have used these hours to calculate how many hours of care per week were provided in Gwynedd during the second week of May 2023.

* Of the 10 external residential homes, three homes are able to provide residential care with dementia care. Of the 11 external nursing homes, four homes are able to provide nursing care with dementia care. The division of beds in these homes changes depending on demand, so these figures include figures for dementia care and residential/nursing care.

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Table 3: Predicted number of weekly hours of residential/nursing care that will need to be provided to individuals aged 65+ over the next 20 years *

Age Group	Care Hours provided 2023	Waiting List 2023	Care hours needed 2033**	Care hours needed 2043**
65-69	450	52	588	491
70-74	570	45	640	654
75-79	1,698	155	1,912	2,299
80-84	2,036	191	2,795	3,296
85-89	2,804	139	4,172	4,188
90+	4,768	367	5,906	7,907
Total 65+	**12,326**	**949**	**16,013**	**18,835**

Not including dementia hours, these are in 3.2

**Forecast for 2033 and 2043 includes meeting the current waiting list along with a demographic growth in need*

The amount of weekly residential/nursing care hours needed (65+)

Chart 5: Predicted number of weekly hours of residential/nursing care that will need to be provided to individuals aged 65+ over the next 20 years *

Not including dementia hours, these are in 3.2

**Forecast for 2033 and 2043 includes meeting the current waiting list along with a demographic growth in need*

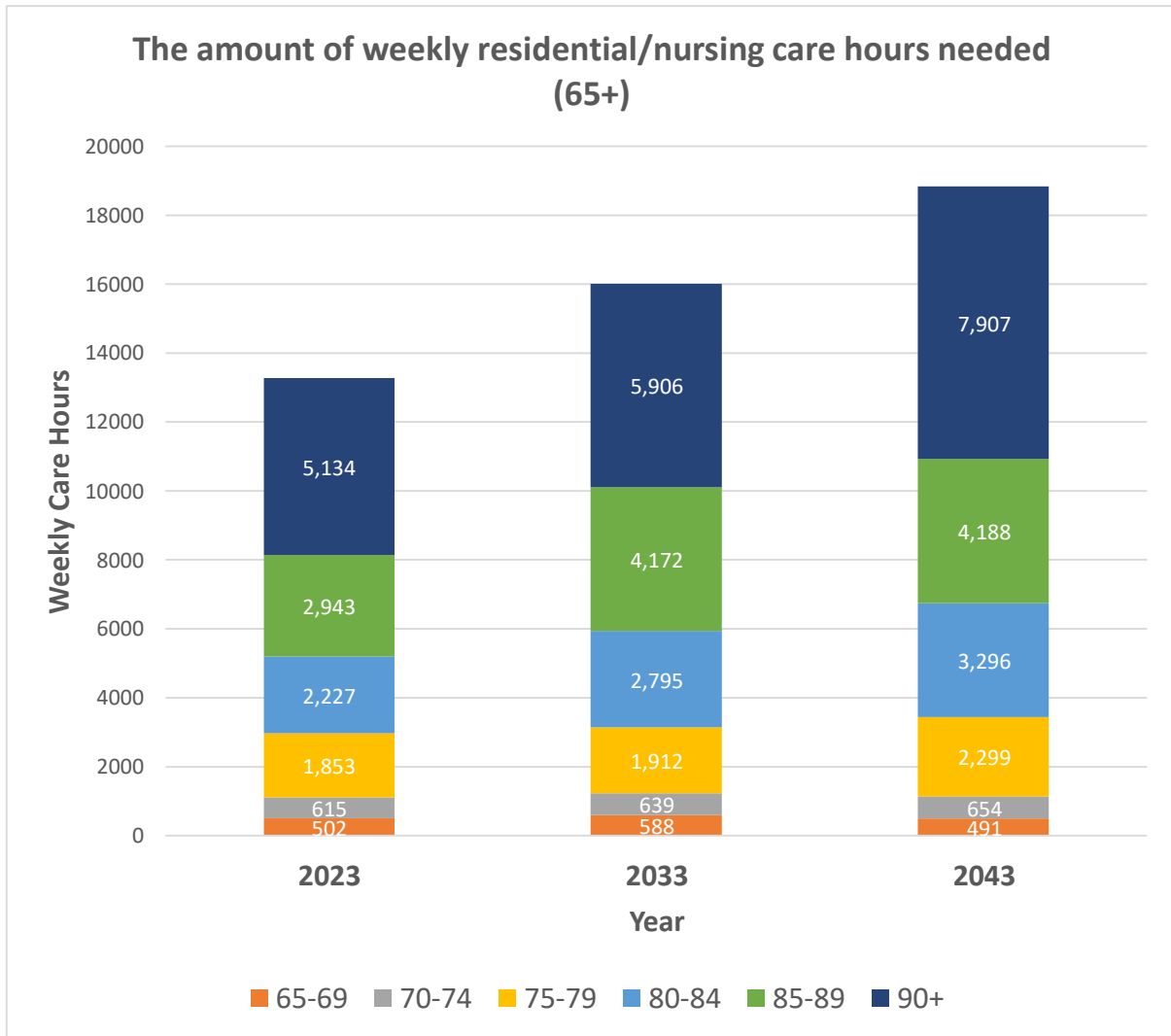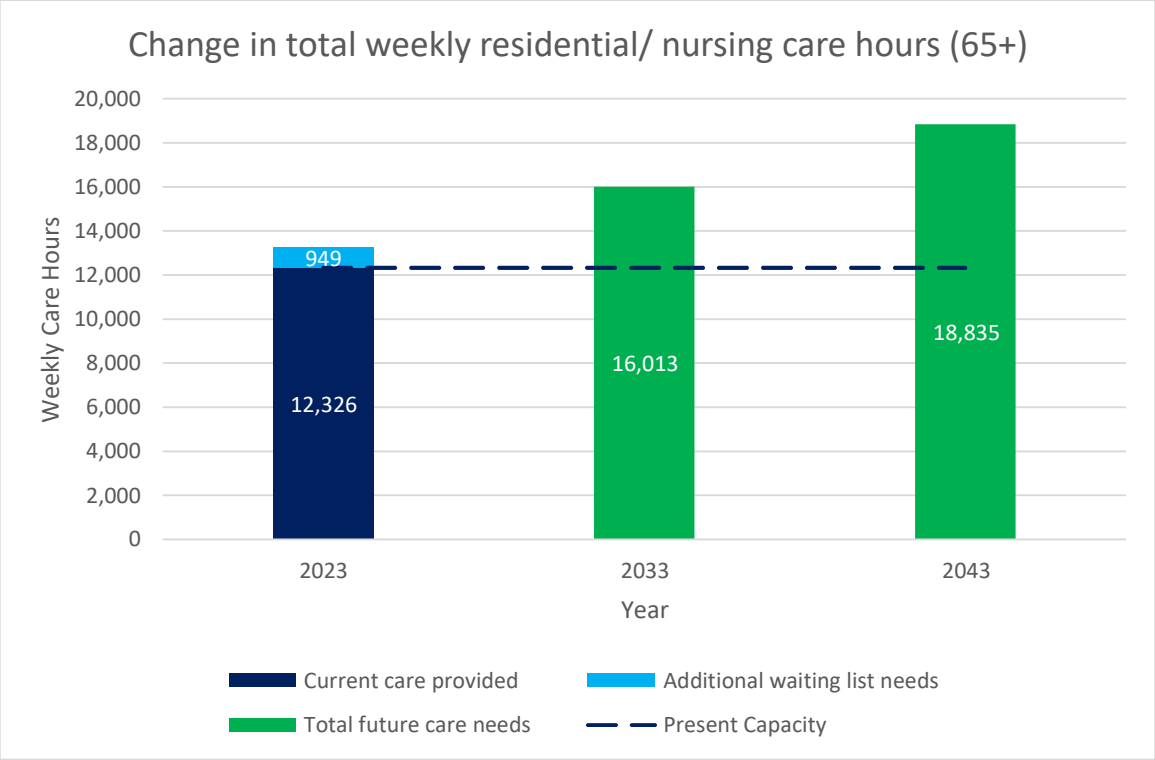## Change in total weekly residential/ nursing care hours (65+)

Chart 6: Predicted number of weekly hours of residential/nursing care that will need to be provided above the current capacity, to individuals aged 65+ over the next 20 years.

Behind the data:

3.1.4 The data in the graph shows a significant rate in the growth of the need for residential/nursing care over the next twenty years. In Gwynedd most of our residential/nursing homes are currently full. This can be seen in the thousand weekly care hours on the waiting list that Gwynedd was unable to provide during the week in question in 2023.

3.1.5 At present, there is no additional availability unless we build an additional resource, find additional provision, or change the way we provide care. Unless there is change, no hours over 12,326 weekly hours will be able to be provided, and these individuals will be placed on our waiting list in their own homes without support. That equates to 3,687 hours of care per week in 2033 and 6,509 hours of care per week in 2043 that cannot be provided. It means that the waiting list will increase by about three and a half times by 2033 and by about six and a half times by 2043.

3.1.6 While plans are underway for the development of a nursing care home at Penyberth on the Llŷn peninsula, and while it is also intended to provide nursing residential services by the Council internally, these plans are not sufficient to create enough beds for the huge increase in demand. These figures show the importance of changing the way we provide our care in Gwynedd. This is discussed further in the second part of this report.

3.2 Residential/Nursing Care – Dementia

> *Researchers have predicted that there will be a 70% increase in the number of individuals in Wales living with dementia by 2040.*
>
> *(Wittenberg, Hu, Barraza-Araiza & Rehill, 2019.)*

3.2.1 The word 'dementia' describes a set of symptoms that over time can affect memory, problem-solving, language and behaviour (Alzheimer's Society, 2022). Dementia is one of the most common causes of death, as it accounts for 12.7% of all deaths registered in Wales (Bevan Commission, 2024).

3.2.2 There are dedicated residential and nursing care settings for individuals with dementia in Gwynedd. Six of our internal residential homes offer dementia beds, with 84 beds available for individuals with dementia. Three of the county's external residential homes offer dementia settings, as well as four external nursing homes. Many external residential homes can offer dementia beds and regular residential and nursing beds, therefore the number of dementia beds available changes regularly. Bed figures are included in numbers 3.1.

3.2.3 During 2023-24, the regional residential homes fees model (North Wales Toolkit) set an assumption of the hours of dementia care which are provided per bed. The assumption here is that 24 hours of care per week are given per dementia residential bed and 30 hours per week for dementia nursing care (excluding nursing hours). We have used these average hours to calculate how many hours of care per week were provided in Gwynedd during the second week of May 2023.

3.2.4 To project how many individuals will need dementia residential/nursing care in the future we have used a population prediction, but we have not used a prediction on how dementia numbers are growing. Research shows that the rate of dementia is increasing, not just because of age, but as a result of a number of different reasons, e.g. lifestyle, air pollution (Alzheimer's Society, 2021). This report focuses solely on the demographic change. It would be beneficial to conduct further research into dementia rates and the increase, possibly with Bangor University as phase two of the work.

Table 4: Predicted number of weekly hours of DEMENTIA residential/nursing care that will need to be provided to individuals aged 65+ over the next 20 years.

Age Group	Care Hours provided 2023	Waiting List 2023	Care hours needed 2033**	Care hours needed 2043**
65-69	72	0	89	73
70-74	342	33	400	407
75-79	600	53	676	809
80-84	1,194	95	1,639	1,941
85-89	1,248	69	1,833	1,831
90+	1,764	128	2,194	2,942
Total 65+	**5,220**	**377**	**6,831**	**8,004**

**Forecast for 2033 and 2043 includes meeting the current waiting list along with a demographic growth in need

The amount of weekly residential/nursing (Dementia) care hours needed (65+)
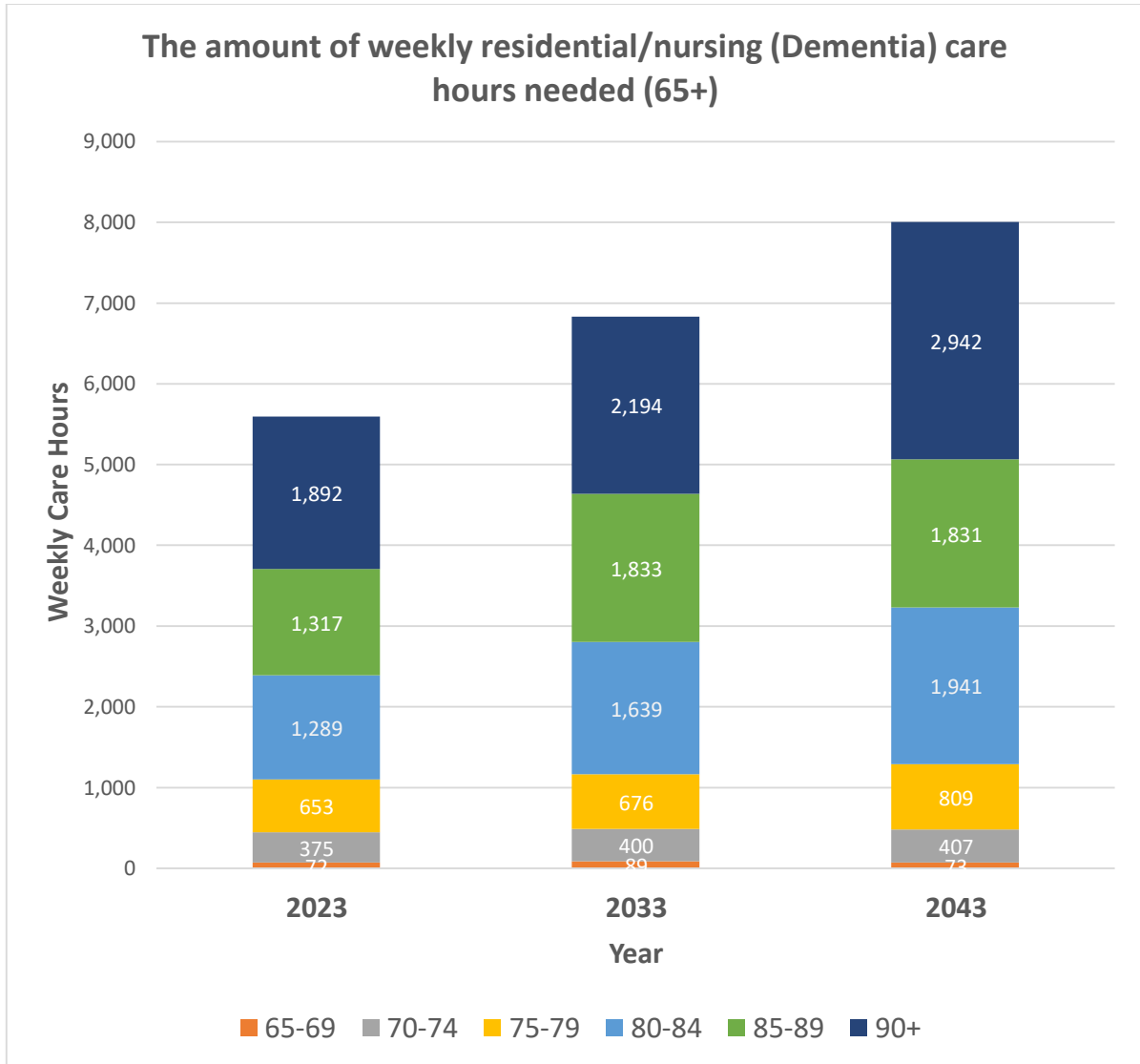

Chart 7: Predicted number of weekly hours of Dementia residential/nursing care that will need to be provided to individuals aged 65+ over the next 20 years

**Forecast for 2033 and 2043 includes meeting the current waiting list along with a demographic growth in need
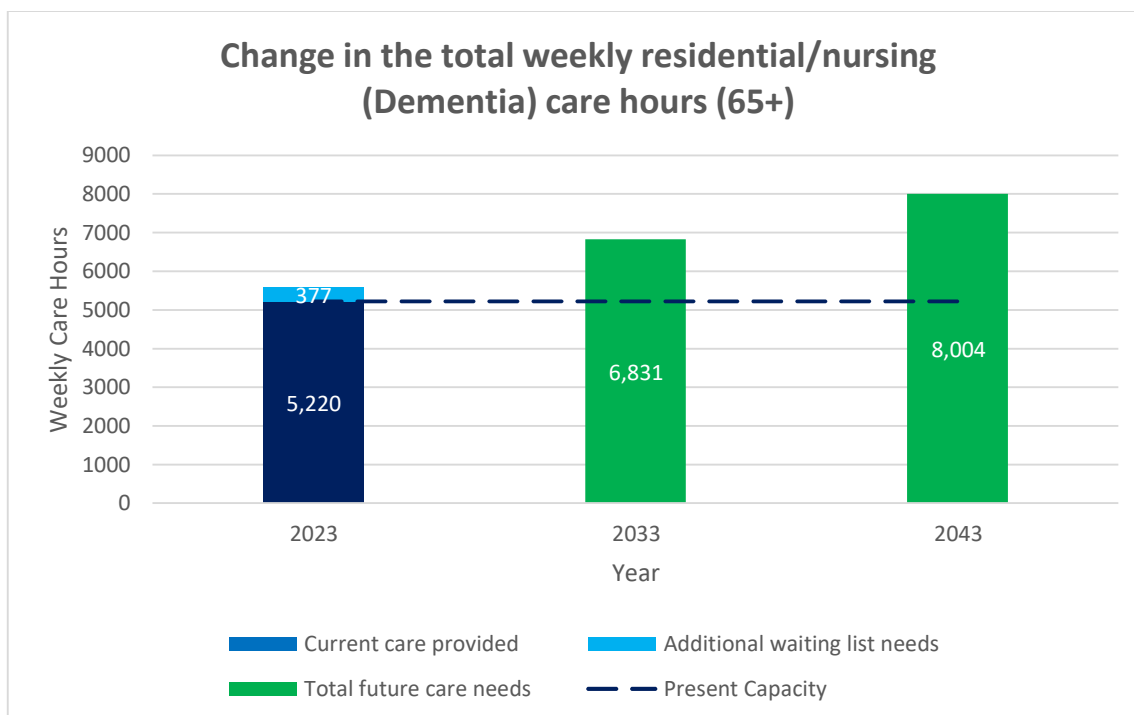
Chart 8: Predicted number of weekly hours of residential/nursing care (Dementia) that will need to be provided above the current capacity, to individuals aged 65+ over the next 20 years.

Behind the data:

3.2.5 The data in the graph shows a significant growth in the need for dementia residential/nursing care over the next twenty years. In Gwynedd, our dementia beds are currently full. This can be seen in the 377 weekly care hours on the waiting list, that Gwynedd was unable to provide during the week in question in 2023.

3.2.6 The graph presents that the number of weekly (dementia) residential care/nursing hours required will increase by more than two thousand weekly hours over the next twenty years. A high proportion of the individuals requiring this care are over 90 years of age. Dementia nursing care is the costliest service for the older adults department, costing at least £987.35 per person per week in 2024/25. With budgets decreasing from one year to the next, and the cost of providing this specialist care increasing, it will be extremely challenging for the department to respond to such a large increase in demand. The way of working will have to be reconsidered to overcome this.

3.2.7 Research by the Alzheimer's Society suggests that the number of individuals with dementia will continue to grow rapidly due to reasons additional to age. Therefore, the numbers are likely to be higher than the graph indicates. It would be useful for future research to incorporate the data on different aspects that may affect dementia, to predict more accurate figures for the type of dementia care needed in Gwynedd in the future.

3.2.8 There are plans to develop a nursing home that will include suitable beds for individuals with dementia in Penyberth on the Llŷn Peninsula. When new residential/nursing home developments are planned, the department seeks to ensure that a large number of beds are suitable for individuals with dementia, due to the increased demand in this field. However, it is very difficult to keep up with this demand. These figures show the importance of changing the way we provide our care in Gwynedd. This will be discussed further in the second part of this report.

3.3 Domiciliary Care

3.3.1 Domiciliary care provides support for people to live independently in their own homes through visits. Their role focuses on assisting with personal care, household tasks and other activities to help individuals maintain the quality of life in their homes and communities (Social Care Wales, 2022).

3.3.2 Gwynedd has been divided into domiciliary care patches. There are 17 different patches as seen in the map below, with seven patches where care is provided by Cyngor Gwynedd's internal service; Four patches are divided between internal provision and external company provision; and there are six patches where care is maintained by external company provision.

Map 1: Domiciliary care services patches
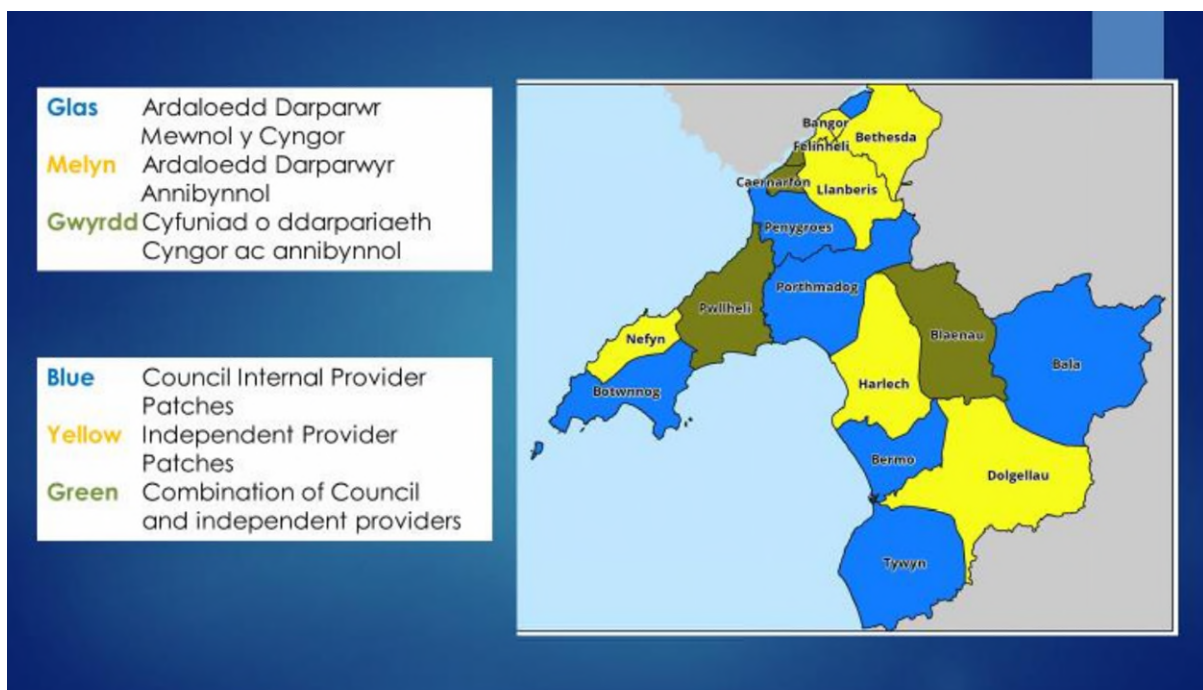
(*Home Care Project (llyw.cymru)*)

3.3.3 The number of domiciliary care hours provided weekly was calculated by taking a snapshot of care hours provided in Gwynedd in the second week of May 2023.

Table 5: Predicted number of weekly hours of domiciliary care that will need to be provided to individuals aged 65+ over the next 20 years

Age Group	Care Hours provided 2023	Waiting List 2023	Care hours needed 2033**	Care hours needed 2043**
65-69	640	120	918	739
70-74	773	120	933	968
75-79	967	150	1,160	1,398
80-84	1,702	310	2,562	2,989
85-89	2,176	430	3,668	3,666
90+	2,135	370	2,889	3,904
Total 65+	**8,393**	**1,500**	**12,130**	**13,664**

**Forecast for 2033 and 2043 includes meeting the current waiting list along with a demographic growth in need

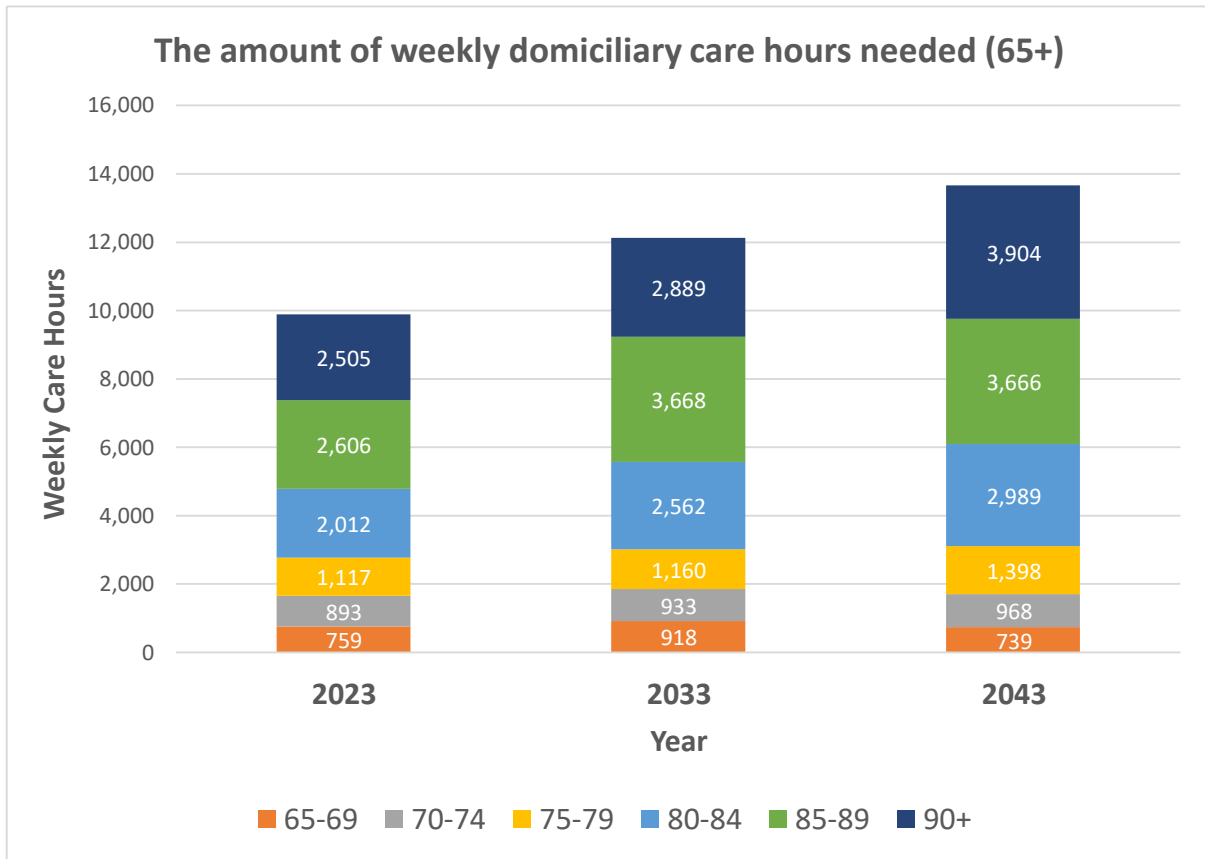**The amount of weekly domiciliary care hours needed (65+)**

Chart 9: Predicted number of weekly hours of domiciliary care that will need to be provided to individuals aged 65+ over the next 20 years.

**Forecast for 2033 and 2043 includes meeting the current waiting list along with a demographic growth in need

Change in the total weekly domiciliary care hours (65+)
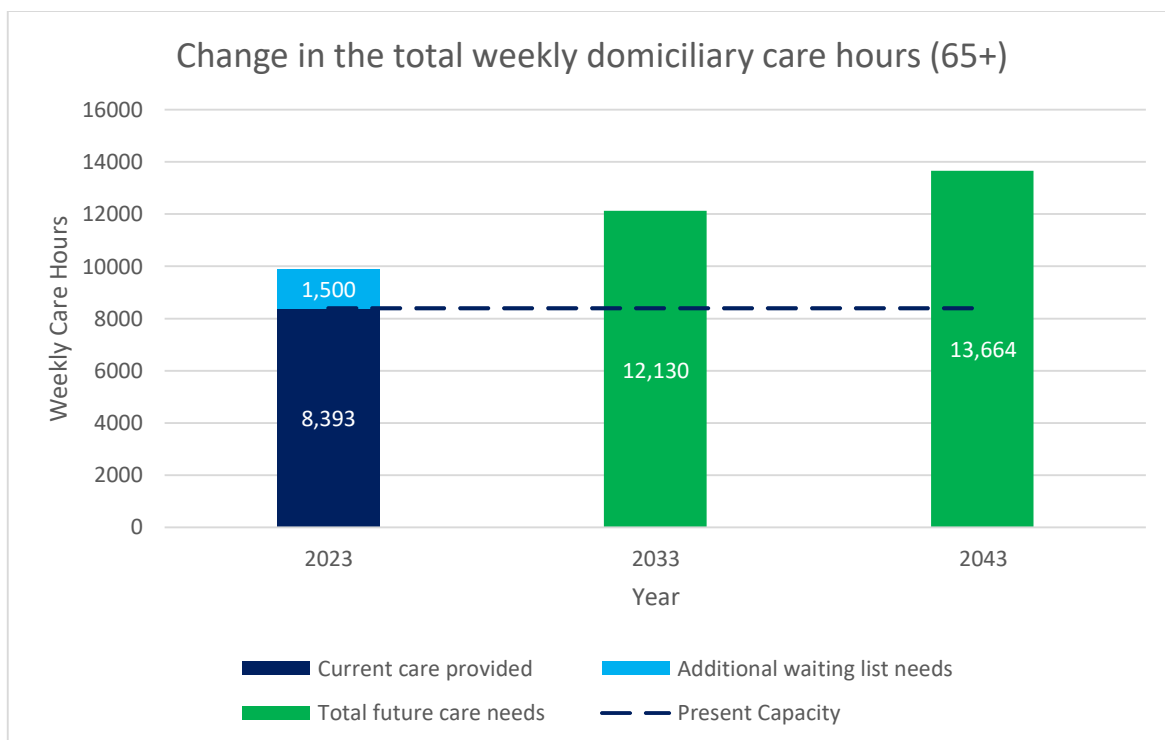
Chart 10: Predicted number of weekly hours of domiciliary care that will need to be provided above the current capacity, to individuals aged 65+ over the next 20 years.

Behind the data:

3.3.4 The graph suggests that over the next twenty years, the number of weekly domiciliary care hours will increase for each age group apart from the 65-69 age category which increases over the next ten years but then starts to decline.

3.3.5 The Council is unable to meet the current demand for domiciliary care in Gwynedd, with around 1500 weekly hours sitting on our waiting list. This equates to about 15% of domiciliary care that we are unable to provide. If domiciliary care capacity does not increase, in 2043 this percentage will grow to 40%.

3.3.6 The complexity of home care cases often increases with age (Baldock, 2002). Therefore, not only will our social care staff need to provide more hours, but they may need to deal with more complex personal care, complex medications, complex mobility issues, etc.

3.3.7 As mentioned above, work has been ongoing for several years to make domiciliary care in Gwynedd more sustainable by developing domiciliary care patches.

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One of the aims of the plan was to reduce travel times for staff between care visits, allowing the hours available to be used to provide more care. The domiciliary care project is an example of the department trying to rethink the provision of services to keep up with demand and also improve the care experience for our service users. While this work continues, current demand cannot be met at present, therefore further development is needed to ensure that all social services are sustainable into the future.

3.4 Telecare

3.4.1 Telecare is a monitoring service that enables residents to call for assistance day or night by pressing a button, or through a series of automatic sensors in the home. Telecare is a preventive way of offering remote care to residents, and it can assist to reduce risks at home and enable individuals to continue to live their lives as independently as possible (Cyngor Gwynedd, 2023). Research has found that telecare delays the need for formal domiciliary care (Wright, 2020). Therefore, it is seen that not only does the service enable individuals to live independently, but it also saves costs for social services (Wright, 2020).

3.4.2 More information regarding the telecare service can be found [here](#).

3.4.3 The use of technology in the care field is growing, and this is seen at a national and local level (Whitfield & Hamblin, 2023). In January 2024 there were around 1,550 individuals benefiting from assistive technology in Gwynedd, and the aim is to increase this number into the future and work to meet the needs of individuals in new and innovative ways by investing in and experimenting with technology that is new to the market.

3.4.4 The data below was based on an increase in the population with no change to the telecare service. Developing and promoting a telecare service is an important part of the department's strategy into the near future. The second part (section 7) of this report will mention this development in more detail.

3.4.5 The number of individuals with a telecare package was calculated by taking a snapshot of the number of individuals with a telecare package in Gwynedd in the second week of May 2023.

LLECHEN LÂN (A Clean Slate)

Table 6: Predicted number of telecare packages that will need to be provided to individuals aged 65+ over the next 20 years.

Age Group	2023	2033	2043
65-69	70	85	69
70-74	81	85	87
75-79	156	161	193
80-84	300	376	441
85-89	401	562	563
90+	386	448	604
Total 65+	**1,396**	**1,717**	**1,957**
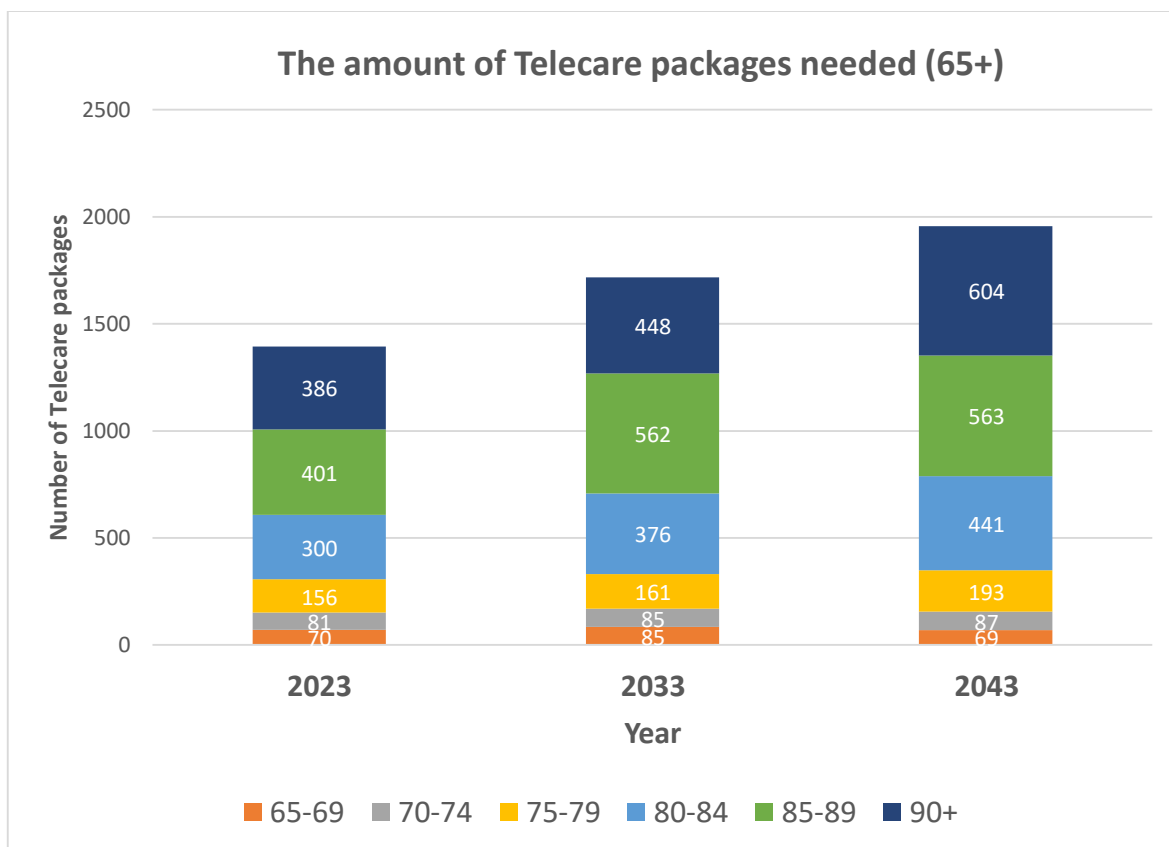
Chart 11: Predicted number of Telecare packages that will need to be provided to individuals over the next 20 years.

Behind the data:

3.4.6 The graph shows that over the next twenty years, the number of telecare packages are increasing for each age group apart from the 65-69 age category which increases over the next ten years but then starts to decline.

3.4.7 This data is based solely on the impact of demographic change on existing provision, without regard to service intervention and change. The telecare service is currently working on a number of aspects to improve what's available to residents and to increase use and awareness of the service.

3.4.8 Recently, the service has started working with the Chiptech company to ensure that Cyngor Gwynedd offers digital telecare equipment that meets the needs of individuals today and following the Digital Transition in 2025. In addition, the service

is working to hasten the registration process so that individuals or families can access the telecare package by filling in a simple form on the Council's website. These improvements will work hand in hand with a traditional marketing campaign, e.g. pamphlets in local GP surgeries, social media posts and in local newspapers, to try to ensure that Cyngor Gwynedd uses technology to its full potential.

3.4.9 On the other hand, the service will research and pilot new technology to try to identify new and innovative ways of meeting the needs of individuals in Gwynedd and act in more preventive ways, e.g. robotics, artificial intelligence, etc. Further discussion on this work is included in Part 8.3.

3.5 Direct Payments

"*I see direct payments, personal cash budgets, and other ways of extending choice and control as key to developing social care for the twenty-first century*" (*Parliamentary Under Secretary of State for Community Care, Department of Health, 2004, in Fernandez et al 2006, pp97*)

3.5.1 Direct payments are when local authorities make payments to individuals instead of providing care services, to enable the individual to arrange their own care. Direct payments aim to improve individual choice, control and independence (Social Care Wales, 2022).

3.5.2 More information regarding the direct payments service can be found [here](#).

3.5.3 In December 2023 the Direct Payments Service was internalised due to problems with the previous service. The service is currently being transformed to develop a more effective and efficient method of delivery, which aims to better promote direct payments to service users and make it easier for individuals to use direct payments effectively. The transformation of this service is a core part of our strategy. Further discussion on this work is included in Part 2 (7.1).

3.5.4 The number of weekly care hours provided through direct payments was calculated by taking a snapshot of care hours provided in Gwynedd in the second week of May 2023.

Table 7: Predicted number of care hours provided through Direct Payments that will need to be provided to individuals aged 65+ over the next 20 years

Age Group	2023	2033	2043
65-69	16	20	16
70-74	155	159	163
75-79	480	490	588
80-84	176	220	254
85-89	367	515	502
90+	391	435	568
Total 65+	**1,584**	**1,839**	**2,092**
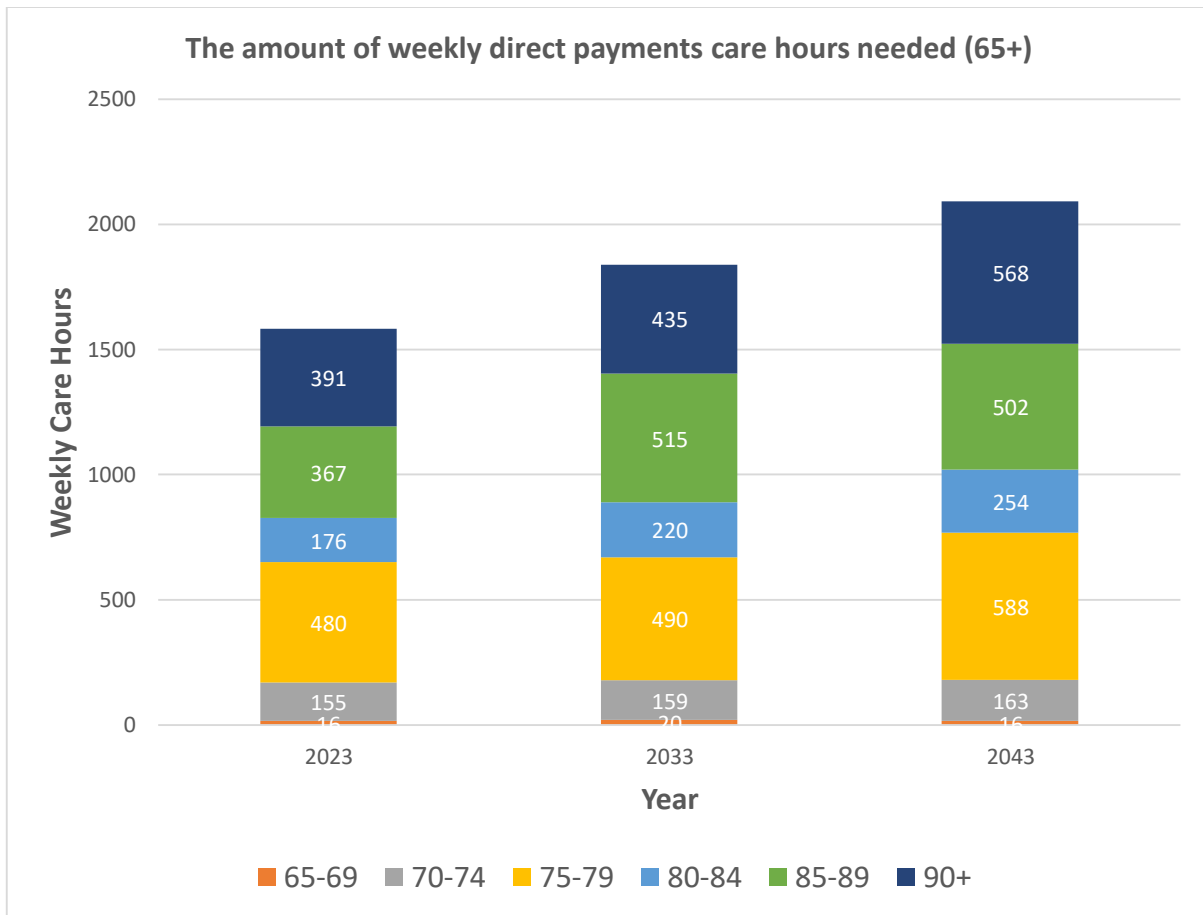
Chart 12: Predicted number of weekly hours of direct payments that will need to be provided to individuals aged 65+ over the next 20 years.

Behind the data:

3.5.5 The graph shows that over the next twenty years, the number of direct payments care hours will increase for each age group apart from the 65-69 age category which increases over the next ten years but then starts to decline.

3.5.6 At present, the number receiving direct payments is very low in comparison with the number of traditional domiciliary care hours provided. We hope that the numbers opting to use the direct payments service will grow over the coming years. The second part of this report (section 7) focuses on this.

3.6 Extra Care Housing

3.6.1 Extra care housing is self-contained apartments for older people, where care and support is provided as needed. Extra care housing offers an environment in which care and support is close at hand, but where an independent lifestyle can be retained as far as possible (Welsh Government, 2006).

3.6.2 There are three extra care housing sites (schemes) in Gwynedd. These are in Bangor, Bala and Porthmadog. Grŵp Cynefin runs the Awel y Colleg scheme, Bala, and Hafod y Gest, Porthmadog, with the Council providing the care in them. North Wales Housing operates Cae Garnedd, Bangor, with Cartrefi Cymru providing the care in it. The Council is responsible for the Bala and Porthmadog sites while the Bangor site is run by Cartrefi Cymru. There are a total of 102 extra care housing apartments across these sites.

3.6.3 The current intention is to look at sites for new extra care housing in Gwynedd in order to increase capacity. For more detail, see Part 7.

Table 8: Predicted number of care hours provided through Extra Care Housing that will need to be provided to individuals aged 65+ over the next 20 years

Age Group	2023	2033	2043
65-69	43	49	39
70-74	23	24	24
75-79	45	49	60
80-84	94	114	135
85-89	110	149	147
90+	179	186	241
Total 65+	**492**	**573**	**647**

The amount of weekly Extra Care Housing care hours needed (65+)

Chart showing Weekly Care Hours by Year (2023, 2033, 2043) broken down by age group.

2023:
- 65-69: 43
- 70-74: 23
- 75-79: 45
- 80-84: 94
- 85-89: 110
- 90+: 179

2033:
- 65-69: 49
- 70-74: 24
- 75-79: 49
- 80-84: 114
- 85-89: 149
- 90+: 186

2043:
- 65-69: 39
- 70-74: 24
- 75-79: 60
- 80-84: 135
- 85-89: 147
- 90+: 241

Legend: 65-69, 70-74, 75-79, 80-84, 85-89, 90+
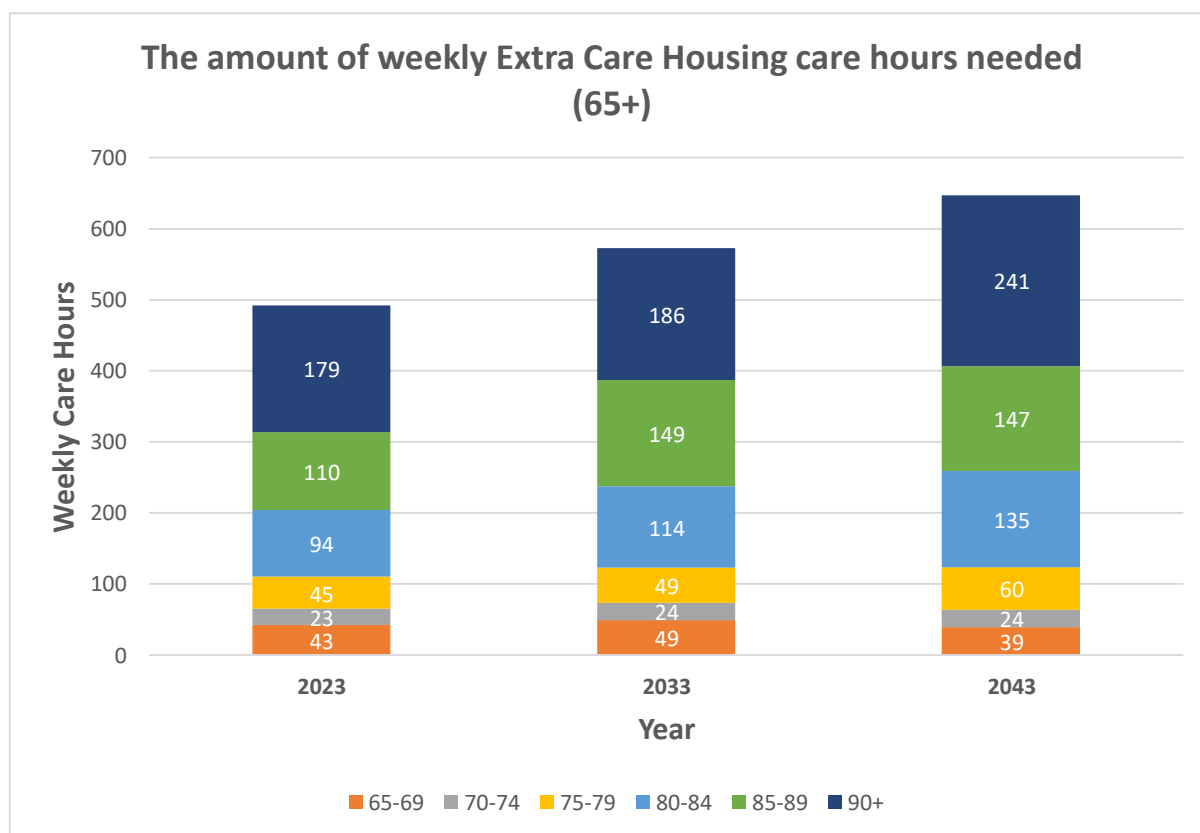
Chart 13: Predicted number of weekly hours of extra care housing that will need to be provided to individuals aged 65+ over the next 20 years.

Behind the data:

3.6.4 The graph shows that over the next twenty years, the number of weekly extra care housing hours will increase for each age group apart from the 65-69 age category which increases over the next ten years but then starts to decline.

3.6.5 We hope that the numbers of extra care housing settings will grow over the next few years. The Pwllheli (Penyberth), Penygroes, Caernarfon and Dolgellau areas are currently prioritised for development in the near future. A site has been identified in Caernarfon and in Penygroes, but the search continues for a suitable site in Dolgellau.

3.6.6 In addition to the above, work is about to begin in collaboration with the Housing department to create a thirty-year plan for the housing needs of Gwynedd's older

people. This work will go into more detail on mapping Gwynedd according to demographic needs, existing services, and existing accommodation provision options.

3.7.7 The second part (part 7) of this report will focus on expanding the use of extra care housing in Gwynedd, and the report from the Housing Department in due course will include more detail.

3.7 Staffing

> *'The number of people with major illness is growing faster than the working age population' (Bevan Commission, 2024).*

3.7.1 These are the latest working age population projections for Gwynedd from the Welsh Government (based on population data from 2018), slightly adjusted to reflect the reduction in Gwynedd's population in the 2021 Census (more information is contained in the methodology). As noted in part 1 above, in light of Census data it is highly possible that the next set of population projections (published in 2025) will predict a reduction in the size of the working age population over the next two decades. Either way, the working age population will not grow at the same rate as the likely growth in the older population requiring care.

Table 9: Gwynedd's Working Age population predictions in 2033 and 2043

Age Group	2021	2033	2043
16-25	15,590	17,283	16,335
26-35	13,002	12,302	13,478
36-45	11,748	14,249	13,359
46-55	15,474	13,521	15,354
56-65	16,338	15,324	14,644
Total working age (16-65)	**72,152**	**72,679**	**73,170**

3.7.2 The recruitment challenges in the care sector are well known. In 2023 there were 13,000 vacancies across health and social care in Wales (Flannagan, 2024), and 165,000 in England (Fox et al., 2023). As seen above, the number of working age

individuals in Gwynedd is not expected to grow at the same rate at which the number of older adults is increasing. It is therefore expected that the challenges will increase.

3.7.3 Looking specifically at the age profile of the workforce currently providing care for adults aged 65+ in Gwynedd, it can be seen from the chart below that there is a definite trend for them to be in the older age groups, with over half of the Council's internal workforce aged 46 or older (it is likely that a similar pattern exists among the external care provider workforce, but it has proved difficult to obtain full information about this). Further research is needed to study the trends in this sector; are more older people attracted to working in the care sector or is the care sector not a sector that young people want to work in.
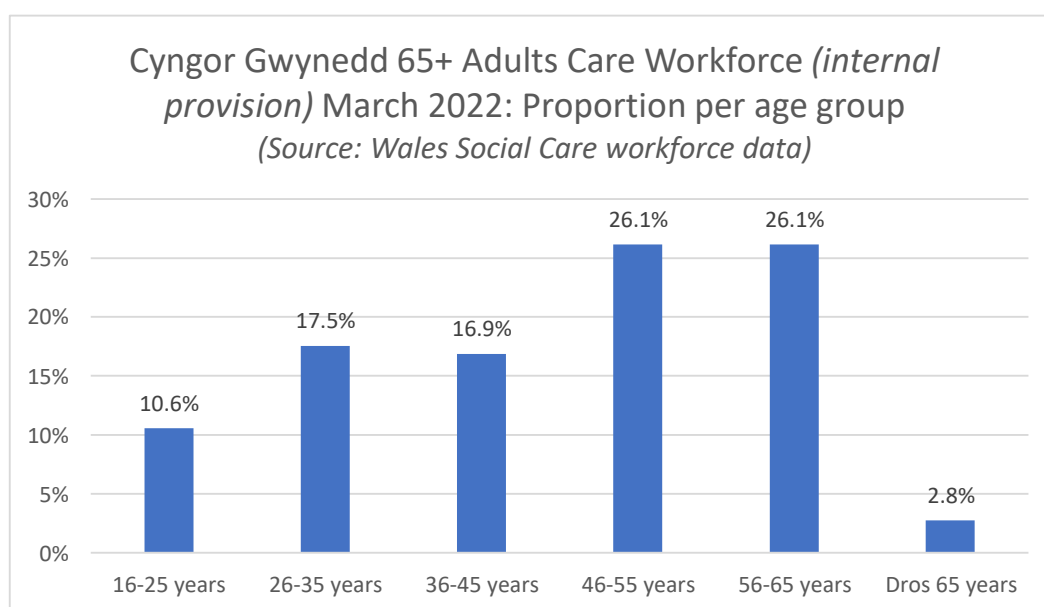
Chart 14: Proportion per age group of Cyngor Gwynedd Adults internal care workforce (2022)

3.7.4 Social services are one of the mainstays of the economy of Gwynedd and Wales. In 2016 Social Care Wales (2018) found that adult services alone were worth £2.2b to Wales and accounted for 126,800 jobs. The report also shows that adult social services are more valuable to the economy than agriculture, forestry and fishing, the arts, entertainment and leisure, and water supply, sewerage, and waste management. There is significant commissioning power through social services in Wales.

3.7.5 Gwynedd's social services (including children, disability and adult services, as well as older people's services) account for more than 3,000 jobs in the county. 1,549 individuals are employed directly, with approximately the same number again employed through commissioning by the department or through direct payments. The 2023/24 revenue budget shows that the Adults Department is responsible for £96m (gross) of funding, and the Children's Department is responsible for £31m (gross), a total of £127m (gross). Social care is probably one of Gwynedd's main industries in every sense.

3.7.6 In Gwynedd there are a number of different jobs under the auspices of social services. Cyngor Gwynedd is the employer of a number of these jobs, e.g. social workers, occupational therapists, home carers, residential carers, etc., while a number of external companies employ home and residential carers.

3.7.7 The figures in the table below on the current staffing level of care services for people aged 65+ were based on data provided by Social Care Wales (other than direct payments information) and include the Council's internal workforce and external providers operating in Gwynedd (estimating, based on the best available information, how many of those care staff look after people aged 65+; more details on the methodology can be found in Appendix 1). We have included figures for frontline staff only; back-office staff (administrative and management, for example) are not included in this report. The direct payments figures are based on the objective that each service user receives a service from two members of staff.

3.7.8 On this basis, we also modelled the additional number of staff to meet the current waiting list, and the anticipated number that would be needed in 2033 and 2043, using the percentages of increase in care needs calculated in the care needs model for each care stream individually (see Appendix 1 for details of the methodology).

Table 10: Current care staff numbers for adults aged 65+ (Cyngor Gwynedd's internal staff and external provider staff in Gwynedd), and the predicted number that would be needed to meet future care needs

Field of work	Number of staff 2023	2023 (waiting list)	2033	2043
Domiciliary Care	587	105	848	956
Residential + Nursing Care (excluding Dementia)	742	57	964	1,134
Residential + Nursing Care (Dementia)	318	23	416	488
Direct Payments	57	-	66	75
Extra Care Housing	15	-	17	20
Social Workers + Therapists	99	-	121	137
Total relevant workforce	**1,818**	**185**	**2,434**	**2,809**

Projections of a number of additional staff that will be needed to provide care to individuals aged 65+ over the next 20 years
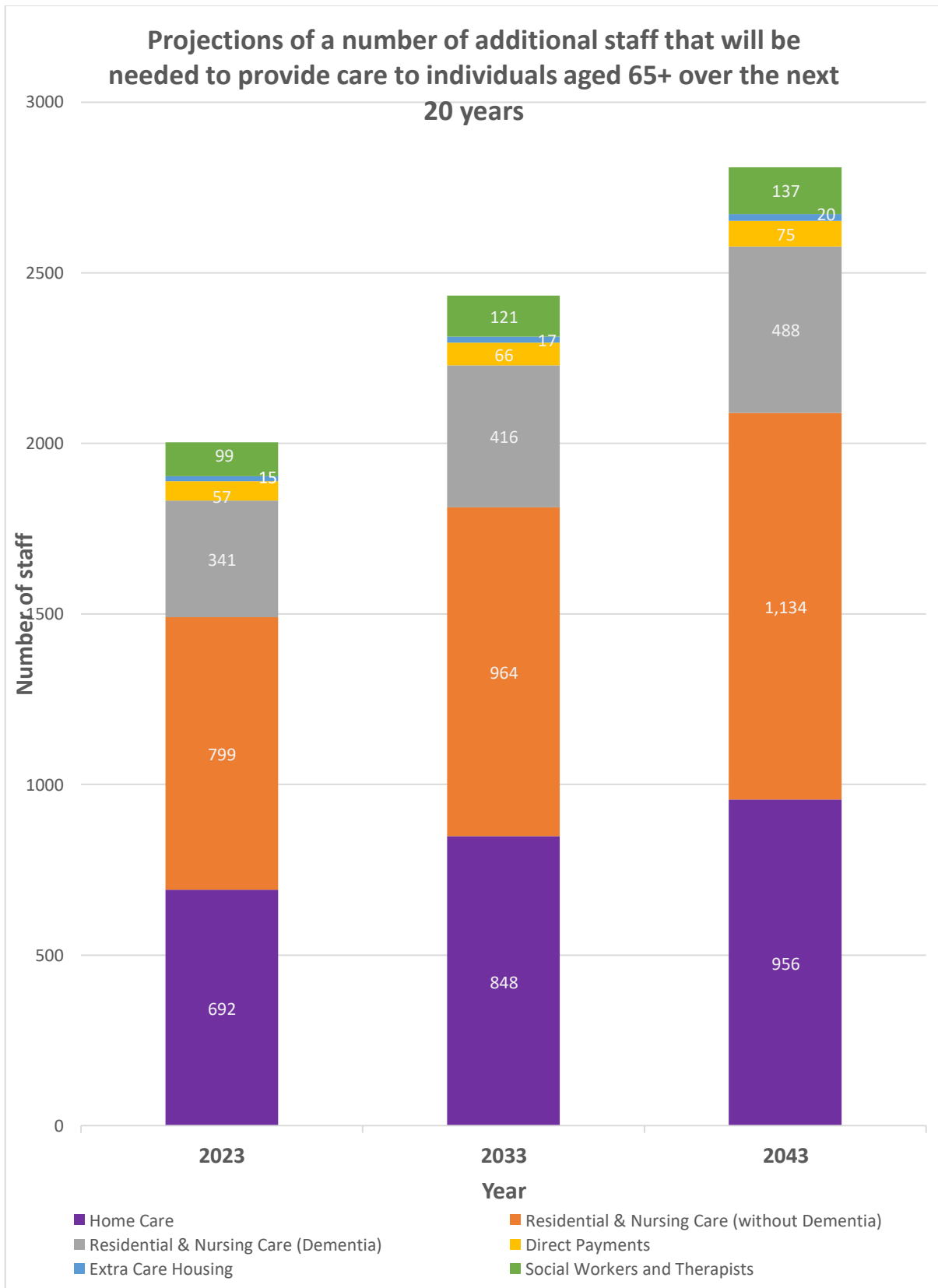
Chart 15: Predicted number llof additional staff needed to provide care for individuals aged 65+, in various social work services, over the next 20 years.

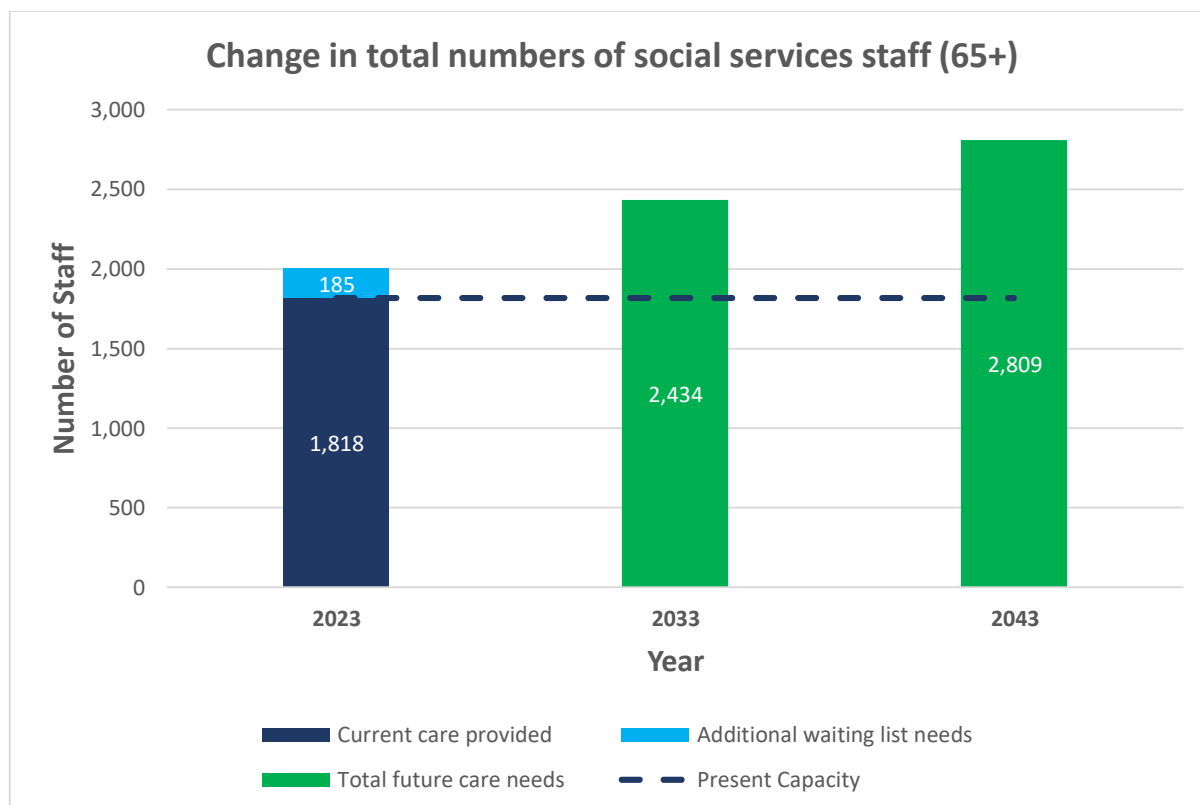**Change in total numbers of social services staff (65+)**

Chart 16: Without intervention, the projected number of staff beyond the current capacity that will be needed to provide social services over the next 20 years.

Behind the data:

3.7.9 The chart above shows that the largest workforce group is in the fields of domiciliary care and residential/nursing care (excluding dementia); and that these are the fields with the most service users. The chart shows that a bigger workforce will be needed in every single field over the next twenty years. Staff numbers are very low in the fields of extra care housing and direct payments; part two will elaborate on how we hope that these fields will grow, with the hope of reducing the need in domiciliary care and residential/nursing care.

3.7.10 It also shows that we are already short-staffed and, consequently, unable to meet the need for social services. The waiting list was used to calculate the additional workforce needed to meet the demands of the waiting list. The Council was estimated to be short of 185 members of the workforce in 2023. In the next twenty years, the additional required workforce numbers will grow by approximately 40%. There is no budget to employ these additional individuals.

3.7.11 It's not just the budget that's a staffing concern. It is also a recruitment issue. Historically, social care has struggled to recruit due to a number of issues such as pay, job security and anti-social hours (Colton & Roberts, 2006).

3.7.12 The 1,818 staff estimated to be working currently in the care of adults aged 65+ in Gwynedd, represent around 3.5% of the county's economically active working-age population. If this needed to be increased to 2,809 by 2043 (as the model suggests) and based on projections for the future working-age population, by 2043 5.3% of Gwynedd's economically active working-age population would need to be working in this sector. This highlights the additional challenge there would be to fill the positions needed in the field.

3.7.13 It is possible that any tendency for people to remain in the workforce for longer in the future (i.e. retire at an older age) could help to a small extent with this challenge. But as there is a question about the suitability of some care jobs for many older age people to be able to work in, and the fact that healthy life expectancy generally remains constant despite life expectancy increasing (Bevan Commission, 2024), this is unlikely to make much difference compared to the likely large increase in demand for care.

3.7.14 Work is ongoing in Gwynedd to face these challenges. In the 2023-24 financial year, 75 social work recruitment events were organised, which included events at the National Eisteddfod, Bangor University, and further education colleges. In addition to this work, work on promoting the social care field takes place over social media, internal platforms and through radio interviews. In the 2023-24 period, 145 work experience placements have been organised through local colleges.

3.7.15 Background work has started to fund a Care Academy where individuals join care services to follow specific career paths to become a Social Worker, Manager or Occupational Therapist. The hope is to add nurses to this list in the future. In working towards these roles, individuals will fill gaps within the services.

3.7.16 While important work is being done to increase staffing levels, it is important to note that it is not realistic to continue to increase staffing levels to meet the need, therefore we need to change the way we work to make sure social services are sustainable in the future. This will be discussed in part 2.

4. Finance

4.0.1 Social Care is one of Cyngor Gwynedd's main areas of expenditure, with expenditure on social care for Adults equivalent to almost 25% of Council spending during 2022/23 (INDEX (llyw.cymru).

4.0.2 There has been an overspend in adults' social services for some years. The demand for services, however, has not been fully met, seeing waiting lists in areas such as: Domiciliary Care and Residential and Nursing Care.

4.0.3 The cost of delivering the additional care needs deriving from two elements is presented here:

i. Delivering all the extra care needed now, so as to abolish waiting lists (part 4.1)

ii. An increase in the need for care following demographic changes (part 4.2)

See appendix 2 for more information on how these figures have been calculated.

4.1 The cost of delivering all the extra care needed now, so as to abolish waiting lists

4.1.1 Table 11 shows that there is an additional gross potential cost of £4.5M if waiting lists could be abolished and deliver all the extra care now needed across the three care streams, by recruiting the necessary workforce.

Table 11: Cost of existing waiting lists for the three care streams

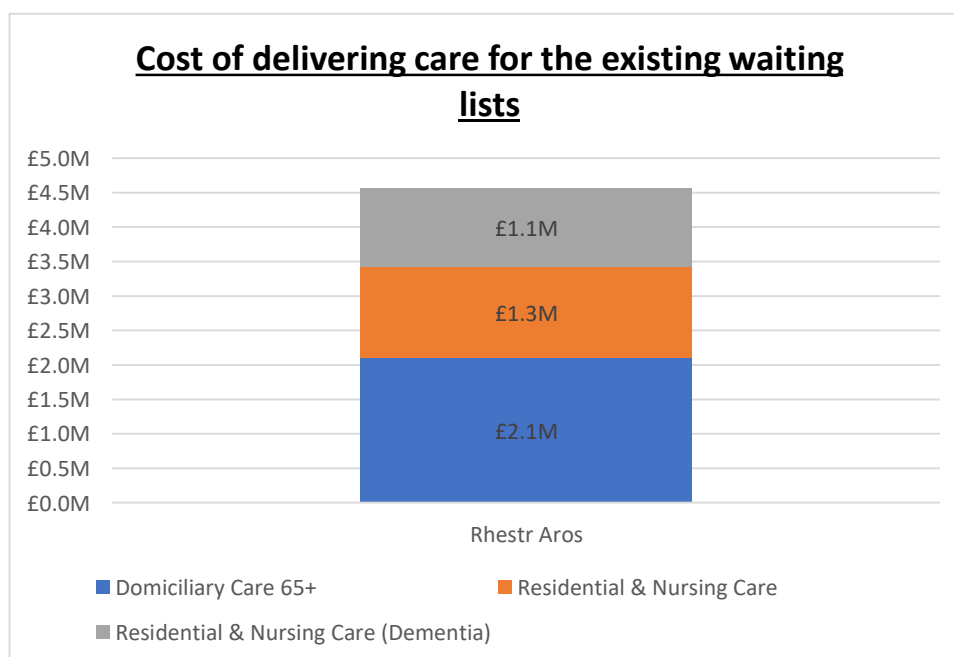| Care Stream	Delivery in 2023	Needs 2023	Waiting List
Domiciliary Care	£11.8M	£13.9M	£2.1M
Residential / Nursing Care	£24.4M	£25.7M	£1.3M
Residential / Nursing Care (Dementia)	£9.4M	£10.5M	£1.1M
Total 65+	**£45.6M**	**£50.1M**	**£4.5M**

Chart 17: Cost of delivering the care for existing waiting lists

4.2 An increase in the need for care following demographic changes

4.2.1 There will be an increase in the need for care following demographic changes. Table 12 and chart 18 show the gross cost of delivering the care at three points in time; at the level achieved in 2023, in 2033 and 2043 based on the demographic

objectives. In addition, the increase in funding need in 10 and 20 years is noted, compared to what will be achieved in 2023.

Table 12: A comparison of the cost of delivering the three care streams in 2023 with the 2033 and 2043 objectives, displaying the increasing costs

Care Stream	Current Cost (2023)	Waiting List 2023	Estimate 2033	Estimate 2043
Domiciliary Care	£11.8M	£2.1M	£16.5M	£18.4M
Residential / Nursing Care	£24.4M	£1. 3M	£30.9M	£36.4M
Residential / Nursing Care (Dementia)	£9.4M	£1.1M	£12.9M	£15.1M
Total	**£45.6M**	**£4.5M**	**£60.3M**	**£69.9M**
Increase on Current Cost 2023			**£14.7M**	**£24.3M**

Change in Domiciliary, Residential and Nursing Care (65+) funding need between 2023 and 2043
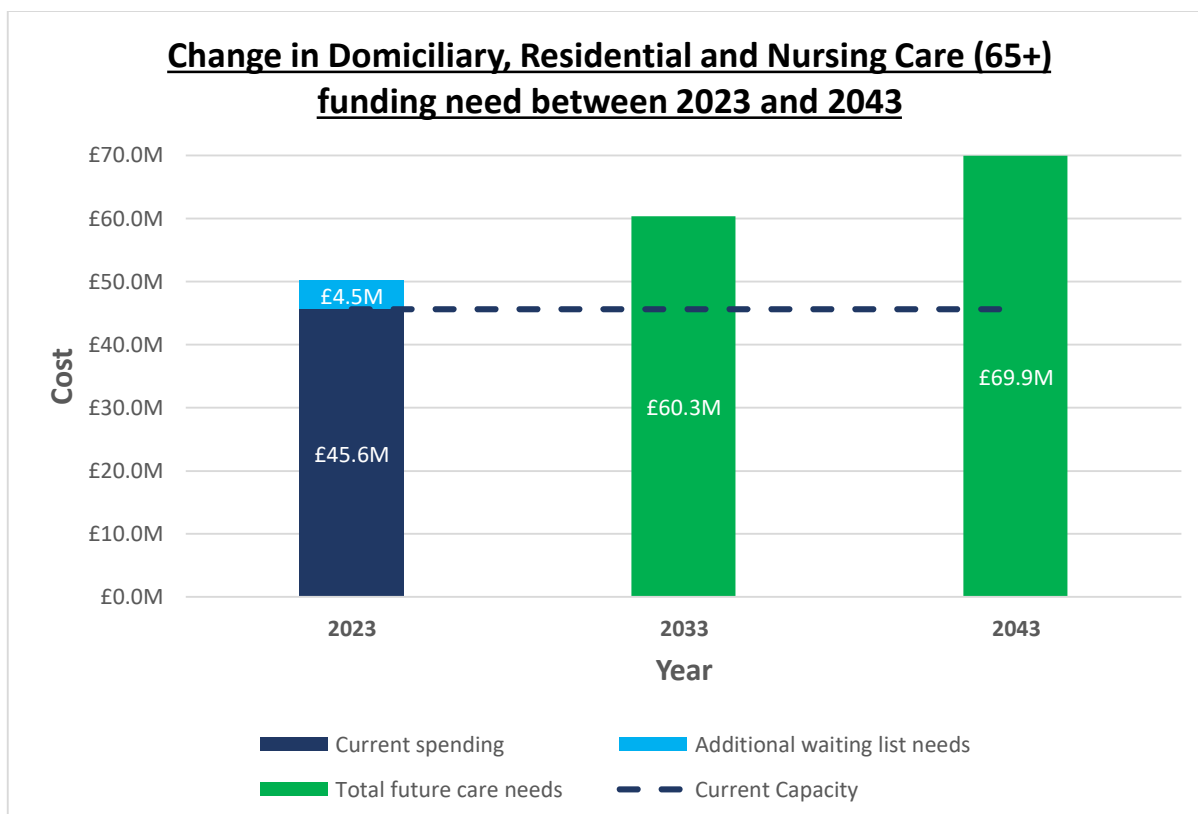
Chart 18: Predicted need for additional funding necessary to provide domiciliary care and residential and nursing care over the next 20 years (not including inflation).

Behind the data:

4.2.2 Table 11 shows that there is an additional gross cost of £4.5M to abolish existing waiting lists, to deliver all the extra care now needed across the three care streams.

4.2.3 Table 12 shows the funding need will increase by £14.7M in 10 years' time, and by £24.3M in 20 years' time compared to what was achieved in 2023. This increase stems from the demographic change as well as the need to abolish existing waiting lists.

4.2.4 It is essential to note that the £4.5M increase now exists and that the increase due to demographic change is a gradual increase but starts now, and is an ongoing composite cost.

5. Part 1 Summary:

5.1 Section 1 has guided us through six services: Residential/nursing care; Dementia residential/nursing care; Domiciliary care; Telecare; Direct payments; Extra Care Housing. Furthermore, section 1 highlights the staffing and finance information of these services. It shows how, over the next ten and twenty years, the pressure on older people's services will increase on an extremely significant scale. Unless Gwynedd changes its method of operating, the need cannot be met, therefore it is essential that a new way of working is adopted.

5.2 Section 2 focuses on six proposed mitigation methods that can help us reduce pressure on traditional social care services. Making these changes sooner rather than later is essential.

PART 2

6. Part 2 Introduction

6.1 The second part of this report focuses on what can be done in Gwynedd to try and overcome the challenges discussed above. It is divided into two sections:

6.2 Firstly, the potential effects of transforming service provision in line with the mean across the relative rural counties will be examined. For example, the impact of reducing the number of individuals in residential and nursing homes is considered, to match the mean in the relative rural counties.

6.3 The second section of this part focuses on the potential impact of working innovatively and introducing new ideas to the table. An outline of these ideas is provided in the foreword of both sections.

6.4 Key assumptions

6.4.1 Due to the innovative nature of some of the potential mitigations discussed, it is difficult to model <u>exactly</u> how much of a contribution they could make towards reducing pressure on services. However, it gives an <u>idea</u> of how much the additional need for traditional care services could be alleviated in the future.

6.4.2 To undertake this, we looked at the current pattern of care provision in the rural counties of Wales - the counties with a lower population density than the Welsh average (Statistics for Wales, 2008); these counties are also quite similar in terms of their demographic and socio-economic characteristics. There are 9 authorities in this category: Gwynedd; Ynys Môn; Conwy; Denbighshire; Powys; Ceredigion; Pembrokeshire; Carmarthenshire and Monmouthshire.

6.4.3 Several sources were used to locate the existing baseline figures for each of the rural counties and for each of the six services discussed in Part 1.

6.4.4 Welsh Government data* was used for the baseline figures of domiciliary care, residential care and nursing. For Telecare figures we used the TEC Cymru report (TEC Cymru, 2021). For Direct Payments data we used the Audit Wales report (Audit Wales, 2022). Finally for Extra Care housing figures we used the Housing LIN report (Housing

LIN, 2020). To enable comparison of the authority figures on a similar basis, we used the number of individuals receiving care, or hours of care, per 100,000 population, while also adjusting residential and domiciliary care figures for the size of the waiting list for care in each of the counties.

6.4.5 This data was then used to model the potential impact of working towards the rural mean, and working innovatively, on total weekly care hours, and total funding, the three 'traditional' streams of care, namely domiciliary care, residential and nursing care (non-dementia) and residential and nursing care (dementia).

6.4.6 We also modelled the potential impact on the total workforce required (including here all existing care streams, rather than just the three 'traditional' streams of care, as it is difficult to distinguish this in the figures because some of the workforce tends to undertake more than one role – a trend that will perhaps increase as care delivery methods change). However, this does not include any additional workforce that would be needed for any innovative new approach to care delivery.

6.4.7 The figures and charts in this part of the report are, therefore, an attempt to give an <u>indication</u> of how following the suggested path to transforming service provision, could reduce some of the additional hours of care (and thereby, funding and the workforce) that would be needed to cope with the impact of future demographic pressures. This is based on the assumption that if another / other similar council / councils provide some of the traditional care streams at a lower level then it may be possible to reach similar levels in Gwynedd, following the path suggested in the report. As the field is developing it may be that more evidence will be available in the future to demonstrate the more specific impact of best practice and innovative approaches on care needs, and it will be necessary to continue to keep an eye on the situation and for re-modelling in light of any new information.

* The source of this data has not been disclosed in the report as it is shared confidentially.

7. Working towards the rural mean

7.1 The mean of rural councils for each service (domiciliary care, residential/nursing care, direct payments, telecare and extra care housing) was calculated on the basis outlined in 6.4 above. As it was intended to work towards the mean target of rural counties, Gwynedd was not included in the calculation.

Table 13: How far is Gwynedd from the rural mean across different social service streams.

Service	% of Gwynedd's difference from the rural mean
Domiciliary Care	+11%
Residential / Nursing Care	+16%
Telecare	-68%
Direct Payments	-133%
Extra Care Housing	+36%

Behind the data:

7.2 The data shows that Gwynedd exceeds the rural mean for more traditional services, domiciliary care and residential and nursing care. For the more recently developed preventative services Gwynedd is below the rural mean, except for the extra care housing service.

7.3 Currently, Gwynedd ranks higher than other rural counties in terms of their extra care housing provision; however, many of the rural counties are in the process of increasing their provision in this field so it is likely that we will fall behind within the next few years if we do not keep up with developments.

7.4 It is suggested that we should work towards the rural mean by expanding preventative services and reducing reliance on traditional services. The aim of this would be to stabilise the anticipated increase between now and 2043 as highlighted in Part 1.

7.5 Work is already being carried out on expanding the use of telecare and direct payments, and plans are underway for more extra care housing. However, it will take a lot more work to reach the aim of working at the rural mean level. The next step will be to create a detailed plan on how the Department can meet these targets. Further innovation will also be needed.

7.6 The following chart shows what things can look like if we manage to reach the rural mean in the next twenty years. We have not included extra care housing in these figures as the level of provision currently exceeds the rural mean.
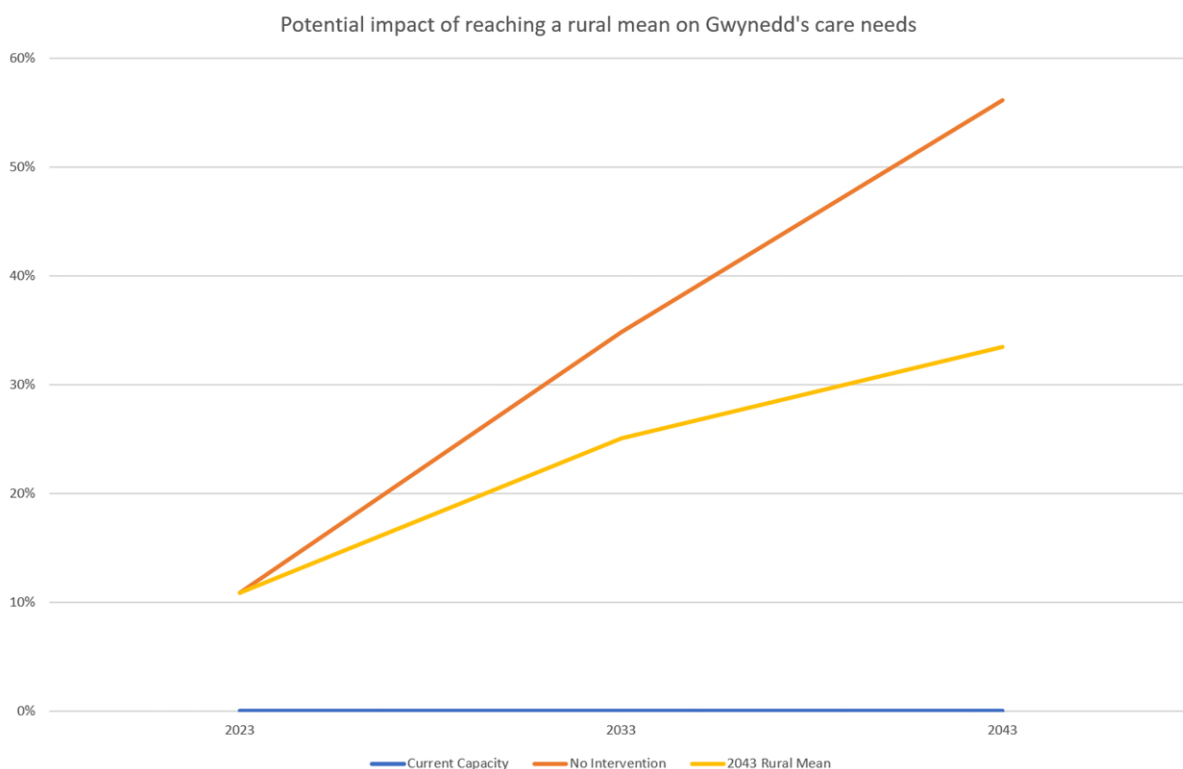

Potential impact of reaching a rural mean on Gwynedd's care needs

Chart 19: The potential impact of reaching the rural percentage mean in 2043 on domiciliary, residential and nursing care needs in Gwynedd

LLECHEN LÂN (A Clean Slate)

Behind the data:

7.7 The chart above demonstrates the impact of reaching the rural mean on Gwynedd's total care need for more traditional care. The chart presents one possible scenario for working towards the rural mean, namely the impact of reducing Gwynedd's total traditional care need to the rural mean by 2043. It shows that, on this basis, the need for care would be around 33% higher than current capacity by 2043 (compared to around 56% higher than current capacity if we were not working towards the rural mean). Therefore, while this scenario shows a reduction in pressure, it will not reduce sufficiently to enable delivery within current capacity.

7.8 Using the methodology outlined in 6.4 above, the impact on the necessary additional funding and the workforce would follow the same type of pattern i.e.:

- It is modelled that the fiscal need for these care streams would increase from around £46m at present to around £60m by 2043 (rather than increasing to around £70m, if we did not work towards the rural mean);
- It is modelled that the need for a care workforce would increase from 1,808 at present to 2,401 by 2043 (rather than increasing to 2,809 if we did not work towards the rural mean).

7.9 This data suggests the importance of focusing on preventive services today to reduce demand in ten- and twenty-years' time. This would support Cyngor Gwynedd's provision and funding but would also be good for the wellbeing of Gwynedd residents. A number of Gwynedd individuals have already benefited from preventive services. See case studies 1 and 2 which highlight situations where technology and direct payments have assisted individuals to live independently.

Case Study 1 - Use of Direct Payments in Gwynedd

Mrs Smith is a 67-year-old woman who lives at home with her husband. Mrs Smith has a diagnosis of dementia. During Covid it became clear that the family were unable to cope with Mrs Smith's needs. They found a personal assistant (PA) called Jane who started helping for 7 days a week using Direct Payments. This has now increased to more than 30 hours per week. Jane helps in many ways from taking Mrs Smith out to the shops, on day trips, to see her friends etc. Jane feels like a family member and Mrs Smith and the PA are good friends.

"Without direct payments mum would be in a home. Mum and dad have been together for almost half a century, so having this support at home keeps the family together to be able to spend quality time together" - Mrs Smith's daughter.

The weekly cost of Mrs Smith's direct payments is £488.70. If Mrs Smith had to move into a Dementia residential home the weekly cost would be at least £855.75.

* The names have been changed to safeguard their privacy

7.10 Recognised methods to reduce pressure by working towards the rural mean have been discussed, but as chart 19 shows, doing so would entail that a gap in service would continue and it is possible that the need for care could still be over 30% higher than current capacity. Therefore, the need for further innovative schemes can be seen and this will be introduced in the next section by considering robotics, AI technology, community work and strength-based work to reduce the need for social care services.

8. Innovative Working

8.0.1 The challenge Gwynedd faces is clear, and it is hoped that by working towards a level of services relative to the best practice in Wales (7), the impact of the challenge can be partially mitigated. However, even if we managed to bring the services relative to the best practice as things currently stand, there will still be a gap between the need for care services and the resources available. If this gap is to be closed altogether, it is inevitable and vital that Gwynedd is innovative and leads the way in developing services that are modern and suitable for the future.

8.0.2 The four areas proposed as areas that will have a positive impact on the request for services, but are currently difficult to quantify are:

- (8.1) Community work
- (8.2) Strength-based working
- (8.3) Technology and Artificial Intelligence (AI)
- (8.4) Extra Care Housing / Suitable accommodation models

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8.1 Community work in Gwynedd

8.1.1 The vision in Gwynedd is to build resilient communities where age is not a barrier, by working in partnership with third sector organisations to meet community needs. Community work has been an important part of social care for older people for years and remains a priority for development. Staying connected is essential for individuals in our communities.

8.1.2 There are many benefits in community support from reducing loneliness and isolated feelings, to retaining people in their homes for longer. Evidence suggests that community work enables older people with complex needs who would otherwise have needed residential or nursing care to stay in their own homes for longer (Ryan, McCann & McKenna, 2009). Loneliness can affect anyone at any time and loneliness is recognised as stemming from social, health and wellbeing problems (Beneito-Montagut, Cassián & Begueria, 2018). According to Age UK's (2018) report 'All the Lonely People: Loneliness in Later Life' age-friendly communities can help reduce loneliness for many people. Working in a way that builds on community strengths can address challenges that affect individuals' standard of life, and most importantly, provide them with the infrastructure they need to stay in their own homes for longer.

8.1.3 Across Gwynedd there are several community projects available and opportunities that provide individuals with the opportunity to be members of their communities. Examples of what is on offer range from garden clubs to Active for Life classes, to intergenerational opportunities, to community hubs. Ten community hubs have been set up across the county and each is tailored to the requirements of the area they serve. One example of a club within a community hub is Clwb Seiont which is in case study 3 below. The hubs offer a place to socialise, warm meals and a plethora of information about what is available to support people.

8.1.4 We cannot ignore the fact that Gwynedd is a rural area and although rich in what it has to offer its residents, that can mean challenges for individuals to reach these opportunities. Community transport developments that meet these social demands are vital to enable individuals to access and give them the opportunity to participate socially. Community opportunities look different in each local area and also for each

individual and can range from being an opportunity to participate in forums and workshops to attending a craft class, to a tea talk (Cyngor Gwynedd, 2024). Case studies 3 and 4 show some of the things that are happening in the county and highlight the importance of community work.

8.1.5 A recent piece of work by the Council has developed Gwynedd to become age-friendly which celebrates Gwynedd as a community that works together to provide on the basis of what older people within society need. More about some of Gwynedd's community strengths can be learned in the Basic Assessment and Action Plan which also discuss what is in place across our communities: Gwynedd - Age-Friendly World (who.int)

8.1.6 In order to ensure that individuals have access as required to what is available in their local areas, it is necessary to ensure that the organisations and services working in areas are aware of what is available and direct individuals to what may be beneficial to them. This means developing an understanding of what is offered by whom and how individuals can access the information and support.

8.1.7 Over the next few years it is hoped to continue to build on what is available across communities and to do so based on what is heard from the county's older people and what is needed. This will be done by working in partnership with several organisations, community groups and older people in Gwynedd and by continuing to work on strengths – the individuals and communities – to address and meet local needs.

8.1.8 Work will also be undertaken to promote and expand use of the 'Dewis Cymru' website which is a national directory for information and advice about wellbeing. The website advertises several groups with community resources and the groups and services own their information and can update this at any time. Developing this resource, along with looking at methods of sharing information with older people, will ensure that what is available to people in their own local areas can be shared.

LLECHEN LÂN (A Clean Slate)

Case Study 2 - Community work in Gwynedd.

Clwb Seiont is held at Hwb Porthi Dre, Caernarfon in conjunction with Yr Orsaf Penygroes hub. There are transport arrangements to help people get to the club and get home. There are also arrangements for domiciliary carers in the area to take individuals to the group and leave them there. Clwb Seiont's routine is light activity in the morning, a nutritious two-course lunch, and another activity in the afternoon.

Mrs Thomos is an individual who has benefited from the group.

Following Covid Mrs Thomos' daughter was worried her mother had lost confidence to go out, with her husband having died at around the same time. With the passage of time, her hearing and eyesight deteriorated, which had a significant impact on her mental health as loneliness began to overwhelm her.

Mrs Thomos' daughter accompanied her mother to the first session. One specific volunteer was initially appointed to accompany Mrs Thomos, to ensure that she settled in, and to build her confidence.

By now Mrs Thomos attends Clwb Seiont every week and has made several new friends and reconnected with others. Mrs Thomas talks about arranging a trip to Wetherspoons with her new friends when the weather improves.

With the help of community work Mrs Thomos is able to continue to live at home healthy and happy. Without the help of this club there is a possibility that Mrs Thomos would have been referred to social services for domiciliary care and mental health services.

"Socialising has been a great help to mum, to give purpose to her life" - Mrs Thomos' daughter.

* The names have been changed to safeguard their privacy

Case Study 3 - Community work in Gwynedd.

Members of Clwb Seiont were delighted when Sarah Bee (Valley Animal Experience) came to Porthi Pawb accompanied by all sorts of animals and everyone had the opportunity to hold and touch them.

Rosie, the little chihuahua was everyone's favourite. She was very willing to be cuddled and petted and was much smaller than the big white rabbit!

The day's highlight was seeing Raisin, the little pony, being guided into the hallway - she was very calm and comfortable amongst everyone and was happy to be petted.

It was a special afternoon - with plenty of opportunity to chat about all sorts of things, to reminisce and to learn more about the animals and it was wonderful to see one of the men in his element amidst the animals and cuddling and petting them each in turn.

8.2 Strength-based working

8.2.1 Strength-based working emphasises that everyone has valuable skills and/or assets to offer, and that the focus should be on individuals' strengths when offering them support and/or care. Historically, there has been too much emphasis on individuals' weaknesses, and how Social Services might intervene to overcome these weaknesses. This practice needs to change. Putting the person and their needs at the heart of their care, and ensuring they have a say and control over reaching their well-being goals is a core part of the Social Services and Well-being (Wales) Act 2014.

8.2.2 *"[Strength-based working] is responsive to need but focuses on the positive attributes of individual lives and of neighbourhoods, recognising the capacity, skills, knowledge and potential that individuals and communities possess. It is based on the fundamental premise that the social work relationship is one of collaboration, and that people are resourceful and capable of solving their own problems if enabled and supported to do so." (Department of Health 2017).*

8.2.3 Strength-based approaches not only support the individual to be responsible for their own care decisions, but also harness community resources (Nelson-Becker, Milne, Perry, et al. 2020). This is related to the idea of expanding community work.

8.2.4 In a study conducted in five English local authorities where a strength-based approach was used, the following was found. A strength-based practice leads to: better attention to human rights; increased focus on individuals' perspectives and wishes, and improved multi-disciplinary collaboration; greater empowerment and positive perspectives for the future (Nelson-Becker, et al. 2020). These conclusions can be found in the following case study which is an example of where strength-based work has worked well in Gwynedd.

8.2.5 The shift to strength-based working is proceeding in Gwynedd as in all the other counties of Wales. However, there is more to do, and it is hoped that Gwynedd can be innovative in how we work based on strengths.

8.2.6 To build on the work that has been done to date, it will be necessary to continue to train the workforce and promote the culture of strength-based working through the

Department's leaders. There has already been widespread promotion of "Collaborative Communication" training in Gwynedd.

Case Study 4 - Strength-based working in Gwynedd.

What mattered to Mr Williams was his dog. Mr Williams had a history of refusing support, but his health was deteriorating and there was concern about hoarding in the house. The social worker worked with Mr Williams to focus on what mattered to him, and Mr Williams' strengths, instead of focusing on what Mr Williams was unable to do because of his health. Through this collaboration, the social worker arranged for a person to take the dog for a walk as he was unable to continue doing this himself. Through this, a relationship was built between them, and Mr Williams came to trust the person taking the dog for a walk to help him get the house in order and provide support with personal care. The result was that Mr Williams did not need statutory domiciliary care or formal help to clear the house. In addition to the positive impact on Mr Williams, the need for a formal domiciliary care resource was avoided, and the associated cost.

* The names have been changed to safeguard privacy

8.3 Technology and Artificial Intelligence

8.3.1 Although telecare and technology is an area that is already in use in Gwynedd, it is an area that is changing at a pace. The advent of artificial intelligence has opened the doors to endless possibilities in care as in many other areas, and it is a matter of time until technology and artificial intelligence transform the way care and support services are delivered.

8.3.2 Many experts believe these technologies could help solve urgent problems facing the social care sector; enabling individuals to live at home longer, providing remote services and tools for self-care and managing chronic health conditions; reducing the need for home care visits; and providing more personalized and preventive care services using the date and algorithms to help us live healthier for longer (Wright, 2020).

8.3.3 Technology and artificial intelligence are already used in Gwynedd and a number of convergences have occurred with a number of companies that have created new technologies in the care sector. These range from 'smart' lamps that use artificial intelligence to help detect and identify falls in the home and call for help, to 'smart' beds that can turn a person around to prevent bed sores and other illness and injury due to mobility. Case study 6 below describes how one of these 'smart' beds is already in use in Gwynedd.

Case Study 5 - Technology and Artificial Intelligence

Ms Pritchard is a 65-year-old woman suffering from "Multiple Sclerosis - Primary Progressive". Ms Pritchard lives on her own and receives 4 calls a day doubled up, from carers. As a result of the "MS" Ms Pritchard is unable to walk and the use of her hands has also been affected. As a result, Ms Pritchard is fully hoisted and uses a wheelchair to move around the property.

As Ms Pritchard's medical condition and ability to take part in the task deteriorated, carers found it difficult to turn Ms Pritchard in the bed, in order to safely place the sling on. Ms Pritchard had also become very anxious about being turned as she did not like carers touching her. The Occupational Therapist researched a number of different methods and tools in order to support Ms Pritchard and the carers with this task. It was decided that the "Vendlett" equipment would be the most suitable and safe option for everyone. The "Vendlett" is a tool that is mounted on a profile bed to enable the person to be moved from one side to the other within the bed and turned, without the carers needing to touch her.

Use of the "vendlett" has enabled Ms Pritchard to be turned in a safe and dignified manner, in order to place the sling on and be able to transfer her to a wheelchair. This has then allowed Ms Pritchard to be able to take part in valuable everyday tasks for her, such as watching TV, going shopping, and seeing her family. The equipment has also reduced the risk of injury to the carers and has also reduced the need for a third carer, which is a great financial advantage.

8.3.4 Gwynedd has taken the first steps of the journey with technology and artificial intelligence and there is still a long way to go. Technologies are expensive and there are many different options on the market, so the first step is to identify which technology will be most beneficial to the people of Gwynedd within a budget that is affordable to the department.

8.3.5 It is unknown what is in the pipeline nationally and globally regarding artificial intelligence and technology. Five years ago, the technologies available today did not exist. Therefore, it's important to keep an open mind about anything that's being developed and to stay alert to know what developments are coming.

8.3.6 Investing in technologies could have a significant initial cost but could pay dividends in the future where staffing challenges are anticipated to increase, alongside the increase in demand. It will be essential to invest in these technologies before this crisis occurs.

8.3.7 The next task following the submission of this report will be to create a detailed plan for how Gwynedd can make the most of available and future technologies, in order to have the best use of technology and artificial intelligence over the next twenty years.

8.4 Extra Care Housing / Suitable Accommodation Models

> *"Good housing plays a critical role in healthy, independent ageing. Enabling people to stay in their homes for longer brings significant health, social and economic benefits.*
>
> *We need the right kind of housing in the right place that matches people's needs.*
>
> *In some cases these will be purpose-built, in others, through adaptations to existing homes."*
>
> *(Prosperity for All, Welsh Government, 2017)*

8.4.1 Further information on the current provision of Extra Care Housing is included in part 3.6. Our extra care housing provision currently exceeds the rural mean; however, many of the rural counties are in the process of increasing their provision of extra care housing. Therefore, it's likely that we'll fall behind within the next few years if we do not keep up with developments.

8.4.2 In 2017, the Welsh Government committed to building purpose-built housing developments that would allow people to live independently within a protected environment, located close to public transport (Housing LIN, 2020). Since this commitment, and the money provided to support it, more councils invested in extra care housing developments.

8.4.3 In Gwynedd there are plans afoot in the Pwllheli (Penyberth), Penygroes, Caernarfon and Dolgellau areas. A site has been identified in Caernarfon and Penygroes, and we continue to seek a suitable site in Dolgellau.

8.4.4 In addition to the above, work is about to begin in collaboration with the Housing department to create a thirty-year plan for the housing needs of Gwynedd's older people. This work will provide greater detail on mapping Gwynedd according to demographic needs, existing services, and existing accommodation provision options.

8.5 Summary of Innovative working

8.5.1 Section 8 highlighted the importance of working innovatively with an emphasis on: Strength-based working; Community work; Extra Care Housing / Suitable accommodation models; Technology and Artificial Intelligence (AI).

8.5.2 It is clear from the case studies that these areas are beneficial to individuals' lives and can contribute to the future development of social care. It is difficult to measure work in these areas and therefore difficult to track what impact the work is having. If more emphasis is placed on these areas, it would be good to have a target for the work. Therefore, the following chart is provided.

8.5.3 The purpose of the chart below is to show the type of situation which could occur should the areas outlined above, namely transforming care services so that they reach the mean for rural authorities, and working innovatively to transform services, were implemented. Due to the innovative nature of these areas, there is no conclusive evidence available to quantify their likely impact, and further research and evaluation will be required to measure the impact of their delivery in the community and in the care field.
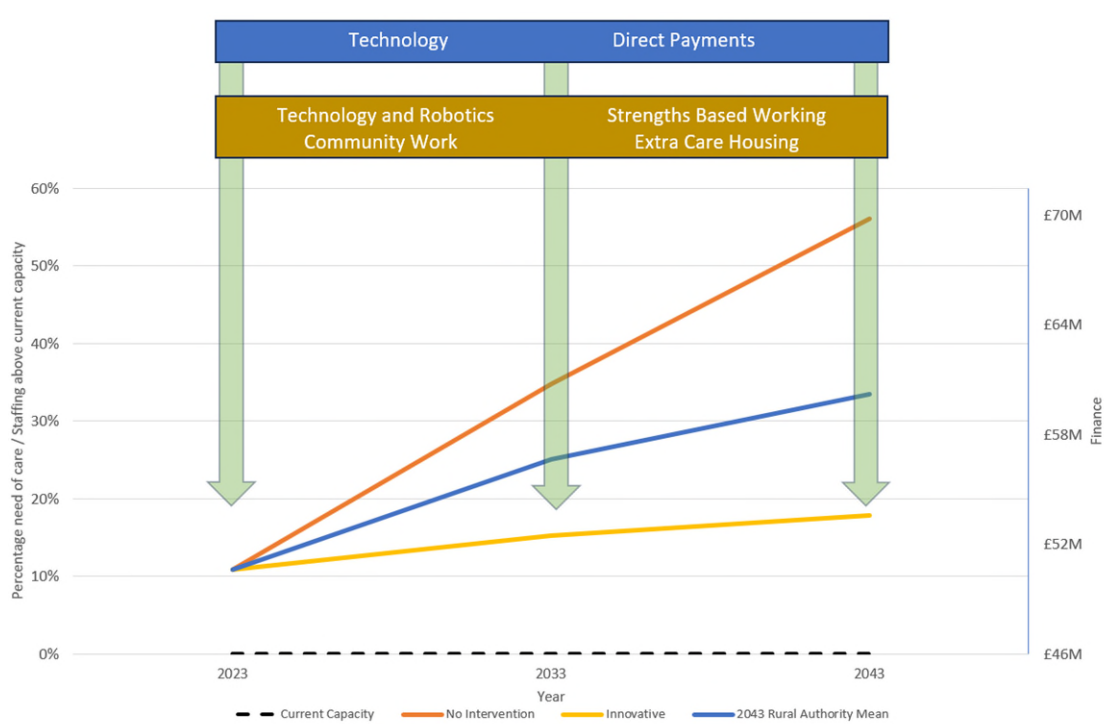
Chart 20: The potential impact of working in accordance with best or innovative practice on domiciliary, residential, and nursing care needs in Gwynedd by 2043

8.5.4 The above chart shows the potential impact of innovative working on the need for domiciliary, residential and nursing care (non-dementia), and residential and nursing (dementia), compared to the projections about care identified in Part 1. The chart shows the need for care as a higher percentage than current capacity, and we see the potential impact that working in line with the normal practice of comparable counties (the blue scenario) or innovative (the yellow scenario) could have on the current care need projections (orange). It is important to note that providing the same amount of care as the county providing the least is not necessarily 'good'.

8.5.5 This is based on the methodology outlined in 6.4 above, and on the assumption that innovative working would enable the current rural mean to be reached by 2033 and achieve a further reduction by 2043 with provision levels by then reaching a level similar to the authority with the lowest level of provision (in terms of the traditional forms of care) currently amongst rural councils.

8.5.6 The chart suggests that, on this basis, the need for care could be around 18% higher than current capacity by 2043 (compared to around 33% higher than current capacity if we worked towards the rural mean alone, and around 56% higher than current capacity if there was no shift towards working on a best practice / innovative basis).

8.5.7 Using the methodology and assumptions outlined in 6.4 above, the impact on funding and the necessary additional workforce would follow the same type of pattern, i.e.:

- It is modelled that the fiscal need for these care streams would increase from around the present £46m to around £53m by 2043 (rather than increasing to around £60m should we work towards the rural mean alone, or increasing to around £70m if there was no change to our ways of working);
- It is modelled that the need for a care workforce would increase from 1,808 at present to 2,119 by 2043 (rather than increasing to 2,401, if we worked towards

the rural mean only, or an increase to 2,809 if there was no change to our ways of working).

8.5.8 Care must be taken when using the above estimates as there is little evidence for the quantitative impact of innovative working on care provision, and therefore it indicates what <u>can</u> happen in the event of a reduction in traditional care need as a result of the above changes. In addition, they are based on fairly 'high level' percentages and there is no guarantee that this would be the exact effect of changing the way we work.

8.5.9 However, the chart highlights that if the above scenarios were to occur then the growth in the need for care, and therefore the need for additional staffing and funding associated with domiciliary, residential and nursing care, would decrease.

8.5.10 While each scenario continues to show growth in need above current capacity, it also indicates the impact a change in provision would have on the increase in care going some way to mitigate the impact of the projected growth in the older population. As this area is innovative further research should be undertaken to gather evidence on the quantitative impact of the innovations and best practice discussed above and subsequent modification of the above scenarios.

9. Conclusions and Recommendations

Conclusions

9.1 There are currently no sufficient human resources or financial resources to provide social care services to older people in Gwynedd. The funding scene and the availability of carers is distorted by the waiting lists for services meaning that the 'overspending' is not always clearly visible. Maintaining waiting lists for statutory and necessary services enables effective provision for those receiving services but causes suffering to the individuals in need of support and care that is not available.

9.2 Population statistics demonstrate that there is a significant increase in the number of older people in society and this has been ongoing for two decades and it is anticipated that this growth will continue over the next two decades. With an increase in the older population, and evidence showing that there is no average age increase that disease strikes, there are dramatic and realistic projections about the growth of demand for care over the coming decades.

9.3 At the same time there was a reduction in the working age population in Gwynedd between 2011 and 2021 of 5,000 individuals (a reduction of 42 working age individuals per month for a decade), creating challenges in terms of workforce and recruitment to be able to provide the necessary care, and in terms of local and national tax income to the Council.

9.4 As such, **the social care provision situation for older people in Gwynedd is neither viable nor sustainable**. The growth in demand could lead to a shortfall in funding and human resources that would be sufficient to put the Council under extreme financial pressure.

9.5 Given the capacity of similar rural counties in Wales, it is seen that there are large variations in provision and in comparison, the impact of changing Cyngor Gwynedd's delivery methods can be predicted. Less home care could be provided by providing more direct payments and more use of robotics technology and advances, for example. More suitable accommodation options could also be offered for individuals, with care attached to it, thereby reducing the demand for residential care.

9.6 Nevertheless, the challenge remains. Even if Gwynedd replicated the least provision in the relatively rural counties, a gap would remain and grow in human and fiscal resource provision.

9.7 A question therefore arises regarding the future sustainability of the service currently offered, even with its waiting lists, and also on the need to further target services and to prioritise early intervention to prevent the need in the first place.

9.8 Recommendations

1. Short term:
    a. Social services for older people should prepare plans to act innovatively and emulate the successes of comparable rural counties, and implement them urgently, following a concrete project plan with robust milestones, including:
        i. Accommodation:
            1. Complete a joint needs assessment with the Housing and Property Department to be published and implemented to:
                a. Develop extra care accommodation across the county to enable older individuals to live their best life.
                b. Develop nursing and dementia care homes across the county to enable individuals to access appropriate care when necessary.
                c. Secure medium/long-term capital plans and funding to develop in-house residential homes to provide specialist dementia care and the highest quality nursing across the county.
        ii. Adopt and promote strength-based and community-based work to support older individuals to live their best life.
        iii. Ensure that there is effective and efficient management and commissioning of the care delivery services to maximise available hours of care and to ensure effective financial management.

iv. Streamline the systems and increase the use of direct payments to provide care and innovative approaches to support older people to live their best life.

v. Further develop and promote the TAG (Care Enablement Technology) service; to enable individuals to live their best life.

vi. Jointly develop and promote information services with other Council departments to assist older individuals in making informed decisions on the methods of living their best life.

vii. Develop a care academy to promote careers in social services, in care delivery and professional support, and to attract a viable workforce.

viii. Collaborate with other public services to promote shared ownership and to identify collaborative solutions to reduce the demand for care services and enable individuals to live their best life.

b. Ensure regular and careful oversight by Councillors and senior officers on this work over the next few years to keep track of progress.

c. Develop and expand support available to unpaid carers

d. Develop evidence-based budgeting plans, in accordance with this report.

2. Long term:

a. Work with Public Health, health services and public services in general to act proactively and preventively and to try to reduce the demand for care services.

b. Work together across the Council to consider alternative approaches to enable the population to make informed decisions about their health and wellbeing to enable them to plan for their positive ageing.

c. Develop fiscal plans for the coming decades based on the information in this report and for future financial security for the Council.

3. General:

a. Increase political awareness of the challenges and the need for resources and for a different way of thinking, through local and national politicians and through factual publications nationally.

b. Promote and emphasise that the challenges of the future are wider than the adults department, and that all council departments have contributions to make.

c. Cyngor Gwynedd should act urgently to reduce the ongoing decline in the county's working age population, by promoting Gwynedd as the best place in Wales for young people to live.

d. Long-term funding and financial planning should be followed based on strengths and needs, and pressure should be put on the Welsh Government to refrain from funding via short-term sponsorship and grants.

9.9 Finally, it should be ensured that the Council's Cabinet and the Council's Care Scrutiny Committee keep a close eye on these developments over the coming years.

<u>10. NOTES AND BIBLIOGRAPHY:</u>

Age UK (2018, September). *All the Lonely People: Loneliness in Later Life*. Retrieved on 24 April, 2024, retrieved from <u>All the Lonely People: Loneliness in Later Life (ageuk.org.uk)</u>

Alzheimers Society (2022). *What is dementia?* [Online] Available at: <u>https://www.alzheimers.org.uk/about-dementia/types-dementia/what-is-dementia?gad_source=1&gclid=EAIaIQobChMI9ZrT1MeZhAMVKZhQBh0cUgd_EAAYASAAEgIZEPD_BwE&gclsrc=aw.ds#2</u>

Alzheimer's Society (2021). *Risk factors for dementia.* [Online] Alzheimer's Society. Available at: https://www.alzheimers.org.uk/sites/default/files/pdf/factsheet_risk_factors_for_dementia.pdf

Audit Wales (2022*). Direct Payments for Adult Social Care.* [Online] Available at: https://www.audit.wales/sites/default/files/publications/Direct-payments-Eng-update-sept-2022.pdf

Baldock, J. (2002). *Social Care in old Age: More Than a Funding Problem. Social Policy Administration*. 31(1). pp73-89. https://doi.org/10.1111/1467-9515.00039

Beneito-Montagut, R., Cassián-Yde, N., & Begueria, A. (2018). *What do we know about the relationship between internet-mediated interaction and social isolation and loneliness in later life?* Quality in Ageing and Older Adults, 19(1), 14-30 <u>https://doi.org/10.1108/QAOA-03-2017-0008</u>

Colton, M. and Roberts, S. (2007). *Factors that contribute to high turnover among residential child care staff. Child & Family Social Work*, 12(2), pp.133–142.

Bevan Commission. (2024). *The Foundations for the Future Model of Health and Care in Wales. Creating a sustainable National health and care Service for an equally well Wales.*

LLECHEN LÂN (A Clean Slate)

Cyngor Gwynedd (2024). *Age-friendly Gwynedd Action Plan.* [Online] Available at: https://extranet.who.int/agefriendlyworld/network/gwynedd/

Cyngor Gwynedd. *(n.d.). Telecare.* [Online] Available at: https://www.gwynedd.llyw.cymru/cy/Trigolion/Iechyd-a-gofal-cymdeithasol/Oedolion/Help-i-fyw-yn-annibynnol/Teleofal.aspx h

Department of Health. (2017). *Strengths-based social work practice with adults.* [Online] Available at: https://new.basw.co.uk/sites/default/files/resources/basw_53146-2_0.pdf

Fox, N., Ratcliffe, S., Scotter, K. (2023) *Care worker shortages: What is it like working in the industry?* [Online] Available at: [Care worker shortages: What is it like working in the industry? - BBC News](#)

Social Care Wales (2022). *What are Direct Payments?* [Online] Available at: https://socialcare.wales/resources-guidance/improving-care-and-support/care-and-support-at-home/what-are-direct-payments

NHS (2022). *Care homes: Social Care and Support Guide*. [Online] Available at: https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/care-homes/#:~:text=Nursing%20homes

Housing LIN. (2020). *Assessment of the demand for specialist housing and accommodation for older people in Wales.* [Online] Available at: https://www.gov.wales/sites/default/files/publications/2020-01/independent-report-on-accommodation-for-older-people.pdf

Welsh Government (2017). *Prosperity for All: economic action plan.* [Online] Available at: https://www.gov.wales/sites/default/files/publications/2019-02/prosperity-for-all-economic-action-plan-executive-summary.pdf

Welsh Government. (2006). *Guidelines for Developing Extra Care Housing in Wales.* [Online] Available at: https://www.gov.wales/sites/default/files/publications/2019-06/extra-care-housing-guidance.pdf

LLECHEN LÂN (A Clean Slate)

Nelson-Becker, H., Lloyd, L., Milne, A., Perry, E., Ray, M., Richards, S., Sullivan, M.P., Tanner, D. and Willis, P., 2020. *Strengths-based social work with older people: A UK perspective.* University of Kansas Libraries. [Online] Available at: https://bura.brunel.ac.uk/bitstream/2438/25761/1/FullText.pdf

P. Flannigan. (2024). S*tabilising the Health and Social Care Workforce in North Wales* [presentation]. Grŵp Llandrillo Menai.

Ryan, A.A., McCann, S. and McKenna, H. (2009). Impact of community care in enabling older people with complex needs to remain at home. *International Journal of Older People Nursing, 4*(1), pp.22-32.

TEC Cymru. (2021). DISCOVERY. *Telecare Services in Wales*. [Online] Available at: https://teccymru.wales/telecare

Statistics for Wales (2008). A Statistical Focus on Rural Wales. [Online] Available at: https://www.gov.wales/sites/default/files/statistics-and-research/2018-12/080515-statistical-focus-rural-wales-08-en.pdf

Whitfield, G. & Hamblin, K. (2023). Technology and social care: Key areas of policy focus in Scotland, Wales and Northern Ireland, 2019-2022. *Centre for Care*. [Online] Available at: https://centreforcare.ac.uk/wp-content/uploads/2023/07/Technology-Wales-Scotland-and-Northern-Ireland_2023_FINAL-reduced-size.pdf

Wittenberg, R., Hu, B., Barraza-Araiza, L., & Rehill, A. (2019). Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019-2040. *Care Policy and Evaluation Centre* [Online] Available at: https://www.yhscn.nhs.uk/media/PDFs/mhdn/Dementia/Bulletin/2019/December%202019/cpec_report_november_2019.pdf

Wright, J. (2020). Technology in social care: a review of the UK policy landscape. *Centre for International Research on Care, Labour and Equalities*. pp1-18 [Online] Available at: Technology-in-social-care-a-review-of-the-UK-policy-landscape.pdf (researchgate.net)

11. APPENDICES

Appendix 1 ..... Assumptions and Methodology

Appendix 2 .... Background Financial Data for part 4

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11.1. Appendix 1 - Assumptions and Methodology

Population Care Needs Model for those 65 years and over

<u>**Assumptions**</u>

- **11.1.1** For the purpose of this work 'older people' is defined as the population aged 65 and over, for consistency with policies and strategies such as <u>Age Friendly Wales'</u> and the organisation of services, as well as consistency with different data sources. However, the detailed modelling is done based on specific age brackets within that (ages 65-69, 70-74 etc.) and the results are referenced by detailed age group where appropriate.

- **11.1.2** The proportion of the population aged 65 and over who receive the different streams of care remain constant, the model does not include any changes in care needs e.g., should the health of the population worsen or if there is an increase in the proportion of the population with a condition or disease.

- **11.1.3** The Welsh Government's latest population projections (based on 2018 population estimates) will be used as the basis for the model but re-basing the baseline to be consistent with 2021 Census population data.

- **11.1.4** The Welsh Government plans to publish a new set of population projections for Gwynedd around the beginning of 2025, which will fully reflect the latest demographic changes, including the trends seen in the Census data. This may slightly change the detail of the figures (i.e., they may show somewhat less, or somewhat more, growth in the older population than current projections) but a major change in the overall direction of the predicted demographic changes is not expected.

- **11.1.5** The care needs model includes weekly hours of care needs for all care streams other than telecare/technology where weekly individual numbers are included. For residential / nursing care with and without dementia it was noted

that 22 (Residential), 24 (Dementia Residential), 26 (Nursing), 30 (Dementia Nursing) hours were provided for each individual. For the remaining care streams the hours of care provided were used as specified in the WCCIS system.

- **11.1.6** Location data was not available for some of the care hours, these hours showed as 'N/A' in the model. Since it was not possible to calculate the rate of hours to population in this case, this number of hours does not change when modelling forward to 2033 and 2043.

- **11.1.7** The model does not include daycare as a stream of care because it is likely to disappear as a significant stream over the period being modelled.

- **11.1.8** Care waiting list data has been incorporated into the model. A waiting list refers to care hours that cannot currently be provided due to a lack of capacity. When moving into the future, this data should not be viewed as a growing waiting list but as growing care needs.

- **11.1.9** For the waiting list, a different period was used from the baseline, as data available for this week was more accurate.

- **11.1.10** For the data waiting list, for available case numbers not specific hours, therefore 10 hours were used as domiciliary care hours (median domiciliary care hours provided) and median dementia and non-dementia hours which was 26 hours for residential and nursing care.

Methodology

- **11.1.11** The care needs model focuses on six streams of care, namely domiciliary care, residential care and nursing (non-dementia), residential and nursing care (dementia), direct payments, telecare/technology and extra care housing.

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- **11.1.12** For each stream of care, data was included for the care needs of the population aged 65 and over, and this data has been broken down into age brackets of 5 years (65-69, 70-74, 75-79, 80-84, 85-89 and 90+) as care needs tend to increase with age.

- **11.1.13** To look at the data at a lower geographical level, the data was split into five geographical areas namely Bangor, Caernarfon, Eifionydd, Llŷn and Meirionnydd as well as the whole of Gwynedd.

- **11.1.14** The total weekly care hours currently provided is the data basis for all streams of care except telecare/technology where this was not possible, and the number of individuals has been used instead. For convenience the following refers to care hours only, but this should be changed to the number of individuals for the telecare/technology stream.

- **11.1.15** The basis of the baseline used for the model is total weekly care hours for the week in May 2023 (Week commencing Sunday 7/5/2023).

- **11.1.16** Care hours were calculated as a proportion of the population of the relevant age group using 2021 Census population data.

- **11.1.17** Future care needs were modelled using the Welsh Government's population prediction from 2021 (based on population data from 2018), slightly adjusted to reflect the reduction in Gwynedd's population at the 2021 Census. As this data is outdated it is suggested that this model should be updated when the next population predictions are released in 2025.

- **11.1.18** We calculated how many care hours would need to be provided in 2033, and in 2043 using the population prediction (point 7) and the proportion of care needs (point 6). The total increase in care hours was then calculated to compare with 2023 as number of hours and percentage.

- **11.1.19** To get a fuller picture of future care needs, we collected data for the current waiting list using data from 4 December 2023, for home care, residential and nursing care (other than dementia), residential care and nursing (dementia). The change in care needs was calculated here following steps 6-8 above. This increase should not be viewed as an increase to the waiting list in the future, but an increase in future care needs such as above.

- **11.1.20** Having followed the above steps, the model includes the following:
    - Current care needs (2023) that are provided weekly
    - Current waiting list (2023) for domiciliary care, residential care and nursing (non-dementia), residential care and nursing (dementia)
    - Estimate of weekly care needs 2033, assumed using total all care need in 2023 (current care needs (2023) provided + waiting list)
    - Estimate of weekly care needs 2043, assumed using total all care needs in 2023 (current care needs (2023) provided + waiting list)

Workforce Model

<u>**Assumptions**</u>

- **11.1.21** The model does not attempt to model any change to the "centre" of the Department (management, administration etc) - it may need to increase as the numbers requiring care increase, but it is likely that it will also be possible to work more efficiently.
- The model includes the number of staff, not care hours.

- **11.1.22** As the purpose of the model is to look at the sum of all individuals who make up the workforce of the streams of care, including full-time and part-time employees, the model does not distinguish between individuals based on their working hours. There is an assumption that the working patterns of the workforce will continue as they are i.e., a mix of part and full-time workers and the staffing increases being modelled will include this.

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- **11.1.23** Ages 16-65 are used as 'working age' for the purpose of the model – although there are older staff working in care, that proportion is relatively small, and to avoid mixing between the age projections of the potential workforce pool, and the age of the people who will need care. Any staff older than 65 have been included in this total.

- **11.1.24** Gwynedd care workforce data from Social Care Wales (SCW) for 2022 is the baseline of the current workforce in the following care streams: domiciliary care, residential and nursing care (non-dementia), residential and nursing care (with dementia) and social workers / therapists. SCW indicated that they had provided the 2022 data as the 2023 data for external providers (i.e., other than Cyngor Gwynedd) was not currently available. It was also noted that some staff commissioned by the North Wales Regional Board were not included in the figures.

- **11.1.25** Some categories in the SCW data include staff caring for adults younger than 65 and/or children, as well as adults aged 65+. Data on Cyngor Gwynedd's internal workforce was used to adjust the figures for this; adjustment for any similar staff from external providers is more difficult and some of them may remain within the figures.

- **11.1.26** This model has once again divided the data into five geographical areas namely Bangor, Caernarfon, Eifionydd, Llŷn and Meirionnydd as well as the whole of Gwynedd. SCW data was not available for smaller areas, so the total workforce was divided by area using the hours of care from the previous model to estimate workforce location.

- **11.1.27** As SCW data included in-service staff only, i.e., no vacant posts, it was decided that the additional staff number needed to be estimated who would be needed to provide the current waiting list hours of care for domiciliary care and residential and nursing care (with and without dementia).

- **11.1.28** As workforce data was not collected for the direct payment care stream, it was projected that two part-time workers were required for each individual receiving direct payments in the relevant week (week commencing Sunday 7/5/2023) as the baseline for this stream in the model.

- **11.1.29** The baseline of the Extra Care Housing stream model was 5 members of staff for each Extra Care House.

- **11.1.30** It was projected that the growth in need for social carers / therapists correlates with the percentage in domiciliary care growth need.

Methodology

- **11.1.31** The care needs model focuses on six streams of care, namely domiciliary care, residential care and nursing (other than dementia), residential and nursing care (dementia), direct payments, extra care housing and social workers / therapists. This model aims to model the care workforce that will be needed and does not include the needs of support or office staff.

- **11.1.32** The baseline of the model was noted using the data sources identified in the above projections, separating the staff by age group where possible.

- **11.1.33** This data had not been separated by area so the corresponding care hours split (step 3 of the care needs model above) was used as a means of separating staff numbers into five geographical areas namely Bangor, Caernarfon, Eifionydd, Llŷn and Meirionnydd as well as the whole of Gwynedd. As social workers / therapists were not a stream of care in the care needs model we used the home care hours split from the previous model.

- **11.1.34** The residential care and nursing data had not been separated into the work stream of individuals with and without dementia. The same approach set out in point 3 was used to separate residential care and nursing workforce into a non-dementia and dementia stream.

- **11.1.35** Future workforce needs were modelled using the increased calculated care needs percentages in the care needs model for each stream of care individually for 2033 and 2043. As social workers / therapists were not a care stream in the care needs model the calculated increase for home care was used to model the need of the future workforce.

- **11.1.36** We estimated the additional number of staff needed to provide the care needs of the current waiting list, calculating the staffing portion: current care needs and multiplying them by the waiting list's care hours. This was done for dmiciliary care, residential and nursing care (non-dementia) and residential and nursing care (with dementia). The future workforce needs of this list were modelled using the percentages of increase in waiting list care needs calculated in the care needs model for each stream of care individually for 2033 and 2043. This increase should not be viewed as an increase to the future waiting list, but an increase in future workforce needs as above.

- **11.1.37** Having followed the above steps, the model includes the following:
    - Current workforce staff numbers (2023) for home care, residential and nursing care (other than dementia), residential and nursing care (dementia), direct payments, extra care housing and social workers / therapists
    - Number of staff required to provide current waiting list care needs (2023) for domiciliary care, residential and nursing care (non-dementia), residential care and nursing (dementia)
    - Estimated number of workforce staff in 2033, assumed using total care need in 2023 (current workforce (2023) + additional waiting list workforce)
    - Estimated number of workforce staff in 2043, assumed using total care need in 2023 (current workforce (2023) + additional waiting list workforce)

Finance Model

- **11.1.38** Costs calculated based on 2023-24 prices. The impact of inflation between now and 2033/2043 has been ignored so that we compare like with like.

- **11.1.39** There is an assumption that the Welsh Government's allocation of Council funds is catching up with the inflation that will need to be paid on fees to providers.

- **11.1.40** The domiciliary care cost has been worked out by taking the average cost of an hour of domiciliary care in the different areas. This has led to a different unit cost in the different areas.

- **11.1.41** The residential and nursing cost has been worked out by looking at the average bed cost across internal and external provision. One average cost for residential and nursing beds, and another average cost for residential and nursing beds with dementia.

- **11.1.42** The average cost for residential and nursing care has been worked out as weighted average. In other words, the division between residential and nursing beds is considered as part of the average cost.

- **11.1.43** The contributions of individuals towards their care have not been considered. An assumption has been made that the proportion of the service cost funded by contributions remains constant.

- **11.1.44** The number of domiciliary care hours in 2023 have been based on a fixed period in 2023 rather than the year average. By using these hours as a baseline for the increase in line with the demographic progress objectives.

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Modelling the Rural Mean and Innovative Working

Assumptions and Methodology

- **11.1.45** When modelling the potential effect of reaching the rural mean, the assumption is that hitting the rural mean in one stream results in hitting the rural mean in all other streams.

- **11.1.46** Modelling the potential rural mean impact and working innovatively focuses on the total weekly care hours, and total funding, of the three 'traditional' streams of care, namely domiciliary care, residential and nursing care (except dementia) and residential and nursing care (dementia).

- **11.1.47** The purpose of modelling the rural mean and working innovatively is to demonstrate the potential impact that changing the way we work can have on the total need for care and funding. As the field is one that is developing it is expected that more evidence will become available in the future that may demonstrate the more specific impact of best practice and innovative approaches on care needs.

- **11.1.48** The basis of modelling the potential impact of reaching the rural mean is the percentage by which Gwynedd's care provision would need to be reduced to reach the current rural mean, and the application of this change on the weekly care needs hours of the care needs model. We modelled the impact of reaching this percentage in 2033 and continuing to reach it annually until 2043 and have modelled attaining this in 2043 by reaching half of this percentage by 2033. The second scenario is included in the final graph.

- **11.1.49** The basis of the potential impact of innovative working modelling is to reach the current rural mean by 2033 and reach a significantly higher reduction by 2043. As more evidence on the quantitative impact of working innovatively becomes available, it is suggested that this scenario be re-modelled to see what its impact will be on future care needs.

11.2 Appendix 2 - Background Financial Data for part 4

Table 14: Unit costs per care stream 2023

Service	Cost
Domiciliary Care (per hour)	£30.54
Residential and Nursing Care (Weekly cost)	£870.19
Dementia Residential and Nursing Care (Weekly cost)	£912.63
Direct payments (per hour)	£15.22

11.2.1 Domiciliary Care

Table 15: Demonstrating annual cost difference of Domiciliary Care delivered in 2023 and total cost of need (when considering the waiting list)

Domiciliary Care		Year Cost £	
Age	Delivery in 2023	Needs 2023	Waiting List
65-69	911,872	1,080,404	168,532
70-74	1,057,472	1,226,004	168,532
75-79	1,355,640	1,566,344	210,704
80-84	2,388,256	2,823,652	435,396
85-89	3,054,480	3,658,408	603,928
90+	3,016,364	3,536,052	519,688
Total 65+	**11,784,084**	**13,890,864**	**2,106,780**

Table 16: Year Cost of Domiciliary Care as delivered in 2023 showing cost increases against 2033 and 2043 based on needs

Domiciliary Care		Year Cost £	
Age	**Delivery in 2023**	**Estimate 2033**	**Estimate 2043**
65-69	911,872	1,269,528	1,057,056
70-74	1,057,472	1,279,304	1,320,800
75-79	1,355,640	1,614,548	1,899,352
80-84	2,388,256	3,479,892	3,993,600
85-89	3,054,480	4,903,756	4,906,512
90+	3,016,364	3,985,176	5,204,472
Total 65+	**11,784,084**	**16,532,204**	**18,381,792**
Increase on 2023		**4,748,120**	**6,597,708**

11.2.2 Residential and Nursing Care (non Dementia)

Table 17: Year Cost of Residential Care and Nursing (non-Dementia) as delivered in 2023 showing cost increases against 2033 and 2043 based on needs

Residential and Nursing Care (non Dementia)		Year Cost £	
	Delivery in 2023	**Estimate 2033**	**Estimate 2043**
Total 65+	24,389,761	30,909,516	36,358,027
Increase on 2023		**6,519,755**	**11,968,266**

11.23 Residential Care and Dementia Nursing

Table 18: Demonstrating year cost difference of Residential Care and Dementia Nursing as delivered in 2023 showing full cost of need (when considering the waiting list)

Residential Care and Dementia Nursing	Year Cost £		
Age	**Delivery in 2023**	**Needs 2023**	**Waiting List**
65-69	142,370	189,827	47,457
70-74	616,939	664,396	47,457
75-79	1,044,051	1,233,878	189,828
80-84	2,277,930	2,562,671	284,741
85-89	2,230,473	2,372,844	142,371
90+	3,132,153	3,559,265	427,112
Total 65+	**9,443,917**	**10,582,882**	**1,138,965**

Table 19: Year Cost of Residential Care and Dementia Nursing as delivered in 2023 showing cost increases against 2033 and 2043 based on needs

Residential Care and Dementia Nursing	Year Cost £		
	Delivery in 2023	**Estimate 2033**	**Estimate 2043**
Total 65+	9,443,917	12,900,072	15,076,944
Increase on 2023		**3,456,155**	**5,633,027**