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**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
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**Deputy Minister for Social Services**



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref MA EM 2427 22

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28 Gorffennaf/28 July 2022

Annwyl/Dear Russell,

Darllenasom â diddordeb mawr adroddiad y Pwyllgor Iechyd a Gofal Cymdeithasol, *Rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai*, a gyhoeddwyd yn dilyn ei Ymchwiliad a ystyriai sut y gellir gwella llif cleifion drwy ysbytai.

Ceir ynghlwm ymateb ysgrifenedig oddi wrth Lywodraeth Cymru i'r adroddiad hwn. Mae'n cynnwys ymateb i bob un o'r 25 o argymhellion a wnaed gan y Pwyllgor.

We have read with interest the report of the Health and Social Care Committee entitled: *Hospital Discharge and its impact on Patient Flow Through Hospitals* published following its Inquiry that explored how patient flow through hospitals can be improved.

Please find attached a written response from the Welsh Government to this report. This contains responses to each of the 25 recommendations that the Committee has made.

Yn gywir/ Yours sincerely

**Eluned Morgan AS/MS**  
Y Gweinidog Iechyd a Gwasanaethau  
Cymdeithasol  
Minister for Health and Social Services

**Julie Morgan AS/MS**  
Y Dirprwy Weinidog Gwasanaethau  
Cymdeithasol  
Deputy Minister for Social Services

## Written response by the Welsh Government to the Report of the Health and Social Care Committee following its Inquiry on Hospital discharge and its impact on patient flow through hospitals

**Recommendation 1.** Before the end of 2022, the Welsh Government should write to us to provide an update on the effectiveness and impact of the system reset across health and social care, including the extent to which it has supported and improved flow throughout the system, the impact it has on the number of delayed patients, and what further action is planned as a result.

### Welsh Government Response:

#### **Accept**

In view of ongoing and escalating pressure on the health and social care system, a national health and social care risk summit was held on 15 February 2022.

The summit was attended by Chief Executives and clinical and operational executives from health and social care as well as WG directors. A product of that summit, an agreement from those attending was a two-week national 'system reset' to be held in March 2022. The group felt the system reset could support quality improvement and reduce the risk of harm to patients, with a focus on the following key areas of the urgent and emergency care pathway:

- Improving ambulance patient handover processes;
- Improving the efficiency of 'pulling' patients from Emergency Departments to hospital wards;
- Delivering a more proactive response to growing pressures to support better management of increasing demand; and
- Delivering consistently good discharge planning processes to support the timely transfer of care of patients from acute hospital sites.

A system reset learning event was held on 1 June 2022 where Health Board leaders shared learning from their local system resets and described how this would be transposed into 'business as usual' where relevant. The learning event highlighted some operational benefits of the system reset although the following key learning themes were observed by officials:

1. Health Board leads suggested there was insufficient lead in time to plan properly for the system reset; but the reset had allowed organisations to recalibrate their priorities with partners and teams.
2. Local Authorities were not fully engaged at an early stage, partially because of the short notice nature of the system reset fortnight, making a whole system approach and achievement of improvements in flow difficult to reconcile; and
3. Staffing capacity constraints caused by sickness absence and isolation as a result of covid meant it was difficult to enhance workforce capacity in key areas of the pathway to make a difference and achieve desired outcomes.

Following the system reset, the NHS Wales Leadership Board agreed any lessons learned should be driven through national and local Six Goals for Urgent and Emergency Care Programmes, launched in May 2022. Health Boards, NHS Trusts and Regional Partnership Boards will also be expected to consider learning as part of the development of winter plans for 2022/2023.

**Financial implications:**

None

**Recommendation 2.** The Welsh Government must ensure that the new Health & Social Care Regional Integration Fund is effective in identifying and mainstreaming successful projects which improve patient flow into common practice across Wales. The quarterly status reports should therefore include an assessment of progress in developing and rolling out projects to improve patient flow.

Welsh Government Response:

**Accept**

We have taken immediate action on this and commissioned additional detail from Regional Partnership Boards about the current support from Regional Integration Fund (RIF) for Step Down Beds, and projections for October 2022. Therefore, the first set of reporting on the RIF will be augmented with this additional data on hospital flow. We will review this additional source of data for future reporting to establish a proportionate approach.

**Financial implications:**

None

**Recommendation 3.** The Welsh Government should provide further information about how and when the proposed audits of the Health & Social Care Regional Integration Fund will take place, how stakeholders will be consulted, and whether reports will be published.

Welsh Government Response:

**Accept**

In this first year of the Regional Integration Fund officials are working closely with the regions to review the investment proposals and the programmes and projects therein. In addition to this advice and support, officials have commissioned OB3 to undertake an independent review and reflect on progress made from the Integrated Care Fund / Transformation Fund to ensure that recommendations from those evaluations have been taken on board and are demonstrably reflected in the new programme.

Officials are also implementing a panel of external experts who will act as a critical friend, providing expertise, advice and support to Welsh Government and Regional

Partnership Board whilst ensuring full consideration has been given to the requirements of the Regional Integration Fund within the respective programmes and projects. Due to this extensive approach, there are no plans for an audit in year one however we will be seeking opportunities for this as the RIF matures and will ensure that information regarding this is shared in a timely fashion and that all key stakeholders are consulted.

**Financial implications:**

None

**Recommendation 4.** The Welsh Government should set and publish a timescale for the introduction of new, improved data measurements in respect of delayed transfers of care.

Welsh Government Response:

**Accept**

In order to free up NHS staff to focus on delivering safe care to our most vulnerable people during the pandemic we made the decision to pause a number of reporting frameworks, which included forms reporting on delayed transfers of care (DToC).

We recognise that the collection of data in this area is important on several fronts such as being able to identify areas of best practice in implementing efficient patient flows and also includes our ability to monitor our health and social care systems to help manage any build-up of pressure.

To deliver this, officials have set up an expert group which also includes membership from NHS staff, NHS Delivery Unit, Digital Health and Care Wales (DHCW), health board representatives and local authorities to consider how reporting can be restarted and how it can also be revised and updated. Work has been undertaken to review and revise the formal data collection and reporting system. As an outcome, a timeframe of activity has been developed that will allow for the reinstatement of regular, formal, data reporting through a "Pathways of Care Reporting" database that will be a modification of the former DToC database.

You will already be familiar with Discharge to Recover then Assess (D2RA) which was introduced during the pandemic as a further mechanism for health boards to deploy to safely move patients through hospitals and back to their homes or places of care/residence. As well as working to update and reintroduce formal discharge reporting we will also be considering how we can align this framework to include formal reporting on D2RA pathways.

Finally, in parallel to implementing the revised data collection we will be working with stakeholders to consider any further areas that could be included in the formal reporting in the future. Currently we have identified areas such as discharges that involve mental health or learning disability services as initial avenues to explore.

Implementation of the new framework will be applied in a phased approach to allow for a trial of the working format in three pilot areas to review its effectiveness before making any final changes and rolling out to all health boards and services. This

approach will help ensure the revisions to the system are fit for purpose and that the reporting framework embeds efficiently with teams. A summary of the timescales for development and introduction of the new formal reporting framework is set out below:

Phase	Date and Action
<b>Phase 1</b> - Core reporting framework development and pilot scheme	Commenced on 18 July - implement pilot reporting in three health board areas and monitor output.
	July – August – Monitor pilot scheme. Seek continued feedback on implementation from teams involved in pilot scheme.
<b>Phase 2</b> - Full rollout of revised reporting framework - All Wales	Mid-August – September – Review final outcomes of pilot scheme and implement any necessary changes to reporting framework ahead of full rollout to all health boards.
	Late September - rollout new reporting framework monthly to all health boards and social care partners and ahead of significant winter planning preparations.
	September to February – Work with expert group and stakeholders to develop proposals to expand the reporting framework.
<b>Phase 3</b> - review and proposals to expand reporting framework considerations (learning disability, mental health etc.)	February 2023 - undertake a six-month review of the framework to assess for any further refinement required.  Develop timeframe to implement any further broadening of the reporting framework into areas that have previously not been formally captured.

**Financial Implications:**

None

**Recommendation 5.** As part of its monitoring of the implementation of Discharge to Recover then Assess (D2RA), the Welsh Government must clarify how it intends to ensure that discharge planning is happening at the earliest possible opportunity and includes representatives of all relevant sectors.

Welsh Government Response:

**Accept**

We have already established guidance for health boards and relevant partners to accompany the implementation of D2RA practices in Wales. These were embedded in wider discharge guidance to support the sector through the pandemic and which remains in place as current guidance.

As part of the Six Goals for Urgent and Emergency Care, goal five: '*optimal hospital care and discharge practice from the point of admission*' and goal six: '*home-first approach and reduce the risk of readmission*' align with and seek to deliver the national discharge guidance.

For goals five and six, the NHS Delivery Unit have been commissioned to develop of an **Optimal Hospital Care and Home First Programme**. This aims to enable optimal discharge practice and delivery of Home First principles to better manage people in the community, release hospital capacity and reduce risk of admission. Hospital flow is not just about the point of discharge and there are multiple facets to smooth operational delivery and positive patient experience and outcomes.

As part of this programme, officials are now working with NHS DU colleagues to further support the implementation of this practice through operational guidance that will provide greater detail for ward staff and clinicians on using D2RA pathways to safely move patients through hospitals and on to safe recovery either at home or in their place of residence/care. The operational guidance will help to ensure that D2RA practices are safely incorporated at the earliest opportunity in a patient's pathway.

The development of this supporting guidance will be taken forward by an expert group comprising colleagues from health as well as representatives from local authorities, social service partners and wider stakeholders to ensure that it is developed co-productively. The aim is for this Operational Guidance to be available by October 2022, ahead of winter.

**Financial implications:**

None

**Recommendation 6.** The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.

## Welsh Government Response:

### **Accept**

At the meeting of the Emergency Ambulance Services Committee (EASC) Joint Committee on 9 November 2021, all seven health boards – as joint commissioners and members of the committee - committed to improvement against two deliverables as a start point to reducing ambulance patient handover delays:

- No ambulance handover will take more than 4 hours
- We will reduce the average lost time per arrival by 25% from the October 2021 level at each site (from 72 minutes to 54 minutes at an all Wales level)

The confirmed minutes from this meeting can be found [HERE](#).

It should be noted that these deliverables do not constitute targets at this stage, as it is acknowledged the scale of the challenge will vary by site, some of which may require more targeted support from the Chief Ambulance Services Commissioner and his team.

The Chief Ambulance Services Commissioner has worked with health boards to develop ambulance handover improvement plans, including trajectories for improvement, for each emergency department in Wales to formalise health boards' commitments to these deliverables and broader actions to improve the timeliness of ambulance handovers.

We have started to see improvement in handover performance in some areas, but we expect to see further improvements driven by health boards' handover improvement plans. Officials will seek assurance on compliance against these deliverables and delivery against the handover improvement plans through regular Integrated Quality, Planning and Delivery (IQPD) meetings held with each health board. They will also be formally reviewed in September 2022, as part of the EASC annual report.

The Chief Ambulance Services Commissioner and his team are working with health boards and the Welsh Ambulance Services Trust to deliver a refreshed and enhanced integrated improvement plan for ambulance services. We expect to see this plan drive a clear focus on joint actions to improve response times and reduce ambulance patient handover delays at hospitals, as well as better managing people in the community.

### **Financial implications:**

We are investing an extra £3m to help the Welsh Ambulance Service increase its response capacity as quickly as possible through the recruitment of between 100-150 frontline staff. This funding is in addition to £1.8m of non-recurrent funding from the Emergency Ambulance Services Committee earlier this year to continue support from St John Ambulance Cymru and provide other additional capacity to meet demand.

We have also made a £25m annual budget available for delivery against the Six Goals for Urgent and Emergency Care, of which health boards and NHS trusts can access up to £20m this year. Each health board will have up to £2.96m towards the delivery of their local programme plans and a £4m Six Goals for Urgent and Emergency Care

Programme Innovation and Delivery Fund will be available for nationally coordinated projects.

**Recommendation 7.** The Welsh Government should increase funding for reablement and home therapy services and work with partners to establish a comprehensive wrap-around rehabilitation service.

Welsh Government Response:

**Accept**

Investment has already been provided to expand and enhance Reablement and Rehabilitation and the full range of community-based interventions by Allied Health Professionals (AHPs). Investment from the Regional Integration Fund, the reset and recovery funding and the four national programmes has been provided to health and social care over the last year. Additionally, the Planned Care Programme has identified the need for increased prehabilitation and rehabilitation and we are exploring further embedding community rehabilitation. The National Rehabilitation Framework is being updated and the AHP Framework programme is working with the four national programmes to explore how to increase access to AHPs and other workforce groups to provide more home based reablement and rehabilitation.

**Financial implications:**

None

**Recommendation 8.** The Welsh Government should set out how it will work with health boards and other partners to increase the availability of more appropriate step-down facilities across Wales.

Welsh Government Response:

**Accept in principle**

Intermediate care is an umbrella term for a range of services with five main service models or functions with well-established definitions ([NHS Benchmarking Network - Raising standards through sharing excellence, providing evidence and insight & Overview | Intermediate care including reablement | Guidance | NICE](#)). It is provided in a range of settings, including bedded facilities for both step-up and step-down care.

In Wales, the balance of provision remains skewed towards using intermediate care for step-down post-acute or ‘front door’ turn around. Step-up intermediate care is essential to support keeping people at home and avoiding preventable admission, but it can and does come under pressure as resources are diverted to supporting discharge and enhancing flow to the next stage of care through the overuse of bedded intermediate facilities being filled with people stepping-down from hospital.



The balance of step-up & step-down intermediate care is important if these services are to facilitate flow effectively across the whole system and maximise outcomes for people. The accept in principle for this recommendation is based on this premise of needing to strike the right balance; this may or may not be an increase in the availability of bedded facilities. The default should therefore not be to increase the availability of step-down facilities, but where this is needed, we will all need to work together, including Welsh Government, to ensure this is achieved in a way that improves the outcomes and experience of those people who require this level of care and support.

This is a central part of our Urgent and Emergency Care Programme and our Discharge to Recover and Assess programme. Although this was first introduced as part of our Covid response hospital discharge guidance, it remains our policy and is an integral part of our six goals for Urgent and Emergency Care Programme.

**Financial implications:**

No additional financial implications identified

**Recommendation 9.** The Welsh Government should provide further details of how much will be invested in intermediate care accommodation and step-up/step-down facilities as a result of the Housing with Care Fund.

Welsh Government Response:

**Accept**

This recommendation is interlinked with recommendations 7 & 8, and therefore must be considered alongside these. Striking the right balance of step-up and step-down at home and in bedded facilities and the principles of 'home first' should always be the default. For some, the provision of intermediate care in a bedded facility will be the optimal choice as a stepping-stone to returning to their own home, or for a period of assessment to ensure long term care needs are fully assessed to ensure the appropriate provision for these needs are put in place. Whether that be step-up provision to provide optimal care for someone who needs some time limited support at a time of urgent need or crisis but where acute hospital care is not needed or appropriate, or step-down to facilitate a timely transfer from hospital when somebody is medically optimised; bed based intermediate care is a critical element of the five functions or models of intermediate care provision overall. All of these will require sufficient provision of rehabilitation and reablement if people are to achieve their full recovery.

Understanding capacity and demand for bedded intermediate care, and the level of investment required to support this, will therefore need to be a key component of how the Housing with Care Fund will be managed, and this understanding will be supported by being able to draw upon the existing capacity and demand modelling already underway as part of the D2RA pathways and community infrastructure work within the Strategic Programme of Primary Care. However, in recognition of the significant need for intermediate care accommodation, the [Housing with Care \(HCF\) Guidance](#) states

that a minimum of 20% of an RPB's annual HCF funding allocation should be invested in intermediate care accommodation.

**Financial implications:**

None identified

**Recommendation 10.** The Welsh Government should clarify its expectations about the availability of allied health professionals in different health and care settings, and set out how it will work with health boards to increase the presence of such professionals at the “front door” of services, particularly GP surgeries and A&E departments. In doing so, the Welsh Government should identify how any barriers to increasing allied health professional availability, including the need for any capital investment in estates or facilities, will be addressed.

Welsh Government Response:

**Accept**

The Allied Health Professions (AHP) Framework: Looking Forward Together sets the vision for the transformation of AHPs services including increased access, a greater proportion of the workforce in primary and community services, and the increase of community rehabilitation. The Welsh Government is funding Health Education and Improvement Wales (HEIW) to deliver a National Programme for the Allied Health Professions Framework to transform access to the expert skills of allied health professionals who can support early intervention and public health interventions to improve population health outcomes. The programme also aims to increase access to community-based rehabilitation and reablement, allowing for care closer to people's homes.

The National AHP Lead for Primary and Community Care is a member of the Strategic Programme for Primary Care team and is leading work to develop the AHP Professional collaboratives as part of the Community infrastructure and Accelerated Cluster Development Programme. They are working with a national Primary Care AHP leadership group to agree how best to support the Pan Cluster Planning Groups to commission multi professional services for specific population.

New roles for AHPs in primary and community services are being established and the vision is that the community will be the usual place of practice for most AHPs. Health Education and Improvement Wales (HEIW) is hosting a National Public Health and Prevention AHP to lead new ways of working and implement the UK AHP public health goals, which have a strong focus on prevention.

We continue to invest record levels in training and education for health professionals and have more training places than ever before. For example, Occupational Therapists training numbers have increased by over half since 2016 and Physiotherapists training places have increased by 30% since 2017.

The programme to deliver a new generation of integrated health and social care centres will provide the flexible and modern space required by AHPs in a primary care setting. The programme will access a range of funding sources but already support

has been made available via the Integration and Rebalancing Capital Fund which is providing £50m funding this year, £60m next year and £70m in 24/25.

**Financial implications:**

No additional financial implications at this stage beyond those identified above.

**Recommendation 11.** The work of the task and finish group on interim residential care placements needs to take place as a matter of urgency. The Welsh Government should publish a timetable for this work and commit to publishing the outcomes on completion, including a clear plan for taking forward any recommendations.

Welsh Government Response:

**Accept**

Work is continuing in order to increase the capacity of the health and social care system to respond to additional demand expected in the coming winter. The initial milestone is this October, where we aim to have additional capacity in place with increased 'step-down' provision being a primary objective. The task and finish group is driving this work on an operational basis with partners rather than developing recommendations.

**Financial implications:**

None. Any additional costs will be drawn from existing programme budgets.

**Recommendation 12.** Significant reforms to the pay and working conditions for social care staff must be delivered at pace. By the end of 2022, the Welsh Government should provide an update on the work undertaken to improve the pay, terms and conditions and career progression opportunities for the social care workforce, and address inequities with their NHS counterparts. This should also include an update on the introduction of a national pay structure for care.

Welsh Government Response:

**Accept**

We have already undertaken a number of steps to look across the pay and working conditions for social care:

- Introducing the Real Living Wage for social care workers has been a priority for the Welsh Government and a key commitment in our *Programme for Government* to build an economy based on the principles of fair work, sustainability and the industries and services of the future.
- The sector urgently needed support to address recruitment and retention issues, exacerbated by the extreme challenges presented during the Covid pandemic. £43m of funding was made available to Local Authorities and Health

Boards for 2022/23, to deliver our commitment to introduce the real living wage to social care workers in Wales.

- We have worked with partners and stakeholders to achieve a successful implementation, and in developing guidance that supports Local Authorities, Health Boards, commissioners and employers.
- All efforts of the Social Care Fair Work Forum have been on early improvements to pay, as members have been looking at how we could take forward the Real Living Wage. The Forum will now be looking to make swift progress on their other priorities.
- The Real Living Wage provides a starting point for improved terms and conditions for social care workers, but it is not an end point. This is a long-term commitment and we will continue to work in partnership through the Social Care Fair Work Forum to ensure that it brings about long term, sustainable change.
- The Forum has prioritised certain areas with regard to fair work in the sector, one of which is to develop a pay and progression framework for social care workers, currently being progressed. The Forum will publish an update on the progress being made across their key priorities by the end of 2022.

### **Financial implications:**

Financial implications are set out in the above points – these will be met from existing budgets.

**Recommendation 13.** By the end of 2022, the Welsh Government should provide an update on the work that has taken place to address the issue of sickness pay for social care workers and an outline of the Social Care Fair Work Forum’s planned work (including timescales).

### Welsh Government Response:

#### **Accept**

The Covid-19 Statutory Sick Pay Enhancement scheme was introduced on 1 November 2020 to provide financial support for social care workers who need to self-isolate or stay off work in line with current guidance. It ensures staff in the social care sector receive 100% of their usual pay in their pay-packet (without delay) when they are required to stay off work due to testing positive or being identified as a contact of a positive case. It provides funding for employers to pay workers at full pay for eligible absences. These absences need to be in line with current Welsh Government guidance to reduce the risk of transmission. The scheme recognises that most social care workers in the independent sector do not receive occupational sick pay. This removes the financial disadvantage to social care workers of staying away from work to protect our most vulnerable citizens.

Absences covered by the scheme have kept pace with the changing requirements for self-isolation. The scheme was introduced as Ministers recognised that most social care workers received only Statutory Sick Pay (SSP) when they needed to stay off work due to Covid-19, or no income at all if they did not qualify for SSP. This is a scheme specifically for social care workers. The Self-Isolation Payment scheme was

also available to social care workers up till the end of that scheme on 30 June 2022. Staff could choose from which scheme to claim.

Ministers have recently extended the SSP Enhancement scheme until 31 August 2022 and will review the scheme again at the time that testing arrangements and other plans for autumn/winter are being decided.

The Social Care Fair Work Forum is committed to working together to influence national priorities and policy regarding fair work in the social care sector in Wales and to work ambitiously and pragmatically to achieve practical and implementable change. It has prioritised certain areas with regard to fair work in the sector:

- The payment of the Real Living Wage to all social care staff as a minimum;
- Developing a pay and progression framework for social care staff;
- Determining how a model of collective bargaining could operate in the sector;
- Examining the role and experiences of Personal Assistants in social care and their access to fair work;
- Supporting safe, healthy and inclusive working environments in social care;
- Understand the impact on workers of non-guaranteed hours and the extent to which workers have knowledge of, and are able to access their rights.

The Forum will publish an update on the progress being made within these key priorities by the end of 2022.

#### **Financial implications:**

No additional financial implications identified.

**Recommendation 14.** The Welsh Government should explain how it will increase recruitment to the social care sector. It should also undertake a robust evaluation of the WeCare.Wales recruitment campaign to demonstrate that it has provided value for money and increased the actual number of applications for social care jobs and take up of social care roles.

#### Welsh Government Response:

##### **Accept**

The motivation behind the WeCare.Wales recruitment and retention campaign is to increase the number of people taking up and remaining in jobs in social care. To date, promoting the value of careers in social care to increase the perception of the status of such roles has been the overarching campaign concept.

Clearly, the context of this recruitment campaign is that of a very competitive labour market with jobs in other sectors offering employment with greater pay and less personal responsibility. These are significant factors that disallow a direct cause and effect judgement. However, continual evaluation of activity has revealed notable success in driving traffic to the WeCare.Wales jobs portal which is indeed, the overarching campaign objective.

This analysis of recent activity has shown increased visits to the WeCare.Wales website as a whole and particularly to the jobs pages of the website. There has been a sustained record of new users of the website over the activity periods also: 79% in December 21-January 22, and 157% in March- April 22.

We have also worked with Social Care Wales to devise a survey for newly appointed social care workers which ran from April to the end of June 2022. Interim results discussed here are based on 494 respondents. Almost half of respondents had not worked in social care previously. One third of respondents clearly recalled seeing the WeCare.Wales adverts and of those that did, TV and social media was overwhelmingly the media recalled. Around half of those who recalled seeing the adverts indicated they made them interested in working in social care and that the advert was a realistic representation of social care. 60% indicated the adverts made them feel more positive about social care.

Over two thirds of respondents indicated they worked in social care because they enjoy helping and supporting people. After that, the next most likely reason is that people enjoy working in their team. Around a quarter of people also indicated that they chose to work in social care due to the hours suiting them. This insight will be combined with recommendations from activity evaluation to further strategically target and fine tune future campaign work to maximise effectiveness.

We constantly monitor the success of every channel to ensure the greatest return on investment. We are aware that targeted social media advertising and internet search ads are delivering good value for money, but also that there are increasing visitors to the jobs pages directly indicating that other mediums have been successful in raising awareness of the jobs portal and promoting recall.

Supplementary to monitoring the data and results of the individual activity bursts, the parameters for further evaluation will include exploring the success of the overall campaign and any areas for development. We will be considering recommendations from this work in order to finalise the long-term strategic plans around this agenda based on this up-to-date insight.

We are also including factors impacting recruitment and retention in the remit of the evaluation of the impact of the Real Living Wage, which includes a piece of work by the Covid-19 Research Evidence Centre that will be available in the autumn.

### **Financial implications:**

No additional significant costs identified with undertaking the actions set out above. Any costs are anticipated to be met within existing budgets.

<p><b>Recommendation 15.</b> The Welsh Government should work with local authorities to review how information about direct payments is communicated to social care users and their carers, and develop a targeted information campaign to raise awareness of direct payments. As part of its response to this recommendation, the Welsh Government should advise when they expect this work to be completed.</p>
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## Welsh Government Response:

### **Accept**

Having clear and consistent information is essential to enable people to consider and decide if a direct payment is suitable for them.

We have co-produced and published clear and concise advice about direct payments including busting some of the common myths and misconceptions that have developed. We need to ensure that people are being consistently signposted to that information as there seem to be some disappointing gaps amongst some partners. The Auditor General's Report "Direct Payments in Adult Social Care" (<https://www.audit.wales/sites/default/files/2022-04/Direct-payments-Eng.pdf>) provides us with helpful evidence to update and supplement our existing Direct Payments resource <https://socialcare.wales/service-improvement/direct-payments-a-guide>.

So, for example, whilst our Direct Payments resource already addresses the myth that direct payments are complicated to use, we can now supplement that by highlighting the Auditor General's evidence of the positive experiences of 78% of people who reported they received good quality support to manage their direct payment. That is very positive evidence but still offers us areas to explore for improvement. It is understandable that people's experiences of direct payments diminish if the correct balance of bureaucracy is not achieved.

We continue to consider how we expand, enhance and promote this shared resource which supports practitioners and individuals alike. For example, by drawing on some of the excellent real-life examples showing how direct payments have been used in Wales which local authorities and others such as the All Wales Parents and Carers Forum have published on YouTube. We are also exploring the potential timings and content of specific activity to promote direct payments.

The Auditor General's Report also includes a number of recommendations for local authorities to improve the provision of the information to people as well as through the workforce. One aspect we will want to explore further is what the Auditor General describe as the "*characteristics of a local authority that effectively encourages, manages and supports people to use Direct Payments*".

Taken together, we continue to explore how we can collectively reinforce rights and entitlements to improve the consistency of the approach and the offer around direct payments that ensures equity without diluting individual voice and control.

### **Financial implications:**

Any costs are anticipated to be met within existing budgets.

**Recommendation 16.** The Welsh Government should update the Senedd on whether it has decided to develop and introduce a fast-tracked system for direct payments to carers, taking account of any relevant recommendations made by the Auditor General for Wales following his review of direct payments. If such a system is to be introduced, the Welsh Government should set out how and when this will be

done. If it decides not to proceed, the Welsh Government should set out how it plans to improve access to support for unpaid carers.

### Welsh Government Response:

#### **Accept in Principle**

We fully recognise and support the intention underpinning the Committee's recommendation and the outcome it seeks to achieve. It wholly reflects and reinforces the comprehensive and supportive framework we have put in place for social care and which empowers and enables local authorities to respond in a timely, proportionate and person-centred way. We will continue to keep this recommendation in view alongside our continuing engagement and activity in support of carers in Wales and our work in response to Recommendations 18 and 24.

The Auditor General for Wales Report Direct Payments in Adult Social Care (<https://www.audit.wales/sites/default/files/2022-04/Direct-payments-Eng.pdf>) provides clear evidence of the positive impact that practitioners and direct payments are having on people's lives:

*“Overall, recipients of Direct Payments that we surveyed are positive about local authority assessment processes; the time spent by local authority staff clarifying employer responsibilities; and the ‘What Matters’ conversation.”*  
(paragraph 1.11).

But the Report is also clear:

*“Employing a Personal Assistant cannot be entered into lightly and people pursuing this option need to be fully aware of their responsibilities.”*  
(paragraph 2.3).

This evidence reflects the high levels of satisfaction direct payment recipients reported to the Auditor General encompassing the assessment and care planning process; peoples' feelings about their ability to manage a direct payment; and having a clear understanding of legal obligations of being an employer.

But using a direct payment is not limited to being an employer. Direct payments can be used to meet any assessed, eligible need. One example where a more proportionate approach may be suitable is where the assessed, eligible needs do not require someone to discharge the statutory employment responsibilities. In this example, we would still expect an effective practitioner to invest time listening to a carer's views, wishes and feelings to jointly co-produce and consider a range of options to enable that carer to meet their identified outcomes. It would not seem appropriate or acceptable for an individual to simply receive, or request, a pre-determined off-the-shelf response from their local authority. That is not consistent with our shared expectations for the people of Wales.

There is a balance to be achieved that between receiving a timely response and one that ensures practitioners invest the necessary and appropriate time to listen to and understand what the person wants to achieve. Person-centred planning to identify an



unpaid carer's eligible needs must continue to be the primary mechanism to support unpaid carers if we are to listen to what matters to them and ensure that is done in a holistic way. Where that can be done proportionately, we expect that to happen.

Direct payments are public funds and as such, we collectively expect local authorities to ensure the necessary and appropriate governance arrangements are in place.

#### **Financial implications:**

None anticipated.

**Recommendation 17.** As a matter of urgency, the Welsh Government should set out its plans to work with local authorities to fully reinstate disrupted carer services and prioritise the re-opening of day centres, and provide an update on progress to this Committee before the end of 2022, along with reasons for any delays.

#### Welsh Government Response:

##### **Accept**

##### **Unpaid Carer Services**

Unpaid carers have consistently told us that taking a break helps them to cope with the pressures of their caring responsibilities and help manage their own mental health and wellbeing. Their experiences during the pandemic have further underlined the urgent need for a new and innovative model of respite and short break options for unpaid carers. Carers of all ages in Wales will benefit from a £9m fund to set up a new scheme, with the three-year investment increasing opportunities for unpaid carers to take a break from their caring role. A short break is a service, support or experience, which helps an unpaid carer take time away from their caring responsibilities. This new scheme will also deliver a key Programme for Government commitment. It also builds on our work in previous years to support carers, including respite funding of £3million in 2021-22.

There are some excellent short break schemes already operating in some areas. To support the roll out of a successful model in Wales, we commissioned North East Wales Carers Information Service (NEWCIS) to produce a toolkit and resources based on its award-winning model of a short breaks fund in North Wales. This will enable more unpaid carers across Wales to have access to the right break for them, at the right time. We also commissioned Carers Trust Wales and Bangor and Swansea universities to explore options for a new vision for short breaks in Wales. Their report "What a Difference a Break Makes" was published in August 2021. The Ministerial Advisory Group on Unpaid Carers considered the report's recommendations and their expert advice has shaped the development of the new scheme.

A third sector organisation will be appointed as the national coordinating body to establish and oversee the scheme and will work collaboratively with Regional Partnership Boards, local authorities and the third sector across Wales to encourage innovation and promote good practice. The national body will also ensure unpaid carers have equal access to a range of suitable options to support them to take a break that meets their needs. A core principle of the scheme is that carers are seen

as individuals, and the focus will be on achieving the personal outcomes that matter to them.

### **Re-opening of Day Opportunities**

The Welsh Government is working closely with the Association of Directors of Social Services Cymru to monitor and support the resumption of day opportunities. To understand the current picture another snap shop survey of re-opening was undertaken in May 2021, where most local authorities reported that a significant proportion of services have resumed, although there was variation across regions. Responding to the continuing pressures cause by the pandemic many authorities are adopting a hybrid approach between resuming building based services and providing support in the community including in supported living where appropriate. There continues to be significant limitations in the resumption of many day opportunities, this includes managing the availability of staff, as in addition to recruitment challenges many existing staff have been re-deployed or are working more flexibly to deliver high priority services, and maintaining staffing levels across social care services particularly in areas such as domiciliary care is of considerable concern.

Local authorities are focussing on ensuring individual support needs are met and that preferences are taken into account. The future development and provision of day opportunities will consider the many benefits realised through adapting services during the pandemic and this will include enhancing digital innovation. The landscape of day opportunities is changing, and feedback from many participants is reflecting a preference for community-based support to continue and to grow. As the presence of Covid-19 continues in the community, the future provision of placed based services will also need to take into account whether pre-pandemic premises are suitable and that social distancing and infection controls can be maintained.

We are continuing to work with ADSSC to provide support for local authorities to learn from the innovation developed in the response to the pandemic and to re-build sustainable day opportunity services across population groups where needed. This will involve sharing good practice and supporting the development of services which are co-produced with participants and their families.

### **Financial implications:**

A small amount of funding may be required to support ADSSC to work with local authorities to further scope the resumption of services and develop good practice – however it is expected that this can be met from existing funding streams.

**Recommendation 18.** The Welsh Government should undertake a rapid review of whether carers' rights under the Social Services and Wellbeing (Wales) Act 2014 are being breached as a result of having to take on more caring responsibilities than they may be willing or able to, due to lack of available services. The results of this review should be reported to this Committee and made publicly available.

### Welsh Government Response:

**Accept**

We are very aware that the unprecedented pressure placed on the health and social care system by the pandemic meant many carers took on additional caring responsibilities however, we have always been clear that carers must be able to access their rights under the Social Services and Well-being (Wales) Act. This includes the right to a carers' needs assessment and as part of that conversation a carer can state that they are unable to, or no longer wish to provide care, or at any point afterwards. Local authorities must respond to this, but we acknowledge due to extreme pressures on services currently, that meeting this requirement can be challenging.

As part of the Chief Social Care Officer's review of the quality and effectiveness of carers' needs assessments set out in our response to recommendation 24, we will undertake a review of how the rights of unpaid carers under the Social Services and Well-being Act are being upheld.

We have been consistently clear that the abilities of people to cope during a period of crisis is not an indication of their ability to provide care and support for prolonged periods. Where families are asked to undertake additional responsibilities, the onus is on local authorities and their partners to ensure care and support needs are fully met at the earliest opportunity. It must not be the responsibility of individuals or their families and carers to pursue the local authority for support.

We are introducing new measures to monitor both the well-being of unpaid carers and to measure the support they are currently accessing. For example, the new Performance and Improvement Framework activity and performance dataset was introduced in 2020. This data collection process includes 19 separate data items on unpaid carers, for both adult and young carers. It includes questions around the number of initial contacts, assessments undertaken and how many of these proceed to a support plan with the local authority.

Collection of this data commenced in 2021, with local authorities providing a partial dataset. The next publication of this data is scheduled for winter 2022/23 and will include a more complete dataset. This information will help both Welsh Government and our partners to better understand the size and composition of the population of unpaid carers being assessed and receiving support.

In addition, the National Outcomes Framework provides a consistent approach to measuring wellbeing. The indicators evidence whether the national well-being outcomes are being achieved and provide a measure of the well-being of people who need care and support, and for carers who need support. The latest report was published in April 2022 and seeks to:

- set the national direction to promote the well-being of people who need care and support and carers who need support in Wales;
- provide greater transparency on whether services are improving wellbeing outcomes for people who need care and support and carers who need support in Wales using consistent and comparable indicators;
- describe the national well-being outcomes that people who need care and support and carers who need support should expect in order to live fulfilled lives

The content of the National Outcomes Framework is currently being updated to include the new Performance and Improvement Framework data. This will result in more

detailed information about both people who need care and support and carers who need support.

Additional practical and financial support was provided to unpaid carers so they can continue to access their rights under the Social Services and Well-being (Wales) Act. As part of our immediate Covid-19 response in 2021 - 22, £10m of additional funding was allocated to support unpaid carers. This included £3m allocated across all 22 local authorities to provide unpaid carers with a break from their caring role. The local authority end-of-year reports show that alongside traditional residential and day centre respite services, a range of innovative solutions were delivered that catered to individual need.

Since January 2022, £42m has been allocated to support unpaid carers. This is in addition to the annual funding settlement for local authorities via the Revenue Support Grant to support their work in meeting their statutory duties and delivery of services for unpaid carers.

We continue to provide funding to national third sector organisations, Carers Wales, Carers Trust Wales, the All Wales Forum and Age Cymru, through our Sustainable Social Services Third Sector Grant. This scheme was extended and will now run until 2025. We will have allocated £4.4m to four carer specific projects over the five years. In 2022-23, £75,000 is being invested in improving engagement with unpaid carers through our new engagement framework. This includes new ways of engaging with young carers and young adult carers. All of this work is both driven by and supports our Strategy for unpaid carers, and the Carers delivery plan which launched in November 2021.

In April 2022, we announced £29million to provide 57,000 unpaid carers in Wales who were in receipt of Carers Allowance on March 31<sup>st</sup>, with a £500 carer payment. By the beginning of July over 50% of eligible carers had received the payment.

During Carers Week in June, we announced funding of £4.5m to continue our successful Carers Support Fund over the next three years. Unpaid carers in financial hardship will be able to apply for grants of up to £300 to pay for food, household items and electronic items. Eligibility for the fund is not linked to Carer's Allowance but it will target carers on low incomes who are struggling to cope with their caring role.

From this year £9m over three years is being invested to establish an innovative short breaks scheme for unpaid carers on low incomes who are struggling to cope with their caring responsibilities.

Alongside acting on the data provided via the mechanisms above, we continue to work with unpaid carers and the organisations that support them, through our Carers Ministerial Advisory Group, meetings with carers and via our new engagement framework, to ensure unpaid carers are accessing their rights under the Social Services and Well-being (Wales) Act 2014.

#### **Financial implications:**

Commitments will be met through existing budgets.

<b>Recommendation 19.</b> The Welsh Government should mandate further dementia training for NHS staff who may come into contact with people living with dementia.
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Welsh Government Response:

**Accept in principle**

Learning and development of all staff, including NHS, is a theme which runs through both the Dementia Action Plan 2018-2022 and its companion document published in September 2021 and will remain a focussed area of delivery.

We have published the 'All Wales Dementia Pathway of Standards' that promotes a whole systems integrated care approach and funding that is released to support the implementation of the Dementia Action Plan now needs to ensure they align with these standards.

There is a specific standard that focuses on learning and development which states 'all staff delivering care at all levels within all disciplines and settings, will have the opportunity to participate in person centred learning and development with support to implement into daily practice'.

Good Work (2016) is a framework with the intention to support all people within all areas and stages of the dementia care field to be able to reflect and identify their individual person-centred learning development strengths and needs, this is already routinely monitored within the NHS delivery framework. Through the implementation of the dementia care standards, we will be looking at the impact of current learning and development and providing support on practical approaches. This will also be supported by the learning and development work programme that sits as a subgroup to our external stakeholder group, the Dementia Oversight of Impact and Implementation Group (DOIIG)

At this time, we will, in conjunction with DOIIG, consider what additional actions will be required, which will include the possibility of mandating further dementia training. This work will be reported through regular updates against the Dementia Action Plan.

**Financial implications:**

None.

<p><b>Recommendation 20.</b> The Welsh Government should work with health boards to set up pilot schemes to trial set discharge slots for people with dementia, and report the findings to this Committee.</p>
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Welsh Government Response:

**Accept in principle**

Like the Committee, we are concerned by the evidence that people living with dementia are being discharged from hospital at inappropriate times and absolutely recognise that more needs to be done to support people living with dementia whilst in hospital.

In our companion document to the Dementia Action Plan we also make this clear. We commit to implementation of the hospital charter, work that is being facilitated by

Improvement Cymru, which will support improvements in hospital care. We have also agreed that we will review and consider the recommendations laid by the Fifth Senedd's Cross-Party Group on Dementia report into hospital care as part of the DOIIG work programme. This is scheduled to happen in September, following this review we will respond to the CPG on our response to all recommendations, and will ensure the Committee also receives this response.

**Financial implications:**

None.

**Recommendation 21.** The Welsh Government should explore options for opening up access to hospital wards for families/carers and, where appropriate, care home staff to help with day- to-day tasks, and provide a report to this Committee. This report should also address the issue of insurance for care home workers in undertaking such a role.

Welsh Government Response:

**Accept in principle**

With respect to families and carers the Welsh Government already supports a person-centred, flexible approach to hospital visiting. Our hospital visiting guidance [Hospital visiting during the coronavirus outbreak guidance: July 2021 \[HTML\] | GOV.WALES](#) allows family member/partner carers access to hospital wards as essential support assistants.

We understand the potential benefits of the proposal relating to care home staff supporting individuals whilst in hospital. We will explore this further with sector stakeholders, and will provide and update on the findings to the Committee.

**Financial implications:**

None

**Recommendation 22.** The Welsh Government should issue guidance to health boards, stressing that housing needs must be given higher priority in the hospital discharge process, and that housing organisations should be included in the multi-disciplinary teams, as a matter of course.

Welsh Government Response:

**Accept**

It is important that housing is part of the hospital discharge planning process, in order to allow adaptations to be completed, or alternative housing arrangements to be put in place. However, without further exploration it may not be practical to mandate that housing organisations should be included in multi-disciplinary teams.

Officials will work with relevant stakeholders in this area and health board representatives to consider how to strengthen advice on involving housing organisations as part of the patient discharge process. Officials will give this area full consideration, as part of a review and update of the hospital discharge guidance to health boards that is planned to be undertaken over the coming months.

**Financial implications:**

None

**Recommendation 23.** The Welsh Government should issue guidance to health boards to highlight the importance of including pharmacy teams as an integral part of the multidisciplinary team as a matter of course.

Welsh Government Response:

**Accept**

The Welsh Government agrees pharmacy professionals integrated within multidisciplinary teams have an important role to play in supporting patients at admission, during their stay and at discharge from hospital. This autumn, we will issue guidance to health boards setting out how pharmacy professionals can contribute to supporting patient flow through hospitals, including by facilitating timely discharge.

**Financial Implications**

None

In addition, the Welsh Government will commission an independent review of clinical services provided by hospital pharmacy teams to identify and make recommendations on how the skills of pharmacy professionals, including Pharmacist Independent Prescribers, can be fully utilised to support the Welsh Government priorities for planned, urgent and emergency care. The review will be undertaken later in 2022/23 and report in the next financial year.

**Financial Implications** – None. Costs have already been outlined and approved via existing programme budget for Pharmacy and Prescribing Policy Development 2022/23.

**Recommendation 24.** The Welsh Government should set out its plans, including timescales, for reviewing and improving communication with families and carers. This review should also include an evaluation of the quality and effectiveness of care and support needs assessments being undertaken prior to discharge.

Welsh Government Response:

**Accept**

Unpaid carers must be recognised and valued for their contributions to society, treated as equal partners to health and social care professionals and supported to have their voices heard. They are in that most critical of roles throughout the care journey of an individual, including when that person is in hospital and being discharged.

In this financial year, £1million has been allocated to health boards for activity to support unpaid carers engage in this process. We have asked health boards to focus on supporting unpaid carers when the person they care for is admitted to or discharged from hospital. This funding will be managed directly by Regional Partnership Boards and as part of the monitoring process, health boards will be expected to detail how the funding has improved communication with families and unpaid carers.

Evidence from local health boards and their carer partnerships, using their allocation from the £1million funding in 2021-22, show there are good practice examples of activity, with action already taking place to improve communications with unpaid carers in the hospital setting, and engage them in the discharge process.

In Betsi Cadwaladr Health Board region they have established in each District General Hospital (DGH) a Secondary Care Facilitator role. This individual ensures the unpaid carers' voices are being heard whilst visiting restrictions are in place. Facilitators have been able to liaise with other hospital staff to ensure that the unpaid carers receive the service they require, and to ensure that discharges take place safely for the benefit of not only the person cared for but also the carers. Unpaid carers are supported by the facilitator in each DGH during the period the person cared for is an in-patient, throughout the discharge process and once they have returned home to ensure everything is in place and the carer is able to manage. Many unpaid carers do not understand the discharge process, and this is explained to them fully, along with carers' rights.

Albert Heaney CBE, Chief Social Care Officer for Wales, has identified unpaid carers as a priority area within his forward workplan. During listening events held over the last year unpaid carers have shared concerns that carers' needs assessments are not being delivered by local authorities in accordance with the intention of the Social Services and Well-being (Wales) Act 2014.

We funded a week-long Carers Summit in March 2022, hosted by Carers Wales, which included a discussion of the need for improved communication between hospital staff, families and carers, as well as carers' needs assessments. A review of the quality and effectiveness of carers' needs assessments will be commissioned by the Chief Social Care Officer in this financial year.

Using the findings from the SCIE review of evidence relating to unpaid carers' needs assessments in Wales commissioned by Welsh Government in 2021; the evaluation of the Social Services and Well-being (Wales) Act 2014; Public Health Wales' Data Development Project and data from the Performance and Improvement Framework, the review will determine what specific actions are needed to improve carers' needs assessments and will include a review of assessments for unpaid carers when the person they care for is discharged from hospital.

**Financial implications:**

None. Funding for the review referenced above will come from the Social Care Recovery Fund and can therefore be met from existing budgets.



**Recommendation 25.** The Welsh Government should clarify what steps are being taken to address any data protection concerns and ensure that appropriate memorandums of understanding and information governance protocols are in place, so that there are no barriers to data sharing between different parts of the health and social care system.

Welsh Government Response:

**Accept**

Organisations that provide health and social care services are responsible for ensuring they gather, store and share personal data in ways that are fair and lawful. This includes demonstrating that personal data is used in line with the requirements of the UK General Data Protection Regulation (UKGDPR), the Data Protection Act 2018 and the common law duty of confidentiality.

Personal data can be shared for the purposes of providing health and social care services. Data protection legislation and the common law are not barriers to sharing data for this purpose and there is an expectation that organisations work collaboratively to address any actual or perceived data protection concerns.

For many years, Welsh Government has supported the Wales Accord on the Sharing of Personal Information (WASPI), which provides standardised templates for information sharing protocols that help organisations demonstrate compliance with legal requirements. 754 organisations in Wales have agreed to apply the principles of WASPI. This includes all Local Health Boards and NHS Trusts in Wales, all Local Authorities and a range of other organisations involved in the care, treatment, protection and support of citizens in Wales. 259 information sharing protocols have been assured and published to the WASPI website as examples of good practice.

Organisations have their own data protection and Information Governance specialists who should be consulted about data sharing practices.

Creating a shared electronic health and social care record is a complex matter and, as set out in A Healthier Wales, Welsh Government has ambitions to enable better uses of health and social care data for direct care purposes, and for planning and service improvement. The National Data Resource (NDR) is central to the ambitions to create the digital infrastructure that will underpin a health and social care record for citizens in Wales. Welsh Government continues to support this programme through its Digital Priorities Investment Fund.

As we move forward with our ambitions to use health and social care data more effectively, we know that it is important that citizens and stakeholders trust that data is used appropriately and ethically. We are working on a package of work we have called the 'Data Promise' which will involve citizens and stakeholders to identify and address their concerns in this area. Welsh Government is working with representatives from health and social care to identify the specific outputs that will help demonstrate trustworthiness. We will be broadening the consultation on this work to ensure that we gather representative views and provide citizens and stakeholders with the opportunity to have meaningful input.

In addition to this, Social Care Wales is working closely with DHCW to support the data governance and sharing for specifically social care data. This involves the funding

to recruit new staff with responsibility for leading and implementing robust data governance across social care. They will also provide technical subject matter expertise to the NDR programme to develop use cases, advise the NDR programme on key opportunities and areas of focus for social care, and liaise with stakeholders across social care on behalf of the NDR programme.

**Financial implications:**

None