Health & Social Care Committee

Welsh Government evidence paper:
Hospital discharge and its impact on patient flow through hospitals
March 2022

1. Introduction

The Welsh Government welcomes the inquiry into hospital discharge and its impact on patient flow through hospitals. The Covid-19 pandemic has put extreme pressure on all parts of the health and social care system. These pressures and long-standing capacity issues, in part due to many years of UK Government austerity, have led to sustained issues with hospital discharge and patient flow. These issues are not unique to Wales and have been seen in other parts of the UK.

The Covid-19 pandemic has re-emphasised the need for effective discharge and flow through hospitals, but it has also placed enormous strain on the health and social care sectors for myriad reasons, not least due to depleted workforce and re-distributed/withdrawn services and packages of care to enable prioritisation and meet demand.

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. Effective partnership working and integration between health and social care coupled with a person-centred approach to care are essential to ensure timely transfers of care and positive outcomes for individuals. Our focus is on a whole system response.

2. Background

Discharge Guidance

At the start of the pandemic we introduced new discharge guidance: https://gov.wales/hospital-discharge-service-requirements-covid-19.
This is based on the Home First ethos and the Discharge to Recover then Assess (D2RA) pathways.

The “home first” and D2RA approach is based on evidence of better outcomes for people who transfer as soon as possible to their usual residence or other suitable care setting for rehabilitation or reablement prior to assessments for longer term care. Early in the Covid-19 pandemic, we introduced guidance which embeds this approach and the NHS Delivery Unit is working nationally to support implementation.

We have kept the discharge guidance under review in light of emerging scientific evidence, for example in relation to testing and isolation requirements from transfers from hospital to care homes and other care settings.

We have continued with the suspension of the Choice Accommodation Guidance (relating to hospital discharges), recognising the additional pressures that waiting for selected care homes can place on health boards during such a difficult time.

In practice, people still have a choice of care home, but may need to move to an interim placement first. This is set out in the discharge guidance. We will look to develop new Choice of Accommodation Guidance as we continue to recover from the pandemic.

The Six Goals of Urgent and Emergency Care

The Home First and D2RA approach is in line with the Six Goals for Urgent and Emergency Care. These goals set out our expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time.

Of the Six goals for urgent and emergency care, goals five and six align with and seek to deliver the national discharge guidance

An additional £25m recurring national funding will support Health Boards and NHS Trusts to deliver the 'six goals' for urgent and emergency care. The goals are:

- Goal 1 - Coordination, planning and support for people at greater risk of needing urgent or emergency care
- Goal 2 - Signposting to the right place, first time
- Goal 3 - Access to clinically safe alternatives to hospital admission
- Goal 4 - Rapid response in a physical or mental health crisis
- Goal 5 - Optimal hospital care following admission
- Goal 6 - Home-first approach and reduce risk of readmission

As part of the Six Goals for Urgent and Emergency Care programme, specifically with regard to goals five and six, we have commissioned the development 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.

Alongside this direct support to urgent and emergency care services, the national communications campaign Help Us, Help You seeks to support people to access services in the optimal place by considering how and when they access care. Ensuring that patients access the right service first time is key to improving outcomes and this includes a focus on alternatives to hospital admission where clinically safe. Accessing alternatives to hospital admission is beneficial to the individual and the health system in reducing pressure, but also requires access to social care and/or third sector support for some people.

Modelling and Monitoring

In addition there is a monthly Health & Social Care Capacity: Modelling and Monitoring Group - a joint initiative, led by the NHS Wales Delivery Unit (DU) and the Welsh Government, in collaboration with health and social care partners across Wales.

The M&M group builds on the joint intelligence gathering undertaken as part of the national Covid-19 response, and undertakes the following:

1. Whole system modelling of the health and social care capacity[1] required to meet the needs of:
    - People discharged from hospital following Covid-19 infection, on a Discharge to Recover then Assess (D2RA) Pathway;
    - People who have not been hospitalised with Covid-19 and will need support in their community to recover from the illness or the effects of shielding/self-isolation;
    - People who may be affected by future potential surges of Covid-19; and
    - Other system pressures (e.g. winter).

2. Monitoring the responses to the identified capacity requirements and adapting in the light of emerging evidence. To do this the group draws on information and data sources including:
    - National health and social care data sets;
    - Discharge data established to support the Covid-19 Discharge Arrangements (Wales);
    - The findings of the national Rehabilitation Workstream;
    - Audit and reports commissioned from other national sources and workstreams.

3. Scale of the situation

Findings from the latest Health & Social Care Capacity: Modelling and Monitoring Group suggest:

- Sustained pressure on intermediate and social care services, expected to continue to grow over the next few months.
- Lack of capacity in reablement services is leading to significant delays in hospital discharge.
- Some of these delays contribute to sustained high pressure on domiciliary care.
- Delayed discharge data continues to demonstrate over 1000 delayed discharges from hospital and from D2RA pathways into the next stage of care.
- Concerns remain regarding the use of interim placements, without therapeutic input, to address the immediate and critical challenge of hospital flow.

The Goal 6: Home First workstream will co-ordinate work to scope how interim placements are being defined, used and funded across Wales, with a view to developing a framework to safely support and monitor interim placements in line with D2RA principles.

Delayed discharge data

At the start of the COVID-19 pandemic, the Welsh Government suspended delayed transfers of care (DTOC) reporting requirements, along with many other datasets, to allow partners to focus on the emergency response. We introduced new discharge

[1] For the purpose of this Workstream 'whole system' is used in the context found for example, on page 10 of 'A Healthier Wales' https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf. 'A single whole system approach in which services delivered by different providers are co-ordinated seamlessly for and around the individual.'

guidance, including the D2RA approach to improve patient flow and support better outcomes. We have been working with the NHS Delivery Unit to collect weekly delayed discharge data as management information to support these arrangements. This data is shared with partners to support effective planning of services and a summary of the data is published each month. We are working towards a more formal data collection and publication in future, in line with the programme of work to deliver Goal 6 of the six goals of urgent and emergency care

Latest delayed discharge figures (published 17 February 2022)

Date	People awaiting transfer from hospital to recovery pathways (D2RA)	People awaiting transfer out of recovery pathways (D2RA) and on to longer-term care	People awaiting transfer from hospital to longer-term care, bypassing recovery pathways (D2RA)	Total Delays
31/12/2021	399	510	172	1,081

Recent management information suggests similar numbers of delays since the end of December.

Categories of delays

1. People awaiting transfer from hospital to recovery pathways (D2RA)

This would include people in a hospital bed, clinically ready for discharge, waiting for transfer to another more appropriate setting for a period of rehabilitation / reablement, followed by assessment for longer-term care.

2. People awaiting transfer out of recovery pathways (D2RA) and on to longer-term care

This would include people who have completed a period of rehabilitation / reablement and been assessed for longer term care needs. This could include delays from a person's own home, from a community hospital or from other step-down settings. Most of these delays would be awaiting a package or care or care home placement.

3. People awaiting transfer from hospital to longer-term care, bypassing recovery pathways (D2RA)

This would include people waiting in a hospital bed for transfer to longer term care, mostly packages of home care or care home placements. Discharges should only bypass the recovery pathways in exceptional circumstances. For example, end-of-life care or where the person has existing long-term complex needs and a re-start of a care package or placement is needed.

Reasons behind delays

There are a number of reasons behind these delays, and co-dependent issues, including:

- sufficiency of preventative services
- discharge planning from the point of admission

- effective implementation of D2RA, to maximise people's independence and reduce longer term care needs
- processes to support timely discharge, such as medication and transport
- availability of post-discharge support including rehabilitation, reablement, social care
- availability of suitable packages of domiciliary care or care home placements with suitable space, equipment and staff to meet people's needs, for example, some care home bed vacancies are not necessarily suitable to meet a person's specific needs, e.g. Elderly Mentally Infirm (EMI) nursing
- Covid-19 pressures such as testing, isolation, closed care homes due to Covid-19, staffing issues due staff being infected or isolating

4. Impacts of the delays (on individuals and services)

Nick Wood, Deputy Chief Executive NHS Wales wrote to Jeremy Griffiths, Director, NHS Delivery Unit on 20 January in relation to significant challenges in the Unscheduled care system, driven in part by an increase in Delayed transfers of care and a fall in regular discharges from hospital beds. The Delivery Unit is undertaking work to support organisations with a day of care audit. This work is being aligned with further national work following a national risk summit meeting of health and social care leaders to focus on re-setting the system to reduce risk and improve outcomes. Support for implementation of the national policy for hospital discharge is a fundamental component of this work.

The five themes from recent Discharge to Recover then Assess returns and recent day of care audit work were:

1. Waiting for internal health assessments;
2. Waiting for reablement or home-based intermediate care;
3. Waiting for restart of domiciliary package of care;
4. Waiting for social care assessment;
5. Acute treatment not complete.

This is a cyclical issue as the challenges in the community health and social care sector in terms of workforce and service capacity result in delay for some people awaiting discharge, and also limit available resource for people who may be able to return home from an urgent/ emergency hospital attendance with the right support.

Waiting times

Delayed discharges impact on patient flow through hospitals, put pressure on acute hospital beds and can exacerbate pressures in A&E departments.

Health board's infrastructure is also a key factor impacting upon planned care delivery. National guidance provided during the pandemic clearly indicated the importance of protecting patients from the risk of Covid-19 transmission and dividing the estate based on risk of transmission. Some health boards struggled where unscheduled care, urgent and planned care are all delivered on one site. This is particularly relevant with the constraints caused by delayed transfers of care where reduced flow of patients out of hospital, particularly into nursing or residential homes because of restrictions in

place due to the pandemic, reduces the flexible use of beds and adds pressure on the estate.

Health board estates will need to be used differently in order to respond to the waiting list challenges. More one-stop clinics where patients are seen and treated in a single appointment are required.

5. Pressure points

As of 14th February 2020, 19 out of 22 local authorities were reporting amber or red ratings on their regular checkpoint returns on their capacity to provide domiciliary support services (DSS), with 11 of those rating red. The majority of local authorities are also reporting a red or amber rating with regard to their capacity to offer reablement services. These ratings have remained consistent over several months and indicate significant challenge to the timely discharge and flow of patients from hospital to home.

The number of requests for domiciliary care and reablement to local authorities have not increased over the last year. However, there appears to be a deteriorating picture in the local authorities' ability to respond to these requests, suggesting demand is outstripping capacity.

Local authorities present a more mixed response to the question on their ability to provide adult residential care. This has been more of a fluctuating and localised picture, due to the additional factor of restrictions on admissions due to Covid-19 outbreaks. This is relevant to hospital discharge for those for whom a care home is the assessed need. In other instances care capacity impacts discharge plans where care homes are planned as step down beds and/or agreed to in order to prevent delayed discharges due to lack of reablement/ DSS.

Research we commissioned in 2019 found an estimated 6.4% of staff within registered adult social care settings in Wales are non-UK EU nationals. In common with the rest of the UK, the sector in Wales has experienced chronic challenges in recruiting and retaining workers. This has only been exacerbated by the ending of free movement and the pandemic and relates to rates of pay, terms and conditions in comparison with those in health, hospitality and retail. This is in addition to the unprecedented pressures on social care staff throughout the pandemic. Employers and local authorities are reporting burnout and exhaustion.

6. Variation in practices across Wales

The D2RA approach is about effective and timely discharge. The NHS Delivery Unit has been working nationally over the last few years to support implementation. However, there are currently significant pressures on the social care system that are impacting on discharge processes.
The D2RA approach and revised data collection has helped to move the conversation away from unhelpful narratives we have experienced in the past and that the focus must be on strong and integrated partnerships and joint solutions. However, implementation of D2RA varies across Wales.

The NHS Delivery Unit is leading work to support and monitor implementation of D2RA. It has co-produced 5 Key Measures for D2RA implementation with regional partnership boards in order to ensure that they added value for operational and strategic planning as well as providing a mechanism by which implementation could be monitored. The Key Measures are listed in the table below:

Measure	Intended outcome
Number of people transferred on to each D2RA Pathway	Increase
% of those transfers that took place within 48 hours of the decision being made (that they were ready for transfer from hospital to this pathway for supported recovery and assessment)	100%
% people transferred to a D2RA Pathway with a co-produced recovery plan in place	100%
% people transferred out of the D2RA Pathway to their usual place of residence	Increase
% people readmitted to hospital within 28 days	Reduce (to around 5%)

Over the last year, the NHS DU has highlighted the following points:

- Regions in Wales do not “know their numbers” – many areas have been unable to submit data for full pathways and/or measures;
- Areas in Wales do not know what the outcomes are for patients – there have been particular challenges around understanding readmission rates and the percentage of people who return home;
- Data collection is largely a manual process that relies on individual staff members trawling and collating data in addition to their substantive posts.

However, despite this, a clear improvement in both the ability to gather and analyse data and the implementation of D2RA has largely been observed; with some areas dedicating resource to improving data collection and integrity with obvious and immediate positive impact.

Overall, we can see a steady upwards trajectory for the numbers of people across Wales being supported by D2RA each month. In January 2021, this figure sat at around 1800 people, peaked at close to 2700 over the summer, and steadied out at over 2000 from the winter. This figure is also an under-representation as many areas are unable to record patients transferring into pathway 0 (transfer home with only third sector support needed) for example.

While the measures suggest that our use of pathway 3 (bed-based intermediate care), is higher than reasonably anticipated, our home-based pathways 1 and 2 do tend to be more heavily used suggesting that the cultural shift towards “home first” is slowly gaining traction.
We can also see an overall upwards trajectory in the percentage of people transferred within 48 hours, with the average starting at around 12%, peaking at 30% during the summer and stabilising around 25%.

The percentage of people transferred with a co-produced recovery plan in place has improved overall, rising from an average of 3% to an average of just over 20%. Some areas have seen a consistent improvement from 0% to 100%, which has been very encouraging. Overall, transfers to pathway 3 are the least likely to be in possession of a co-produced recovery plan, which is concerning given that a robust handover of goals and outcomes is one of the biggest predictors of people returning safely and confidently to their own home.

The percentage of people transferred out of D2RA to their usual residence is one of our best measurements, with early recording only able to establish that around 38% of people on average transferred home across 5 regions of Wales that have been able to capture this data, compared to over 60% now. It is likely that this figure is lower than actual activity for pathway 0-2.
Overall, readmission rates are not reliable across Wales due to difficulties capturing this cohort.

Examples of best practice in Wales and other parts of UK

We have issued national hospital discharge service requirements for health, social care, third and independent sector partners.

The SAFER guidance provides good practice to promote safe and timely discharge, improve patient flow and prevent unnecessary waiting for patients
SAFER comprises the following five principles:

- Senior review: all patients are to have a senior review before midday.
- All patients and their families will be involved in setting an Expected Discharge Date. Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards.
- Early discharge: More than 33% of patients will be discharged from inpatient wards before midday on their day of discharge.
- Review: a systematic multi-disciplinary team review, is undertaken, including patients and their families, for those with extended lengths of stay (>6 days) with a clear ‘home first’ mind-set.

The SAFER concept is proven to have benefit for individuals and the wider hospital system. Where implemented effectively by well-led teams and communicated clearly to staff enabling them to fully understand all elements, hospitals have seen real benefits to patient outcomes and staff satisfaction. Hospital crowding reduces, Emergency Departments decongest, mortality falls, harm is reduced and staff feel less pressured.

Regional Integration and Funding

Integrated hospital to home services have been supported through both the Integrated Care Fund and the Transformation Fund. These projects have been invaluable during the Covid-19 response and have enabled quicker discharge from hospital to free up much needed capacity as well as preventing admissions by enabling care closer to home.

In 2021/22 £6m of the Transformation Fund was dedicated to the scaling of hospital to home models at a regional level to help embed a national model of working. The funding has been used to support the sustainable scaling of D2RA Pathways with a view to ensuring there is a regional approach to delivering the agreed D2RA model.

This additional support has enabled services to be provided seven days a week to establish what community support can be provided to expedite a safe discharge from hospital. Through the use of "What Matters" conversations, patients are provided with tailored information, advice and support that meets their wellbeing needs, promotes independent living, and supports safe timely discharge whilst also reducing the risk of readmissions.

At the end of March 2022 the current Integrated Care Fund and the Transformation Fund will come to an end. To facilitate the greater integration of health and social care and support the whole system approach Welsh Government have announced a new five year Health & Social Care Regional Integration Fund (RIF) which will commence on 1 April 2022 with an annual investment of £144m.

The fund will build on the successes of the ICF and TF, learn from experiences to date, and continue to drive the integration and transformation of health and social care. All activity funded by the RIF must directly support development and delivery of national models of integrated care including home from hospital services and community based preventative and complex care services. The fund will have a strong focus on prevention and early intervention. This new fund will continue to be administered through regional partnership boards to ensure an integrated cross sector approach.

To share best practice across Wales a Home from Hospital Community of Practice was created. Four meetings were held in 2020 and 2021 to highlight examples of integrated services, promote shared learning, develop networks and problem solve resulting in the publication of 'Delivering Home First - Hospital to Home Community of Practice: key learning and practice examples' in May 2021. This document includes case studies from across the UK as well as each region in Wales.
Delivering Home First (gov.wales)

The Community of Practice will re-convene at the end of March 2022 to test the Discharge to Recover then Assess (D2RA) e-learning resource that has been created, establish future topics for shared learning, develop further materials and provide a continuous learning and sharing environment across the regions and for those working or involved with the ethos of 'Home First.' This activity will continue throughout the lifetime of the new Regional Integration Fund.

7. Support needed for people and services

Support for unpaid carers

Several local authorities in recent months have faced severe pressures on their social care workforce and publicly requested support from families and friends to support individuals, including around discharge from hospital. Where this involves meeting assessed, eligible needs, direct payments can support and enable that care

or alternatively be used to purchase equipment or other items to support timely discharge from hospital.

Similarly, to assist unpaid carers as part of that process the Welsh Government has changed the focus of the annual £1m carers' funding to local health boards and their third sector carers' partnerships. From 2022-23 projects in receipt of this funding will transition, or develop new projects which focus support for unpaid carers assisting with the hospital discharge of those they care for.

Unpaid carers are also a priority group within the new Regional Investment Fund (RIF) which commences from April. The guidance for the new RIF with regard to unpaid carers has been revised to learn lessons from the Integrated Care Fund. The RIF funding allocation for carers' projects should therefore be more directly focused on services for carers as the primary beneficiaries.

Housing adaptations

Although housing adaptations are not a major cause of delayed discharges, there is a rising demand for adaptations to make homes a safe environment for maintaining independence and the provision of care and reablement services.

Public services invest around £60 million each year in adaptations to over 30,000 homes. The ageing demographic is an underlying pressure.

The Welsh Government currently invests £17.66 million in grants to local authorities, housing associations and Care & Repair agencies, rising to £19.5 million in 2022-23. Most of the remainder is Disabled Facilities Grants funded by local authorities from their general capital fund.

The majority of immediate works required to facilitate hospital discharge are small but speed of completion is essential. The Rapid Response Adaptations Programme was created to meet this need and is within the remit of Care & Repair agencies.

Care & Repair agencies are core funded by the Welsh Government. They received £4.3 million revenue in 2021-22, rising to £4.8m in 2022-23. They also receive capital funding to cover the costs of rapid adaptations, £1.6 million in 2021-22, rising to £3m in 2022-23.

The additional revenue funding provides Care & Repair agencies with the capacity to deal with more complex discharge cases i.e. those where preparatory works need to be undertaken before adaptations can be installed safely. This includes, for example, addressing urgent repair and maintenance issues, or tackling issues such as hoarding disorder which create significant health and safety risks. The additional capital funding is a response to the needs of an ageing population, where early, small scale adaptations (typically under £500 in cost) can have a long term preventative impact.

We have also increased local authorities' Enable grant from £4m in 2020-21 to £6m in £2022-23 so that no-one is required to make a financial contribution towards the

most common type of adaptations, such as stair lifts and downstairs wet rooms. This removes a cause of administrative delay and is intended to improve delivery times.

8. Action to address the issues

Partnership working and new approaches

We are supporting effective partnership working and integration between health and social care to support timely transfers of care and positive outcomes for individuals. The Welsh Government has provided additional funding to regional partnership boards to support improved patient flow and discharge processes, in particular the (D2RA) approach. We have set out this approach in guidance and we are working with the NHS Delivery Unit to support implementation of the D2RA approach, in line with the six goals of emergency care.

We have ensured a focus in winter plans for 2021-22 on partnership working and integration, including the D2RA approach.

The Home from Hospital Community of Practice has supported shared learning and best practice in relation to the Home First principle.

Funding

We have supported innovative approaches to improve discharge and patient flow though the Integrated Care Fund and the Transformation Fund. For example in 2021/22, £6m of the Transformation Fund was dedicated to the scaling of hospital to home models at a regional level to help embed a national model of working.
The funding has been used to support the sustainable scaling of D2RA Pathways with a view to ensuring there is a regional approach to delivering the agreed D2RA model. From April, these funds will be replaced by the Health & Social Care Regional Integration Fund (RIF), with an annual investment of £144m.

An additional £25m recurring national funding will support Health Boards and NHS Trusts to deliver the ‘six goals’ for urgent and emergency care. This includes 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’. Of the Six goals for urgent and emergency care, goals five and six align with and seek to deliver the national discharge guidance.
In addition to this funding, £2.26million was invested in non-urgent patient transport, in an effort to ease pressure on ambulance services and ensure patients can continue having access to planned care.

We invested £48m in September 2021 to support social care recovery in Wales.
A further £9.8million was allocated to regional partnership boards in October 2021, to support delivery against the priorities set out in the winter plan, alongside a further £32.92million for social care pressures.

The new £50m capital fund for social care includes the development of 50 local community hubs and the strengthening of arrangements to support the integration of health and social care and support the residential care estate.

We have provided over £500,000 in 2021/22 to Care and Repair Cymru to deliver the 'Hospital to a Healthier Home' service. This facilitates safer and quicker discharges for vulnerable older patients who may benefit from home adaptations. Ministers acknowledge that the Committee has raised the issue of the continued provision of this service in 2022/23. Officials have conducted discussions with health boards on the matter and a response will be issued.

Public services invest around £60 million each year in housing adaptations to over 30,000 homes. This can help with timely discharges and support people's independence when home. The Welsh Government currently invests £17.66 million in grants to local authorities, housing associations and Care & Repair agencies, rising to £19.5 million in 2022-23. Most of the remainder is Disabled Facilities Grants funded by local authorities from their general capital fund.

Care Action Committee

Over the winter period, the Minister for Health and Social Services chaired the Care Action Committee. This group has been focused on identifying action to ease pressures on our services and is also supported by representation from the NHS, Local Authorities, WLGA, NHS Confederation, ADSSC, Care Forum Wales and the National Provider Forum.

The committee has met on a regular basis to identify immediate issues and agree solutions to prevent further deterioration of the health and social care system flow and to address concerns such as waiting and discharge times. The group provided a vital function over the winter period as we tackled the joint issues brought about by the usual winter pressures and those resulting from Covid-19. Actions initiated by the group are continuing, e.g. establishing an integrated health and social care dataset.

System Reset

The Welsh Government and the NHS Delivery Unit led a National Risk Summit in mid-February, looking at key issues around discharges and patient flow. As a result, a system "reset" was agreed across Health & Social Care, to support flow throughout the system and reduce the number of delayed patients. This will take place from the 2nd March to the 16th March.

This will highlight the importance of the Home First and D2RA approaches and the need to bolster community services in order to proactively pull people into their local area and keep them safe. Learning from the reset will help to inform interventions to support hospital discharges and patient flow in the future, via the six goals programme.

Healthcare workforce

To support workforce challenges, an investment of £262m is being made available next year to support education and training programmes for healthcare professionals in Wales. This represents an increase of 15% compared with 2021-22 and will deliver the highest number of healthcare training opportunities in Wales.
We will maintain and strengthen investment in education and training of healthcare workers, delivering 12,000 more clinical staff by 2024-25.

Social care workforce

Improved recruitment and retention of domiciliary care workers and care home workers remains a priority and we are committed to the Real Living Wage for care workers.

A national advertising recruitment campaign has proceeded from the summer and has received additional funding from Welsh Ministers. In December 2020 and January 2021, there was an increase of c. 180% of people looking at the national WeCare.Wales jobs portal.

The WeCare.Wales campaign, hosted by Social Care Wales, incorporates this recruitment activity and has rolled out 3 day online introductory training to encourage people into social care roles. Five groups were trained in January and February, with 24 people completing the course. A further 12 groups are planned up to the end of June, some focussing on young people.

We have announced an Additional Payment scheme aligned with the Real Living Wage (10 February). This will make a payment of £1498 to social workers who will be receiving the Real Living Wage and their managers. This additional payment, likely to be made in June, is intended to further demonstrate the commitment of Welsh Ministers to further improvements in terms and conditions of social care roles and to enhancing opportunities for career progression.

In addition to the introduction of the Real Living Wage from April this year, we continue to work in social partnership with trade unions and employers through the Social Care Fair Work Forum, which is looking at how to improve working conditions in the sector. Along with other employment terms and conditions, the Forum is looking at employee voice and wider pay and progression in the social care sector. We are taking steps to professionalise the sector and improve career progression opportunities, in an effort to support recruitment and retention of staff.
In 2020 and 2021, social care staff received payments of £500 and £735 in recognition of their tireless commitment through the Covid-19 pandemic.

Rehabilitation
The Welsh Government published a national rehabilitation framework and underpinning population specific guidance in May 2020 to help services better understand the increasing demand for rehabilitation, reablement and recovery throughout health and social care services. Health boards, local authority and third sector partners are using the Framework to plan rehabilitation services to respond to the needs of their populations.

In June 2021, the Welsh Government announced an additional £5million for health boards to develop primary and community services to meet the needs of people with Long COVID and those indirectly affected by the pandemic, including those whose planned care is delayed.

Rebalancing care and support
The Welsh Government is taking forward a programme of work in response to the Rebalancing Care and Support White Paper consultation, which will support long term improvements in commissioning and joint working between health and social care. This will be important for improving discharge practices and patient flow.

In line with our Programme for Government, we are committed to introduce a strategic National Framework for care and support. The Framework will set standards for commissioning practice, reduce complexity and rebalance commissioning to focus on quality and outcomes. What matters to people will be at the heart of the Framework.
We will also be strengthening joint working via regional partnership boards, in relation to:

- governance and scrutiny;
- planning and performance;
- engagement and voice;
- integrated service delivery; and
- rebalancing the social care market