Llywodraeth Cymru
Welsh Government

The role of local authorities in supporting hospital discharges

Response to the LGH Committee report (September 2025)

28/10/2025

In September 2025, the Local Government and Housing Committee submitted its report on its inquiry into the role of local authorities in supporting hospital discharges. The report includes 18 recommendations and 7 conclusions. This is the Welsh Government's response to those recommendations and conclusions.

Contents

1. Introduction

I thank the members of the Local Government and Housing Committee for their report on the role of local authorities in supporting hospital discharges. I have set out my response to the Report's individual recommendations and conclusions below.

2. Response to the Recommendations

Recommendation 1

The Welsh Government should mandate full implementation of D2RA. It should also provide an update on the action taken as a result of its review of implementation of hospital discharge guidance, including any additional training at a hospital level to embed D2RA (as mentioned in oral evidence by the Cabinet Secretary for Health and Social Care).

Response: Accept

All Health Boards in Wales have implemented Discharge to Recover and Assess (D2RA) on the adult general wards and report monthly on 4 measures. While this is a new data set, we have already taken steps to improve reporting around D2RA practices to ensure that we have necessary detail to support improvement and embedding of the D2RA processes in those areas where it isn't fully established.

Workshops focused on *Delivering Optimal Outcomes* and *Experiences for People in Hospital,* which will include D2RA, are planned for quarter 4 2025/26. These engagement sessions will also be aimed at each of the specialist areas of Mental Health, Learning Disabilities and Older Adult Mental Health (which will encompass those with dementia).

For Adult General Wards the Six Goals Programme NHS Wales Performance and Improvement has funded training posts for Health Boards across Wales to embed *Delivering Optimal Outcomes and Experiences for People* in Hospital including D2RA. These posts target ward-based staff with training. To ensure this training reaches frontline staff the national six goals programme budget provided funding in May 2025 to establish two Optimal Hospital Flow Framework (OHFF) training champions in each health board in Wales.

The training champion remit is to deliver ward-based training to all staff disciplines, supporting the practical application of OHFF principles including SAFER, Red to Green (R2G) and D2RA within board rounds. This approach is designed to fully embed the framework into daily practice. A short D2RA animated e-learning has been developed and is available on the NHS Electronic Staff Record system (ESR). To further support professional development, we have also partnered with Agored Cymru to develop an accredited OHFF units. This will provide staff with the opportunity to gain formal recognition for their learning and reinforce the importance of embedding flow principles into routine care.

Training modules and videos are also available to social care staff on a shared platform.

Written guidance is available at: https://performanceandimprovement.nhs.wales/functions/six-goals-uec/goal-6/

During Q3 2025/26, the Six Goals Clinical Lead and team are hosting three lunchtime webinars for clinicians across Wales on delivering optimal hospital outcomes, including D2RA. The first session drew over 100 attendees and recordings are available post-event. Additionally, the Goal 6 lead is undertaking hospital site review and support visits over the next three months to review D2RA implementation in ward-based practice across all Health Boards.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 2

The Welsh Government should identify best practices for improving hospital discharge and should require all local authorities and local health boards to adopt those practices or justify why not.

Response: Accept

The Welsh Government agrees that improving hospital discharge is a critical priority and recognises the value of identifying and sharing best practice. Over the summer, NHS Wales Performance and Improvement conducted a national audit of hospital discharge reporting structures and practices. The resulting report highlighted both areas for regional improvement and examples of best practice observed across Wales.

These findings have been shared with regional teams, who have been tasked with developing actions to address identified gaps. On 8th September, Welsh Government and NHS Wales Performance and Improvement jointly hosted an event with health and social care representatives from all regions to showcase best practice initiatives. Regions were asked to outline how they will adopt and scale these approaches locally.

To ensure accountability, regions are incorporating these proposals into their annual action plans, which will be reviewed in October meetings with Welsh Government and NHS Wales Performance and Improvement. Progress will continue to be monitored through monthly regional meetings, where data, good practice, and support are shared.

Where best practices align with existing Welsh Government Hospital Discharge Guidance, we are also strengthening the guidance to make it clearer that regions are expected to adopt these practices. Where adoption is not possible, regions will be expected to provide a clear rationale.

This approach ensures that best practice is not only identified and shared, but actively embedded across Wales, with appropriate flexibility to reflect local context.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 3

The Welsh Government should promptly publish data on the length of Pathways of Care Delays.

Response: Accept

Total Days Delayed data is now published monthly on StatsWales website alongside Pathways of Care Delay (PoCD) data as of August 2025. The historic data series has also been included up to the point that data was available through PoCD reports.

Financial Implications – None.

Recommendation 4

The Welsh Government should review any current joint discharge policies and identify its chosen model for partnership working. It should then require local authorities and local health boards to adopt this approach or justify why not.

Response: Accept

Welsh Government has set out expectations for partnership working on hospital discharge through existing guidance and policy initiatives such as the 50-day Challenge, the Winter Plan 2025/26 and the Six Goals programme. These documents outline a consistent model for partnership working between health boards and local authorities, including key practices such as: Embedding six goals programme - Optimal Hospital Flow Framework (OHFF)(includes D2RA)

- Apply 7 day working to enable discharge of patients during the weekend
- Undertake Decision Support Tool (DST)/CHC process in the community

- Regional weekly review of Length of Stay (LOS) 21-28 days and 20 longest LOS patients with focused actions to progress discharge
- Trusted Assessor model for all care settings
- D2RA - "Home First" will be the standard for individuals who are clinically optimised – discharge planning will commence upon admission. Health and Social Care collaboration will enhance the efficiency of this approach.

Welsh Government is currently reviewing these policies to strengthen compliance and ensure consistent adoption. This includes updating the Hospital Discharge Guidance to reinforce that regions are expected to implement these practices or provide clear justification if not.

In response to recent recommendations from the Ministerial Advisory Group, an audit of Trusted Assessor implementation has been completed and shared with regional partners. Regions are expected to act on the findings and demonstrate progress within six months or justify alternative arrangements that deliver equal or greater benefit.

This approach ensures a nationally agreed model is in place, with clear expectations for adoption and accountability built into ongoing review and monitoring.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 5

The Welsh Government should evaluate the role of Regional Partnership Boards in driving partnership working across health and social care, and use that evaluation to drive progress and improve the effectiveness of RPBs.

Response: Accept

The Welsh Government accepts this recommendation and recognises the increasingly complex role of Regional Partnership Boards (RPBs) in advancing the integration of health and social care. Evaluation arrangements must reflect this complexity and build upon existing activity.

Under the revised Part 9 legislation and guidance, RPBs are required to undertake a biannual self-assessment and develop corresponding improvement actions. These are published in RPB annual reports and focus on key areas such

as leadership, governance, values, and trust. This process enables boards to identify strengths and areas for development, supporting continuous improvement in effectiveness.

To support consistency and transparency, a nationally developed assessment tool and survey is being used by RPBs, ideally with independent facilitation. This allows RPBs to confidently assess what is working well and where improvements are needed. The insights gained will inform future planning and be shared openly through RPB annual reports.

Welsh Government officials review these reports and self-assessments to benchmark RPBs against statutory duties and general effectiveness. Action plans arising from the self-assessments are discussed with RPB leads at quarterly meetings, culminating in an annual summary. This summary will then be considered as a part of regional accountability meetings between the Cabinet Secretary for Health and Social Care, RPB Chairs and the named responsible persons for integration within health boards and local authorities (as set out in the recently amended Part 9 guidance).

Further work is needed to consider how thematic inspections conducted by Care Inspectorate Wales and Healthcare Inspectorate Wales might also provide evaluative evidence.

In addition, the ongoing evaluation of the Regional Integration Fund (RIF) is providing valuable insights into the effectiveness of investments in integrated models of community care developed by RPBs. The forthcoming Audit Wales report on the RIF, expected in Autumn 2025, will further contribute to the evidence base, assessing both the impact of the fund and the effectiveness of RPBs in overseeing its delivery.

Together, these mechanisms provide a balanced view of RPB impact and support the identification of meaningful improvement actions.

Through these combined efforts, the Welsh Government is committed to ensuring that RPBs are well-positioned to deliver on their statutory responsibilities and drive forward meaningful integration across health and social care.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 6

The Welsh Government should drive the delivery of the digital transformation agenda in health and social care, with stronger leadership and greater accountability.

Response: Accept

The Welsh Government has established a new Digital, Data and Technology (DDaT) Governance structure to drive the delivery of digital transformation. The structure includes a leadership board (comprising the CEOs of the health boards/trusts as well as clinical and technical leads from the Welsh Government), a delivery board and a wide range of advisory groups. It is expected that all of the boards and groups will be in place by the end of the calendar year.

Welsh Government officials are working closely with WLGA, Social Care Wales and other key stakeholders to implement the Digital in Social Care (DiSC) Framework which sets out a nationally coordinated approach to transforming social care in Wales through digital innovation, improved data standards, and integrated systems.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 7

The Welsh Government should set out and clarify the latest position on the Connecting Care Programme, including whether it is on track to become operational in January 2026. Aside from the Connecting Care Programme, the Welsh Government should identify best practice in digital use, such as electronic referrals, to facilitate communication and information sharing between partners during discharge and require health boards, hospitals and local authorities to adopt the chosen model or justify why not.

Response: Accept

The Connecting Care Programme continues in its phase one delivery to support all health boards and local authorities in Wales to move onto interoperable digital systems. These systems will be used for information sharing and enable delivery of the phase two ambition: to establish an Integrated Care Record for the people of Wales.

Procurement activity to transition from the current Care Director platform (due to end in January 2026) is being led jointly by the Welsh Local Government Association (WLGA) and Digital Health and Care Wales (DHCW). Procurement processes have been concluded for all Local Authorities moving to the new systems with all the system delivery contracts now in place. There is, and will continue to be, ongoing procurement for other parts of the business case, such as process mapping, data work etc.

To strengthen oversight and ensure strategic alignment across sectors, the Welsh Government has established a multi-tiered DDaT governance framework. This includes the Connecting Care Sponsorship Group, which provides cross-sector strategic assurance and alignment across the programme's two delivery strands: community care (led by DHCW) and social care (led by WLGA). The group reports into the DDaT Delivery Board and ensures that programme decisions are coherent with national digital health and care priorities, including the Once for Wales architecture.

In parallel, the Welsh Government has promoted the adoption of national digital standards and specifications to support local design and decision-making. While mandating specific digital tools (such as electronic referrals or discharge planning systems) remains complex, best practice examples, such as the Cwm Taff Morgannwg University Health Board whiteboard, have been shared with delivery partners. The Welsh Government continues to work with health boards and local authorities to encourage adoption of these tools where appropriate, while recognising the importance of local flexibility and the need to avoid placing unfunded burdens on partners.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 8

The Welsh Government should develop performance metrics to monitor and evaluate the effectiveness of preventative measures in health and social care.

Response: Accept

Welsh Government accepts this recommendation and is actively progressing the development of robust performance metrics and qualitative data through the governance arrangements of the Integrated Community Care System (ICCS). This framework introduces a comprehensive outcomes and measures approach that spans:

- System-level outcomes: such as reductions in unnecessary hospital admissions and improved cross-organisational care.
- Organisational outcomes: including enhanced workforce collaboration and reduced service duplication.
- Individual outcomes: focused on supporting independence and wellbeing at home.

Through the work of the Care Action Committee and the 50 day challenge we have developed joint health and social care data dashboards that draw on data and quantifiable Key Performance Indicators (KPIs) from across the health and social care system to track progress and demonstrate impact across local, regional, and national levels. These KPIs include measuring:

- Increased access to community-based interventions.
- Reductions in avoidable conveyance to hospital i.e. falls prevention and response frameworks
- Reduced emergency admissions and length of hospital stay.

Learning from RIF-funded services and projects are actively supporting the development of metrics to help us understand and measure the impacts of preventative services. The RIF Outcomes Framework and technical handbooks provide a structured approach to capturing both quantitative and qualitative indicators, aligned with the Results-Based Accountability (RBA) methodology. This enables services to answer key questions such as: “How much did we do?”, “How well did we do it?”, and “Is anyone better off?”

The qualitative data gathered through RIF-funded projects, such as case studies, service user feedback, and practitioner insights, is proving invaluable in understanding the real-world benefits of preventative approaches. These narratives help to illustrate how early interventions are improving wellbeing, reducing reliance on acute services, and supporting people to live independently in their communities.

The national evaluation of the RIF, led by the University of South Wales, is also helping us to measure the impacts of preventative investment through the RIF.

Regional Partnership Boards (RPBs) will be engaged in the development and oversight of these metrics to ensure sustainable transformation and meaningful evaluation of preventative care.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 9

The Welsh Government should mandate that all intermediate care placements must have therapeutic input and nursing input where beneficial to the person's further recovery.

Response: Accept

Health provision including intermediate care interventions (which includes therapy and nursing) is 'free at the point of need' and should be available regardless of where an individual lives, including temporary or permanent placements.

The Six Goals team NHS Wales Performance and Improvement have produced guidance for health and social care colleagues on all step-down placements from a hospital setting:

https://performanceandimprovement.nhs.wales/functions/six-goals-uec/goal-6/

We have invested in neighbourhood district nursing model which stipulates nursing provision should be based on neighbourhood not the type of accommodation you reside in. We will therefore use this model as the driver / enabler to ensure delivery of this recommendation.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 10

The Welsh Government should undertake a rapid review into current intermediate care practices and update us on its findings, actions identified to deliver improvements, and next steps.

Response: Accept

In Wales, intermediate care is not a standalone concept but is embedded within broader models such as Enhanced Community Care (ECC) and Reablement. These are considered "step-up" provisions aimed at preventing hospital admissions and supporting recovery at home. The four recognised pillars of intermediate care, aligned with NICE and National Audit guidance, include:

- Home-based Reablement
- Bed-based Reablement

- Therapy-led Programmes
- Crisis Response (2-hour intervention)

These services are delivered through multi-professional teams, including therapists, nurses, and social care staff.

Intermediate care has been a consistent priority:

- Intermediate Care Funding (ICF) began in 2014 and evolved into the Regional Integrated Fund (RIF), which, for adults with complex needs including older people living with frailty mandates investment in integrated models including intermediate care.
- £90m RIF, £12m Further, Faster funding and £5m AHP investment in 2024 supported ECC and reablement expansion with most regions making progress against the Ministerial target of a 20% increase in referrals.
- £30m Local Authority investment is currently being implemented to strengthen community services, with reablement as a key feature.

Best practice frameworks have been developed for:

- ECC
- Community Nursing
- Rehabilitation
- Reablement (in development)

These frameworks were shared with Regional Partnership Boards (RPBs) via the Winter Toolkit, with an expectation of self-assessment. Monitoring and assurance mechanisms are in place for winter 2025, offering a timely opportunity for benchmarking.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 11

The Welsh Government should ensure that hospital discharge teams include social workers by strengthening guidance to make it a requirement.

Response: Accept

In line with D2RA practices, the All-Wales Hospital Discharge guidance promotes the use of Trusted Assessors and a proportionate assessment undertaken on

behalf of social care for all but the most complex of cases, to support the discharge to recover then assess model.

For those minority of complex cases the All-Wales Hospital Discharge guidance already includes reference to the recommended inclusion of social care being part of the Multi-Disciplinary Team (MDT). Wording of the guidance will be reviewed to ensure that this is clearer and stronger and followed up with regions to ensure that this is being fully complied with.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 12

The Welsh Government should amend hospital discharge guidance to ensure that housing is included as a named partner agency and that a person's housing condition is fully considered and planned for during discharge.

Response: Accept

Hospital Discharge guidance already includes reference to the recommended inclusion of local authority housing being part of MDT. Wording of the guidance will be reviewed to ensure that this is clearer and stronger and followed up with regions to ensure that this is being fully complied with.

Housing representatives are statutory partners within RPBs to ensure that accommodation and housing needs are considered as part of regional strategic planning and commissioning. Capital investment through the £60.5m Housing with Care Fund is channelled through RPBs to ensure there is strategic alignment between health, social care and housing investment priorities.

The co-produced Blueprint for an Integrated Community Care System for Wales includes 'Accommodation Based Solutions' as a key system enabler to ensure housing needs continue to be considered as a part of integrated care delivery.

Additionally, the Welsh Government and NHS Performance and Improvement have been working together on homelessness and hospital discharge to ensure all policy development is aligned.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 13

The Welsh Government should work with local authorities, local health boards and the third sector to establish a strategic approach to hospital to home services. This should include exploring how to improve commissioning, with longer-term funding for proven hospital to home services, and how it can reduce waiting lists for the Disabled Facilities Grant.

Response: Accept

Welsh Government are already working with local authorities, health boards, and third sector partners to develop a strategic approach to hospital to home services. This is supported through the Regional Integration Fund (RIF), which enables collaborative delivery of early intervention and community support models. Good practice is being shared through national communities of practice and will inform the design of the Integrated Community Care System for Wales.

Regional Partnership Boards facilitate strategic partnership in delivery of the RIF and promote joint commissioning approaches in line with the Social Services and Well-being (Wales) Act 2014.

The Independent Living Programme supports a broad range of activity through the Welsh Government allocation-based grants to Care and Repair Agencies, Housing Associations through Physical Adaptation Grants (PAG) and Local Authorities via the 'Enable' programme. This is in addition to the support provided to local authorities to facilitate the undertaking of Disabled Facilities Grants (DFGs) via non-hypothecated capital funding through the local government settlement.

Welsh Government funding supports the delivery of around 45,000 adaptations annually at a cost of over £60m. Disabled Facilities Grants (DFGs) account for c.£30m per annum non-hypothecated capital funding through the local government settlement.

- Care and Repair currently have 'Hospital to a Healthier Home' caseworkers in 17 hospitals across Wales, serving five of the seven local health boards. Case workers work directly with hospital staff, patients and their families to identify necessary housing adaptations closer to the point of admission, helping to reduce delays and enable quick and safe discharges.
- The Rapid Response Adaptations Programme (RRAP) provides £4.5m in capital funding to Care and Repair each year, for the delivery of quick

adaptations to the homes of older and disabled individuals, assisting with hospital discharges, and helping to prevent future readmissions.

- Enable provides £8.5m to local authorities to support the provision of rapid adaptations.
- Physical Adaptations Grants (£12m) enables Registered Social Landlords (RSLs) to undertake suitable small, medium and large adaptations to the homes of their tenants whilst also reducing pressures on local authority Disabled Facilities Grants.

A hospital to home style approach can help to reduce waiting times for DFGs by identifying need earlier/accelerating assessments, often prioritising urgent adaptations and helping to streamline discharge planning due to better collaboration and coordination of services. It can also help to reduce the demand for adaptations overall by reducing hospital stays, preventing readmissions and can help free up capacity across other associated services. However, strengthening the approach is not without challenges and would need to be accompanied by measures to manage demand, protect equity and strengthen capacity across all relevant services.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 14

The Welsh Government should commit to working towards parity in pay and terms and conditions between the NHS and the social care workforce. It should refresh previous research on the cost of achieving this and produce a delivery plan with milestones and timeline.

Response: Accept

Welsh Government has maintained its commitment to fund the Real Living Wage (RLW) for social care workers since 2022 which has significantly narrowed the gap in parity with those Band 2 roles within the NHS. However, we recognise that there are more improvements needed in relation to pay, in particular compared to other sectors such as retail or hospitality, and improvements to pay continues to be a priority for Welsh Government and the Social Care Fair Work Forum, a tripartite group which brings together trade unions, social care employers and government.

We are nearing completion of a Social Care Pay and Progression Framework which will clearly set out the progression opportunities within social care and the

range of roles and pay levels within the sector. Positively, as part of the UK Government Employment Rights Bill, provisions were included to develop Fair Pay Agreements for social care through the development of a Social Care Negotiating Body. Welsh Government has worked closely with UK Government in order to ensure these provisions are extended to Wales, which the Senedd agreed to in July 2025.

Employment law is non-devolved and therefore Welsh Government has not had enforcement powers in relation to pay in social care. The Employment Rights Bill amendments will change this, for the first time, enabling enforcement of fair pay agreements made by the new negotiating body in social care. We will now begin work to establish a Social Care Negotiating Body for Wales. Separate negotiating bodies for the government recognises our devolved responsibilities, distinct commissioning frameworks, and funding arrangements, and Fair Pay Agreements are expected to be implemented in 2028.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 15

The Welsh Government should publish data on waiting times for care assessments and care services; and on current staff vacancy levels.

Response: Accept

Welsh Government are working towards publishing this data. Publication is expected in Spring 2026.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 16

The Welsh Government should set out how it will monitor and review implementation of the national framework for commissioning care and support.

Response: Accept

The National Office for Care and Support is working with local commissioners to establish an initial voluntary, self-assessment tool to measure their compliance with the National Framework and priority improvement actions, to be piloted in Q3 25/26 and launched in Q4 25/26.

The National Office is collating evidence provided in the current round of Annual Director of Social Services and RPB annual report of how the National Framework commissioning standards and principles are contributing to meeting the needs of people receiving care and support from social services and improving well-being outcomes. An analysis of this evidence will inform future plans for monitoring implementation and evaluating the impact of the Framework on commissioning activity and will also inform the two-year review of the Framework.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 17

The Welsh Government should work with partners to develop a national formula for a fair, consistent approach to setting fees for care and support services, following consideration of the findings of its commissioned research in this area.

Response: Accept

Welsh Government commissioned a feasibility study on developing a national fee methodology for care home placements. The final report, including findings and recommendations, has been received and we await confirmation of publication date. This work is a key action within the Stage 1 Initial Implementation Plan for the National Care and Support Service. The findings will inform future policy development and are expected to be considered further as part of the Stage 2 Implementation Plan, scheduled for 2026–2028.

This phased approach ensures that any national model for fee setting is evidence-based, fair, and developed in partnership with stakeholders across the sector.

Financial Implications - this work will be accommodated within existing resources and budgets.

Recommendation 18

The Welsh Government should provide more information on when the Task and Finish Group on Unpaid Carers will complete its work, and following this, should set out the action it is taking to improve the implementation of local authorities' statutory duties relating to carers under the Social Services and Well-being (Wales) Act 2014. The Welsh Government should keep us updated on this work.

Response: Accept

The Ministerial Advisory Group for Unpaid Carers (MAG) commissioned the Association of Directors of Social Services Wales (ADSS Cymru) to undertake a rapid review of carers rights, including access to carers' needs assessments. This was published in June 2023, and a multi-agency task and finish group was established to drive national improvement.

Each local authority undertook a self-assessment and we have held several meetings with senior leads to secure their commitment and agree specific actions. We have also engaged with unpaid carers to understand more about their experience of the carers needs assessment process.

ADSS Cymru have now taken the lead responsibility for action and Welsh Government has provided project management to support their lead officer. An action plan was presented to the MAG in September that outlined a comprehensive series of actions to be complete by the end of March 2026. Actions involve work to agree greater consistency of recording, improved and nationally consistent information available to carers, guidance and training for practitioners and expectations on directors of social services to support and ensure staff engagement.

Progress against this action plan will be reported through to the MAG in December 2025 and March 2026.

The MAG previously commissioned the development of enhanced data reporting by local authorities on unpaid carers and a new 'Unpaid carers receiving support' census will be reporting data from April 2026. This will be an improved opportunity to have more data on carers receiving carers' needs assessments, in addition to the existing annual data return on numbers of carers' needs assessments undertaken.

We will also be liaising with Care Inspectorate Wales whose local authority inspection activity will yield information on the quality of carers' needs assessments. Carers Wales 'Track the Act' survey is a further valuable source of feedback from unpaid carers on how local authority social services are carrying out their functions, including provision of carers' needs assessments.

Financial Implications - this work will be accommodated within existing resources and budgets.

3. Response to the Conclusions

Conclusion 1

We ask that the Welsh Government provides more information on the review currently being undertaken of the Continuing Healthcare framework and updates us on the findings upon completion along with identified actions to deliver improvement.

Response:

The review of the National Framework for Continuing NHS Healthcare (CHC) is currently in the planning phase and will take place throughout 2026-27 in alignment with the introduction of Direct Payments for CHC, which will be operational from April 2026. The Framework review will involve public consultation, providing opportunities to hear feedback on the current guidance and to invite suggestions on how it might be revised. Following this, the aim is to publish the updated Framework during 2027.

Conclusion 2

We share the Senedd Heath and Social Care Committee's disappointment that the Welsh Government has yet to demonstrate a significant shift in health spending allocations towards prevention, despite identifying it as a priority.

Response:

In response to recommendations 8 and 10 of this report Welsh Government have agreed to undertake actions to develop further performance metrics and identifying and sharing of best practice that will support preventative practices. Through this we expect to develop a stronger evidence base and foundation on which to build regional and national work plans which can inform future spending allocations and planning.

Conclusion 3

We ask that the Welsh Government updates us on its work to increase provision of intermediate care with therapeutic and nursing input and the timescales for increasing provision.

Response:

As set out in response to recommendation 10 above, the outcomes of a review in intermediate care practices can inform regional and national planning to

respond to growing the sector. The committee will be kept up to date with the outcomes of this review and subsequent actions that follow.

Conclusion 4

We ask that the Welsh Government shares more information with us about its work on deconditioning, as well as other initiatives to develop more intermediate care with therapeutic and nursing input, including timescales. We would urge the Welsh Government to ensure that provision is inclusive of people with dementia.

Response:

Under the current dementia action plan, All Wales Dementia Pathway of Standards have been co-produced which promotes a whole systems integrated care approach, which includes standards that support physical health interventions to improve strength, balance, mobility. We have also published guidance on how Allied Health Professionals can support people with dementia. We will be looking at further ways on how we can embed this in our development of the successor to the dementia action plan, we will be undertaking a formal consultation at the end of the year to inform our approach.

A focus on preventing hospital acquired deconditioning has been led by 6 Goals for Urgent and Emergency Care teams as part of the Optimal Hospital Flow Framework. An audit was undertaken in 2024 of patients with long LOS in Welsh hospitals that highlighted the scale of deconditioning and its impact on the patient. There is a national working group that shares good practice and during 2025, QS&I has supported this work further through the establishment of a safe care partnership. 27 teams from around Wales are undertaking projects linked to preventing deconditioning.

6G and value transformation, in conjunction with CEDAR have been developing a hospital acquired deconditioning tool through a focused research process. This tool will be launched in Nov 25 and rolled out across Wales. Further research is planned, with the aim of making the tool available within the community and directly to patients and carers. A tool kit will also be developed that will support staff, by giving them the information required to prevent deconditioning in all 11 domains identified within the tool.

Going forward, a national preventing deconditioning board will be stood up, which will have clinical executive support with the aim of continuing to drive forward the preventing deconditioning agenda.

Conclusion 5

The Welsh Government should share information about the Welsh Government's task and finish group on homelessness with us, and keep us updated with the group's findings and any actions the Welsh Government will take to respond to those findings.

Response:

A Task and Finish Group has been established by the National Strategic Health Inclusion Group to inform policy and assist in the development of statutory guidance to avoid discharge of people who are homeless or at risk of homelessness to the street. The guidance will align with the principles of D2RA that identifying a patient's housing status on admission is an integral part of the discharge process, creating the impetus for staff in health boards to co-ordinate with local housing authorities and support services sooner to prevent patients being discharged into homelessness. The 'What Matters to me' conversation is an integral part of D2RA and will be used as the foundation for staff to understand a patient's housing status on admission and will assist in informing discharge arrangements.

Membership of the group includes Homelessness prevention leads from local authorities and Discharge liaison leads / staff from health boards across Wales.

Final guidance will be shared with the committee.

Conclusion 6

We agree with the recommendation made by the Health and Social Care Committee in its 2022 report on Hospital discharge and its impact on patient flow through hospitals that significant reforms to the pay and working conditions for social care staff must be delivered at pace.

Response:

Improvements to pay, terms and conditions is a priority for the Welsh Government and our Social Care Fair Work Forum, and we continue to work on a number of initiatives to support recruitment and retention of the workforce. This includes the development of a Pay and Progression Framework for Social Care, the development of a Social Care Workforce Partnership which are developing models of best practice for HR policies with the aim to bring consistency across the social care sector. We are also working closely with UK Government on the introduction of Fair Pay Agreements for social care with the development through regulations, of a Social Care Negotiating Body for Wales.

Conclusion 7

The Welsh Government needs a strategic plan to improve and increase the provision of respite care across Wales. This should include expanding the successful Short Breaks Scheme, alongside improving access to statutory support for unpaid carers.

Response:

A new National Strategy for Unpaid Carers is in development and will be published in Spring 2026. A consistent theme of our engagement with unpaid carers and their representatives concerns the lack of sufficient and suitable respite, particularly overnight respite. Improved respite arrangements across Wales will be a strategic objective of the new strategy and we will be seeking discussions with local authorities, in advance of publication, how they may seek to enhance their current provision.

We are considering the future of our Short Breaks scheme and are aware of some of the very positive findings emerging from the independent evaluation report that is currently being drafted and will be available by the end of the year.