



Llywodraeth Cymru
Welsh Government



COVID-19 Hospital Discharge Service Requirements (Wales)

**Addendum to Guidance in respect of
funding made available to Health and Social Care partners
to support the COVID-19 surge response.**

Issued 30th April 2020

OVERVIEW

An additional £10million has been made available to support the Covid-19 surge response. This funding will complement previously announced funding (Local Authorities - £40 million for providers of adult social care; Third Sector - £24 million Third Sector Covid Response Fund; additional funding to the NHS in Wales, £100 million to support businesses in Wales), and the UK Government's Job Retention scheme which will help employers to access funding to support furlough costs (link: <https://www.gov.uk/government/collections/financial-support-for-businesses-during-coronavirus-covid-19>).

In using this funding, Regional Partnership Boards (RPBs) must have regard to the COVID-19 Hospital Discharge Service Requirements (Wales) (link: <https://gov.wales/sites/default/files/publications/2020-04/covid-19-hospital-discharge-service-requirements.pdf>) in particular section 9 (Finance):

“The Welsh Government has commissioned a rapid analysis of the resources required to enable health and social care communities to fund the cost of new or extended out-of-hospital health and social care support packages referenced in this guidance. Further detail will be shared with Health Boards and Local Authorities imminently and this should not create a delay in implementing the guidance in the meantime.”

The funding will be channelled through the Regional Partnership Boards (RPBs), using the Integrated Care Fund as an enabling process; distribution is as follows:

Total available / RPB	Option A: DU calculations	
£10,000,000	HB patients as percentage of total patients	£10 million allocated using DU prop
Gwent	18.20%	£1,819,724
North Wales	24.41%	£2,440,893
Cardiff and Vale	12.51%	£1,250,875
Cwm Taf Morgannwg	13.40%	£1,340,282
West Wales	14.17%	£1,416,595
Powys	5.38%	£538,016
West Glamorgan	11.94%	£1,193,614
Total	100.00%	£10,000,000

This funding is subject to the following key conditions:

- RPBs must use this funding exclusively to support their immediate regional, cohesive Covid response; and
- RPBs must comply with Covid-focused light-touch reporting to maintain a basic audit / governance trail and facilitate post-Covid reconciliation.

As you are aware, the £11m remaining in the Transformation Fund has been absorbed into the central Covid response pot. As this new funding is for the surge response RPBs may decide to use this money for the activity proposed in their revised Transformation Fund proposals as long as the activities meet the conditions above.

WHAT IS SUPPORTED?

Maximise independence post Covid-19 admission

There is a growing body of evidence which highlights the importance of the recovery model in supporting independence and quality of life, and in maximising the efficiency and effectiveness of health and social care community resource. (See for example the work of Professor John Bolton of the Institute of Public Care, Newton Europe and Newcastle University). The **COVID-19 Hospital Discharge Service Requirements (Wales)** seek to expedite implementation of the *Discharge to Recover then Assess* model, designed to:

- Avoid deconditioning and loss of confidence due to prolonged hospital stays;
- Minimise exposure to in-patient infection risk;
- Maximise recovery and independence;
- Reduce over-prescription of statutory services 'to be on the safe side' or as a result of debilitation;
- Provide a seamless transfer to longer-term support in the community, if required.

The evidence would suggest that failure to adequately resource implementation at this stage is highly likely to result in increased and sustained demand on social care services

after the pressure on NHS urgent care provision has subsided (<https://ipc.brookes.ac.uk/publications.html>; <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/efficiency-and-sustainability-adult-0>). It is important not to underestimate the **cumulative impact on social care** (including on those who have been shielded/isolated in the community) by the end of the year – social care is likely to feel the impacts long after the NHS has resumed business as usual.

[Accelerated scaling up of rapid discharge schemes](#)

Local systems have refocused their resources in order to enhance community services that are directly contributing to the Covid-19 response, enabling timely discharge of patients from hospital. This has resulted in additional costs for acceleration of delivery, and enhancement of, additional hospital-to-home (rapid discharge) and stay-well-at-home (preventing admissions) schemes have enabled hospital capacity to be maintained for a mix of Covid-19 and non-Covid-19 patients.

[Opening of additional bedded community capacity](#)

Following approval by the Minister for Housing and Local Government, the ICF capital funding programme has already been 'pivoted' to focus more directly, and with more agility, on community step up/down provision and associated equipment and aids and adaptations in people's own homes. This is aimed at creating community capacity to support the Covid-19 response, including graduated step-up/step-down capacity interfacing with field hospitals. This additional revenue funding would further support the opening and operation of additional community capacity, such as a number of community step up/step down beds.

[Purchase of equipment to maximise independence and enable the accelerated scaling of Covid-compliant ways of working](#)

This will help promote independence for people using health and social care services, by enabling remote access to services, information and essential advice; it includes the ability to communicate with key workers, clinicians, and community support workers among others.

Funding will also support the purchase of additional equipment such as padbots, handheld devices, and hardware to support digital comms and virtual teamworking across integrated teams, especially communication with the most vulnerable people and remote / virtual consultations with health and social care workers. Further, extra costs have been incurred to enable staff to work remotely and through digital channels to support social distancing, self-isolation, and protecting against infection.

[Accelerated scaling of essential community-based services to reduce pressure on primary and secondary care resulting from covid-19 response](#)

This includes support for particularly vulnerable people such as children and young people with mental health concerns, carers of vulnerable dependants, people with learning disability, and the families concerned. In respect to unpaid carers, the Ministerial Advisory Group (MAG) for Carers will be advised of such additional financial support and will work with RPB representatives within the MAG on the best use of resources in relation to unpaid carers. Providing support through alternative channels requires the rapid and focused regional investment in new ways of working. The cost of equipment, software,

hardware, additional printed materials, and additional time, additional efforts to provide food to people who are unable to get it themselves – these are required to either scale up rapidly, or to be newly implemented as fast as possible. **It is essential that these can be provided as part of existing models (for example those developed under the ICF and TF); otherwise partners will have to apply for support through a range of different schemes, costing valuable time and given the resource constraints making it very difficult to bring together the required resources at pace.** Policy input has been sought in respect to third sector support and support for local authorities and has indicated that there is no risk of duplication.

WHAT OTHER FUNDING IS AVAILABLE?

- £40 million for providers of adult social care (<https://gov.wales/hospital-discharge-service-requirements-covid-19>)
- £24 million Third Sector Resilience Fund (<https://wcva.cymru/funding/social-investment-cymru/third-sector-resilience-fund-for-wales/>)
- UK Government's Job Retention Scheme (<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-guidance-for-employees>)
- Wales Economic Resilience Fund (<https://businesswales.gov.wales/news-and-blogs/news/economic-resilience-fund>)
- Funding provided directly to the NHS as part of the Covid response

PROCESS

Distribution of funding

Funding will be distributed via the usual ICF route (uplift). There will be no application / approval process but regions need to provide an investment outline (see below).

RPB governance

We understand RPB governance will have been adapted in these unprecedented times to allow for swift and effective decision making. We would want assurance that appropriate and proportionate governance is in place to ensure transparency of decision making across all partners (copies of revised written agreements where they exist).

Investment outline

All activity related to this Covid-19 uplift will need to be recorded on the ICF quarterly reporting template. An outline plan for investment should be submitted to WG for information and comment by **15 May 2020**. This should also clearly link to existing Covid-19 discharge plans. The template for completion is attached.

Partners may wish to consider the following:

- Provision for meeting surge demand needs to be aligned across health and social care and with the planning for the use of field hospitals (please see above).
- Where beds have been released and capacity created in the system, partners should be clear about the rationale underpinning additional investment into capacity.

- In their investment outline (please refer to the section on process) partners should include details of what is required now, at which cost, and what will be funded retrospectively.
- Partners should consider how plans could be scaled up or down in order to respond to modelling and data of the projected scale of the pandemic.

Monitoring

Full monitoring reports will not be expected until the general ICF Quarter 2 reports are scheduled to be returned in October 2020. We may ask regional partners for interim information describing progress and impact of this investment. We will keep this to a minimum.

Evaluation

The impacts of this funding will be evaluated at a later date both within the ICF/TF evaluation and within the general evaluations of the Covid-19 response in Wales. Therefore RPBs are advised to monitor and keep records of investment and resulting impacts in preparation.

END

29/04/2020