

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 54

Ymateb gan: | Response from: CIH Cymru

Priorities for the Health and Social Care Committee

CIH Cymru consultation response

This is a response to the Senedd's Health and Social Care committee's consultation which seeks views on potential priorities over the sixth Senedd.

Introduction

Housing, particularly social housing has featured heavily in the new Welsh Government's programme for government and has highlighted as an area where it is hoped progress in improving homes, more sustainable building and placemaking activities will together have a significant impact on addressing the climate emergency.

We strongly welcome this focus as we recognise that vital role housing does and must continue to play in meeting some of the most pressing challenges globally. The pandemic has had a huge impact on the work of our members and the communities they serve. Many of the housing related issues that existed long before the pandemic started such as homelessness, inadequate housing conditions and affordability will have been impacted by the conditions imposed on people's lives.

In the sections below we have included broad heading covering some key areas of housing policy/practice and highlighted issues the committee may wish to consider in its own scrutiny activity.

COVID-19 recovery and housing

Widening health-related inequalities

The COVID-19 pandemic has brought into sharp focus what the impact of having an affordable, safe place to call home can have on people's ability to remain safe and well. The pandemic has already highlighted the stark differences in people's experiences that find their roots in their housing circumstances. For some the pandemic has provided a chance to spend more time at home, save money, find a



better work/life balance whilst enjoying a safe home environment. For others who live in poor housing conditions, in overcrowded homes or suffer domestic violence/abuse - being confined to their homes will have been a miserable experience, often making their circumstances even worse. We are pleased to be working with Public Health Wales on a Health Impact Assessment focusing on the COVID-19 pandemic and housing insecurity - we look forward to sharing the findings of this work in the autumn.

Housing advice and hospital discharge

We know that protecting capacity in the NHS has always been a vital focus, but even more so given the nature of the COVID-19 pandemic. Housing professionals can play an invaluable role in supporting people to leave hospital sooner and remain living independently potentially avoiding further, or more frequent use of the healthcare service.

To provide a contemporary picture of the role of housing advice during the hospital discharge process we commissioned and shaped research in partnership with CARP Collaborations and Gana Consulting [“From hospital to home: Planning the discharge journey”](#).

Despite the large volume of good practice and positive approaches taken that make use of and fully incorporate housing into the conversation with patients, carers and family members about hospital discharge and any ongoing care, our research found that inconsistency in the way housing expertise and information is used can undermine the good intentions of healthcare staff.

We believe that the committee should consider an inquiry into hospital discharge processes in Wales, underpinned by a terms of reference that seeks to understand how a holistic approach which includes incorporation of the elements that can keep people well out of a hospital setting (like their home environment) is considered during the process.

The recommendations from our research below set out some of the context which underpins out ask above:

Defining housing advice

The Welsh Government should lead on ensuring that a definition of housing advice is more widely shared and disseminated among professionals and across disciplines, in order that it forms the basis for the assessment of housing needs with patients.

They should consider:

- The multiplicity of language and terminology used to both describe the discharge process and to identify professionals involved in discharge. It



would be beneficial if a communality of understanding could be developed to ensure that misinterpretation around professional roles or discharge arrangements does not occur, or negatively impact on successful discharge taking place.

- The use of a clear set of terms, definitions, or descriptors (such as the housing advice definition) could be a useful aid in this.
- We would also note the value of establishing clarity of definition, as a tool to reinforce the importance that housing plays in the discharge process

Assessing patient needs

Health Boards, relevant Housing bodies (Local Authority Housing Departments and Housing Associations) and other key partners (Social Services, Care Coordinators, 'Community Connector' teams) should review the assessment that is used when patients are admitted, and:

- Identify and confirm the importance that housing plays in effective discharge planning
- Adopt a clear understanding of the language being used relating to housing, resulting from recommendation 1
- Confirm what is housing related within the assessment. Ensure it covers all aspects of a patient's housing situation
- Ensure it addresses the needs and capabilities of carers when they are or could be involved
- Agree how to approach or escalate the assessment when patients are vague, or possibly not being accurate in describing their housing situation
- Confirm essential information that health staff need to be aware of regarding housing issues relating to discharge; specifically information that assists housing bodies in managing expectations regarding housing options Identify whether the (re)allocation of staffing resources at the stage of (housing) assessment, could offset additional time and resources being expended later in the discharge process, or when a patient may be re-admitted to hospital
- Identify the training or resources required to ensure health staff are competent in carrying out the housing aspect of the assessment

Health Boards, relevant housing bodies and other key partners should review when and how the above assessment is carried out and used, and:

- Consider the timing of the assessment
- Consider the consistency of conducting the assessment with different staff, wards and hospitals



- Confirm the best approach to how the housing aspect of the assessment is updated to reflect the changing health needs of the patient
- Identify who is best placed to provide the right housing advice when it is required, considering the various case studies (and other options) provided within the Appendices
- Establish an effective notification or referral mechanism that health staff need to trigger when housing (and carer involvement) needs are identified, or where a lack of understanding of a patient's housing situation may adversely affect their discharge
- Confirm how to decide when the optimum time for discharge planning is to be initiated for each patient (reflecting on the challenges identified within the process outlined in this report)
- Agree how the patient's housing related needs are then considered within the discharge planning process
- Confirm how those relevant housing bodies/experts are then consistently involved within the discharge planning process to ensure the best housing advice is provided
- Establish how carers are brought in and involved in the discharge planning process
- Identify how those relevant housing bodies/experts are updated in line if/when the health needs of a patient may change
- Agree how to identify the most appropriate known point of contact within wards/ hospitals for community based staff that facilitates effective and efficient communication relating to discharge

Partnership working

Health Boards, relevant housing bodies and other key partners should review whether the integration of services involved in hospital discharge is beneficial and possible, and consider:

- How to overcome conflicting priorities, policies and frameworks
- How information can be shared most efficiently and effectively
- Whether joint funding services/posts is viable and beneficial
- Whether the sharing of multiple or a single IT resource is possible
- Developing an automated referral/ notification mechanism to housing bodies and care coordinators upon housing needs being identified

Managing conflicting priorities

Health Boards should review the impact of how the pressures and priorities placed on ward staff to free up hospital beds can lead to rushed and poorly planned discharges, giving consideration to:



- Ensuring the (wider) causal factors of admission have been resolved
- The negative impact on the patient, if discharge is not addressed adequately
- The negative impact on family and carers
- The potentially avoidable costs, to the NHS/Health Board associated with re-admission to hospital

Addressing unmet needs

Health Boards and Local Authority Housing departments should review the following:

- How the housing needs of people entering mental health units for assessment (possibly for hours/days), who are not formally admitted to hospital (due to not meeting treatment criteria) and who then consequently have an immediate housing need, can still be effectively met
- How professionals may assume or expect families/carers are able to fill the gap in coordinating or fulfilling the (housing) arrangements for patients in the discharge process
- How Health Boards and Local Authorities can work together to identify or create the space for the Carers Assessment to be undertaken from 'day one' with carers, with housing need forming a part of the assessment and supporting discharge planning arrangements. Better use could be made of Carers organisations and the resources and expertise they have to support this work taking place. Their involvement could support and promote greater awareness among health staff of the roles of family/carers in supporting vulnerable individuals.

Accessing the right expertise

Health boards should review how expert staff with housing knowledge and information can remain linked-in and accessible to patients, family members, carers and health professionals in the current COVID-19 climate, where involvement in meetings and face -to-face interactions remains limited. This would ensure that clarity of communication is maintained, and that changing patient needs or the availability of housing options are relayed in a timely fashion to each person or organisation engaged in discharge planning.

Area Planning Boards should take a lead in bringing all organisations involved in hospital discharge together to explore and develop solutions to address the wider social issues that patients may face. Loneliness, isolation and maintaining positive mental wellbeing should be reflected and addressed in discharge planning. There is a clear need to adopt a multiagency approach to identify, plan and address these issues, which have the potential to impact upon a successful discharge



taking place. It is clear from our research that social issues may not be the responsibility of any one organisation, but that a failure to address them can lead to a DTOC, or unsafe discharge occurring.

Developing dedicated procedures

Relevant Housing bodies and other key partners should:

- Review and update / develop new hospital discharge protocols that ensure the details and requirements relating to patient needs are shared in a timely manner with professionals working in community-based services, with a view to 'getting things right the first time'
- Establish a bi-annual review of the protocol's implementation, providing an opportunity for key bodies and individuals to keep talking, and ensure consistency of application, identification of barriers and solutions, and ensure that the protocol continues to underpin effective hospital discharge

Guidance to inform practice

Welsh Government should lead on the following:

- Developing and enhancing practice guidance to all organisations involved in hospital discharge that shares expertise and knowledge and provides learning from good practice examples. It is vitally important to ensure that all partners are working towards the same goal and have a clear understanding of the remit and limitations of their roles
- From our research it is apparent that Health Boards and Local Authorities across Wales have approached hospital discharge in different ways, but have identified areas of good practice, which could be used to address similar challenges professionals may face in other geographical areas. This presents a clear opportunity for professionals across sector and discipline to share the learning and successes of colleagues across Wales.
- During the pandemic it is clear that some hospitals and Local Authorities responded to the challenge in ways that saw processes streamlined, 'red tape' removed, and which ultimately improved their ways of working. Such gains should not be lost, and this work offers Welsh Government the opportunity to share and promote learning from those experiences, using it as a driver to inform broader system and service delivery change
- Welsh Government should undertake an urgent analysis of the temporary accommodation available for local authorities to utilise in discharge planning and delivery. This should include due consideration of the standard and quality of this accommodation to ensure its use to support hospital discharge is appropriate and makes best use of resources.

About CIH

The Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple - to provide housing professionals and their organisations with the advice, support, and knowledge they need to be brilliant. CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds the activities we carry out to support the housing sector. We have a diverse membership of people who work in both the public and private sectors, in 20 countries on five continents across the world. Further information is available at: www.cih.org.



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September, 2021